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Correctional Managed Health Care (CMHC) Annual Report July 2010 - June 2011

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University of Connecticut Health Center

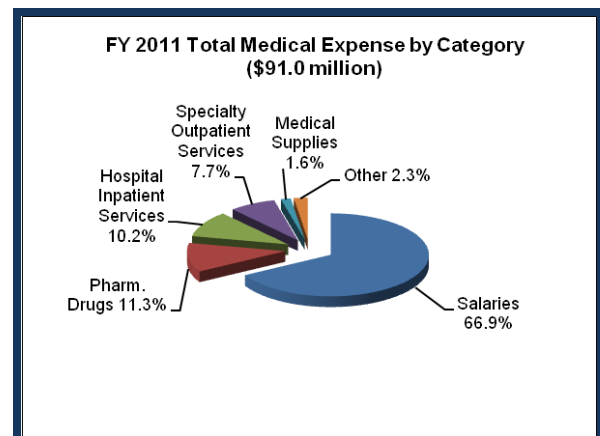
Correctional Managed Health Care

July 2010 - June 2011 CMHC ANNUAL REPORT

Introduction

Correctional Managed Health Care (CMHC) provides global medical, mental health, pharmacy, and dental services at 16 CDOC facilities statewide clustered into ten functional units, at 42 CDOC-contracted halfway houses and at JDH. As of June, 2011, services were provided by 714 full-time equivalent staff (a total of 813 individuals) to a population of 18,700 individuals (17,584 incarcerated and 1,116 in halfway houses). We provide this care under a Memorandum of Agreement (MOA) with the Connecticut Department of Correction (CDOC) since November 1997.

The FY 2011 expense for inmate care was \$91.0 million.



Background

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

Connecticut is one of only six states with an integrated jail and prison system. It has an incarceration rate of 524 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 38 intakes every night. Statewide, each of the 27,163 annual admissions requires a medical and mental health intake health screening. Generally, one out of five requires prompt medical or mental health intervention.

In virtually all categories, incarcerated populations have general medical and psychiatric disease prevalence rates significantly greater than those found in the community. The number of inmates on medications as of June 2011 was 8,325 or 45% of the total population. Notwithstanding administrative efficiencies, pharmaceutical costs continue to rise, with increasing demand for costly medications for treating HIV, Hepatitis C and psychiatric conditions.

Of note, CMHC's FY 2011 cost per inmate (both genders) was \$4,814 to provide global health services (medical, dental and mental health) to a population with significant health problems. Health care services for female inmates cost over twice that of male inmates.

Legal Context of Correctional Healthcare

As determined by the US Supreme Court, the only population with a constitutional right to healthcare (general medical and mental health) is incarcerated offenders, whether sentenced or unsentenced. In general, these rights include access to competent professional medical care that is equivalent to the community standard. In Connecticut, we work under multiple court orders, consent decrees and settlement agreements. Broadly speaking, these focus on HIV/AIDS, mental health, and timely general medical care.

Vision

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

Mission

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

Values

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

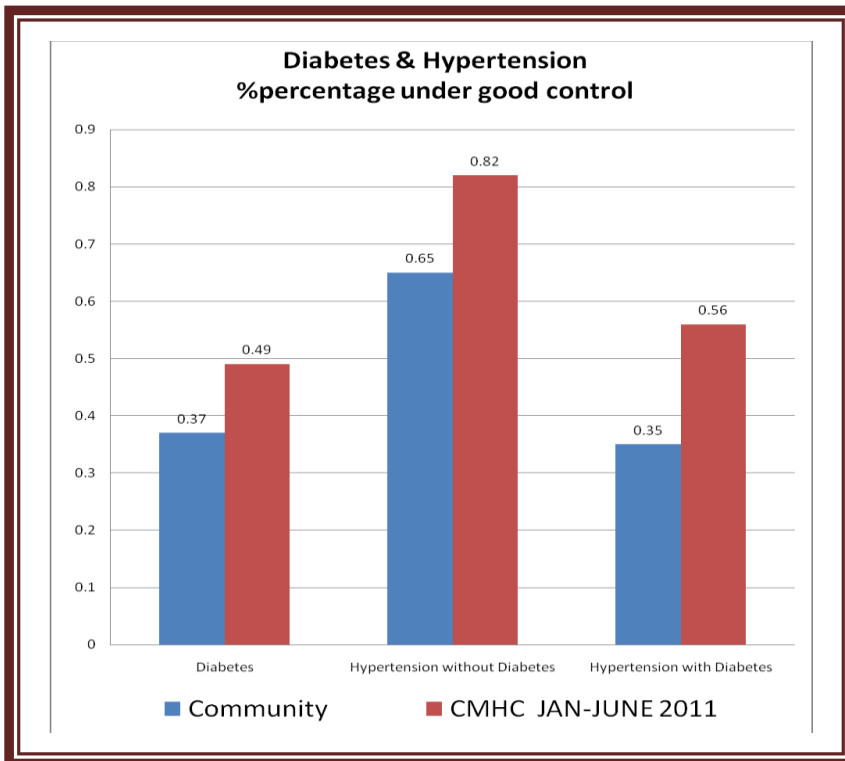
Program Overview

Medical Services (Flow Chart Appended)

HIV/AIDS (currently 346 patients), tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, and hypertension are among the serious illnesses overrepresented in this population.

- The active medical caseload represents approximately 20% of the inmate population, about 3900 unique individuals.
- In FY 2011, there were 18,891 visits for care at specialty clinics in CDOC facilities (orthopedic services, infectious diseases/HIV, optometry, podiatry and chronic care).

On an average day, CMHC sees 600 inmates at medical sick call, cares for 156 inmates in infirmary beds and cares for 7 inmates hospitalized at the John Dempsey Hospital



Diabetes and Hypertension of CMHC patients are in better control than community patients

- Interferon-based therapy for Hepatitis C costs approximately \$25,000 per patient per year. During FY'11 we had an average of 10 patients in HepC treatment at any given time.
- CMHC provides onsite dialysis to inmates. There are currently 15 inmates receiving treatment. Necessary treatment costs are approximately \$45,000 per patient per year.
- Chronic Disease guidelines assist with consistency of care.

Nursing Services

Nursing services include patient education, medication administration, coordination of care, nurse sick call, emergency response, and health screenings. Specialized nursing roles include: Discharge Planner, HIV Coordinator, Utilization Review Case Manager, and Mental Health Nurse Clinician.

CMHC employs approximately 17 Advanced Practice Registered Nurses, 206 Registered Nurses, 113 Licensed Practical Nurses, 22 Nurse Clinicians, 19 Nursing Supervisors, and 63 per diem nurses in clinical positions.



- The Department of Health Resources and Services Administration (HRSA) has approved a UCONN School of Nursing and CMHC/CDOC grant application entitled “Advancing Correctional Nurse Competencies for Quality Care” for \$1.2 million dollars over the next 3 years. This prestigious award will allow us to enhance the clinical competency of nurses using the American Nurses Association Corrections Nursing Scope and Standards of Practice that can be used as a national model.
- In conjunction with the Department of Education and Training, nursing staff works closely with faculty from various schools to supervise nursing student experiences.
- With the CDOC, CMHC nurses assist in the training and supervision of inmates admitted to the Certified Nursing Assistant Program.
- CMHC Erskine Edwards, RNC, Yvonne Francis, LPN, Carol Whitham, RN, and Patricia Wollenhaupt, RN received the prestigious Nightingale Award for nursing excellence this year.

Mental Health Services (Flow Chart Appended)

Schizophrenia, bipolar disorder, post traumatic stress disorder (PTSD), depression, severe personality disorders, traumatic brain injury and addictive disorders are overrepresented in this population.

- The active mental health caseload represents approximately 19% of the inmate population, about 3500 unique individuals.
- Mental health services include access to care and outreach, screening and assessment, 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 referral.
- Every inmate receiving mental health services has an individual treatment plan.
- Fifteen facilities provide outpatient mental health services; ten of the sixteen correctional

In FY 2011 there were 215,348 visits to social workers, psychologists and psychiatric nurse clinicians, including suicide risk assessments. In addition, there were 20,419 visits to psychiatrists and 23,186 visits to Advanced Practice Registered Nurses.

facilities have inpatient mental health infirmaries; 4 facilities offer supported congregate housing; six facilities offer specialized sex offender services.

- Safe Passage, a partial hospital program for women was expanded at York Correctional Institution.
- Through increased education, supervision, the implementation of disease management guidelines, prescribing practices have become more evidenced-based.
- CMHC includes rotations for UCHC psychiatry residents and Yale Psychiatry and Law fellows.
- The Behavioral Engagement Unit (BEU), was started at Garner Correctional Institution in 2010. The BEU is designed to house adult male inmates who present with significant character/personality disorders that result in self-injurious acts, threats of self-harm, and maladaptive behaviors that contribute to the repeated disruption of the facility and to high risk of self-injury.
- Comprehensive statewide supervision for mental health staff was initiated. This program has been designed to enhance skills, monitor performance, improve patient care and enhance staff retention goals.
- Statewide conferences were held bringing in outside experts to review state of the art mental health prescribing practices.

Dental Services

Along with medical and mental illnesses in the incarcerated population, oral disease is disproportionately high. In June 2011, 2415 inmates (13% of the total population) were treated by CMHC staff.

- Dental Services include routine exams, x-rays, dentures, restoration, root canals and oral surgery.

In FY 2011, 16 dentists, 2 oral surgeons, and 19 dental assistants performed 29,831 assessments and conducted 23,892 procedures.

Adolescent Services

CDOC on July 1, 2011 housed 159 adolescents under the age of 18 at Manson Youth Institution and 6 adolescents under the age of 18 at York Correctional Institution

- In FY 2011, CDOC and CMHC collaborated in planning meetings focused on identifying evidence-based adolescent-specific health related screening tools for the population of youth under the age of 18 incarcerated in a CDOC facility, with the goal of implementation in 2012.
- In FY 2011, CMHC continued ongoing participation in collaborative efforts with CDOC and other state agencies including Office of Child Advocate, DCF, CSSD, Office of the Public Defender, and DMHAS to enhance partnerships and improve discharge planning for the youthful offender population.
- CMHC continued its active participation in the Multi-Agency Work Group for Youth meetings, including the collaborative development of strategic goals/plans, and participation in “Raise the Age” related initiatives statewide.

- CMHC continued participation in weekly CDOC youthful offender multidisciplinary meetings at Manson Youth Institution and York Correctional Institution to ensure that medical, mental health, dental and behavioral treatment of youthful offenders is appropriate to the population's age and developmental stage.

Pharmacy Operations

The CMHC Pharmacy moved its location in 2009 to increase space and improve overall operations.

- Recycling efforts in the pharmacy expanded throughout the year. Total savings from recycling in 2011 were over \$750,000.
- The CMHC pharmacy increased efficiency and improved service by replacing its automated machinery with modern robotic dispensing machines. With this improved technology the pharmacy has been able to improve patient safety and shorten turnaround time for medication delivery.
- An upgrade to the pharmacy system including new allergy monitoring module is in place.

CMHC dispensed and delivered over 11.8 million doses of medication over the last year at a cost of \$10.3 million. A statewide system of Pyxis 3500/Connect equipment is supported by three Automated pharmacy robots and a team of pharmacists.

Education and Training

With over 600 licensed health care providers, CMHC has an ongoing need for active training and education. CMHC provides a rich and evolving clinical and public health-oriented environment for health professional education. We have committed ourselves to becoming a key collaborator in health care provider education across all disciplines.

- CMHC provides training for all new health services staff in addition to providing mental health training to all new custody staff.
- Training is provided to all CMHC staff on an annual basis. Examples include training in CPR, medical equipment use, emergency response, medication administration, and mental health care.
- Medical, nursing, mental health, laboratory assistant and dental system-wide meetings/conferences were held for staff, providing Continuing Medical/Continuing Education credits.
- Education and Training has implemented annual nursing competencies/validations utilizing facility-based Nurse Educators.
- In collaboration with UConn Organizational Psychology faculty and graduate students, CMHC has implemented employee 'civility' education and training.

Education and Training is delivered utilizing computer-based training, traditional educational experiences and reality-based simulation training methods.

- Medical education includes rotations in Adolescent and Adult Psychiatry (UCHC), Forensic Psychiatry (Yale University) and Physician Assistant internships (Quinnipiac University).
- Psychology internships are supported with the Massachusetts School for Professional Psychology, Central CT State University, University of Hartford, Antioch University and the University of New Haven.
- Social work internships are supported with UConn, Springfield College and Southern CT State University.
- Nursing internships are supported with UConn, Yale University, St. Joseph College, Quinnipiac University, and Sacred Heart University.
- Education and Training offers professional continuing education credits for Physicians, Nurses and Social Workers.
- In collaboration with CMHC Nursing Services and UConn School of Nursing, CMHC Education and Training is developing reality-based training scenarios using state of the art simulation equipment to advance nursing competencies.

Community Transition

Approximately 25,830 people return to Connecticut communities from DOC facilities annually. Many require close support from other state agencies such as DMHAS. With a goal of maintaining health and reducing re- incarceration, twelve discharge planners deployed throughout the state assist inmates who have identified medical or mental health needs by coordinating access to services upon release.

- Through expanded collaboration with private and public agencies, discharge planners provide assistance with initial medications, state health care benefit programs, social service referrals and housing resources.
- 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.
- Continued expansion of the Re-entry Model for Mentally Ill Offenders has included working collaboratively with CDOC Health & Addiction Services, Board of Pardons and Parole, Mental Health Parole Unit, DMHAS Forensic Services, and CSSD Adult Probation. The Re-entry Model for Mentally Ill Offenders was presented at national and regional professional conferences.

In a typical month, discharge planners arrange 150 community appointments, submit 280 SAGA applications, arrange for 750 discharge medication and hold 800 planning meetings with soon-to-be-released inmates.

Judicial Contract – Court Support Services Division (CSSD)

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

- CMHC, in collaboration with CSSD, participated in ongoing monitoring and auditing of health services contracts, practices and providers, and chaired statewide meetings regarding health service delivery at the Juvenile Residential Services sites, Central Office and Training Academy.
- CMHC continues to consult and participate in efforts to standardize approaches to health services (medical, mental health, dental and nursing) across the system whenever possible.
- CMHC continues to perform a wide-range of Health Care Continuous Quality Improvement (CQI) activities including policy and procedure development, review and revisions; auditing a broad range of health care services utilizing community, nationwide and NCCHC standards, training, consultation and clinical case reviews at the request of CSSD.
- Annual suicide prevention physical plant reviews of all CSSD Juvenile Residential Services sites, investigation and review of all health care complaints and in-depth case reviews, ongoing collaborative work with the CSSD contracted nursing services and quarterly meetings with all CSSD health care contractors are a routine component of the CQI contract structure.

Research

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

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

- The National Institutes of Mental Health funded a Research Partnership Grant (\$998,989) for translational science in correctional healthcare.
- The Center for Behavioral Health Services & Criminal Justice Services provided \$10,000 to explore psychotropic medication adherence among incarcerated persons with mental disorders. This is a collaboration between the Schools of Nursing and Pharmacy.
- The mental health section of the Bureau of Justice Statistics 2012 National Inmate Survey was developed (jointly funded by NIMH and the Bureau of Justice Statistics).
- The Corrections Modified-Global Assessment of Functioning, funded by the National Institute of Mental Health, was developed and pilot tested.
- A collaboration with researchers at Duke University and the CT Department of Mental Health and Addiction Services determined the relative costs of caring for the severely mentally ill who are incarcerated compared to those in the community.

In partnership with CDOC, CMHC obtained a total of \$1,691,582 in external funding.

- START NOW, a cognitive behavioral treatment, was the product of a National Institute of Justice award. A START NOW implementation team has been developed and is meeting monthly for integration of this evidence-based program into the practice setting.
- Two awards were received for research and nursing practice this year. One through the International Association of Forensic Nursing for research entitled “Modeling vulnerabilities and stressors of co-occurring mental disorders among a prison population”; and the second was awarded by the Connecticut Nurses Association, the Florence Wald Award for Outstanding Contributions to Nursing Practice.

Organizational Structure

Clinical Oversight

- *Director of Medical Services*, Mark Buchanan MD, is responsible for oversight of general medical services and program management, infectious disease management, Medical Pharmacy and Therapeutics (P&T) Committee, and dental programs, working with Dental Director Richard Benoit, DMD. Dr Buchanan also oversees community transitional services, headed by Vickie Alston, MSW, LCSW, whose staff of 12 discharge planners arranges for aftercare and in some cases expedited release for inmates with high medical and mental health needs. He also oversees the Utilization Review department, headed by Kelly Quijano, MSN, which evaluates the need for and arranges provision of off-site specialty services.
- *Director of Mental Health and Psychiatric Services*, Robert Berger, MD, is responsible for oversight of all mental health programming and psychiatric care, policy development, inter-agency mental health collaboration and sex offender treatment. He also chairs the Psychiatry P&T committee, and provides discipline specific leadership.
- *Director of Nursing, QI and Patient Care Services*, Constance Weiskopf PhD, APRN, PMHCNS-BC, CCHP oversees nursing/patient care across all of our clinical disciplines. She chairs the Policy and Procedure Committee, and oversees quality improvement/ assurance, infectious disease tracking and support. Her responsibilities include direct oversight of the administrative duties of Health Services Administrators at Garner CI, York CI, Northern CI, Willard Cybulski CI, Robinson CI, Manson YI, Cheshire CI.
- *Assistant Director Nursing and Patient Care Services*, Mary Ellen Castro, MSN, APRN, assists the Director of Nursing in nursing operations and supervision of Health Services Administrators. In her role, she collaborates with the directors of medicine, mental health, and nursing for clinical issues and directly supervises the Health Services Administrators for New Haven CC, Bridgeport CC, Hartford CC, Corrigan Radgowski CI, Brooklyn CI, MacDougall Walker CI, Osborn CI, Enfield CI.
- *Director of Adolescent Services*, Kathy Coleman, RN, MS, supports enhanced service delivery and interagency coordination. Building on her years of accomplishments with the Juvenile Justice CSSD contract and CMHC, Kathy Coleman is helping coordinate our focus on the critical needs for adolescent programming, quality assurance, and inter-agency collaboration.

Administrative Oversight

- *Director of Administrative Services*, Gail Johnson, MBA is responsible for supporting and coordinating the Fiscal and Information Technology Divisions. She is working with her teams to invigorate these critical functions, and to make these areas more responsive, accountable, and end-user friendly.
- *Director of Education and Training*, Michael Nicholson RN, MBA drives an enhanced agenda that includes a substantial Continuing Medical Education curriculum. Under his leadership, we have achieved Continuing Medical Education (CME) and National Association of Social Workers (NASW) accreditation for our Medical and Mental Health Conferences, and Case Conferences.
- *Director of Research and Evaluation*, Deborah Shelton PhD, RN, NE-BC, CCHP, FAAN is a Professor in the Schools of Medicine and Nursing. She is a federally funded nurse researcher and Co-PI with Dr. Trestman on an NIMH RC-4 research infrastructure grant. She is grant supported and is driving the initiative to build an expanded externally funded research base within CMHC.
- *Pharmacy Manager*, Robyn Wahl PharmD, MBA oversees CMHC's pharmacy operations. Under her leadership, the many dedicated staff involved in pharmacy have continued to improve the accuracy and efficiency of our system state-wide.

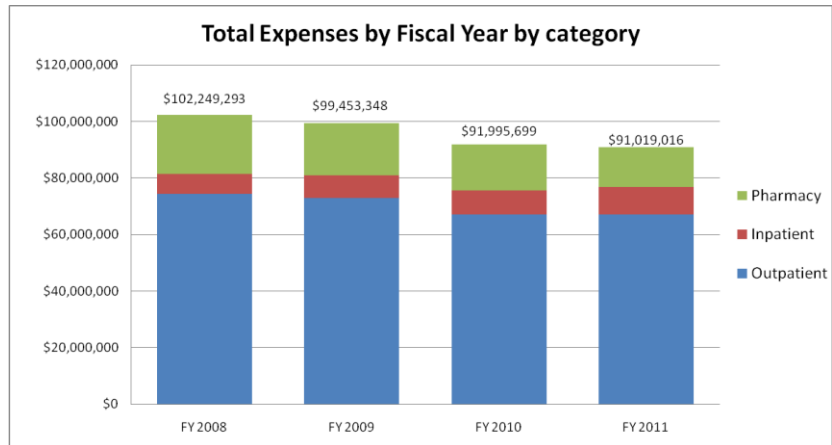
Human Resources

- **Staffing** – The time to fill positions has been greatly reduced; this has been a result of the availability of more qualified applicants due to the economy and closer collaboration between Human Resources and facility management to ensure interviews are held and candidate selections are well documented.
- **Recruitment** – for 2010-2011 efforts to recruit hard to fill prescriber positions were focused in the second half of the year as there was turnover in both medical physicians and psychiatrists. The personal recruitment efforts of senior clinical staff have identified some excellent candidates for 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 educational and training opportunities for staff. There were also increased opportunities for facility staff to serve on various management committees, such as policy and procedures, pharmacy and therapeutics and attend discipline specific conferences, providing enhanced professional growth.
- During 2011 in cooperation with the University of Connecticut and with the 1199 union a civility study began to gather input on civility issues and target potential improvements in the workplace.

Financial Performance

Staff resources were reallocated between facilities and within disciplines to meet the medical, mental health and dental needs of the inmate population without increasing costs.

- Expenditures were closely tracked throughout the year and adjustments made as necessary to meet the fiscal appropriation.
- Overtime costs were about \$800,000 below budget in FY'11 following a \$600,000 reduction in the previous year.
- In FY'11 we were able to take advantage of 340b pharmaceutical pricing resulting in a reduction in pharmacy costs of approximately \$2.0 million.



Information Technology

- The CMHC Scheduling application initially implemented at York was expanded for tracking dental services across the state. Electronic tracking of these appointments allows for comprehensive data analysis, trending across facilities, and state-wide productivity statistics. Since its implementation in March 2011 over 13,000 dental appointments have been completed within the system.
- Electronic scanning and storage of inmate request forms was implemented state wide. This is a much more efficient process for handling the legal retention requirements for these requests.
- CMHC has put in place the technical components for using audio/video conferencing as a means for communication that will decrease travel and increase staff productivity.
- The CMHC Infectious Disease Application was expanded to include HIV Tracking. This module provides facility-based staff with electronic access to an inmate's HIV history. Real time access to this data replaces previous systems of telephone and faxes to and from Central Office. This has improved efficiency in the tracking and therefore patient care for this population.
- A Data Dashboard web based application was piloted to administrators and managers throughout the state. Key metrics are presented daily to all management staff for information and analysis.
- CMHC IT Training and Educator Coordinator was hired to in October 2010. This position has been tasked with identifying technical training needs across the state, train all new CMHC staff, and educate staff with the implementation of new and modified applications.
- CMHC data warehouse reports and information requests continue to provide meaningful information to improve clinical practice and operational efficiency.

Quality Improvement

- The Continuous Quality Improvement (QI) Program was empowered to continue under the direction of the QI Administrator to move forward in overseeing issues of clinical practice and program progress.
- Sandi Tanguay RN, MS, QI Operational Administrator, played a major role in developing, implementing, and analyzing process/outcome QI studies.
- CQI continues to function with facility-based QI coordinators overseeing facility QI studies and presenting data at monthly facility QI meetings.
- CMHC QI data continues to demonstrate on-going management of outpatient hypertension utilizing chronic care management guidelines with compliance above community benchmarks.
- For the second year in a row, management of diabetes QI data continues to demonstrate aggressive attention to this chronic disease.
- Completed review of intake screenings at all jails.
- The first step of the inmate Health Care Satisfaction survey is completed. Initial data identified common trends especially high compliance with privacy and confidentiality.
- Facility medication audits identify medication patterns, use of nurse protocol medications, and staff workload in administering medications.

The Inmate Health Care Satisfaction survey is the first of its kind in the nation.

Legislative Relationships

- Meetings with legislators to explain CMHC have been ongoing. A results based accountability report card was developed and presented to the Appropriations Committee.
- Monthly financial reports have been provided outlining expenditures and staffing as requested to the Office of Fiscal Analysis. Ad hoc requests for information and/or reports have been answered in a timely and coordinated fashion with accurate data.
- Effective clinical and financial oversight has significantly improved confidence in the CMHC program and improved relationships with the legislative committees of cognizance.

York Correctional Institution was reaccredited by the National Commission on Correctional Health Care (NCCHC) for its compliance with NCCHC Standards for Health Services in Prisons. York's Mental Health programs were nominated for NCCHC Program of the Year, June 2011

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

- Sampl S, Wakai S, Trestman RL.** Translating evidence-based practices from community to corrections: An example of implementing DBT-CM. *Journal of Behavioral Analysis of Offender and Victim Treatment and Prevention*, 2(2): 114-23, 2010.
- Shelton D, Weiskopf C, Nicholson M.** Correctional Nursing Competency Development in the CT Correctional Managed Health Care. *J Correctional Health Care*. 16(4) 299-309, 2010
- Kamath J, Temporini H, Zhang W, Kesten K, Wakai S, **Shelton D, Trestman R** (2010). Disseminating Best Practices for Bipolar Disorder Treatment Correctional Pop'n. *Psych Services* (61)9, 865-867.
- Shelton, D.**, Ehret, M J. Wakai, S, Kapetanovic, T., & Moran, M. (2010). Psychotropic medication adherence in correctional facilities – A review of the literature. *Journal of Psychiatric and Mental Health Nursing* (17)7, 603-613.
- Ehret, M., **Shelton, D.**, Wakai, S., Zhang, W., Kamath, J. (2010). The effect of psychotropic medication dosing on symptom control for inmates with Bipolar Disorder. (Abstract). *Journal of Pharmacy Practice*, 23(2), 150.
- Shelton D, Kesten K, Zhang W, **Trestman RL.** Impact of a Dialectic Behavior Therapy- Corrections Modified upon Behaviorally Challenged Incarcerated Male Adolescents. *Journal of Child and Adolescent Psychiatric Nursing*. 24: 105-113, 2011
- Kesten KL, Leavitt-Smith E, Rau DR, **Shelton D**, Zhang W, Wagner J, **Trestman RL.** The Connecticut Offender Re-Entry Program (CORP) and Standard Re-entry Treatment Planning Services: A Comparison of Recidivism Rates Among Mentally Ill Inmates in CT. *J Corr Health Care*, In Press.
- Appelbaum K, Savageau J, **Trestman RL**, Metzner J, Baillargeon JG. A National Survey of Self-Injurious Behavior in American Prisons, *Psychiatric Services*, In Press.
- Kamath J, Trestman RL**, et al., "Disseminating Best Practices for Bipolar Disorder in the Correctional Setting: Process Outcomes" *Psychiatric Services*, 61(9):865-7, 2010.
- Shelton, D.** & Wakai, S. (2011). A process evaluation of START NOW Skills Training for Inmates with impulsive and aggressive behaviors." Special edition in Forensics and Corrections: *Journal of the American Psychiatric Nurses Association*, 17(2), 148-157.
- Shelton, D.**, Ehret, M. J., Wakai, S., Kapetanovic, T., & Moran, M. (2010). Psychotropic medication adherence in correctional facilities – A review of the literature. *Journal of Psychiatric and Mental Health Nursing* (17)7, 603-613.
- Ehret, M., **Shelton, D.**, Wakai, S., Zhang, W., **Kamath, J.** (2010). The effect of psychotropic medication dosing on symptom control for inmates with Bipolar Disorder. (Abstract). *Journal of Pharmacy Practice*, 23(2), 150.
- Kamath**, Temporini, Zhang, Kesten, Wakai, **Shelton & Trestman** (February, 2011). Algorithm- driven treatment of bipolar disorder in Connecticut prisons: A feasibility study. Submitted to *Journal of Mental Health Services Research*.
- Kapetanovic, T., **Castro, M.E.**, & **Shelton, D.** (January, 2011). A descriptive study of health care needs among halfway house residents transitioning from prison. Submitted to *Journal of Health & Social Care in the Community*.

Non-Peer Reviewed Publications

- Wortzel H, **Trestman RL.** Forensic Neuropsychiatry. In: Textbook of Neuropsychiatry and Behavioral Neurology, Christopher Filley, David Arciniegas, and C. Alan Anderson, Eds. In Press.
- Helfand, SJ.** Managing Disruptive, Violent Offenders: A Behavioral Perspective, In TJ Fagan, RK Ax (Eds). *Correctional Mental Health: From Theory to Best Practice*. Sage Publications, In Press.
- Sampl S, **Trestman RL**, Harrison J. START NOW Workbook for Female Participants, Version 2.1, July 16, 2010. http://cmhc.uchc.edu/programs_services/startnow.aspx
- Sampl S, **Trestman RL**, START NOW Workbook for Male Participants, Version 2.1, July 16, 2010. http://cmhc.uchc.edu/programs_services/startnow.aspx
- Alston et al.** Juvenile Voices Column, *Special Housing Unit Smooths Reentry*, in the Winter 2011, Volume 25 issue of *CorrectCare*, National Commission on Correctional Health Care.
- Alston et al.** Member of the National Commission on Correctional Health Care Juvenile Health Committee, National Commission for Correctional Health Care, which co-authored pre-publication, *Assessing the Standard of Care for Incarcerated Youth: A Selected Annotated Bibliography*. 2010.

Shelton, D. (August, 2010). "Child Delinquents: Contemporary research perspectives." 3rd Edition of the Encyclopedia of Nursing Research. Invited.

Editorials

Trestman RL, Lazrove S. On the Coming of Age of Antisocial Personality Disorder: A Commentary on the NICE Treatment Guidelines for Antisocial Pers Disorder. *Personality Ment Health*, 4:12-15, 2010.

Trestman RL. Evidence Based Practice Can Transform Care. Guest Editorial in *NCCHC CorrectCare*, 24(3):3, 2010.

Regional or National Presentations

Shelton, D. 2010 "A Stress-Vulnerability Model for Corrections". State of the Science Congress on Nursing Research, Washington, DC, September 27th – 29th, 2010.

Trestman, RL. National Center for Health Statistics, "Correctional Health and Healthcare: Epidemiology of Mental Illness and Process of Service Delivery," Hyattsville, MD, June 28-29, 2010.

Trestman, RL. Jewish Children's Regional Service Annual Meeting, "Overcoming Adversity," New Orleans LA, March 27, 2011

Trestman, RL. The Police Commissioners of CT, "The Public Health Implications of Correctional Health Care," Hamden CT, March 30, 2011

Trestman, RL. UCHC High School Clinical Career Day, Guidance Counselors, "Keeping your Shining Stars from Burning Out: Support for Achievers and Overachievers," Farmington Ct, April 1, 2011

Trestman, RL. NIMH Conference on Mental Health Services Research, Plenary Speaker, "Translating Research into Systemic Solutions to Improve Mental Health Care," Washington DC, July 28, 2011

Trestman, RL. Justice Health of New South Wales, "Correctional Mental Health Care in Connecticut USA," Sydney Australia, September 5, 2011.

Allen, E. National Commission on Correctional Health Care (NCCHC) – Correctional Mental Health – seeking solutions Conference. . "Female Offenders and Peer Support: Relationships that heal." Las Vegas, July 10 – 11, 2011.

Allen, E. National Commission on Correctional Health Care (NCCHC)-National Conference- Sisters Standing Strong – Peer Mentoring Program" Las Vegas Nevada, October 2010.

Alston V. Panel Presentation on *Mental Health Awareness for Individuals involved in the Criminal Justice System*. Bridgeport Reentry Collaborative Roundtable Meeting, May 19, 2011.

Alston V. Panel presentation on the *Opening Doors Plan to End Homelessness in Connecticut*, at the Opening Doors conference. Facilitated by the Partnership for Strong Communities and the Connecticut Coalition to End Homelessness. April 25, 2011.

Alston V. Invited Participant at the Center for Behavioral Health Services workshop, *Mental Health Interventions: What Needs Improvement Workshop* follow-up on web-based survey. Rutgers University, Center for Behavioral Health Services and Criminal Justice Research, New Jersey. April 14-15, 2011.

Alston, V. Co-presented on *It Takes a Village. Reentry of Seriously Mentally Ill and Medically Compromised Inmates: Statewide Collaboration*. Academic and Health Policy Conference on Correctional Health. March 9, 2011.

Alston, V. Co-presenter at statewide training on *UCHC/CMHC Discharge Planning Program and DOC Mental Health Parole Unit: Roles in Medical and Compassionate Parole Considerations*. Connecticut Board of Pardons and Parole Training. December 7, 2010.

Alston, V. Co-presenter at statewide meeting on *Expedited Prescription Coverage for Discharging Offenders: Collaborative Model among the Connecticut Department of Corrections, University of Connecticut/Correctional Managed Health Care, and the Department of Social Services*. Greater Hartford Re-entry Council. December 2, 2011.

Alston, V. Co-presenter at statewide conference on *Collaborative Re-entry Model for Mentally Ill Offenders*. State of Connecticut Criminal Justice Cross-Training Conference. August 20, 2010.

Alston, V. Co-presenter for Intensive Session at national conference on *Breaking Down Barriers: Connecticut's Collaborative Re-Entry Model for Mentally Ill Offenders*. American Probation and Parole Association Annual Training Institute. August 15, 2010.

Kamath, J. "Atomoxetine for the treatment of attention deficit/hyperactivity disorder (ADHD) in Connecticut prison: an open label study" presented at the 4th Annual Academic Health and Policy Conference on Correctional Health, Boston, MA. March, 2011.

- Shelton, D.** (2010). Application of a biopsychosocial vulnerability-stress model for corrections nursing research and clinical practice. 18th Annual IAFN Scientific Assembly, International Association of Forensic Nurses, October 27-29, 2010; Pittsburg, PA.
- Shelton, D.** (2010). A stress-vulnerability model for corrections. 2010 State of the Science Congress on Nursing Research. Poster. The Council for the Advancement of Nursing Science. September 27-29, 2010; Washington, DC.
- Ehret, M. & **Shelton, D.** (2010). Effect of psychotropic medication dosing on symptom control for inmates with Bipolar Disorder. Poster. 13th Annual Meeting of the College of Psychiatric and Neurologic Pharmacists, April 18-21, 2010, San Antonio, TX.
- Shelton, D.** "Application of a Biopsychosocial Vulnerability-Stress Model for Corrections Nursing Research and Clinical Practice". Shelton, D. & Panosky, D. International Association of Forensic Nurses. 18TH Annual Scientific Assembly, Oct.27-30, 2010, Pittsburg, PA.
- Shelton, D.** "Design, Test and Implementation of an Evidence-based Treatment Intervention for Incarcerated Persons with Behavioral Problems". Shelton, D. International Association of Forensic Nurses. 18TH Annual Scientific Assembly, Oct.27-30, 2010, Pittsburg, PA.
- Shelton, D.** (2011). The Corrections-Modified Global Assessment of Functioning (CM-GAF) scale: Initial findings. 4th Academic and Health Policy Conference on Correctional Health. Boston, MA. March 10-11, 2011.
- Ehret, M., **Shelton, D.** & Golay, L. (2011). Medication adherence in a corrections population with Bipolar Disorder. 4th Academic and Health Policy Conference on Correctional Health. Boston, MA. March 10-11, 2011.
- Shelton, D.**, Panosky, D., Ferszt, G. & Zucker, D. (2011). Nursing science at the interface of criminal justice, health and vulnerable populations. 4th Academic and Health Policy Conference on Correctional Health. Boston, MA. March 10-11, 2011.
- Ehret, M., & **Shelton, D.** (2011). Prescribing patterns in a corrections population with Bipolar Disorder. 4th Academic and Health Policy Conference on Correctional Health. Boston, MA. March 10-11, 2011.
- Shelton, D.** "A Stress-Vulnerability Model for Corrections". Shelton, D. 2010 State of the Science Congress on Nursing Research, Washington, DC, September 27th – 29th, 2010.
- Shelton, D.** "Development of a biopsychosocial vulnerability-stress model of mental illness among a prison population". Presented with D. Panosky. University of Connecticut, School of Nursing Groundbreaking, April 13, 2011.
- Shelton, D.** "Strategies for Theory Construction". University of Connecticut Health Center, Department of Public Health. Graduate Student Seminar. March 16, 2011.

National Committee Involvement 2010-2011

- Shelton D** Member, Academy of Correctional Health Professionals – Education Committee.
- Shelton D** Member, American Academy of Nursing – Expert Panel on Mental Health and Substance Abuse.
- Shelton D** Member, National Institute of Corrections - Transforming the Corrections Workforce Project
- Shelton D** Member, Sigma Theta Tau Honor Society - Mu Chapter President
- Shelton D** Member, Academy of Correctional Health Association – Correctional Health Curriculum Committee
- Trestman RL** National Institute of Correction, Norval Morris Keystone Member
- Trestman RL** American Academy of Psychiatry and the Law, Chair, Research Committee
- Alston, V** Academy of Correctional Health Care Professionals) Board of Directors
- Alston V** Member, Juvenile Health Committee, National Commission on Correctional Health Care
- Berger R** Councilor, Tri State Chapter, American Academy of Psychiatry and the Law

Fiscal Year'11 Grant Support

- Deborah Shelton Co-PI with Robert Trestman
 "Mental Health Research Infrastructure in Corrections". Supplement NIMH. No. 1R24-MH067030-05. (\$389,848). 2009-2010
- Deborah Shelton - Sub-contract with Dr. Frisman
 "CT-CJDATS-Center", CT DMHSAS (\$73,000), 2008-2013

Deborah Shelton "Psychotropic Medication Adherence among Mentally Ill Incarcerated Persons"
(\$50,000). 2008-2010 awarded.

Trestman, Robert Site PI - "Connecticut Correctional Health Services Research Partnership", National
Institute of Mental Health, 1RC4MH091939-01, (\$998,861), 2010-2013

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

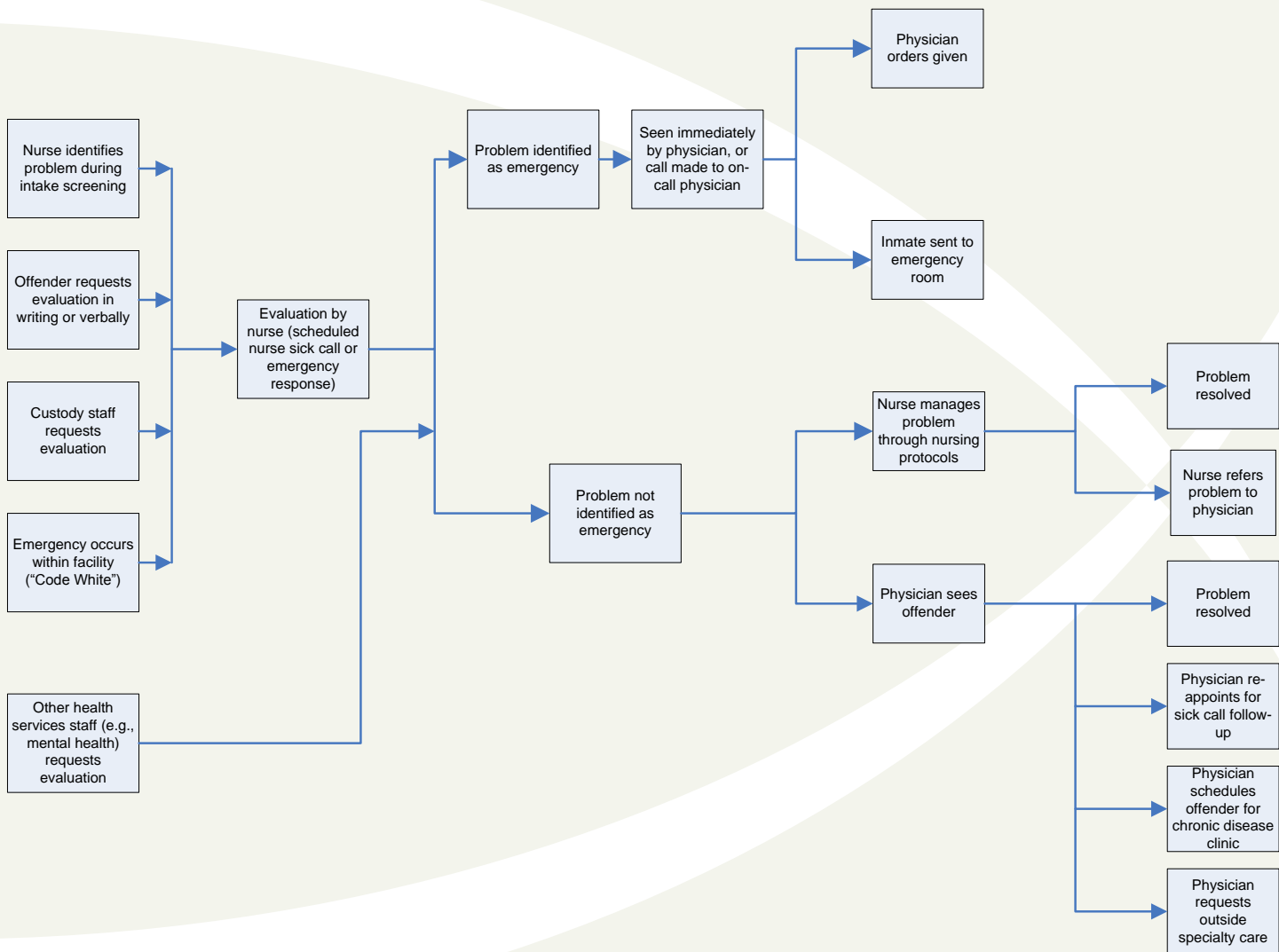
Deborah Shelton CO-PI with Megan Ehret
"Psychotropic Medication Adherence among Incarcerated Persons" Center for Behavioral
Health Services & Criminal Justice Services, (\$10,000), 2010-2011

Deborah Shelton CO-PI with Robert Trestman and Cheryl Cepelak
"Formalizing a Research Partnership in Corrections", NIH, Public Trust, R-03
(\$163,593) 2008-2010

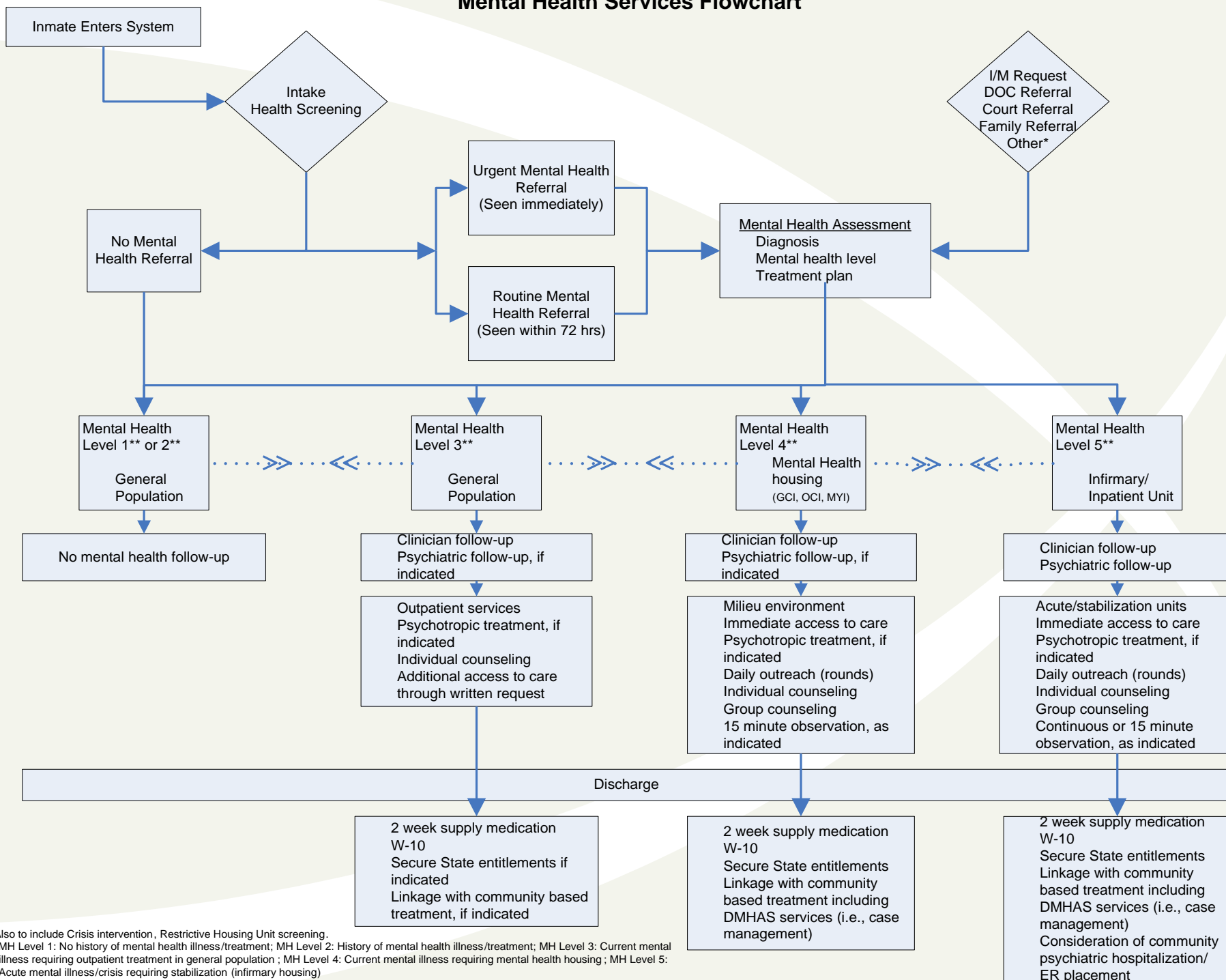
Deborah Shelton CO-PI with Robert Trestman
"Mental Health Instrument Development for Jails and Prisons", NIMH/BJJS, continuation of
1R24-MH067030-01, (\$350,000) 2008-2011

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

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)