UCONN
HEALTH

SB 271

An Act Concerning a Request for Qualifications for the Provision of Health Care Services and Behavioral Health Care Services to Inmates of the Department of Correction

Appropriations Committee
March 11, 2016

As the organization that provides medical, mental health, pharmacy, and dental services to nearly 17,000 inmates under the custody and care of the Department of Correction (DOC) - specifically, to those in the 16 DOC correctional institutions and 29 DOC-contracted halfway houses - UConn Health would like to provide some information relative to Senate Bill 271.

UConn Health works closely with the Department of Correction to ensure we are providing quality care at low cost to inmates. This is an important part of UConn Health's public mission and it is a valued contract for us.

Whether the contract to provide inmate medical services is bid out or not is not our decision. However, we would like to point out a number of benefits that the State enjoys as a result of having UConn Health provide these services to its inmates:

1) UConn Health does not build a profit into its costs of providing health care services to inmates.

2) Providing these services through UConn Health enables the program to receive discounted prescription drug pricing through the federal 340b program. This saves the State approximately $5 million a year in drug costs.

3) All outpatient specialty services in the inmate medical services program are paid for at Medicaid rates.

4) UConn Health has a fully dedicated hospital floor (10 beds) at John Dempsey Hospital (JDH) to serve inmates in need of inpatient hospital care. This arrangement allows for efficient DOC staffing, transport and security; and patients are not routinely disbursed in area hospitals.

In addition, the affiliation between DOC and UConn Health provides experience that supports UConn Medical students and psychiatry residents to gain experience working with very challenging and complex health care cases. It also provides internships for students in UConn's School of Social Work, Nursing and other disciplines. Not only does this relationship provide valuable learning experiences for our students, residents and interns, it also helps us to provide these services to inmates more efficiently.

We have attached both the FY15 Correctional Managed Health Annual Report Overview, and the FY15 Annual Report, which provide additional background and information about the inmate medical services provided by UConn Health.

Thank you for your consideration of these points and this information. UConn Health is happy to provide additional information about this program at any time.

UCONN
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CORRECTIONAL MANAGED
HEALTH CARE

ANNUAL REPORT OVERVIEW

July 1, 2014 to June 30, 2015

UConn Health, under a Memorandum of Agreement with the Connecticut Department of Correction, is committed to providing:

- Reliable access to good health care
- Cost-effective services
- Efficient delivery
- Positive medical outcomes

Compassionate medical, mental and dental care coupled with clinically appropriate, time efficient and resource sensitive utilization of services promotes a safe, secure and healthy environment that supports opportunities for a successful re-integration into the community.

LEGAL CONTEXT

- The challenge of providing good, cost-effective health care to a complex population in a correctional environment is further complicated by evolving legal requirements.
    - U. S. Constitution
        - 8th Amendment prohibition against cruel and unusual punishment
        - the U. S. Supreme Court in Estelle v. Gamble deemed Correction officials' "deliberate indifference to serious medical needs" an 8th Amendment violation
    - General parameters
        - Right to access to care
        - Right to care that is ordered
        - Right to competent professional medical care
- Court orders/consent decrees mandate services (West v. Manson, Doe v. Meachum, Roe v. Meachum)

CMHC BACKGROUND

- Until the mid-1990's, the Department of Correction (DOC) provided health services to inmates directly, using local hospitals and medical specialists as necessary.

- The correctional inpatient unit at UConn Health's John Dempsey Hospital opened in 1995 with 12 beds; currently there are 10 beds.

- UConn Health assumed all health service provision (with the exception of addiction treatment) from the Department of Correction in November 1997.

- Health care includes medical, mental health, pharmacy, and dental services.

- Services are provided at 16 DOC facilities statewide, at 29 DOC-contracted halfway houses and at John Dempsey Hospital. Specialized services include:

    - Specialized care clinics for inmates with chronic, significant medical conditions
    - Mental health services available at all prisons and jails, with comprehensive mental health programs at Osborn, Northern, York, Manson Youth, MacDougall-Walker, and Garner
    - Hospice programs at MacDougall/Walker, York and Osborn
    - Sex offender programs at six facilities

- As of June, 2015, services were provided by 738 full-time equivalent staff (a total of 810 individuals) to a population of 16,955 individuals (939in halfway houses). CMHC is the largest state medical care provider.

- CMHC dispensed, delivered and administered over 14.7 million doses of medication over the last year.

- On an average day, CMHC sees 591 inmates at sick call, serves 143 inmates in infirmary beds and provides approximately 3.3 inmates with inpatient services at John Dempsey Hospital.

- In FY 2015, there were 15,157 inmate visits for care at specialty clinics in DOC facilities (orthopedic services, infectious diseases/HIV, optometry, and podiatry). Dentists had 21,238 inmate visits for services ranging from routine exams to oral surgery.

- 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 $92,000 for a twelve week treatment; we are able to reduce that cost to about $67,000 using 340b pricing.

During FY'15, we had an average of 21 patients in Hepatitis C treatment at any given time resulting in costs for FY'15 of about one million dollars.

- There are currently 11 inmates receiving on site dialysis treatment. Necessary treatment costs are approximately $49,000 per patient per year.

- In FY 2015 there were 201,408 visits to social workers, psychologists and psychiatric nurse clinicians, including suicide risk assessments within the DOC facilities. In addition, there were 19,944 visits to psychiatrists and 18,446 visits to Advanced Practice Registered Nurses.

- CMHC's annual cost per inmate is $5,149 to provide health and dental services to a population with significant health problems.

- The FY 2015 total expenses were $88.8 million; the current projection for FY 2016 is $90.4 million.

CHALLENGES

- The inmate population has significant health problems and is proportionately sicker than the general population on virtually any measure of mental illness and chronic and communicable diseases.

- Tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, hypertension, schizophrenia, bipolar disorder and depression are overrepresented in this population versus the general population.

- Therapy options have expanded and the generally accepted standard of care has risen. Although the number of inmates with HIV/AIDS is declining, the cost of drug therapies for this population is an ever-increasing proportion of the CMHC pharmacy budget.

- The aging of the inmate population also has implications for health care delivery.

- Distinguishing characteristics of the Connecticut correctional system include:

    - Jails (only 6 states run jails as well as prisons), which hold pre-trial offenders are expensive to run because of high intake costs (assessments, securing medical records, etc.), turnover, and special needs such as more intensive suicide prevention protocols. The Hartford jail alone averages over 33 intakes a day. Statewide, each of the 22,322 annual admissions requires a medical and mental health intake health screening. Generally, one out of five requires prompt medical or mental health intervention.

- Connecticut has approximately 1,100 female inmates in jails and prisons. On average, health care services for female inmates cost over twice that of male inmates. Although they account for about 6% of the total inmate population, health care services for female inmates cost over twice that of male inmates.

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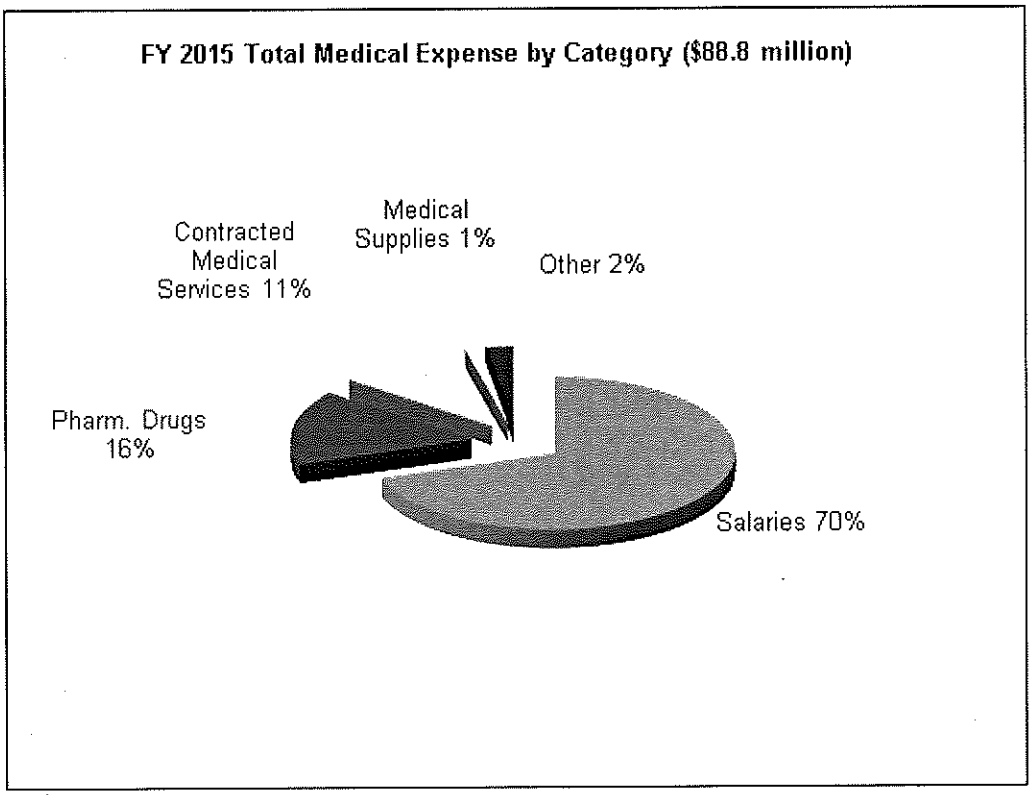
ANNUAL REPORT

July 1, 2014 to June 30, 2015

Introduction

Correctional Managed Health Care (CMHC) provides global medical, mental health, pharmacy, and dental services at 16 Connecticut Department of Correction (CDOC) facilities statewide clustered into ten functional units, at 29 CDOC-contracted halfway houses and at John Dempsey Hospital (JDH). During June 2015, services were provided by 738 full-time equivalent staff (a total of 810 individuals) to a population of 16,955 individuals (939 in halfway houses).

CMHC provides this care under a Memorandum of Agreement (MOA) with CDOC that began in November, 1997. The FY 2015 expense for inmate care was $88.8 million.



Background

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

Connecticut is one of only five states with an integrated jail and prison system. It has an incarceration rate of approximately 338 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 33 intakes every night. Statewide, each of the 22,322 annual admissions requires a medical and mental health intake health screening. Generally, one out of five requires prompt medical or mental health intervention.

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

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 2015 was 9,302 or 54.86% 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 2015 cost per inmate (both genders) was $5,149 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.

Program Overview

Medical Services (Flow Chart Appended)

HIV/AIDS (currently 268 patients), tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, and hypertension are among the serious illnesses overrepresented in this population.

On an average day, CMHC sees 591 inmates at medical sick call, cares for 143 inmates in infirmary beds and cares for 3.3 inmates hospitalized at the John Dempsey Hospital

- The active medical caseload represents approximately 24.7% of the inmate population, about 4,100 unique individuals.
- In FY 2015, there were 15,157 visits for care at specialty clinics in CDOC facilities (orthopedic services, infectious diseases/HIV, optometry, podiatry and chronic care).
- Correctional Managed Health Care's telemedicine program successfully began with Oncology in March, 2014. Since that time, seven 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. CMHC's telemedicine program will continue to expand throughout the next year.
- In addition to orthopedics clinics being held at one of the correctional facilities, a general surgery clinic has been occurring monthly.
- The American Osteopathic Association approved the establishment of a Correctional Medicine Fellowship at UConn Health, the second in the nation.
- Since the inception of the Hepatitis C Utilization Review Board protocol in 2012, sixty-two patients have been approved for Hepatitis C treatment and thus far thirty-one individuals have successfully completed treatment and thirty-one 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 $92,000 for a twelve week treatment; we are able to reduce that cost to about $67,000 using 340b pricing. During FY'15, we had an average of 21 patients in Hepatitis C treatment at any given time resulting in costs for FY'15 of about one million dollars.
- CMHC provides onsite dialysis to inmates. There are currently 11 inmates receiving treatment. Necessary treatment costs are approximately $49,000 per patient per year.
- Chronic disease guidelines have been developed and 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, Utilization Review Case Manager, Mental Health Nurse Clinician and Nurse Educator.

- CMHC employs approximately 15 Advanced Practice Registered Nurses, 224 Registered Nurses, 118 Licensed Practical Nurses, 17 Nurse Clinicians, 18 Nursing Supervisors, and approximately 72 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 Health Services in Prisons.
- In collaboration with the CDOC, CMHC Nursing and Education and Training assumed responsibility for oversight of the Inmate Certified Nursing Assistant (CNA) Program, under the auspices of the Connecticut Department of Public Health (DPH). CMHC nurses assist in training and supervision of inmates admitted to the program.
- The prestigious Nightingale Award for nursing excellence in 2015 was awarded to CMHC nurses Danielle Andrews, LPN, Charlene DeCampos, RN, BSN, Cindy Letavec, RN, BSN and Heidi Whiteley, RN, BSN.

Mental Health Services (Flow Chart Appended)

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

- The mental health department is comprised of 14 Psychiatrists, 15 Psychologists, 9 mental health Nurse Practitioners, 17 psychiatric Nurse Clinicians, 76 Social Workers, and 22 Professional Counselors (as of June 2015).
- Schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), depression, severe personality disorders, traumatic brain injury and addictive disorders are over-represented in this population.

In FY 2015 there were 201,408 visits to social workers, psychologists and psychiatric nurse clinicians, including 21,865 suicide risk assessments. In addition, there were 19,944 visits to psychiatrists and 18,446 visits to Advanced Practice Registered Nurses.

- 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 20.8% of the inmate population, about 3,500 unique individuals.

During FY '15, the average percentage of patients with a current prescribed second generation antipsychotic medication, incarcerated $\geq$ 6 months, who had appropriate laboratory screening was 78%.

- Every inmate receiving mental health services has an individualized treatment plan.
- Sixteen facilities provide outpatient mental health services; ten of the sixteen correctional facilities have inpatient mental health infirmaries; four facilities offer supportive congregate housing; six facilities offer specialized sex offender services including York Correctional Institution for women.
- Evidence-based prescribing practices are supported through staff education, training, case conferences, supervision, and utilization of disease management guidelines. Medical legal risk management subcommittees continue to meet for Suicide Elimination, Hunger Strikes and Self-Injurious Behavior. These committees have made substantial contributions to our understanding and management of these issues.
- A program of comprehensive statewide supervision for mental health staff enhances clinical skills, monitors performance, improves patient care and enhances staff retention goals. Statewide mental health conferences, including discipline-specific conferences, were held bringing in senior clinicians and outside experts in the field to review state-of-the-art mental health assessment, treatment and prescribing practices.
- 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 300 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 June 2015 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.

- Expansion of Safe Passage, a partial hospital program for women, as well as enhancements to the Social Rehabilitation Program continued at York Correctional Institution for women.

Dental Services

Along with medical and mental illnesses in the incarcerated population, oral disease is disproportionately high. In June 2015, 2170 inmates (approximately 8% of the total population) were treated by CMHC staff.

In FY 2015, 15 dentists and 14 dental assistants performed 21,238 assessments, and conducted 16,329 procedures.

- Dental Services include routine exams, x-rays, dentures, restoration, select root canals and oral surgery.
- During FY 15, an oral surgery mentorship program was initiated. This program 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 dental surgery. Initial reviews of this pilot program indicate that it is proving successful allowing more oral surgery to be completed at the facility level.
- CMHC has incorporated a dental hygienist into the dental team to augment dental staff. This program has been helpful in increasing dental services for inmates. In conjunction with this, CMHC has developed and initiated an externship opportunity for dental hygiene students from Tunxis Community College.

Adolescent Services

CDOC on July 1, 2015 housed 78 adolescents under the age of 18 at Manson Youth Institution and 1 adolescent under the age of 18 at York Correctional Institution.

During FY '15, 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%.

- In FY 2015, CMHC, in partnership with CDOC, the Office of the Child Advocate, and the Department of Children and Families continued an ongoing collaborative review and revision process of custody and health care practices for the youthful offender population. This initiative, along with youth satisfaction surveys jointly conducted by CMHC and the Office of the Child Advocate, has resulted in continuing improvements in the care and management of youthful offenders. CMHC, in collaboration with CDOC and OCA, provided comprehensive training for MYI, CDOC and CMHC staff on adolescent initiatives.
- CMHC continued participation in routine CDOC youthful offender multidisciplinary meetings at Manson Youth Institution and York Correctional Institution to ensure that medical, mental health, dental and behavioral treatment of youthful offenders is appropriate to the population's age and developmental stage.

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

Pharmacy Operations

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

> CMHC dispensed and nurses administered/delivered over 14.7 million doses of medication during FY2015 at a cost of $13.9 million dollars. A statewide system of Pyxis 4000/ Connect equipment is supported by three Automed pharmacy robots and a team of pharmacists.

- More than 6,400 clinical interventions were documented for the year.
- Over 58,493 doses of medication were recycled saving over $480,797 from the recycling of unused medications.
- This year, the CMHC pharmacy began a pharmacy residency program with two PGY1 residents (post graduate year one). The correctional pharmacy residency program is one of only three in the U.S.
- The pharmacy successfully participated in and passed the federal 340B drug program audit in April, 2015, validating compliance with the 340B drug procurement process.

Quality and Resource Management (QRM)

In FY 2014, CMHC created the new Quality and Resource Management (QRM) department. The department includes the combination of Quality Improvement and Education & Training resources and initiatives. The QRM Department allows CMHC the flexibility to collaborate, share resources and expertise in the implementation of quality improvement and risk management initiatives. Through this department, we are enhancing our focus of performance-based measures and implementation of quality improvement.

QRM CQI

> During FY '15, the average percentage of patients receiving antiviral therapy and incarcerated ≥ 6 months who achieved viral suppression was 94%.

- 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 incorporate disease management guidelines in its care of outpatient hypertension and other chronic conditions.
- A process improvement initiative expanding the electronic patient scheduling system will help ensure that appointments for health services are timely and maintained when inmates transfer.
- Utilization of infectious disease nurse case managers continues to result in high medication and follow-up adherence and patient participation in treatment planning.

- The Health Service Remedy process continues to identify the need to maintain a strong focus on communication, collaboration, coordination, patient education, and quality of care.

QRM Education and Training

With over 642 licensed health care providers, CMHC has an ongoing need for active training and education. CMHC provides a rich and evolving clinical and public health-oriented environment for health professional education. We have committed ourselves to becoming a key collaborator in health care provider education across all disciplines.

During FY '15, approximately 120 students, interns, and other clinical trainees were sponsored by CMHC.

- CMHC provides training for all new health services staff in addition to providing mental health training to all new custody staff.
- Education and Training collaborates with the DOC Academy in providing Emergency Response Training to DOC cadets.
- Training is provided to all CMHC staff on an annual basis. Examples include training in CPR, medical equipment use, emergency response, medication administration, and mental health care.
- Medical, mental health and dental system-wide meetings/conferences were held for staff, providing Continuing Medical/Continuing Education credits.
- Education and Training implements annual nursing competencies/validations utilizing facility-based Clinical Nurse Educators. We utilize facility-based Mental Health Educators for new health services staff training.
- 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).
- Social work internships are supported with UConn, Springfield College, Southern CT State University, and Fordham University.
- RN Nursing internships are supported with UConn, Yale University, Southern CT State University and Central CT State University.
- APRN/NP internships are supported with UCONN, Saint Joseph's and Quinnipiac University.
- Psychology internships are supported with University of Hartford, University of Saint Joseph, Antioch University, Southern CT University, Central CT University, and Rutgers University.
- Education and Training offers professional continuing education credits for Physicians, Nurses and Social Workers and Professional Counselors.
- Education and Training supports the operational and educational implementation of START NOW.

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.

In a typical month, discharge planners arrange 248 community appointments, submit 388 Access Health applications, arrange for 538 discharge medication orders and hold 752 planning meetings with soon-to-be-released inmates.

- Through expanded collaboration with private and public agencies, discharge planners provide assistance with initial medications, state health care benefit programs, and social service referrals.
- 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 medically comprised inmates who are unsentenced or close to end of sentence. Beginning this year, significant efforts were made to identify appropriate candidates for specialized long term care at the 60 West skilled nursing home.

Judicial Contract – Court Support Services Division (CSSD)

- In collaboration with CSSD, CMHC continued to assist the state operated detention facilities in maintaining NCCHC accreditation.
- CMHC, in collaboration with CSSD, continued to participate in ongoing monitoring and auditing of health services contracts, practices and providers, and chaired statewide meetings regarding health service delivery at the Juvenile Residential Services sites, Central Office and Training Academy.
- CMHC continued to consult and participate in efforts to standardize approaches to health services (medical, mental health, dental and nursing) across the system whenever possible.
- CMHC continued to perform a wide-range of Health Care Continuous Quality Improvement (CQI) activities including policy and procedure development, review and revisions; auditing a broad range of health care services utilizing community, nationwide and NCCHC standards, training, and clinical case consultation at the request of CSSD.
- Comprehensive clinical case reviews were requested by CSSD and completed by CMHC for any health related issue requiring in-depth review.
- CMHC routinely conducted annual suicide prevention physical plant reviews of all CSSD Juvenile Residential Services sites, investigation and review of all health care complaints, and ongoing collaborative work with the CSSD contracted nursing services, dental and pharmacy services. Quarterly meetings with all CSSD health care contractors, in collaboration with CSSD, are a routine component of the CQI contract structure.

Research

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

Although research with prisoners is tightly controlled by federal regulations a recent Institute of Medicine report concludes that prisoners have become over-protected and denied appropriate access to benefits of participation in research. Federal agencies (such as the National Institutes of Health) have developed guidelines appropriate for correctional settings. To meet this need, CMHC has built one of the nation's leading correctional health research centers.

- The *Oxford Textbook of Correctional Psychiatry*, the first textbook in the field, was published with leadership by multiple CMHC faculty and staff.
- The Center for Behavioral Health Services & Criminal Justices 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 American Foundation for Suicide Prevention, 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."

ACCJH Academic Consortium on Criminal Justice Health

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 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.

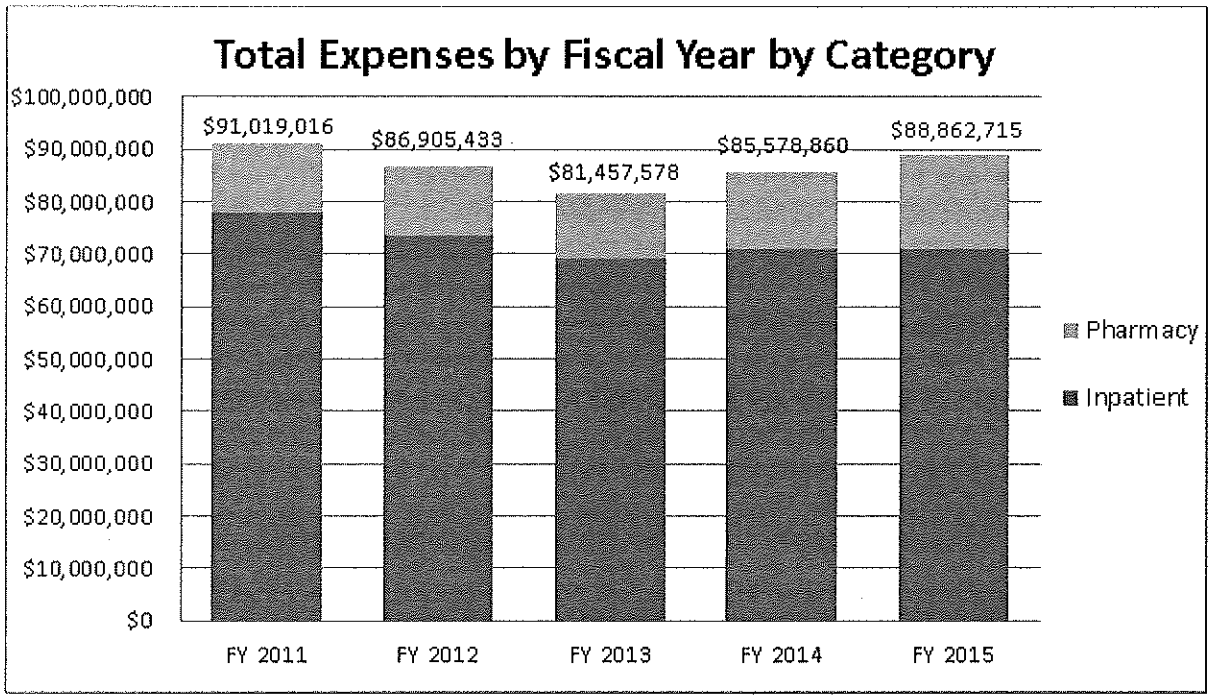
- *Director of Quality Resource Management and Education and Training,* Michael Nicholson RN, MBA drives an enhanced agenda that includes a substantial Continuing Medical Education curriculum. Under his leadership, we have achieved Continuing Medical Education (CME) and National Association of Social 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 a seamless and integrated data delivery architecture.
- *Director of Research and Evaluation,* Andrew M. Cislo, Ph.D. is an Assistant Professor in the Department of Medicine and the Center for Public Health and Health Policy. His correctional health research program includes investigations into variation in recidivism among female releases by psychiatric disorder classification, the timing and causes of death among former inmates, and the effectiveness of a group therapy program for inmates with behavioral disorders.

Human Resources

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

Financial Performance

- Overall costs increased in 2015 primarily reflecting an increase in pharmaceutical costs and in salary costs due to negotiated contractual increases.
- Staff resources continue to be reallocated between facilities and within disciplines to meet the medical, mental health and dental needs of the inmate population and minimize cost increases.
- Overtime costs in fiscal year 2015 were approximately $3.5 million, an increase of about $300,000 over fiscal year '14; this reflected higher salaries due to contract increases and additional costs due to multiple snow closings. Overtime costs have been reduced overall since FY' 07 when it was at a high of $6.8 million. This reduction has been achieved through careful management, an increase in filled positions and the use of durational and per diem employees.
- Pharmaceutical costs increased by $2.5 million over FY'14; this reflects an overall increase in drug prices; the cost of generic drugs increased substantially as many manufacturers exited the market. In addition, expensive new Hepatitis C drug treatment protocols were introduced as they are now the community standard. We did achieve approximately $5 million in savings over wholesale pricing from use of the 340b discounts.



Information Technology

- The CMHC IT developed patient scheduling system has again expanded to now incorporate the scheduling of medical and mental health provider appointments. This is part of an ongoing continuous improvement effort for managing resources to provide more efficient and timely patient care.
- A vendor contract was signed allowing for the DOC/CMHC Health Portal project to now move forward with the deployment of a comprehensive Electronic Health Record. CMHC IT

has been preparing for this implementation with extensive work focused on detailed facility-by-facility diagrams depicting the technical capacity of each facility (i.e. number/location of all PC's, printers, etc.) along with process review workshops with facility staff to capture, document, and establish best practices around several operational functions (in-take, nurse sick call, for example).

- The deployment of all purchased Digital Radiology units has been completed, with units now operational at 13 facilities. This now allows for Digital x-ray images to be processed and integrated with UConn Health Radiology unit in a real time environment, eliminating the manual processing and physical transport to UConn Health as had been done previously. Digitized images are then available for view by all CMHC relevant health care providers.
- The CMHC IT Application Development team released a revised version of the W10 application in January of 2015 that pulls critical clinical information from various electronic sources when generating a W10 for transfer to an Emergency Room destination. The new version allows staff to quickly and efficiently generate the form without having to transcribe medication lists, recent labs, and other clinically appropriate information. The application was also built to interface with the Utilization Review Department, eliminating the duplicated work of submitting the Retrospective ER trip through the UR application.
- CMHC IT, in collaboration with DOC MIS, has consolidated network connectivity services with DOC at three facilities (Manson, Enfield, and Northern) thus eliminating monthly service charges for those three facilities. This is part of a multi-year plan that will also include Willard, Cybulski, Radgowski, and Walker over the next two years.
- Ongoing efforts to streamline the reporting needs and requirements of CMHC this year included the use of the CMHC Portal to record and report facility defined shift-to-shift reporting elements as a tool to pass important information between staff from shift-to-shift.

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 weekly meetings with Secure Care Options (nursing home management), DOC and CMHC.

PUBLICATIONS & PRESENTATIONS

Peer Reviewed Publications

Barry LC, Ford JD, **Trestman RL**. (2014). Comorbid Mental Illness and Poor Physical Function among Newly Admitted Inmates in Connecticut's Jails. Journal of Correctional Health Care, Volume 20 Issue 2, pp. 135 - 144.

Trestman RL, Aseltine RH. (2014). Justice-Involved Health Information: Policy and Practice Advances in Connecticut. Perspectives in Health Information Management. 2014 Winter; 11(Winter): 1e.Published online Jan 1, 2014.

Ahalt C, **Trestman** RL, Rich J, Greifinger R, Williams BA (2014). Paying the Price: The Pressing Need for Quality, Cost and Outcomes Data to Improve Correctional Healthcare for Older Prisoners. Journal of the American Geriatric Society, 61:2013–2019, DOI: 10.1111/jgs.12510

Meyer JP, Cepeda J, Wu J, **Trestman RL**, Altice, FL, Springer SA. (2014). Optimization of human immunodeficiency virus treatment during incarceration. Viral suppression at the prison gate. JAMA Intern Med. doi:10.1001/jamainternmed.2014.601. Published online March 31, 2014.

Trestman, RL. (2014). Ethics, the Law, and Prisoners: Protecting Society, Changing Human Behavior, and Protecting Human Rights, Journal of Bioethical Inquiry, DOI 10.1007/s11673-014-9560-1. Published online July 5, 2014.

Trestman RL, Ferguson W, Dickert J. (2014). Behind Bars: The Compelling Case for of Academic Health Centers Partnering with Correctional Facilities. Academic Medicine, Published online July 24, 2014.

Wang, EA, Aminawung JA, Ferguson W, **Trestman RL,** Wagner EH, Bova C. (2014). A Tool for Tracking Chronic Illness Care in Prison (ACCIC-P). Journal of Correctional Healthcare, 20(4), 313-333.

Angela Di Paola, A., Altice, F.L., Powell, M.L., **Trestman, RL,** Springer, S.A. (2014). A Comparison of Psychiatric Diagnoses among HIV-Infected Prisoners Receiving Combination Antiretroviral Therapy and Transitioning to the Community. Health and Justice, 764 2014 2:11. http://www.healthandjusticejournal.com/content/2/1/11/email?from=email

Meyer JP, Cepeda J, Springer SA, Wu J, **Trestman RL**, Altice FL. (2014). HIV in people incarcerated in Connecticut prisons and jail observational cohort study, The Lancet HIV, Early online publication, October 10, 2014, doi: 10.1016/S2352-3018(14)70022-0.

Kersten L, Cislo AM, Lynch M, Shea K, Le H, **Trestman RL**. (2015). Evaluating START NOW: A Skills-Based Psychotherapy for Inmates with Behavioral Disorders. Psychiatric Services in Advance (doi: 10.1176/appi.ps.201400471).

Barry LC, Wakefield DB, **Trestman RL**, Conwell Y. (2015). Active and Passive Suicidal Ideation in Older Inmates. Crisis: The Journal of Crisis Intervention and Suicide Prevention, CRI-MS-1948R1.

Kamath, J., Wakai, S., Zhang, W., Kesten, K., Shelton, D., **Trestman, RL.** (2015). Adaptation of the Texas Implementation Medication Algorithm for Bipolar Disorder in Adult Female Offenders: A Quasi-Randomized Study. International Journal of Offender Therapy and Comparative Criminology, 1 – 12, DOI:10.1177/0306624X15578228.

Kamath, J., **Trestman RL.** 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, in press.

Power J, **Trestman RL**, Smith H. What to do with the cutters? Best practices for offender self-injurious behaviors, under review.

Michna I, **Trestman RL**. Correctional management and treatment of Autism Spectrum Disorders, under review.

Fazel, S, Hayes, AJ, Clerici, M, **Trestman, RL**. The mental health of prisoners: A review of prevalence, adverse outcomes and interventions. Lancet Prison Review, under review.

Cislo, AM, Spence, NJ. (2015) "Time Variation in Risk of Return to Prison among Women with Substance Use Disorder, Severe Mental Illness or their Co-Occurrence." Substance Abuse, under review.

Books

Trestman RL, Appelbaum KL, Metzner J. (Eds). The Oxford Textbook of Correctional Psychiatry, Oxford University Press, May 2015.

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". In Press

Trestman RL, Wall AT. Interdiction of Drugs in Correctional Settings, in Rich J, Kinner S (Eds), Drug Abuse in Jails and Prisons, In press.

Trestman RL, Volkmar F. Accessing Mental Health Treatment, in Liza H Gold MD and Robert I Simon MD (eds), Gun Violence and Mental Illness (American Psychiatric Publishing, Inc.), In press.

Trestman RL (Work Group Chair), American Psychiatric Association, Psychiatric Services in Correctional Facilities, 3rd ed. American Psychiatric Press, In press.

Downer AV, Trestman RL. The Roles Correctional Psychiatrists Should Play in the Implementation of the Prison Rape Elimination Act. Editorial, Journal of the American Academy of Psychiatry and the Law, In Press.

Cislo AM, Eberly, M. 2014. Report. Treatment that is Ordered by a Court for Mental Disorders: A Report to the Insurance and Real Estate Subcommittee of the Connecticut General Assembly.

National Committee Involvement

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

Trestman RL Chair, American Psychiatric Association Work Group on Persons with Mental Illness in the Criminal Justice System

Trestman RL National Institute of Correction, Norval Morris Keystone Member

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

Trestman, RL Expert panel members, Justice and Health Data Exchange Initiative, Vera Institute for Justice

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

Regional or National Presentations

Cislo, AM. Public Health and Corrections Populations: Opportunities for Research and Evaluation. Presented to the Yale University Forensic Psychiatry Fellows in Rotation at UConn Health. Farmington, CT. September, 2014.

Tamburello, A., Metzner, J., Roskes, E., **Trestman, RL** American Academy of Psychiatry and the Law Annual Meeting, "Correctional Psychiatry for the Forensic Psychiatrist" Chicago, IL October 21-26, 2014.

Trestman, RL University of Edinbugh, Correctional Psychiatry, Clinical Forum, Coatsbridge, Scotland, November 11, 2014.

Trestman, RL University of Basel, Why START NOW? A clinical approach to skills, affirmation and strength. Department of Forensic Psychiatry, Basel, Switzerland, November 13, 2014.

Trestman, RL University of Basil, Ethical issues in correctional psychiatry. Division of Bioethics, Basel, Switzerland, November 14, 2014.

Cislo, AM, Kamath, J., Scranton, V., Wakefield, D. A Text Messaging Intervention to Improve Psychiatric Treatment Adherence. Presented at the Fall 2014 CICATS Seminar Series. UConn Health, Farmington, CT. November 2014.

Cislo, AM, Dirlam, J., & Aseltine, R. Mortality by Suicide and Substance use after Prison Release in Connecticut 1999-2010. American Public Health Association 142nd Annual Meeting, November 15-19, 2014. New Orleans, LA.

Trestman, RL New York State Correctional Mental Health Staff, "Correctional Mental Health: A Best Practices Sampler", December 10, 2014.

Trestman, RL, Appelbaum, K., Metzner, J. Evolution of Correctional Psychiatry: A Curriculum for the Next Generation of Correctional Psychiatrists. 8th Academic & Health Policy Conference on Correctional Health in Boston MA, March 19, 2015.

Virdi, S., **Trestman, RL.** Personality Disorders in the Corrections Population. 8th Academic & Health Policy Conference on Correctional Health in Boston MA, March 20, 2015.

Cislo, AM, Dirlam, J., Chen, K., Aseltine, RH. Timing and Causes of Mortality among Former Inmates in Connecticut. 8th Academic and Health Policy Conference on Correctional Health, March 19-20, 2015. Boston, MA.

Barry, L., **Trestman, RL**, Wakefield, D., Conwell, Y. "Disability in Prison Activities of Daily Living and Suicidal Ideation in Older Inmates". Presentation at the American Association for Geriatric Psychiatry, 2015 Annual Meeting, New Orleans, LI, March 29, 2015.

Trestman, RL University of Connecticut, Human Rights Institute, "Constrained Choice," UConn Storrs Campus, April 1, 2015.

Trestman, RL John Jay College of Criminal Justice, "Treating the Mentally Ill Behind Bars," New York City, May 4, 2015.

Cislo, AM, Chaplin, P, Houde, A., and Trestman, RL. Development and Implementation of a Skills-Based Psychotherapy for Correctional Settings. Presented at the Connecticut Department of Correction. Wethersfield, CT. May 2015

Trestman, RL Vera Institute of Justice Advisory Board Meeting, panel member for "A Sentinel Events Approach to Addressing Suicide and Self-Harm in Jail," New York City, June 1, 2015.

Trestman, RL Council of State Governments (CSG) Justice Center Headquarters, "Reducing Recidivism and Promoting Recovery: Research to Practice for Judges," New York City, June 23, 2015

Grant Support

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

Cislo, AM Co-Investigator. A Mobile Health (mHealth) Approach to Improve Patient-Centered Coordination of Clinical Care in Patients with Cancer. Co-PIs: Jayesh Kamath and Ki Chon. University of Connecticut Office of the Vice President for Research Technology Commercialization Services. $1,500 (grant planning activities).

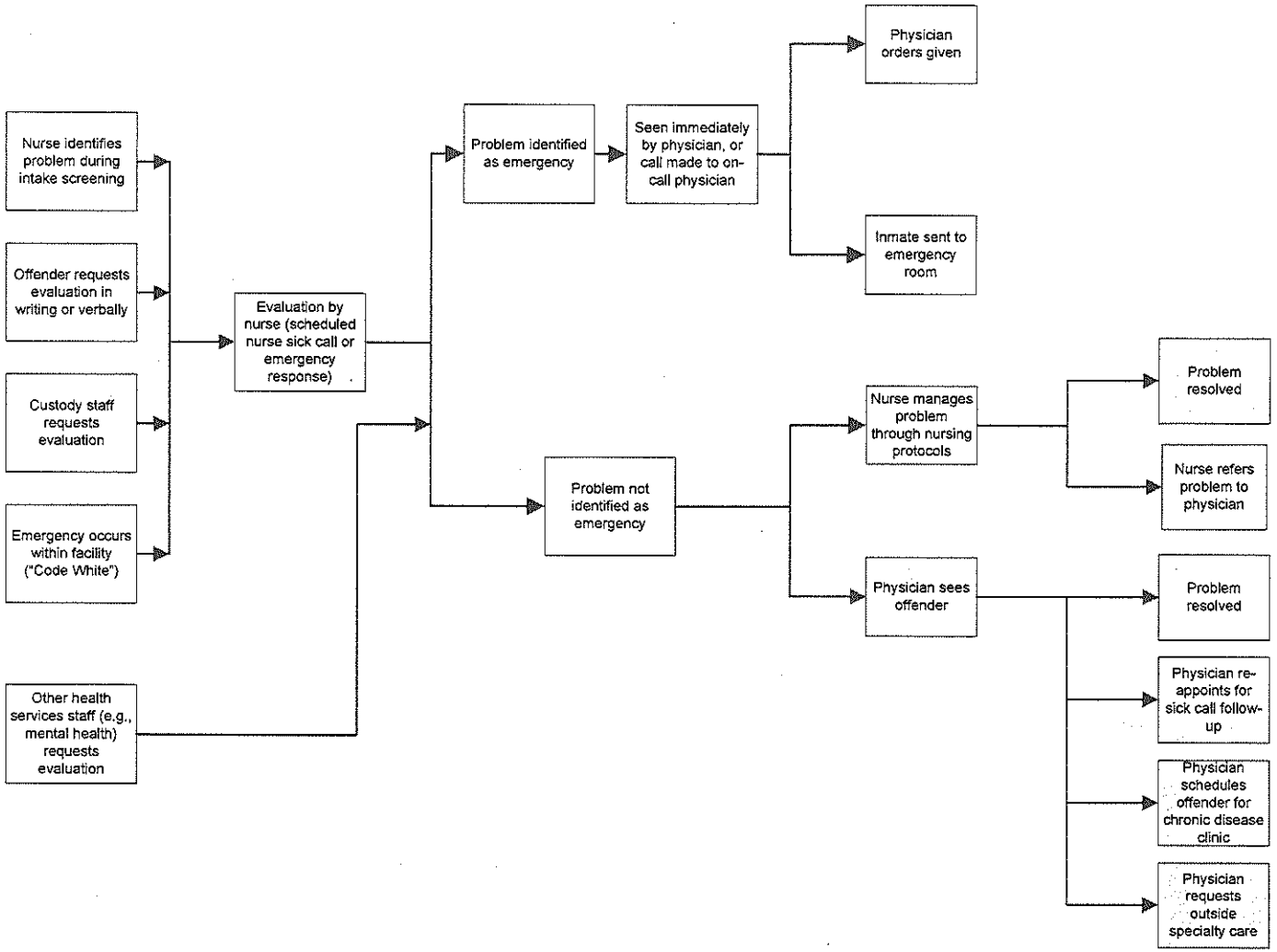
Cislo, AM Principal Investigator. (Co-Investigator: Jayesh Kamath). A Text Messaging Intervention to Improve Psychiatric Treatment Adherence: A Proof-of-Principle Study. Connecticut Institute for Clinical and Translational Science (CICATS). 12/1/13-6/30/15. $31,341 total costs.

Fellowships & Career Support

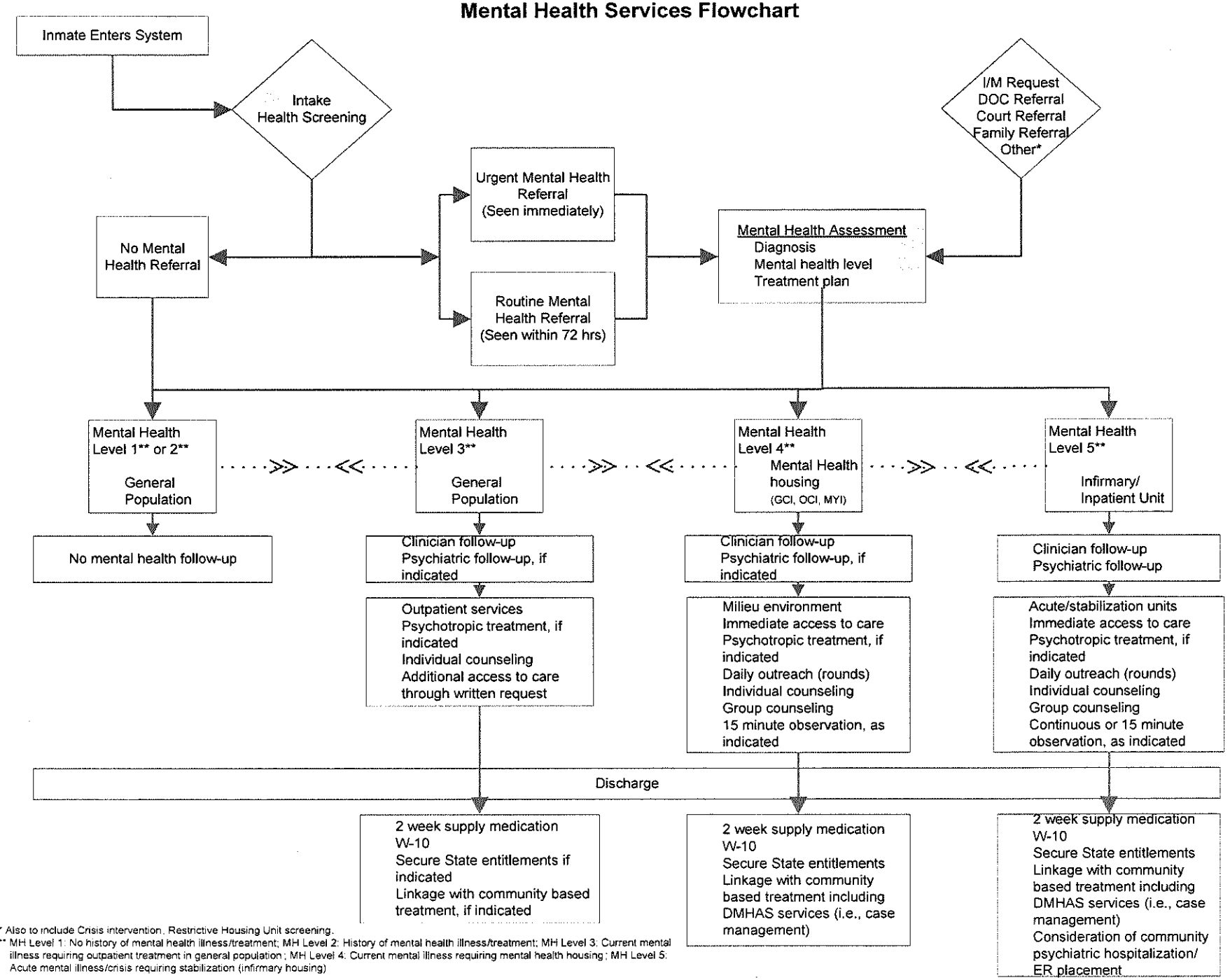
Cislo, Andrew M. Sponsored Scholar. Aetna Foundation. NIH Health Winter Training Institute. National Harbour, MD. December, 2014.

Cislo, Andrew M. Scholar-in-Residence. Academy Health/Aetna Foundation Conference, Washington, DC (February 9-10, 2015), Disparities Interest Group Annual Meeting, Minneapolis, MN (June 13, 2015), Academy Health Annual Research Meeting, Minneapolis, MN (June 14-16, 2015).

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)