

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CORRECTION**  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

**AMENDMENT # 9**  
**TO MEMORANDUM OF**  
**AGREEMENT BETWEEN**  
**THE CONNECTICUT DEPARTMENT OF CORRECTION**  
**AND**  
**THE UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**FOR**  
**THE PROVISION OF HEALTH SERVICES TO OFFENDERS**

The current Memorandum of Agreement (MOA) between the Connecticut Department of Correction (CTDOC) and the University of Connecticut Health Center (UCHC), for the provision of health services to offenders is scheduled to expire on June 30, 2016.

In accordance with the terms and conditions of Section XXXII of the amended MOA, extensions to the term of the MOA may be agreed upon in increments of up to two (2) years.

By their signature below, CTDOC and UCHC, herewith, agree to extend the MOA through the sooner of September 30, 2016 or the execution of a new MOA by and between the two parties for the provision of health services to offenders.

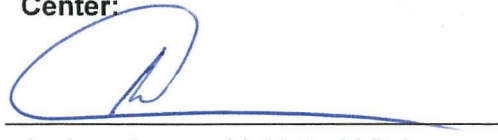
All other terms and conditions of the original Agreement between the parties, not inconsistent with the foregoing, shall remain in full force and effect.

**For the Connecticut Department of Correction:**



Cheryl L. Cepelak Date  
 Deputy Commissioner

**For the University of Connecticut Health Center:**

 7/26/16

Andrew Agwunobi, M.D., M.B.A. Date  
 Executive Vice President UConn Health



**STATE OF CONNECTICUT**  
**DEPARTMENT OF CORRECTION**  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

**AMENDMENT # 8**  
**TO MEMORANDUM OF**  
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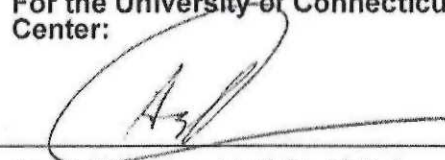
All other terms and conditions of the original Agreement between the parties, not inconsistent with the foregoing, shall remain in full force and effect.

**For the Connecticut Department of Correction:**

**For the University of Connecticut Health Center:**


  
 Cheryl L. Cepelak  
 Deputy Commissioner

5/11/16  
 Date

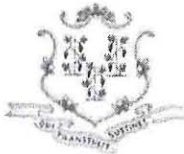
  
 Andrew Agwunobi, M.D., M.B.A.  
 Executive Vice President UConn Health

05/09/16  
 Date

**Approved as to Form:**

  
 AAG  
 Date

5/16/16  
 Date



**STATE OF CONNECTICUT**  
**DEPARTMENT OF CORRECTION**  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

**AMENDMENT # 7**  
**TO MEMORANDUM OF**  
**AGREEMENT BETWEEN**  
**THE CONNECTICUT DEPARTMENT OF CORRECTION**  
**AND**  
**THE UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
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**THE PROVISION OF HEALTH SERVICES TO OFFENDERS**

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All other terms and conditions of the original Agreement between the parties, not inconsistent with the foregoing, shall remain in full force and effect.

**For the Connecticut Department of Correction:**

**For the University of Connecticut Health Center:**

*Cheryl L. Cepelak* 2/24/16

*Jeffrey Geoghegan* 2-22-16

Cheryl L. Cepelak  
Deputy Commissioner

Date

Jeffrey Geoghegan  
Chief Financial Officer

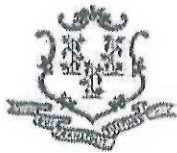
Date

**Approved as to Form:**

*John M. DiMino* 3/4/16

AAG

Date



STATE OF CONNECTICUT  
 DEPARTMENT OF CORRECTION  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

AMENDMENT # 6  
 TO MEMORANDUM OF  
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 AND  
 THE UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 FOR  
 THE PROVISION OF HEALTH SERVICES TO OFFENDERS

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For the Connecticut Department of Correction:

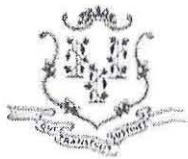
For the University of Connecticut Health Center:

*Cheryl L. Cepelak* 12/30/15  
 Cheryl L. Cepelak Date  
 Deputy Commissioner

*Jeffrey Geoghegan* 12-29-15  
 Jeffrey Geoghegan Date  
 Chief Financial Officer

Approved as to Form:

*Richard P. Miller* 12/13/15  
 AAG Date



STATE OF CONNECTICUT  
 DEPARTMENT OF CORRECTION  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

AMENDMENT # 5  
 TO MEMORANDUM OF  
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 AND  
 THE UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 FOR  
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All other terms and conditions of the original Agreement between the parties, not inconsistent with the foregoing, shall remain in full force and effect.

For the Connecticut Department of Correction:

For the University of Connecticut Health Center:

Michelle C. Scott 9/29/15  
 Cheryl L. Cepelak Michelle Scott  
 Deputy Commissioner Director

Jeffrey Geoghegan 9-24-15  
 Jeffrey Geoghegan  
 Chief Financial Officer

Approved as to Form:

Small E. Hill 9/29/15  
 AAG Date



**STATE OF CONNECTICUT**  
**DEPARTMENT OF CORRECTION**  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

**AMENDMENT # 4**  
**TO MEMORANDUM OF**  
**AGREEMENT BETWEEN**  
**THE CONNECTICUT DEPARTMENT OF CORRECTION**  
**AND**  
**THE UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**FOR**  
**THE PROVISION OF HEALTH SERVICES TO OFFENDERS**

The current Memorandum of Agreement (MOA) between the Connecticut Department of Correction (CTDOC) and the University of Connecticut Health Center (UCHC), for the provision of health services to offenders is scheduled to expire on August 31, 2015.

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All other terms and conditions of the original Agreement between the parties, not inconsistent with the foregoing, shall remain in full force and effect.

**For the Connecticut Department of Correction:**

**For the University of Connecticut Health Center:**

*Cheryl L. Cepelak*      8/31/15  
 Cheryl L. Cepelak      Date

*Jeffrey Geoghegan*      9-27-15  
 Jeffrey Geoghegan      Date

Deputy Commissioner

Chief Financial Officer  
 UConn Health

**Approved as to Form:**

\_\_\_\_\_  
 AAG

\_\_\_\_\_  
 Date



**STATE OF CONNECTICUT**  
**DEPARTMENT OF CORRECTION**  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

**AMENDMENT # 3**  
**TO MEMORANDUM OF**  
**AGREEMENT BETWEEN**  
**THE CONNECTICUT DEPARTMENT OF CORRECTION**  
**AND**  
**THE UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
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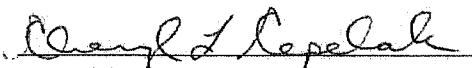
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All other terms and conditions of the original Agreement between the parties, not inconsistent with the foregoing, shall remain in full force and effect.

**For the Connecticut Department of Correction:**

**For the University of Connecticut Health Center:**

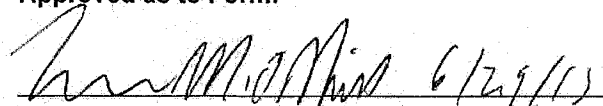
 6/26/15



Cheryl L. Cepelak Date  
 Deputy Commissioner

Andrew Agwunobi, MD Date  
 Interim Executive Vice President for Health Affairs

**Approved as to Form:**

 6/29/15  
 AAG Date



**STATE OF CONNECTICUT**  
**DEPARTMENT OF CORRECTION**  
**24 WOLCOTT HILL ROAD**  
**WETHERSFIELD, CONNECTICUT 06109**

**AMENDMENT # 2**  
**TO**  
**MEMORANDUM OF AGREEMENT**  
**BETWEEN**  
**THE CONNECTICUT DEPARTMENT OF CORRECTION**  
**AND**  
**THE UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**FOR**  
**THE PROVISION OF HEALTH SERVICES TO OFFENDERS**

**WHEREAS**, there is in effect a Memorandum of Agreement (MOA) #2013CAU-36 between the Connecticut Department of Correction (CTDOC) and the University of Connecticut Health Center (UCHC) for the provision of health services to CTDOC inmate population, through UCHC's Correctional Managed Health Care Division (CMHC); and

**WHEREAS**, due to federal requirements for the adherence of correctional bodies to the Prison Rape Elimination Act (PREA) and the CMHC's status as CTDOC's contracted health care provider for its inmate population, CMHC has become responsible for participation in CTDOC's response to allegations of sexual assault and/or abuse;

**NOW, THEREFORE**, the Parties hereto agree to amend the MOA effective upon signature to:

- 1. Require UCHC/CMHC staff to adhere to the PREA requirements of contractors operating in a correctional environment.**

UCHC, its staff, agents, contractors, researchers, students, interns and volunteers shall adhere to the federal Prison Rape Elimination Act of 2003, Public Law 108-79, as such requirements apply to the services required by this contract. A copy of the federal PREA Standards is available upon request to the CTDOC Contracts Administration Office.

CTDOC will collaborate with UCHC/CMHC to provide staff training as to the obligations of staff operating in a correctional environment in relation to reporting and handling of any inmate's claim of sexual abuse/assault.

- 2. Require UCHC/CMHC staff to participate as partners with CTDOC in the design, implementation and operation of CTDOC's response to PREA allegations and/or incidents.**

**A. Intake Assessments:** CTDOC and UCHC shall mutually agree to activities to be conducted by CMHC staff in relation to screening of all inmates to assess their risk for sexual abuse/assault. Such participation by CMHC will include medical and/or mental health follow-up meetings offered by CMHC staff should the initial screening by CTDOC and assessment by CMHC indicate a history of prior sexual abuse/assault or a history of the inmate as a sexual abuser.

**B. Reporting of Incidents:** UCHC shall require all CMHC staff, to include line staff, facility-based staff, supervisors, and UCONN Health Medical-Surgical Unit 5 staff to report any alleged incident of sexual abuse/assault of any inmate to the CTDOC PREA Coordinator or the



appropriate custody supervisor in the facility immediately, except when such reporting is specifically excluded in the PREA Standard §115.81.

- C. Response to Reported Incidents: In accordance with CTDOC's established procedural processes for handling of a sexual assault/abuse claim by an inmate, CMHC staff shall be responsible for determining the need for a forensic medical examination. An inmate requiring a forensic medical examination shall be sent to an emergency room or medical facility where a Sexual Assault Nurse Examiner (S.A.N.E.) or Sexual Assault Forensic Examiner (S.A.F.E.) is available. Should such staff become available at John Dempsey Hospital, the inmate shall be transported to Medical-Surgical Unit 5 for examination.
- D. Provision of Forensic Examinations: When a forensic examination is requested by CTDOC, UCHC/CMHC shall ensure that such is provided by SANE/SAFE-certified staff. CMHC shall be cognizant of the inmate's right to request the presence of a victim advocate for such examinations. CMHC shall provide the results of such examination to the CTDOC PREA Coordinator, or designee, as delineated in CTDOC policy and procedure.
- E. Participation in Criminal Investigations: UCHC/CMHC staff shall be required to remain compliant with all lawful requests from investigatory entities, to include CTDOC and the Connecticut State Police, and shall provide information to such entities as requested.
- F. Participation in PREA Audit Processes: UCHC/CMHC shall participate, as required, in the audit of CTDOC facilities for compliance with federal PREA guidelines, by a USDOJ-certified PREA Auditor. This may include requests for provision of documentation, interview of CMHC staff and/or tour of CMHC Units and/or Medical-Surgical Unit 5.

**Unless specifically referenced in this Amendment, all other terms and conditions of said Original Agreement and prior Amendments shall remain in full force and effect.**

**For the Connecticut Department of Correction:**



Cheryl L. Cepelak  
Deputy Commissioner

1/8/15

Date

**For the University of Connecticut Health Center:**

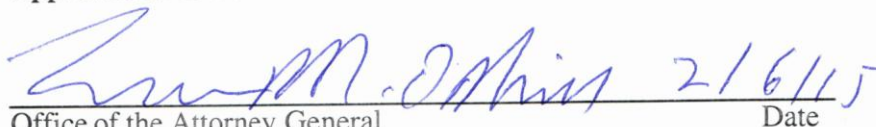


Andrew Agwunobi, MD  
Interim Executive Vice President for Health Affairs

12/20/14

Date

**Approved as to Form:**



Office of the Attorney General  
AAG Terrence M. O'Neill

Date



STATE OF CONNECTICUT  
 DEPARTMENT OF CORRECTION  
 24 WOLCOTT HILL ROAD  
 WETHERSFIELD, CONNECTICUT 06109

AMENDMENT # 1  
 TO  
 MEMORANDUM OF AGREEMENT  
 BETWEEN  
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 AND  
 THE UNIVERSITY OF CONNECTICUT HEALTH CENTER  
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For the Connecticut Department of Correction:

For the University of Connecticut Health Center:

*Cheryl L. Cepelak* 4/10/13  
 Cheryl L. Cepelak Date  
 Deputy Commissioner

*Frank M. Torti*  
 Frank M. Torti, MD Date  
 Executive Vice President for Health Affairs  
 Dean, School of Medicine

Approved as to Form:

\_\_\_\_\_  
 AAG Date

**MEMORANDUM OF AGREEMENT**

**BETWEEN**

**CONNECTICUT DEPARTMENT OF CORRECTION  
(CTDOC)**

**AND**

**UNIVERSITY OF CONNECTICUT HEALTH CENTER  
(UHC)**

**FOR**

**THE PROVISION OF  
HEALTH SERVICES TO INMATE PATIENTS**

Dannel P. Malloy, Governor

Leo C. Arnone,  
Commissioner  
CT Department of Correction

Frank M. Torti, MD,  
Executive Vice President,  
Health Affairs  
Dean, School of Medicine

**August 23, 2012**

**Memorandum of Agreement**

CONNECTICUT DEPARTMENT OF CORRECTION  
UNIVERSITY OF CONNECTICUT HEALTH CENTER

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**I. MISSION**

It is the aim of the Connecticut Department of Correction (CTDOC) to provide healthcare to inmate patients in a manner consistent with its greater mission of protecting the public, protecting staff and providing safe, secure and humane supervision of inmate patients with opportunities that support successful community reintegration.

The health services mission for the CTDOC is to provide quality healthcare to inmate patients under its care and custody of which the Department can be proud. Quality care will be in alignment with community standards and good public health practice. The intent of this relationship is to attain a status of “Best in Class” for the provision of healthcare and the maintenance of health for our inmate patients.

**II. CONCEPT FOR ACHIEVING THE MISSION**

An interagency agreement is hereby established between CTDOC and the University of Connecticut Health Center (UCHC) to accomplish the above stated Mission. The intent of this relationship is to achieve a status of “Best in Class” for the provision of healthcare and the maintenance of health for our inmate patients.

The model for this agreement is a collaboration between two agencies that envisions the shared participation in the initiation, design and implementation of programs and projects, including process improvement activities.

The role of UHC will be to provide quality healthcare in keeping with this agreement and within the agreed upon budget included in this agreement. (See *Appendix H*.)

CTDOC healthcare is part of a community continuum, therefore, medical healthcare decision making and the provision of care shall not be solely based on custody-related factors, such as bond amount, parole, release date, or sentenced vs. pre-sentenced status.

The role of CTDOC will be to monitor performance and to promote an environment that permits effective and efficient healthcare delivery.

The role of both agencies will be one of cooperation and mutual trust and support.

Services to be provided by UHC are described herein in *Section IX, Scope of Health Services*.

### III. STATUTORY AUTHORITY

The CTDOC enters into this agreement under the authority of *Conn. Gen. Stat. §§4-8 and 18-81*, to fulfill the Commissioners obligations under *Conn. Gen. Stat. §18-81*.

### IV. DEFINITIONS

“*ACA*” – American Correctional Association.

“*ASO*” – An Administrative Services Organization is an organization under contract to the State of Connecticut Department of Social Services (DSS) whose role is managing Medicaid and other healthcare programs for the State of Connecticut.

“*Baseline*” – The current level of performance at which an organization, process or function is operating.

“*Benchmark*” – Defines the 100 percent mark on the measurement scale to measure an organization’s performance on a defined product or service against the best existing products or services of the same type.

“*Board Certified*” – A physician who is board certified is one who (1) has met the board eligibility criteria of the American Board of Medical Specialties in one or more of the following practice areas: internal medicine, family practice, emergency medicine, surgery, preventive medicine, psychiatry, and infectious disease, and who (2) has successfully completed the specialty board examination by the appropriate medical specialty board.

“*Board Eligible*” – A physician who is board eligible is one who (1) has met the board eligibility criteria of the American Board of Medical Specialties in one or more of the following practice areas: internal medicine, family practice, emergency medicine, surgery, preventive medicine, psychiatry, and infectious disease, and who (2) is certified to sit for the specialty board examination by the appropriate medical specialty board, but who has not yet passed the exam.

“*Capital Equipment*” – All items with a cost of \$1,000 or greater, and consistent with ***Section X.C., Capital Equipment***. These items shall be recorded by CTDOC property control staff and reported to the Office of the Comptroller.

“*Clinical Performance Enhancement /Review*” – The process of having a health professional’s work reviewed by another professional of at least equal training within the same general discipline, such as the review of the facility’s physicians by the responsible physician. The Medical Director may assign an outside physician if deemed necessary.



“*Commissioner*” – The Commissioner of the Department of Correction.

“*Community Standard*” – The scope and quality of medical, dental and mental health care, including but not limited to diagnostic testing, preventive services and after care, in alignment with public health standards and agreed upon guidelines in the State of Connecticut in terms of type, amount, frequency, level, setting and duration for each patient’s diagnosis or condition. Healthcare provided to inmate patients shall be consistent with the generally accepted practice in the State as recognized by healthcare providers in the same or similar general specialty as typically utilized to treat or manage a particular health condition, as recommended by national specialty bodies and practice evaluation agencies and as supported by peer-reviewed published scientific research. Such practice may include interventions to help restore or maintain the patient’s health; prevent the deterioration of, or palliate, the patient’s condition; prevent the reasonably likely onset of a health problem; detect an incipient problem, or treat other critical conditions not specifically mentioned here, but determined to be medically necessary.

“*Correctional Institution*” – Includes all State of Connecticut Correctional Institutions and Correctional Centers.

“*Correctional Managed Health Care (CMHC)*” – The division of UCHC responsible for carrying out the obligations of UCHC under this MOA.

“*CTDOC*” – Connecticut Department of Correction.

“*Director*” – The CTDOC Director of Health Services and Medical Director.

“*Disease Management Guideline*” – Guidelines that focus on disease-based therapy and outline a recommended therapeutic approach to specific diseases. They are typically developed for high risk, high volume, or problem prone diseases encountered in the patient population. The goal is to improve patient outcomes and provide consistent, cost-effective care, which is based on national guidelines, current peer-reviewed medical literature, and which has been tailored to meet the specific needs of the patient population served. Disease management guidelines are pathways that help practitioners provide care, but do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

“*Executive Director*” – The individual appointed by UCHC who has administrative responsibility for CMHC.

“*Executive Committee*” – The committee that oversees broadly implementation of this agreement. Its responsibilities include but are not limited to: high-level strategic planning, review of key healthcare initiatives, fiscal management issues and utilization of resources. This Committee may choose to propose one or more strategic initiatives or a strategic plan on an annual or other basis for implementation by the UCHC/CMHC/CTDOC organization. This strategic initiative is separate from the

required annual strategic plan defined in *Section V, Strategic Plan*. The Committee shall include the Commissioner, the Director, CTDOC Fiscal Director, CTDOC Deputy Commissioner of Operations, CTDOC Deputy Commissioner of Administration, UCHC Executive Vice President for Health Affairs/Dean of the School of Medicine, UCHC/CMHC Executive Director, and UCHC/CMHC fiscal and clinical leads. The Executive Committee shall meet quarterly. Members may include other designees, based on necessity and desirability, as they so choose.

*“Facility”* – An institution of the CTDOC, including all Correctional Institutions, Correctional Centers and Residential Community Service Programs.

*“Facility Staffing Assignment Report”* – A daily report, by shift, that identifies the position, location, staff scheduled and the actual staff that covered the position. (See *“Vacancy Report”*)

*“Fiscal Year”* – The State of Connecticut Fiscal Year, i.e. July 1 through June 30.

*“Functional Unit”* – A functional unit shall represent one or more health services unit(s) in a defined geographical area that share resources related to the provision of healthcare between facilities.

*“Health Contractors”* – Any party or group with a formal contract for services to CTDOC under this agreement.

*“Healthcare Services”* – Health related actions taken, including preventive, curative, and palliative, to provide for the physical and mental well being of the inmate patient population.

*“Health Services Liaisons”* – The Director and the Executive Director.

*“HIPAA”* – Health Insurance Portability and Accountability Act.

*“Inmate Patient”* – Any person, male or female, adult or minor, under the care, custody or supervision of the CTDOC, residing in a CTDOC institution or contracted community residential facility. This term shall include any person serving a state or federal sentence imposed by any jurisdiction, any person admitted to await trial by any jurisdiction, and any person admitted pursuant to any provision of law. Offenders voluntarily residing in community residential facilities on Parole or Transitional Supervision status (who are eligible for various state and/or federal assistance programs) are not included in this definition as they do not fall under the supervision of CTDOC.

*“Institutional-Based Quality Assurance Task Force”* – A team that is multidisciplinary in nature ensuring representation of the various types of care provided (e.g., lab, nursing, psychology and custody staff) at each institution based on size, structure and/or need.

*“Management Committee”* – This committee brings together top operations and line personnel from both CMHC and CTDOC in order to facilitate management and resolution of ongoing day-to-day clinical, operational, administrative and other related issues. Should this committee not be able to resolve specific concerns or issues, it would be referred to the Executive Committee. The Management Committee will meet on a monthly basis.

*“Master Position Control”* – A list of all positions identified to provide the services required under the terms of this agreement.

*“Medical and Mental Health Assignments”* – Written job or task requirements for conducting operations at a specific job in a correctional institution.

*“Medical Pharmacy and Therapeutics Committee”* – The committee responsible for overseeing the formulary for medical medications.

*“Mental Health Pharmacy and Therapeutics Committee”* – The committee responsible for overseeing the formulary for mental health medications.

*“Outcome Measure”* – The degree to which processes meet the needs and expectations of a program compared to its intended purpose; this includes benchmarks and defined measures.

*“NCCHC”* – National Commission on Correctional Health Care.

*“Performance Measure”* – An agreed upon quantitative and qualitative characterization of an identified performance.

*“Personnel”* – Employees of UCHC or of any sub-contractor or independent contractor of UCHC, whether paid or unpaid, who provide or oversee the provision of covered services to inmate patients.

*“Physician Extender”* – Physician Assistant (PA) or Advanced Practice Registered Nurse (APRN).

*“Process Improvement Studies”* – A team approach to analyzing the series of ordered steps taken to meet a desired outcome; a review and recommendation of the most efficient and effective manner in which a service is to be delivered. Studies shall include the whole or totality of a service, the outcomes, and continuity of the activities that are carried out by all healthcare providers in their care for patients, resources available, population and acuity of the service.

*“Quality Assurance”* – Distinguishing characteristics that determine the value or degree of excellence and the mechanisms to efficiently and effectively monitor and improve patient care provided by competent professionals with appropriate resources. Quality Assurance (QA) includes both the quantitative and qualitative measurement of existing processes and systems and builds quality into the design of new products and services.

“*Staff*” – When used to describe “UCHC staff,” this shall refer to employees and contractors of UCHC that are assigned to provide services under this agreement.

“*Staffing Plan*” – The number, type, and function of clinical and ancillary staff positions required to provide healthcare for inmate patients at a facility for each shift as dictated by inmate patient population and acuity.

“*Strategic Plan*” – A mission-based plan designed to improve policy and practice, developed under the auspices of the Management Committee. The plan is created in a collaborative process with CTDOC staff and UCHC/CMHC staff. The plan will regularly be modified as challenges and opportunities present themselves and other developments take place. The plan will be crafted in a manner to allow for agreed-upon measureable outcomes.

“*UCHC*” – University of Connecticut Health Center

“*URAC*” – The Utilization Review Accreditation Commission is a nationally recognized not-for-profit organization that audits and accredits utilization management and other healthcare delivery programs.

“*Utilization Management and Review*” – A process by which requests for specialty services and equipment for the care of CTDOC inmate patients are reviewed. This process incorporates clinical practice guidelines and includes an appeals process. Outside resources such as a nationally recognized managed care accreditation organization (URAC) or an Administrative Services Organization (ASO) may be employed to facilitate this process and provide consistency with the provision of Medicaid managed care.

“*Vacancy Report*” – A report containing positions that are identified by the “*Facility Staffing Assignment Report*” and are not filled with a permanent employee of UCHC.

## V. STRATEGIC PLAN

CMHC and CTDOC shall jointly collaborate to develop a Strategic Plan, which will be outlined and attached as *Appendix G*. Its main goals will be related to the following broad subject areas:

- Transitional Services
- Medical/Legal Risk Management
- Operational Efficiency
- Mental Health Treatment
- Medical Standards
- Assisted Living / ADA Management
- Workforce Excellence

It is the intention of UHC/CMHC and CTDOC that the approved Strategic Planning Document be utilized as a blueprint for ongoing quality assurance and process improvement activities throughout the life of this MOA. To this end, each of the above goals shall have at least one defined initiative annually. Each initiative shall have defined timelines and measures for assessment and achieving desired outcomes. On an annual basis, each initiative shall be reviewed by UHC/CMHC and CTDOC Executive Committees, including the Executive Committee, to gauge progress toward the achievement of desired outcomes, and, if necessary, to redirect efforts to achieve these goals and objectives.

## **VI. AGREEMENT OBJECTIVES**

The program objectives of this UHC/CTDOC agreement are to:

- A. Provide quality clinical care in alignment with community standards.
- B. Create and utilize policies and procedures based on ACA and NCCHC standards.
- C. Identify areas in need of improvement and participate in continuous quality improvement and process improvement efforts.
- D. Ensure accountability by both parties for delivery of all agreed upon obligations and, in the spirit of collaboration and partnership, continuously enhance the healthcare program.
- E. Provide a team of qualified, direct-care healthcare professionals that are sufficient to meet the needs of the inmate patient population and who possess appropriate licensure, certification or registration, and/or other professional credentials.
- F. Support CTDOC's mission by promoting a safe, secure and healthy environment.
- G. Manage service costs and promote financial accountability and reporting.
- H. Support agreed upon clinical program development.
- I. Develop a plan within one year to secure and maintain NCCHC accreditation at all correctional facilities.
- J. Offer programs for continuing education for CMHC staff, training for correctional staff, and education for inmate patients regarding health issues.
- K. CMHC shall maintain healthcare records in accordance with applicable standards and agreed upon policies, i.e. HIPAA, ACA, NCCHC and state/federal statutes. All original health records are the sole property of CTDOC.

- L. Provide all services required by this agreement within the funding arrangement agreed upon by both parties.
- M. Maintain an on-going employee recruitment and retention program to develop current and future work force resources.
- N. Provide access to the expertise of the staff and faculty of an accredited teaching hospital to assist with patient care.
- O. Track and share data, in an agreed upon format, on the utilization of healthcare services and the personnel providing these services at each facility.
- P. Provide shared access to real time electronic information on patients in both UCHC and CTDOC electronic systems.
- Q. Explore securing funding and pursue options for providing an electronic health record accessible to UCHC/CMHC and CTDOC and other community providers via secure linkages.

## VII. EXPECTATIONS OF UCHC

UCHC shall provide medical, dental and mental health services to all inmate patients as well as ancillary services including, but not limited to: radiology, laboratory, pharmaceutical, hospitalization/inpatient care, outpatient/medical clinic care, and physician specialty care, as described in **Section IX, Scope of Health Services**. UCHC will also strive to develop a program of physical, occupational and rehabilitation therapy. UCHC shall provide services in compliance with all applicable federal and state regulations and statutes and all applicable CTDOC Administrative Directives. UCHC shall work collaboratively with court appointed monitors.

UCHC shall provide and manage programs and the provision of healthcare in compliance with consent decrees/settlement agreements/final judgments listed below and incorporated herein by reference:

- *Valerie West, et al. v. John Manson, et al.* (USDC, Civil No. H-83-366, April 23, 1987; Consent Judgment re: York C.I. mental health services)
- *Valerie West, et al. v. John Manson, et al.* (USDC, Civil No. H-83-366, October 13, 1988; Consent Judgment re: Niantic C.I. conditions of confinement including medical care)
- *David Doe, et al. v. Larry Meachum, et al.* (USDC, Civil No. H-88-562; May 16, 1989, Consent Judgment on AIDS education and Pre- and Post-HIV Test Counseling)
- *David Doe, et al. v. Larry Meachum, et al.* (USDC, Civil No. H-88-562; November 2, 1990, Consent Judgment on Health Care for HIV-Infected Inmates and Confidentiality of HIV-Related information)

- *Edward Roe, et al. v. Larry Meachum, et al.* (USDC, No. 3:93CV375; April 26, 1995, Settlement Agreement re: Bridgeport Correctional Center Mental Health Services)
- *Nevin Mawhinney, et al. v. John Manson, et al.* (USDC, Civil No. B78-251, Final Judgment, September 17, 1981) consolidated with the following three cases re: conditions of confinement, housing, access to dayrooms, telephones, recreation, reading room and the receiving of medical examination at Bridgeport CC:
  - *Jeremiah O'Sullivan, et al. v. John Manson, et al.* (USDC, Civil No. B78-24)
  - *Ferdinand Frilando, et al. v. Victor Liburdi* (USDC, Civil No. B78-454)
  - *John Ray, et al. v. Victor Liburdi* (USDC, Civil No. B79-181)
- *Gary Andrews, et al. v. John Manson, et al.* (USDC, Civil No. N81-20, Final Judgment, September 17, 1981 re: conditions of confinement, housing, access to dayrooms, telephones, recreation, reading room and the receiving of medical examination at New Haven CC)
- *Donald J. Lareau v. John Manson,* (USDC, Civil No. H78-145, Final Judgment, September 17, 1981 re: conditions of confinement, housing, access to dayrooms, telephones, recreation, reading room and the receiving of medical examination at Hartford CC)
- *Jesus Campos, et al. v. John Manson,* (USDC, Civil No. H78-199, Final Judgment, September 17, 1981 re: conditions of confinement, housing, access to dayrooms, telephones, recreation, reading room and the receiving of medical examination at Hartford CC)

UCHC shall report to the CTDOC any events or emergencies involving either individuals or physical plants, affecting the life, health, safety, welfare, custody, supervision or release stipulations of any inmate patient under the jurisdiction of the CTDOC, consistent with CTDOC Administrative Directives.

## VIII. SCOPE OF AGREEMENT

### A. FACILITIES

UCHC will be responsible for the delivery of medically necessary healthcare services to inmate patients as described in the **Section IX, Scope of Health Services**. The level of healthcare services that will be available at each facility will be identified in the **Scope of Health Services**. The **Scope of Health Services** will be reviewed at a minimum semi-annually by the Executive Committee which will be expected to make recommendations for changes. Final decisions on changes, as needed, to the **Scope of Health Services** must be approved by the Director of Health Services.

### B. STAFFING

UCHC and CTDOC are committed to a policy of equal opportunity, and will not discriminate on the basis of race, color, gender identity/expression, age, sex, sexual

orientation, marital status, religion, national origin, ancestry, learning disability, mental or physical disability or as may be required by law.

1. Health Services Liaison

The Director and the Executive Director shall serve as the Health Services Liaisons for the purpose of this agreement. They or their designees will attend meetings upon reasonable request of either party, and will provide timely and informed responses to operational, clinical and/or administrative concerns, including responding to requests for information and assistance from the State of Connecticut Office of the Attorney General.

2. Staffing Requirements

UCHC will be responsible for maintaining a sufficient number of direct healthcare and support staff to provide adequate and timely evaluation, supervision and treatment, consistent with the obligations of this agreement.

UCHC, in accordance with collective bargaining unit agreements, shall continuously develop an internal pool of professional or per diem clinical staff to include nursing and other clinical positions. This pool of individuals shall be oriented to and receive training for the correctional environment.

Any request for permanent key positions or planned elimination of key positions at the management level, physicians, other prescribers, and nursing supervisors will require approval by the Director. UCHC shall provide, upon request, current job specific descriptions related to the implementation of this agreement and access to the state-wide scheduling system. UCHC shall be responsible for the staffing coverage at all CTDOC facilities and ensure that facility-based leadership is represented at routine meetings as requested by facility administrators and CTDOC.

3. Background Checks

UCHC understands and agrees that all prospective personnel will be subject to a security background check and clearance conducted by CTDOC, or by UCHC Public Safety Office as approved by CTDOC, as a requisite for initial and/or continued facility access or as a requisite for providing care to inmate patients, and in accordance with Administrative Directive 2.3, Employee Selection, Transfer and Promotion.

Any existing personnel, whether employed directly by UCHC or not, who are providing services under this agreement and who are subject to arrest or summons by a law enforcement agency or court shall comply with CTDOC Administrative Directive 2.17, Employee Conduct.



4. Orientation, Training and Education

- a. *Initial Orientation by CTDOC* – Any personnel of UHC who performs direct service to inmate patients, regardless of location or hours of employment shall attend the CTDOC pre-service orientation training. If an abbreviated orientation program is necessary, the CTDOC Director of Training and Staff Development must approve it.
- b. *Orientation Required by UHC* – UHC shall conduct orientation for all new personnel prior to their performing service under this agreement. UHC shall maintain current records including curriculum, schedule, forms and location as evidence of orientation of personnel. This information shall be provided to the Director and the CTDOC Director of Training and Staff Development upon request.
- c. *Training* – Both UHC and CTDOC shall provide training. Training may be in subjects related to specific job duties. Additionally:
  - i. All UHC personnel providing services at correctional facilities under this agreement must complete **annual training** consistent with minimum training hours for direct contact personnel as set forth in CTDOC Administrative Directive 2.7, Training and Staff Development, and in accordance with collective bargaining agreements.
  - ii. All non-direct service personnel of UHC shall be required to complete training as set forth in CTDOC Administrative Directive 2.7, Training and Staff Development and in accordance with collective bargaining agreements.
- d. *Documentation* – UHC and CTDOC shall each maintain documentation of all orientation and training of their respective personnel. UHC shall provide its records to the CTDOC Director upon request, including but not limited to: curricula, lesson plans, training schedules and attendance records. CTDOC shall provide to UHC documentation of all training given to UHC personnel by CTDOC. All training and curricula provided by UHC shall be in accordance with the curriculum and training format of the CTDOC Maloney Center for Training and Staff Development (MCTSD), unless approved by the CTDOC Director of Training and Staff Development. Orientation and training records shall be subject to audit, as determined by the CTDOC Director of Training and Staff Development and the Director.
- e. *Workforce Development, Recruitment and Retention* – Efforts for soliciting and maintaining personnel providing direct healthcare to inmate patients shall be substantially the same as recruitment and retention for UHC positions generally and shall include, but not be limited to, advertising open positions, participation in job fairs and any other recruitment incentives used for UHC

positions generally. UCHC shall provide documentation of such recruitment efforts to the Director upon request. Additionally, prior to extending a job offer, UCHC shall submit for CTDOC approval documentation on all potential hires on personnel at the management level who will be working with inmate patients, as well as physicians, other prescribers and nursing supervisors.

UCHC shall consider cost-effective hiring and operational practices, including utilizing faculty, residents, other clinical staff and trainees, as well as per-diem nurses, to provide health services to inmate patients, depending on the need for such services, and in accordance with collective bargaining agreements.

- f. *Use of UCHC Staff as Trainers* – In collaboration with the MCTSD, UCHC may make staff available to train CTDOC staff in subjects relevant to providing health services to inmate patients. UCHC will provide an additional six (6) hours of HIV training annually for all UCHC direct service personnel.

#### 5. Agreement Requirements for Staffing

- a. *Licensure and Credentialing* – UCHC shall ensure that all personnel shall be licensed, certified or registered to the extent required by the State of Connecticut. UCHC shall provide personnel with any continuing education, on the job training, clinical instruction and/or supervision as deemed appropriate by UCHC and in accordance with collective bargaining agreements. Continuing education for physicians and other clinical prescribers will be reviewed and approved on an annual basis by the Director.

All personnel working in healthcare positions requiring licensure shall maintain such license. Any site physicians hired after full execution of this agreement must be Board Certified or Board Eligible, or as approved by the Director.

All licensed full-time healthcare personnel providing healthcare to inmate patients shall have current Health Care Provider Basic Life Support certification, which includes CPR/AED (“Automated External Defibrillator”) training, documented with a certifying card and maintained in the personnel file, at a minimum, within 60 days of hire. Individuals not yet certified must work with certified licensed healthcare personnel. All licensed full-time healthcare personnel will be trained in CPR and the use of the Automated External Defibrillator once every two (2) years.

- b. *Physician Credentials* – No physician shall provide healthcare services to inmate patients without proper licensure. UCHC shall conduct credentialing, including credentialing required by the Connecticut Department of Public Health and *Connecticut General Statutes*, of all personnel who are physicians, regardless of whether the physicians have been working at the facilities under a previous agreement. UCHC shall have written policies and procedures regarding the

physician credentialing process. Each physician credential file shall contain, at a minimum, the following documents:

- Copy of verified Connecticut license to practice medicine;
- Copy of federal controlled substance registration;
- Copy of CT Department of Consumer Protection (DCP) controlled substance registration;
- Evidence of malpractice insurance with claims and/or lawsuits pending or closed during the past five (5) years verified by physician's insurance carrier;
- Copies of verified medical education documentation including medical school, internship residency and fellowship programs;
- Query of the National Practitioner Data Bank;
- For foreign medical school graduates, query of the American Medical Association foreign medical graduate verification service;
- American Board of Medical Specialties (ABMS) board certification, or evidence to support board eligibility defined by the ABMS criteria;
- Current BCLS[Basic Cardiac Life Support]/CPR certification;
- Signed release of information form;
- Information regarding any criminal proceedings;
- Current curriculum vitae.

Dentists, physician extenders and psychologists will undergo a similar credentialing process, using accrediting criteria appropriate to their training and practice.

The Executive Director and the Director shall receive notification of non-compliance with any of the aforementioned requirements.

- c. *Executive Health Services Management* – The Executive Director shall ensure executive level health services management for the health care services, operations and staff at all facilities provided under this contract. UCHC/CMHC shall provide the CTDOC with an organization table that demonstrates the function and reach of UCHC/CMHC's executive leadership.

UCHC/CMHC Executive Medical and Mental Health leadership will meet weekly in agreed upon facilities with CTDOC Medical and Mental Health Physicians to tour Healthcare units and discuss on-site concerns.

Examples of past positions that may be used to fulfill this requirement:

- i. *Executive Director* – UCHC shall, in consultation with CTDOC, appoint an Executive Director who will, in cooperation with the Director, be responsible for the oversight and administration of this agreement.

- ii. *Director of Medical Services* – UCHC shall, in consultation with CTDOC, appoint a board-certified physician to oversee the delivery of clinical services pursuant to this agreement and to ensure compliance with the reporting requirements of this agreement. The Director of Medical Services shall report directly to the Executive Director.
- iii. *Statewide Mental Health Director* – UCHC shall, in consultation with CTDOC, appoint a licensed, doctoral-level mental health professional or board certified psychiatrist to act as Statewide Mental Health Director who shall supervise the facility-based mental health supervisors and supervise the mental health prescribers to ensure that inmates in CTDOC facilities receive services and psychiatric medications appropriate to their needs. He/she shall lead the monthly Mental Health Pharmacy and Therapeutics Committee. He /she shall be responsible for providing in-service education regarding current community standard prescriptive practices to psychiatrists working in CTDOC facilities. The Statewide Mental Health Director shall report directly to the Executive Director.
- iv. *Chief of Psychiatric Services* – In the event that the Statewide Mental Health Director is not a psychiatrist, UCHC shall, in consultation with CTDOC, appoint a Psychiatrist to oversee the prescriptive services of psychiatric prescribers working in CTDOC facilities. The Chief of Psychiatric Services shall report to the Executive Director.
- v. *Statewide Nursing Director* – UCHC shall, in consultation with CTDOC, appoint a licensed, Registered Nurse to oversee the nursing component of the services provided pursuant to this agreement. The Statewide Nursing Director will oversee the supervision of the facility based nursing staff and be responsible for nursing performance. The Statewide Nursing Director shall report administratively to the Executive Director.
- vi. *Statewide Financial Operations Administrator* – UCHC shall, in consultation with CTDOC, appoint a Financial Operations Administrator who shall be responsible for financial reporting requirements, budget reporting requirements, financial audit compliance, data collection for adjustment and reimbursement analysis, and staffing reports all pursuant to this agreement in addition to the duties this person performs for UCHC. The Statewide Financial Operations Administrator shall report to the Executive Director.
- vii. *Statewide Dental Director* – UCHC shall, in consultation with CTDOC, appoint a licensed Dentist (part time), to oversee the dental component of the services provided pursuant to this agreement. The Statewide Dental Director shall report to the Executive Director.

- viii. *Statewide Pharmacy Director* – This position shall be responsible for the oversight of the UCHC pharmaceutical delivery system. This may include but not be limited to fiscal accountability, clinical program management and capital investments. This position shall lead all program development, enhancements, and committees that may impact the overall pharmacy delivery system and shall report directly to the Executive Director.
  
- d. *Bilingual Personnel/Interpretation Services* – UCHC shall ensure a sufficient number of personnel are proficient in the languages and cultures reflected in the offender population. UCHC shall also have available a telephone-accessed translation service in the event that there are no on-site personnel who are proficient in a particular language.
  
- e. *Compensation and Benefits of Personnel* – Hourly and salary rates of compensation, including overtime and differential rates, for each category of personnel providing healthcare to inmate patients, including independent contractors, shall be submitted to the Director as requested. Upon reasonable prior notice, UCHC shall provide the Director full and complete copies of the employment applications and resumes.
  
- f. *Department Access to Subcontracts* – At the request of the Director, UCHC shall provide full and complete copies of subcontracts related to CTDOC operations.
  
- g. *On-Call and Call-Back Coverage* – UCHC shall designate physicians to cover the disciplines of general medicine, infectious disease and psychiatry to be available to cover all facilities 24 hours per day, 7 days per week.

UCHC shall make provisions for the holding over and/or call-back of sufficient physicians, nursing and other support personnel to meet any emergency or mass casualty situation that may arise, subject to bargaining unit agreements. UCHC, at its discretion, shall also make provisions for routine callback for individual health emergencies including pronouncement of death so as to minimize outside referral and transportation costs.

#### C. QUALITY ASSURANCE AND QUALITY IMPROVEMENT

UCHC shall ensure all Quality Improvement activities are consistent with Administrative Directive 8.10, Quality Assurance and Improvement.

- 1. *Compliance Measures* – CTDOC shall hold UCHC responsible to this agreement through the use of compliance measures. These measures shall reflect required elements in the Facility Services Grid, incorporated herein and attached as *Appendix F*. UCHC shall comply with the Quality Assurance and Quality improvement program, incorporated herein and attached as *Appendix D*.

2. *Critical Incident Case Review* – CTDOC and UCHC shall jointly conduct a critical incident case review of all inmate patient deaths that occur in a correctional institution. UCHC shall be the responsible health authority to determine the appropriateness of clinical care provided. The UCHC Director of Medical Services or Statewide Mental Health Director shall provide a report that includes clinical evaluation, recommendations or corrective actions to policies, if any, within 90 business days post mortem to the Director/designee.

In the case of any other medical occurrence or event that rises to the level of a critical incident, but does not end in the death of the inmate patient, CMHC shall immediately inform CTDOC. The Director and Executive Director shall determine if a formal investigation is necessary.

UCHC shall ensure full cooperation by personnel involved in any incident resulting in a CTDOC investigation or other investigations. Full cooperation shall include the provision of any requested information and/or interview(s) within the time period required by CTDOC.

#### D. PROCESS IMPROVEMENT

UCHC shall participate in any Process Improvement Initiatives established by CTDOC that relate to the terms of this agreement.

#### E. COMPLIANCE WITH DOC ADMINISTRATIVE DIRECTIVES, OSHA (Occupational Safety Health Act), TITLE VII, CFEPA , ADA, ADEA, PREA

1. *Employee Conduct* – All personnel providing healthcare to inmate patients, whether employed directly by UCHC or not, will comply with all applicable CTDOC Administrative Directives including but not limited to those standards of employee conduct as contained in the following CTDOC Administrative Directives, as well as the Prison Rape Elimination Act:
  - 2.1, Equal Employment Opportunity and Affirmative Action
  - 2.2, Sexual Harassment
  - 2.6, Employee Discipline
  - 2.7, Training and Staff Development
  - 2.12, Employee Safety
  - 2.17, Employee Conduct
  - 2.21, Smoke and Drug Free Workplace
  - 2.22, Workplace Violence Prevention Policy
  - 2.19, Employee Health

2. *Title VII, CFEP, ADA, ADEA* – Sexual harassment, discrimination, retaliation and related misconduct are strictly prohibited. CTDOC and UCHC shall work together to assure that, as much as is possible, the workplace shall be free from sexual harassment, discrimination, retaliation and related misconduct, and that reports of such conduct shall be fully and promptly investigated pursuant to CTDOC Administrative Directive 2.2, Sexual Harassment, and the Stipulated Agreements in *Nancy Orr, et al v. DOC*, USDC, Civil No. 3:02CV1368 (AHN) and *Maureen Allen, et al. v. John Armstrong, et al.* USDC, Civil No. 3:02CV1370 (AHN). The CTDOC Director of Equal Employment Opportunity and the UCHC Director of Diversity Programs shall jointly investigate any affirmative action complaint that involves employees of either UCHC or CTDOC, and CTDOC and UCHC shall work together to resolve workplace discrimination and harassment complaints.
3. *OSHA (Occupational Safety Health Act) Requirements re: Immunizations* – UCHC shall provide under the terms of this agreement OSHA required and, subject to approval by the UCHC Director of Medical Services, Centers for Disease Control (CDC) recommended immunization services for UCHC personnel. UCHC shall be responsible for maintaining required records per OSHA. However, CTDOC shall be responsible for compliance per Administrative Directive 2.19, Employee Health.
4. *Forensic Services* – UCHC shall be responsible for the collection of buccal samples for the purpose of DNA analysis of persons within the custody of the Commissioner as required by CT law or the law of another jurisdiction.
5. *Inmate Patient Co-payment Requirements* – In accordance with state law and CTDOC Administrative Directive 3.12, Fees for Programs and Services, if a visit to a healthcare provider meets inmate patient healthcare co-payment criteria, UCHC shall notify CTDOC who will make the appropriate charges. Inmate patients shall be afforded access to healthcare services regardless of their ability to pay this fee.
6. *Policies, Procedures and Protocols* – UCHC and CTDOC shall comply with all Policies, Procedures and Protocols mutually agreed upon as they relate to the provision of services required under this agreement. Such Policies, Procedures and Protocols shall be reviewed annually throughout the term of this agreement. Such review shall be documented. Both parties shall maintain identical, up to date records of all such Policies, Procedures and Protocols. An electronic file shall be acceptable.

#### F. MEDICAL LEGAL RISK MANAGEMENT

CTDOC and UCHC/CMHC shall design and institute a comprehensive Risk Reduction Program and a system of review that improves quality of care and reduces the incidence of unintended outcomes. The effectiveness and success of the program will

be determined by specific and agreed upon measures. This will also include ongoing regular formal, scheduled, frequent (quarterly at a minimum) continuing medical education programs for physicians, nursing staff and ancillary healthcare providers. It is expected that both CTDOC and UCHC/CMHC will participate.

## IX. SCOPE OF HEALTH SERVICES

### A. HEALTH SERVICES PLAN

The Facility Services Grid (*Appendix F*) describes generally the level, type and variety of healthcare services made available to inmate patients incarcerated within the CTDOC.

*Section IX, Scope of Health Services*, is intended to serve as a guide for determining the healthcare services provided to inmate patients. It is not intended to represent an all-inclusive list of services to be provided, nor to replace sound clinical judgment of healthcare providers. In addition, it is intended to work in conjunction with other tools provided to healthcare personnel, such as the approved formulary and disease management guidelines.

1. *Access to Care* – UCHC and CTDOC shall provide all inmate patients access to healthcare services that meet Community Standards. Inmate patients shall be provided information at intake and upon transfer among all correctional facilities on the procedures for obtaining healthcare services in each of those settings. The inmate patients shall sign for receipt of this information.

UCHC and CTDOC shall, as required by law and CTDOC Administrative Directive 10.19, Americans with Disabilities Act, make reasonable accommodations or modifications to allow qualified inmate patients with disabilities the same opportunities for access to care as non-disabled inmate patients unless to do so would be an undue burden, cause a fundamental alteration to a program or tend to jeopardize the safety and security of staff, inmate patient or any facility.

2. *Classification of Levels of Care* – UCHC shall assign to each inmate patient timely and specific appropriate medical and mental health treatment needs scores for the purposes of appropriate placement in CTDOC facilities in a manner consistent with CTDOC Administrative Directive 9.2, Inmate Classification. UCHC and CTDOC shall work collaboratively to develop, within six (6) months of the signing of this agreement, sub codes to identify patients with significant medical service needs, i.e., eligible for long term care, dementia, those with end-stage organ diseases, other advance diseases or imminent death. Upon implementation of an electronic health record (EHR), a mechanism to identify inmate patient illnesses electronically shall be put in place utilizing current versions of DSMIV or ICD 9/10 codes.



3. *Utilization Management and Review* – CMHC will oversee a utilization review and management process to review inmate/physician requests for specialty services. A panel of UCHC/CMHC physicians (UR Review panel) will review cases to ensure medically necessary care is delivered in a timely manner. Evidence-based practice will guide managed care decision making. UCHC/CMHC will schedule specialty appointments/procedures expeditiously and in conjunction with CTDOC will coordinate transportation of inmates.

Of special interest to the CTDOC is to move toward utilizing the same ASO contracted by the CT Department of Social Services (DSS) in the management of the State's Medicaid population. UCHC/CMHC will be expected to support the conversion of the Utilization Management process from CMHC to DSS Medicaid ASO provider.

It is envisioned that the implementation of Medicaid Managed Care for CTDOC's inmate patients may take as long as up to one (1) year to complete. In the interim period, after execution of this MOA and prior to the full implementation of the Medicaid Managed Care process, the CTDOC requires the use of standardized clinical practice guidelines or evidenced-based practice to guide managed care decision making.

4. *Disease Management Guidelines* – UCHC, in conjunction with CTDOC, shall develop, implement and maintain disease management guidelines that outline evidenced-based and recommended treatment approaches for management of a variety of illnesses and chronic diseases at the rate of two (2) per year, and shall review these annually. These guidelines shall be considered in all relevant treatment decisions. Guidelines shall include, but not be limited to: Anxiety, Hepatitis C, Asthma, Human Immunodeficiency Virus (HIV), Benzodiazepine Withdrawal, Hypertension, Chronic Obstructive Pulmonary Disorder, Mania, Congestive Heart Failure, Methicillin Resistant Staphylococcus Aureus, Depression, Post-Traumatic Stress Disorder, Diabetes, Schizophrenia, End Stage Liver Disease, Seizure Disorders, End Stage Renal Disease, Tuberculosis.
5. *Health Services Review* – UCHC shall comply with CTDOC Administrative Directive 8.9, Health Services Review. CTDOC and CMHC shall incorporate health services reviews into the Medical Legal Risk Management process.

**B. HEALTH SERVICES AND SUPPLIES PROVIDED BY PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS**

UCHC shall provide health services and supplies needed to deliver inmate patient healthcare as described in the healthcare Mission Statement and consistent with community standards of care. The provided services and supplies shall include:

1. *Intake Health Screening* – UCHC shall provide intake health screening of all inmate patients who are newly admitted. This shall include the following components:
  - a. Intake screening form and TB screening;
  - b. Healthcare/treatment plan, as indicated;
  - c. Special needs plan, as indicated;
  - d. Emergency healthcare, as indicated;
  - e. Mental health screening, if indicated by results of admission screening or by mutually agreed upon policy;
  - f. Psychological assessment, if indicated;
  - g. Psychiatric evaluation, if indicated;
  - h. Diagnostic procedures, as indicated, including but not limited to radiological, nuclear medicine, laboratory;
  - i. Inmate patient education--Inmate patients shall be educated on sick call procedures upon admission. Inmate patients shall receive oral and written instructions on the proper use and function of sick call;
  - j. Inmate Patient Disposition:
    - i. immediate medical emergency;
    - ii. admit to infirmary;
    - iii. placement in general population with referral to medical, mental health, or dental services; and
    - iv. placement in general population;
  - k. Good faith effort to verify immunization history.
  
2. *Medical Evaluation* – UCHC shall provide the following types of evaluations:
  - a. A medical evaluation, performed following admission, consisting of a health history and either a focused physical exam or a comprehensive physical exam;
  - b. Food handlers health screening;
  - c. Annual TB screening/testing, to include chest x-ray for all newly positive TSTs and annual documented symptom checks for past positive TSTs;
  - d. HIV testing at the request of the inmate patient or as ordered by a court or CTDOC physician;
  - e. Physicals as may be requested by Licensed Community Providers contracted by the CTDOC.
  
3. *Healthcare Services* – UCHC shall provide the following services:
  - a. *Daily Sick Call–Non Emergency Healthcare Services* – UCHC shall develop and employ a process for all inmate patients—regardless of literacy, language barrier, security status, or disability—to submit requests for healthcare on a daily basis. Sick call for inmate patients shall be conducted in a confidential setting in each CTDOC correctional institution at a frequency that is appropriate to the medical needs of the correctional institution. UCHC’s professional staff will assign a priority to sick call requests, using their

training and experience. Tours will be made by Health Services according to Administrative Directive 6.1, Tours and Inspections. Nurses shall receive training on sick call triage and shall utilize nursing protocols to assist them with their assessments. Sick call shall be available to all inmate patients, independent of their security status. Evening sick call shall be provided for those inmate patients in minimum security who are working at the time of daily sick call. Any evaluation, whether it is a Nursing, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Physician visit, will become part of the permanent health record and be documented in S.O.A.P. (Subjective, Objective, Assessment, Plan) or other accepted mutually agreed upon format.

- b. *Dental and Periodontal Care* – UCHC shall ensure that all inmate patients in CTDOC have access to dental care. Inmate patients shall request dental care through the sick call request system. UCHC shall develop and employ processes to provide dental care which include but are not limited to: written policies (CMHC Dental Manual) describing levels of care, examples of routine care and examples of accessory care (care that is not routinely provided). The process will follow an agreed upon set of established medical guidelines, such as those utilized in Medicaid.

UCHC shall provide a thorough dental examination to each newly admitted inmate patient within four (4) months of admission. In the case of a readmitted inmate patient who has received a dental examination in the correctional system within the past year, a new exam is not required except as determined by the supervising dentist.

- c. *Diagnostic Services* – Laboratory, X-ray and other diagnostic testing will be available to inmate patients for the purpose of providing primary, secondary and tertiary care. Diagnostic procedures include but are not limited to: PET scans, Blood Test Pathology, CT Scans/MRI, Ultra Sound, EEG, Urinalysis Electrocardiogram, X-rays and Mammograms.
- d. *Discharge Planning* – CTDOC and UCHC shall work collaboratively to maintain a system of discharge planning, which will include the number of discharge planners/case managers necessary to meet the needs of each facility in order to facilitate the reentry of inmate patients with known medical and mental health conditions in an effort to maintain continuity of care of released inmate patients. Discharge planning begins at intake in each facility and discharge planners shall be part of the intake teams.

UCHC shall designate an appropriate number of discharge planners for each functional unit whose primary responsibilities shall be ensuring continuity of care upon re-entry. A list of designated discharge planners, and their job

responsibilities shall be provided to the Director. Inmate patients discharged from a correctional institution and/or facility shall receive, at minimum:

- i. a two-week supply of medication packaged in a tamper proof container  
or
  - ii. a prescription voucher for discharge medications to be paid for through Medicaid.
- e. *Emergency Services* – UCHC shall ensure that all staff working in CTDOC facilities are familiar with, and comply with, procedures for responding to and effectively managing medical emergencies in CTDOC facilities, as well as procedures for obtaining medical care for both staff and inmate patients. UCHC shall provide each health services unit with a written Emergency Plan. All full-time licensed direct care personnel working in CTDOC facilities shall be American Heart Association CPR certified every two (2) years. All UCHC personnel shall be trained to assess an emergency requiring 911 emergency systems to transport inmate patients to the appropriate hospital.
- f. *Infection Control* – UCHC shall establish and maintain an Infection Control Program that:
- i. promotes a safe and healthy environment;
  - ii. effectively monitors the incidence of infectious and communicable disease among inmate patients;
  - iii. reduces the incidence and spread of these diseases;
  - iv. ensures that inmate patients infected with these diseases receive prompt care and treatment; and
  - v. provides for the completion and filing of all reports consistent with local, state and federal laws and regulations.

An Infection Control Manual shall be jointly maintained by CTDOC and CMHC consistent with good public health practices, reviewed and revised annually and shall be available in all health services units.

- g. *Infectious Disease* – UCHC shall ensure that infectious disease clinics, by board certified Infectious Disease Specialists, or other physicians whose training and experience qualify them for such a role, and who are acceptable to the *Doe v. Meachum* Monitoring Panel, are available for HIV positive inmate patients and inmate patients with AIDS in CTDOC facilities. UCHC shall provide 24-hour availability of an Infectious Disease Specialist.
- h. *Infirmiry Care Services* – UCHC and CTDOC shall ensure that infirmaries operating in CTDOC are properly equipped and appropriately staffed to provide 24-hour nursing care to inmate patients. Infirmaries shall be used to provide healthcare to inmate patients who do not require the acuity of care of a community hospital. Each inmate patient admitted to an infirmiry shall be

reviewed by a medical and/or mental health prescriber as appropriate, with appropriate chart documentation made at a frequency appropriate to the severity and stability of the inmate patient's medical condition. At a minimum, such evaluation shall take place daily except for weekends and holidays for those in short-term (anticipated stay of two weeks or less); weekly for those in long-term care (anticipated stay of more than 14 days). Inmate patients placed in the infirmary for custody reasons will not be seen based on this schedule. A physician shall be available on call, 24 hours a day for consultation. A Registered Nurse shall be available in the functional unit 24 hours a day to develop a plan of care and oversee nursing care for inmate patients in the infirmaries. Infirmaries shall have written protocols providing nurses with guidelines for approved nursing practice. Medical and mental health infirmaries shall maintain a Plan of Care/Treatment Plan on all inmate patients admitted to this higher level of care. These treatment plans shall contain, at the time of admission; the problem, the plan of care and the expected outcome. Other problems, along with plan of care, shall be added to the treatment plan as they occur throughout inmate patients' infirmary stays.

- i. *Medical and Mental Health Infirmary Staffing* – Each infirmary staffing plan shall be contingent upon acuity and daily infirmary census. UHC shall provide 24-hour seven (7) days per week coverage in each infirmary with an RN. The staffing complement shall include a mix of various levels and types of staff, appropriate for the services required.
- j. *John Dempsey Hospital, Care for Inmate Patients* – The University of Connecticut operates an acute care hospital, John Dempsey Hospital, which shall provide inpatient and outpatient services for inmate patients who require services outside of CTDOC facilities. The 10-bed inpatient care unit (Med/Surg 5) shall be maintained for inmate patients whose condition warrants care outside a CTDOC facility. Male and female inmate patients shall not be placed in the same room for safety and security reasons. Med/Surg 5 shall be under CTDOC custody control; patient care shall be administered by UHC personnel in accordance with UHC policies.

UHC shall provide specialty healthcare services to inmate patients at the John Dempsey facility. CTDOC shall provide correction officers for security in the inpatient and outpatient areas, per the requirements of the Town of Farmington agreement, which is attached to the agreement as *Appendix E*. CTDOC shall provide transportation of inmate patients to, from and within the UHC. UHC shall provide a discharge summary, discharge instructions and a W10 (Inter-Agency Patient Referral) for each inpatient inmate patient served, upon the inmate patient's discharge; for outpatients UHC will provide an appropriate report of the consultation or procedure. Health records will be available to CTDOC Health Services Unit for investigative and

research purposes, subject to applicable HIPAA and Institutional Review Board restrictions.

- k. *OB/GYN Services* – UCHC shall provide prenatal and postpartum services for inmate patients in CTDOC facilities. UCHC shall arrange for childbirth /delivery at an outside hospital. Pregnant inmate patients shall receive comprehensive prenatal healthcare including appropriate diet, vitamins, routine obstetrical clinic visits and counseling. All female inmate patients shall be offered gynecologic examination and PAP smear according to facility policy and recommended screening guidelines.
  
- l. *Medical Orthotics, Prosthetics, and Other Accommodations for Disabilities* – UCHC and CTDOC shall provide aids for disabilities, including but not limited to: eyeglasses, dentures, hearing aids, braces, crutches, artificial limbs and wheelchairs to inmate patients in CTDOC facilities when the health or activities of daily living of the inmate patient would otherwise be adversely affected, as determined by the responsible physician or dentist or the Director /designee. Any such device provided for a specific inmate patient should be given to the inmate patient on release from the CTDOC.
  
- m. *Pharmacy* – UCHC shall provide efficient cost effective pharmacy services to patients in CTDOC facilities. UCHC shall develop, and review and revise a pharmacy manual and policies, as appropriate. All policies are subject to the approval of the Director. Services shall include but not be limited to:
  - i. Appropriate packaging and delivery of medications;
  - ii. A goal of 24-hour delivery of medications orders received, but routine delivery within 48 hours may be anticipated;
  - iii. Delivery of emergency or "stat" medications;
  - iv. A process for salvaging returned, unopened, labeled medications;
  - v. Documentation of training for users of the Automated Medication and Supply Distribution System (Pyxis);
  - vi. Medication usage and efficacy in-service education for prescribers.

UCHC shall maintain two Pharmacy and Therapeutics Committees – one for mental health drugs, the other for all other medications. Both will be chaired by physicians. Members of each committee will be chosen by the committee chairs in the appropriate discipline, such as mental health, pharmacy, and nursing. The Director shall appoint a CTDOC representative to each committee. All members of each committee may participate in discussion, debate, and research; only prescribers, whether based at UCHC or CTDOC, may actually vote on formulary decisions.

Each committee shall meet approximately six (6) times per year. The committee's chair will prepare a written agenda and minutes for each meeting. Once these minutes have been accepted at the following meeting of

the committee, UCHC will provide them to the Director and post them on the UCHC Portal.

Each committee is responsible for encouraging and supporting usage of pharmaceuticals that is clinically effective and fiscally responsible. To this end, the committees will do the following:

- i. Review adverse drug reactions and support the UCHC Pharmacy in reporting such events to the FDA;
- ii. Review medication variances and corrective action plans;
- iii. Support the UCHC Pharmacy in its policies and procedures for drug control and accountability and compliance with all pertinent regulations;
- iv. Design and publicize best practices and treatment guidelines for UCHC prescribers;
- v. Maintain the UCHC Formulary, as described below.

The two committees shall jointly maintain, update, revise and publish the UCHC Formulary, which determines which medications may be prescribed within CTDOC, as well as which ones shall be available on contingency for emergency usage. Whenever this formulary is revised, UCHC will post an updated version on its Portal and will send to the Director a list of updates plus a revised version of the Formulary. The Committees will also maintain a process by which prescribers may request exceptions to the formulary, and will keep a log of such requests and submit it to the Director each month. Requests for formulary exception are to be adjudicated by the Director of Mental Health Services or the Director of Medical Services, or by another physician named by them. If a prescriber or inmate wishes to appeal an adverse determination, he or she may appeal the determination to CTDOC's Director of Psychiatric Services or Director of Medical Service, as appropriate for the type of drug.

- n. *Physical and Occupational Therapies* – The parties shall creatively pursue mechanisms in order to provide access to qualified therapists to provide physical therapy, occupational therapy and rehabilitation therapy to inmate patients in CTDOC facilities based on community standards of care focused upon achieving and maintaining self-care and improved functioning in activities of daily living.
- o. *Physician/Physician Extender Chronic Care Clinics* – UCHC shall have established chronic care clinics for inmate patients in CTDOC with chronic illness. Physicians and Physician Extenders shall oversee the operation of each clinic and determine each individual inmate patient's schedule for follow up visits. Chronic care clinics shall include but not be limited to treating diabetes, hypertension, and pulmonary conditions. UCHC shall provide CTDOC the list of established chronic care clinics and the provider

responsible for each clinic within the Table of Facility Based Services (*Appendix F*).

- p. *Preventive Care and Immunizations* – UHC and CTDOC shall jointly develop guidelines for the provision of preventive care and immunizations to inmate patients in CTDOC facilities, using, as examples, state (Department of Public Health (DPH)) and federal (Center for Disease Control and Prevention (CDC), Federal Bureau of Prisons) guidelines. Immunizations shall include but not be limited to: Diphtheria, Tetanus, Pneumococcal, Influenza and Hepatitis A and B vaccines.
- q. *Sex Offender Services* – CTDOC and UHC shall ensure that all sentenced inmates with less than two (2) years to anticipated release and with a sex treatment classification score of 2 or greater have access to sex offender treatment consistent with CTDOC Administrative Directive 8.13, Sex Offender Programs. All treatment shall be based, when possible, on ATSA (Association for the Treatment of Sex Abusers) standards and be available at facilities designated by the CTDOC Director and in agreement with CMHC.

Sex Offender Services shall include but not be limited to:

- i. Sex offender risk assessment for all convicted sentenced sex offenders classified with a sex offense;
  - ii. Treatment of inmate patients with needs score of 2 or above using established, validated risk assessment instruments;
  - iii. Treatment for persons with a sex offender treatment needs score of 2 or more who are seeking sex offender treatment;
  - vi. Consultation and/or training to facility administrators as needed;
  - vii. Upon discharge, coordination with parole, DMHAS, DMR, DSS, CSSD, DPH, and/or community sex offender services to promote continuity of care and protection of the public for persons with a sex offense treatment needs score of 2 or more who have completed programs.
- r. *Specialty Services* – UHC shall provide specialty health services to inmate patients in CTDOC facilities upon recommendation from the facility physician, dentist or physician extender after a request is approved through the Utilization Review process. Specialty health services shall include, but not be limited to: podiatry, dermatology, general or specialized surgery, oncology, hematology, pulmonology, neurology, endocrinology, cardiology, audiology, and ophthalmology and other vision services.
  - s. *Treatment Therapies* – UHC shall provide appropriate treatment therapies, as determined by the treating physician and approved by the Utilization Review process, for inmate patients in CTDOC facilities that include but are not limited to:



- i. Chemotherapy and radiation therapy;
  - ii. Respiratory and inhalation therapy;
  - iii. Dialysis—both hemodialysis and peritoneal dialysis.
4. *Mental Health Services* – CMHC shall ensure that all inmate patients with mental health treatment needs—including inmate patients with co-occurring substance abuse and/or medical conditions, and inmate patients who are receiving mental health services and/or medication prior to incarceration—receive appropriate integrated services in all CTDOC facilities.
  - a. UCHC shall make available to all inmate patients, mental health services consistent with Community Standards and based on current ACA & NCCHC Standards, and in compliance with CTDOC Administrative Directives 8.5, Mental Health Services and 8.14, Suicide Prevention.
  - b. UCHC and CTDOC shall ensure that all inmate patients have access to mental health services consistent with Community Standards
  - c. UCHC shall be required to provide medication education and information to inmate patients receiving psychotropic medications. Such educational services can include medication education groups, direct instruction by nursing staff, and distribution of printed literature.
  - d. UCHC shall provide the following mental health services when clinically indicated:
    - i. Placement in appropriate housing;
    - ii. Reentry and transition coordinated with appropriate agencies (DMHAS, DDS, DCF, CSSD, etc.);
    - iii. Comprehensive mental health group treatment;
    - iv. Individual Case Management/Counseling;
    - vi. Suicide Prevention, including screening and intervention;
    - vii. Crisis intervention services for all facilities;
    - viii. Psychotropic medications and administration;
    - ix. Therapeutic restraint and seclusion;
    - x. Chronic disease management and medication management guidelines;
    - xi. Involuntary medication administration;
    - xii. Behavioral management interventions;
    - xiii. Assessment of mental health needs before segregation, RHU, AS, and discipline;
    - xiv. Recommendations to CTDOC staff for the accommodation of inmate patients with cognitive and mental health disabilities;
    - xv. Co-occurring disorders treatment in collaboration with CTDOC Health and Addictions staff;
    - xvi. All mental health summaries needed by Parole and the Parole Board (Form HR525);
    - xvii. Psychological and neuropsychological testing;
    - xviii. Physician emergency certificates;
    - xix. Applications for conservatorship;

- xx. Assessments of competency to refuse medical treatment;
  - xxi. Mental health summaries required by CVH for patients transferring to Whiting Forensic division.
- e. Mental Health Staffing shall be assigned and dedicated in accordance with the identified Strategic Plan for MH staffing. Staffing shall be deployed with specific attention to function and treatment needs of the specific unit or facility. Mental health staffing and functions shall include but not be limited to:
- i. *Psychiatrist/APRN* – UCHC shall maintain adequate psychiatric coverage for all institutions and halfway houses at all times. The number of psychiatrists shall match the need for supervision of the number of APRNs and the performance of tasks not covered by APRNs.
  - ii. *Mental Health Intake Services by Qualified Mental Health Professionals* – UCHC shall provide mental health coverage in the booking and intake areas of all receiving units sixteen (16) hours per day (day and evening shifts), five (5) days per week. These individuals shall perform screening of inmate patients who present with mental disorders upon admission to the institution and coordinate initial evaluation and treatment services. Additionally, these individuals may be required to contact outside agencies and individuals to verify existing or previous medication prescriptions, obtain consents, or gather other needed information.
  - iii. *Qualified Mental Health Professionals (QMHP)* – These individuals shall provide a variety of assessment, treatment, and case management services to inmate patients. Additionally, the staffing schedules for these positions should be staggered so that services may be provided on evenings and weekends at designated mental health institutions.
  - iv. *Discharge Planner* – This individual shall develop referral relationships with a variety of community agencies and be charged with coordinating discharge, transition, and aftercare services for inmate patients re-entering the community.
  - v. *Clinical Lead/Supervising Psychologist* – This individual shall be responsible for coordinating the functions of the clinical team and ensuring that all policies and procedures related to treatment of inmate patients with psychiatric disabilities are followed. He/she shall be responsible for psychological and neuropsychological testing, parole, Whiting mental health summaries and behavior management plans.

C. EXCLUSIONS

UCHC shall be under no obligation to provide or pay for the following types of services:

1. Cosmetic surgery (medical or dental) (Any exceptions related to a medical condition will be reviewed on a case-by-case basis);
2. Sex change surgery;
3. Sperm/ovum collection or storing, other than for emergency collection and initial storage in context of chemotherapy, radiation or surgery;
4. Elective care, consistent with established utilization review policies; reviewed on a case-by-case basis;
5. Care, treatment or surgery determined to be experimental in accordance with accepted medical standards;
6. Other procedures or care that are not generally medically accepted or medically necessary; reviewed on a case-by-case basis;
7. Neonatal or newborn care (however, prenatal and obstetric services shall be provided);
8. Contraceptive devices and medications solely for the purpose of contraception, except when discharged, an inmate patient may be referred to family planning clinics;
9. Collection of, or participation in, the collection of forensic evidence, unless obligated to do so by state statute, with the exception of services noted in Section VIII.E.4. of this agreement;
10. Participation in capital punishment;
11. Healthcare services for CTDOC employees except the provision of emergency treatment and medical stabilization services in the case of an on-site event requiring such emergency treatment or stabilization or bloodborne exposure, initial evaluation, triage and prophylaxis, except as provided in *Section VIII.E.3.* of this agreement.

D. CONTRACTS, SUB-CONTRACTS AND OTHER AGREEMENTS

UCHC shall regularly provide to CTDOC a list of all contracts, sub-contracts and other agreements with providers of medical and healthcare services provided under this contract. UCHC shall provide copies of such contracts as may be requested by CTDOC.

X. OBLIGATIONS OF THE PARTIES

A. SPACE

The CTDOC shall provide sufficient and suitable space at each of the facilities for the provision of health services (e.g., infirmary, health records, designated mental health

and medical housing units, treatment rooms, health services provider office space, clinic rooms). UHC shall be consulted for any space modification regarding the delivery of health services.

#### B. ACCESS

Subject to CTDOC security and entrance procedures, the CTDOC shall permit UHC's personnel or agents to have reasonable access through each facility to the areas in which the program is conducted and to all other areas at each facility which department employees may utilize. Such access shall also be afforded to such other persons who may reasonably be expected to require such access in connection with the program.

If the CTDOC Commissioner or designee determines, in his/her discretion, that the health, safety or welfare of the inmate patients, the public or staff is adversely affected by the admission of any UHC employee, contractor or agent into a correctional facility, the CTDOC may immediately suspend or terminate access to inmate patients and/or to the facility.

#### C. CAPITAL EQUIPMENT

UHC shall purchase any medical equipment, the cost of which exceeds \$1,000, for CTDOC with the approval of the Director and the Commissioner or his/her designee. CTDOC will reimburse UHC for such purchases, as a capital expense outside the regular budget. In keeping with established practice, UHC will continue to utilize the regular budget to procure information technology equipment. CTDOC will "tag" and inventory all capital items, and provide the inventory to UHC in electronic form. Inventory and transfers of medical equipment shall be governed by Administrative Directive 3.4, Inventory.

CTDOC and UHC shall cooperate in assessing needs and developing a long-term plan for replacement and acquisition of medical equipment. CTDOC will make every effort to allocate sufficient funds in order to maintain equipment that UHC deems necessary for the delivery of services. UHC shall repair and provide routine maintenance for any medical equipment utilized in the execution of this agreement. UHC shall appoint a liaison to work with CTDOC on compliance with Administrative Directive 3.4, Inventory.

Any medical equipment the cost of which is less than \$1,000 and any medical supplies shall be provided by UHC as outlined per budget (*Appendix H*). UHC shall repair and provide routine maintenance for any medical equipment used in the execution of this agreement. Inventory and transfers of medical equipment shall be governed by Administrative Directive 3.4, Inventory.

CTDOC will provide for general office supplies.

CTDOC and UCHC shall cooperate in assessing needs and developing a long-term plan for replacement and acquisition of medical equipment. CTDOC shall receive the benefit of any medical equipment purchasing advantage possessed by UCHC. Any equipment obtained by UCHC in order to provide health services to inmate patients, including but not limited to information technology or computer equipment, shall revert to CTDOC upon termination of the agreement. Equipment purchased to enhance UCHC systems (i.e., Kronos) in support of services required pursuant to this agreement shall remain with UCHC upon termination of the agreement.

D. UTILITIES

CTDOC shall provide at its cost and expense, at each facility, all utilities, including electricity, heat, ventilation, hot and cold water, sewage and telephone as reasonably required by UCHC to perform its obligations. The Executive Director shall notify the Director in writing of any facility that lacks the equipment or utility services that UCHC requires in order to fulfill its obligations.

E. PURCHASING AGREEMENTS

CTDOC agrees to cooperate with UCHC so as to facilitate access by UCHC, to the extent permitted by applicable law and regulations, to discounts available to the State of Connecticut under any so called "Purchasing Agreements" that the State may have previously entered or may hereafter enter.

F. TRANSPORTATION

CTDOC shall provide, at its cost and expense and in a timely manner, all regular transportation services, other than emergency transport which due to an inmate patient's medical condition cannot be safely provided except by a licensed emergency transport for the transport of inmate patients to clinics, hospitals, or other locations, including but not limited to other facilities in connection with this program.

G. COMPENSATION TO UCHC

For the term of this agreement – Fiscal Year 2013 – the budget to deliver these services is \$85.6 million; a summary of the detail budget is in Appendix H. Should the parties renew this MOA, on or before July 15 of each fiscal year, CTDOC shall advise UCHC of additions, deletions or changes that may result in a financial impact on the UCHC budget in the following fiscal year or years. On or before August 15 of the even-

numbered calendar year, UCHC shall submit to CTDOC a biennium budget request sufficient to support this agreement and the level of services outlined, including appropriate inflation and cost of living adjustments. The budget shall include:

1. line item budget detail;
2. a staffing plan with position detail by facility and discipline;
3. material expenses, by facility and discipline where identifiable; and
4. an overall summary of pharmaceutical costs by major drug category. Over time UCHC with the purchase of additional pharmacy equipment will work towards identification of drug costs by facility.

Should the MOA be renewed, on or before August 15 of an odd-numbered calendar year, UCHC shall submit to CTDOC a mid-term adjustment request as appropriate. CTDOC shall review the proposed budget or adjustment request and raise any issues for discussion and resolution with UCHC. Upon resolution or at CTDOC's discretion the requested biennium budget or mid-term adjustment shall be included within the CTDOC biennium budget or mid-term adjustment request, for submission to the Office of Policy and Management (OPM). The legislative appropriation for Inmate Patient Medical Services as allotted by OPM shall constitute the full funding **available** for services provided by UCHC under this agreement. CTDOC shall act in good faith to request and support funding appropriate to the services required of UCHC under this agreement. UCHC shall act in good faith to provide such services within the funding provided by the appropriations process. UCHC and CTDOC shall endeavor to maximize receipt of outside revenues and/or reimbursements, to offset Inmate Patient Medical Services expenditures.

Allotment of Inmate Patient Medical Services funds by OPM to CTDOC shall be transferred quarterly by CTDOC to UCHC at the beginning of each quarter. The CTDOC will promptly notify the Executive Director, in writing, should it anticipate withholding either part or all of a quarterly payment. Release of withheld funds shall be dependent upon resolution of any significant outstanding issues regarding performance of the services required under this agreement, or acceptance by CTDOC of a corrective action plan to resolve such issues.

Prior to denying release of any or all withheld funds CTDOC shall:

1. Notify the Executive Director that the issue is significant and outstanding for purposes of this section.
2. Identify corrective action required. A copy of this notification will be provided to the Director.
3. Raise any issue for discussion and attempted resolution through the Executive Committee.

4. Provide sufficient notice to allow for correction of the issue or development of a corrective action plan.
5. Take all reasonable action to mitigate the impact of the issue.

#### H. SIGNIFICANT FISCAL IMPACT

It is the intent of the CTDOC and UCHC to address an anticipated significant fiscal impact in a spirit of cooperation and partnership. Such significant fiscal impact would be generated by the need to provide extraordinary services to an inmate patient or an inmate patient population. These extraordinary services may be medical, mental health, dental or pharmaceutical in nature.

The fiscal office of UCHC is required to provide a monthly financial statement to the CTDOC. Each monthly statement provides the basis for identifying instances of potential fiscal impact caused by extraordinary services. These statements also provide an opportunity for UCHC and CTDOC to identify such potential fiscal impact quickly.

Each month, UCHC will provide a narrative associated with the fiscal statement explaining any item it considers outside the normal level of expenditure. This narrative may discuss categories where expenditures exceed anticipated levels or categories where expenditure levels fall below what would be expected. It is through this monthly analysis of expenditures that both parties will have the opportunity to monitor and anticipate fiscal impact.

When either party believes a significant fiscal impact, either as a result of over or under expenditure of a category, exists, it will contact the other party to initiate discussion aimed at early resolution. This process is of particular concern when expenditures in a category exceed anticipated levels. The parties will determine if the area of concern is temporary or is likely to continue, thus creating a significant fiscal impact.

If it is determined by the respective Fiscal Officers that a particular instance is likely to continue and create a significant fiscal impact, CTDOC and UCHC will attempt to reach a mutually agreeable resolution to an identified significant fiscal impact. Resolution may be accomplished through adjustments to processes or procedures or the reallocation of existing funds within the Inmate Patient Medical Services budget. Such reallocation of resources or adjustments to processes or procedures must be mutually agreed to and must not limit or curtail agreed upon levels of service. This process will be documented for the records of both parties.

When the above methods of resolution are each unsuccessful, the issue will be referred to the Executive Committee for discussion and resolution.

Should the above actions not be able to provide an agreement of an adjustment or reallocation of existing resources that will maintain the service levels program wide,

CTDOC and UCHC will consider the limiting or reduction of services. This method will be authorized only by CTDOC and will be initiated only upon written notification to UCHC from the Commissioner of Correction and will provide for sufficient lead-time to effectuate such limitations or reductions and to notify the UCHC Board of Directors.

The final option for resolution is a request for additional funding for Inmate Patient Medical Services. Upon approval by the Executive Committee, CTDOC will initiate the process for such request. UCHC will provide all supporting documentation, data and reports requested by CTDOC to support a request for additional funds.

#### I. MATERIAL CHANGES

In the event of changes to the resources and/or services to be provided under this agreement, or to the availability of the annual appropriation for Inmate Patient Medical Services, that in the opinion of UCHC or CTDOC materially affects the provision of healthcare to inmate patients, UCHC and CTDOC fiscal staff will determine the impact on available resources and services, and present these findings to the Executive Committee for review. The Executive Committee will then determine the necessary action, if any. In no case shall necessary health services be delayed pending conclusion of this process.

Should CTDOC become obligated to comply with additional consent decrees or court orders that will affect the delivery of healthcare, UCHC shall provide healthcare consistent with such decrees or orders.

If additional resources are required, UCHC and CTDOC shall first seek to meet the need through reallocation of existing resources and/or adjustment of services to be provided. If a mutually agreeable alternative cannot be determined, at the direction of the Executive Committee CTDOC shall request an adjustment to the Inmate Patient Medical Services appropriation in accordance with section X.H. above. Any necessary adjustments to the appropriation shall be governed by the appropriation processes in effect at the time of the requested adjustment. CTDOC shall not be required to use any other part of its budget appropriation or other resources to support the cost of such changes. In no event shall CTDOC be penalized for any payment not made in a timely manner due to any delay in appropriation or funding.

#### J. PERFORMANCE EXPECTATIONS

UCHC and CTDOC shall jointly produce a set of performance criteria with established metrics for evaluation of the healthcare organization's performance. The criteria will be compatible with resource-based accounting and provide data and evaluations in the form of dashboard accountabilities that is of value to CTDOC management as well as to UCHC management. The metrics will be completed within six (6) months of the signing of this agreement.



CTDOC may conduct a comprehensive performance audit of the healthcare program at each facility every six (6) months to evaluate compliance with this agreement.

*Health Contractors* – Temporary nursing (per diems) or other health care providers shall be defined for the purposes of this provision as UCHC health contractors. UCHC shall provide any required training and orientation to temporary staff. Upon request, UCHC shall provide to the Director a report detailing all temporary health personnel usage in the previous calendar month by hours and facility. This report shall be provided electronically.

*Facility Staffing Plan/Daily Work Assignment* – UCHC shall provide CTDOC with electronic access to Kronos, the daily time keeping system which will provide the ability to review staff working in each facility and the Kronos scheduling system, which will enable CTDOC to review staff working in each facility as well as the full staffing plans.

*Training* – The Director of Maloney Center for Training and Staff Development or his/her designee, in conjunction with the Health Services Monitoring Panel, shall review training records periodically but at least once per fiscal year.

Reviews will occur at a minimum sixty (60) days prior to the last day of the Fiscal Year. Such reviews shall consist of a review of the training records of personnel employed for 11 months or more. The Director will notify UCHC of all incomplete personnel training records. UCHC shall then have 30 days to provide evidence of completion and documentation of training.

*Management Committee* – This committee, which brings together top operations and line personnel from both CMHC and CTDOC in order to facilitate management and resolution of ongoing day-to-day clinical, operational, administrative and other related issues, shall meet monthly. Should this committee not be able to resolve specific concerns or issues, it would be referred to the Executive Committee.

**K. REPORTING REQUIREMENTS**

UCHC shall submit required reports electronically whenever possible. At the time such reports are submitted, existing documents reflecting the data or information contained in any report shall be provided by UCHC to CTDOC upon request. The following reports shall be:

<b><u>REPORT</u></b>	<b><u>FREQUENCY</u></b>
<b>Accreditation</b>	Annually
<b>Agency / Contractor Utilization Report</b>	Annually or On Request

<b>Vacancy Report</b>	Monthly
<b>Monthly Statistical Reports</b>	Monthly
<b>Monthly Expenditure Reports</b>	Monthly
<b>Annual Expenditure Report</b>	Annually
<b>Utilization Management</b>	Real Time
<b>Clinical Performance Enhancement</b>	Quarterly
<b>Identified Process Improvement Projects*</b>	Quarterly
<b>Health Services Reviews Correspondences</b>	Quarterly
<b>Critical Incident Case Review Report</b>	90-days Post Mortem
<b>Dashboard Indicators (jointly agreed upon)</b>	Real Time

*\* Process improvement projects and outcome metrics will be jointly agreed upon by CTDOC and CMHC/UCHC. Two initial projects will involve improved efficiency of dental practice and more effective transportation of inmate patients to and from sites for the provision of care such as John Dempsey Hospital and University Medical Group providers.*

**L. RECORDS AND DATA**

UCHC shall provide the Director accurate reports concerning utilization and administration of the healthcare program as set forth herein. Prior to the effective date of this agreement, UCHC shall submit the forms and format for said reports for approval by the Director. Any changes in the forms and format for said quarterly reports are subject to the approval of the Director. UCHC shall ensure that the content of all utilization and administrative reports are accurate. CTDOC and CMHC shall develop jointly acceptable dashboard reports for managing its operation.

1. *Health Services Reviews and Correspondence* – UCHC shall electronically track inmate patient health services reviews in accordance with the established categories on the CTDOC correspondence database. UCHC shall establish policies and procedures to ensure compliance with CTDOC Health Services Unit’s correspondence tracking procedures. A quarterly log by facility tracking inmate patient grievances and correspondence shall be provided to the Director.
2. *Vacancy Reports* – UCHC shall provide the Director/designee a monthly Vacancy Report by both facility and in the aggregate. These reports shall be provided electronically.

3. *Monthly Statistical Reports* – UHC shall provide a standard statistical report, for medical, dental and mental health service. UHC shall provide a standard statistical report designed to provide the Director all necessary data, statistics and information. These reports shall be provided electronically.
4. *Accreditation Reports* – UHC shall provide to the Director annual reports detailing the status of NCCHC schedules of visits for accreditation maintenance and corrective plans as appropriate. UHC shall also provide to the Director /designee reports as requested detailing the progress toward achieving any other accreditation sought by CTDOC, as noted above and in Section VI.I. of this agreement.
5. *ASCA Standards* – Monthly report provided to Director/designee each month.
6. *Utilization Management* – Reporting providing the number of requests, percentage of denials, reasons for denial (categories), approvals and missed appointment ratios. This data will be relevant with the new Medicaid system as well.
7. *Health Records* – UHC and CTDOC shall maintain a health record on each inmate patient. UHC shall ensure that any and all services are properly recorded in the inmate patient's health records in such manner as to satisfy requirements of ACA and NCCHC standards. UHC shall ensure that such records are accurate, comprehensive, legible, up-to-date and include all reports received from outside care providers. UHC shall provide CTDOC Health Services staff physical and electronic access to all records generated in the performance of this agreement. All original health records prepared by UHC are the sole property of CTDOC. UHC shall provide copies or originals of health records to CTDOC Health and Addiction Services staff upon request. UHC shall provide copies of health records to the Office of the Attorney General upon request.

Consistent with applicable law and regulations, UHC shall establish and collect fees for providing copies of health records to persons outside of CTDOC or the Connecticut Office of the Attorney General. CTDOC and UHC will be responsible for health record transfer between facilities. CTDOC and UHC will be responsible for the proper storage, organization, maintenance and size of all health records maintained in correctional institutions and timely retrieval upon inmate patient readmission. CTDOC will be responsible for appropriate space and proper storage of all inactive health records stored in a central record repository. CTDOC will audit health records routinely across the state for compliance with policies and procedures related to the Health record.

At the expiration or termination of this agreement, all paper and electronic health records shall be returned to CTDOC. This excludes all paper and electronic health records created by John Dempsey Hospital and University Medical Group as those records are the property of John Dempsey Hospital and University Medical Group, not the CTDOC.

In performing its obligations under this agreement, UCHC shall comply with all confidentiality provisions, laws or regulations applicable to inmate patient health records (HIPAA), state statutes and 42 CFR. Part II. Under HIPAA, UCHC is considered the "Business Associate" and CTDOC is the "Covered Entity."

Any use of aggregate or individual data or information from the health record for the purpose of academic study, analysis or research shall require express permission from the CTDOC pursuant to Administrative Directive 1.7, Research. Requests shall be responded to in a timely manner.

## **XI. COOPERATION WITH ATTORNEY GENERAL'S OFFICE**

The defense of lawsuits, claims or other actions related to the provision of health services (hereinafter "claims") under this agreement against the State of Connecticut or any subdivision thereof or any employee thereof will continue to be defended, as per statute, by the Connecticut Office of the Attorney General in substantially the same manner as under the previous agreement by the Office of the Attorney General unless otherwise directed by the Attorney General. UCHC shall cooperate in the defense of claims by doing the following:

- A. Identifying a UCHC Health Services Liaison who will coordinate witness appearances and the provision of copies of health records as well as investigate healthcare claims and provide reports to the Office of the Attorney General upon request.
- B. Ensuring that requested current UCHC personnel, including but not limited to specialists and expert witnesses, as well as involved personnel, respond to document requests, attend meetings and court appearances. Requested UCHC personnel shall cooperate in providing briefings, affidavits and any other information or assistance as may be reasonably required of a client agency in the defense of claims. The UCHC Health Services Liaison shall assist the Office of the Attorney General in obtaining information from former employees. In addition, the UCHC Health Services Liaison shall assist the Office of the Attorney General in retaining medical experts not employed by UCHC. UCHC agrees to share the cost of retaining outside expert witnesses, up to a maximum of \$25,000 a year.
- C. Providing access to the expertise of the staff and faculty of an accredited teaching hospital to assist in litigation, with appropriate compensation for these services.
- D. Providing expert testimony for the defense of lawsuits or other claims related to the provision of services under this agreement.

The Office of the Attorney General will make assessments of exposure in litigation matters and recommendations regarding settlement as appropriate, and will require the approval of settlements from the Commissioner of CTDOC and the UCONN Vice President for Health Affairs.

The UCONN Executive Vice President, Health Affairs may assign CMHC's Executive Director and any other UCONN staff to assist in the assessment of the Office of the Attorney General's recommendations. All such materials shall be governed by the attorney-client and/or attorney work product privileges.

Records of all such litigation assessments and settlements shall be retained by the office of the UCONN Executive Vice President, Health Affairs.

On a monthly basis, UCHC and CTDOC shall exchange a list of active lawsuits and/or claims regarding any litigation known to either party that relates to the provision of services under this agreement.

The office of the Attorney General, UCONN/CMHC and CTDOC shall meet regularly to review pending litigation and to discuss systemic improvement and risk management.

No provision of this agreement is intended nor shall it be construed as creating or enlarging the legal obligations of the State of Connecticut with regard to providing medical care.

## **XII. FINANCIAL OBLIGATION, REPORTING AND AUDIT REQUIREMENTS**

UCHC agrees to be in compliance with all current, and any future, applicable Federal and State laws and regulations, as they exist and as may be amended.

### **A. AUDIT REQUIREMENTS**

UCHC shall provide for an annual financial audit as stipulated by Connecticut General Statutes for any expenditure of state-awarded funds made by UCHC. Such audit shall include management letters (if issued by the Office of Public Accounts) and audit recommendations. The State Auditors of Public Accounts shall have access to all records and accounts for the fiscal year(s) in which the award was made. UCHC shall comply with federal and state single audit standards as applicable. Upon completion of the audit, UCHC shall provide a final audit package to the CTDOC. Recognizing that the audit package completed by the Office of Public Accounts is a consolidated report for the entire UCONN Health Center, UCHC and CTDOC shall recommend to the Office of Public Accounts that an audit report specific to CMHC be issued.

UCHC shall provide the Department with a copy of the audit conducted on CMHC, of which the functions, activities and expenses incurred pursuant to this agreement are a part. Such audit shall be accompanied by a Management Letter, signed by the Executive Director, indicating any significant or material items relevant to this agreement and the activities or expenses incurred pursuant to this agreement, identified in such audit.

B. NOTIFICATION

UCHC shall provide written notice to the CTDOC of any circumstances that relate to the services directly or indirectly financed under this agreement or that has the potential to impair the ability of the UCHC to fulfill the terms and conditions of this Agreement, including but not limited to financial, legal or any other situation which may prevent UCHC from meeting its obligations under the Agreement.

C. FISCAL YEAR BUDGET

Within any budget submitted, UCHC shall include for each funded position the proportion of work hours to be dedicated by that position to duties directly related to the fulfillment of the services required under agreement. Funding requested for each such position shall be in proportion to the work hours indicated.

D. BUDGET VARIANCES

Budget variances by line item will be explained as part of the monthly financial report.

E. REPORTS REQUIRED

UCHC shall provide CTDOC such statistical, financial, and programmatic information as mutually agreed upon for the purposes of monitoring and evaluating, processes, programs and establishing management information systems. Records are subject to audit by the State and may be subject to audit by the Federal government to the extent that Federal funding is involved.

1. Expenditure Reports

A monthly comprehensive financial status report shall be due as soon as possible, but no later than the 15th business day of the month following the reporting

period. The report shall include, at a minimum, a breakdown by line item as follows:

- Total Expenditure for the reporting month;
- Total Expenditures to Date (per fiscal year);
- Projected Expenditures to EOY;
- Total EOY;
- Budget Appropriation;
- Percent of Expenditures to Appropriation;
- Projected Surplus/Deficit.

Monthly expenditure report packages shall include a synopsis of events and issues in the preceding month that could have an impact on financial matters relating to this Agreement. In addition, detailed notes on unanticipated variances, increase/decrease of expenditure patterns and any other circumstances that may impact the approved budget related to this Agreement should be explicitly detailed. UCHC shall ensure CTDOC has been copied on all reports provided to the legislature regarding funding including the required five (5) noted here:

- The monthly statistical reports on Medical, Mental Health and Dental (there is a separate document with a legend);
- Monthly Financial Reports;
- Filled Positions;
- Funded Vacancies; and
- Breakout of the financials by discipline.

2. Annual Expenditure Report

The Annual Expenditure Report shall include a line item analysis of actual revenues and expenditures for services operated under the terms of this Agreement. The full and complete copy of the expenditure report, certified by UCHC, shall be provided to the CTDOC not later than ninety (90) days after the expiration of each fiscal year. UCHC is required to provide the CTDOC a copy of their agency audit when received from the Office of Public Accounts after the close of each agency fiscal year in which they received funds from the CTDOC, consistent with the requirements of the State Single Audit Act.

F. DELINQUENT REPORTS

UCHC shall submit required reports by the designated due dates as identified in this agreement.

G. EXPENDITURE REIMBURSEMENTS AND REVENUES

Within any budget submitted under Section XII.E.2. (Annual Expenditure Report), UCHC shall indicate all sources of revenue and reimbursement included in budget projections. All revenue and reimbursements generated by UCHC as a result of services provided under this agreement shall be applied against the total expenses reported under Section XII.E.1. (Expenditure Reports) of this agreement.

**XIII. COMMENCEMENT**

In order to promote continuity of services without interruption, it is essential that all necessary policies, procedures, manuals, and forms be in effect as of the Commencement

Date. Unless they have been replaced, UCHC shall use all pre-existing policies, procedures, manuals and forms in effect as of the last day of the prior Memorandum of Agreement.

**XIV. STANDARDS**

On an annual basis, UCHC shall review and update as necessary all medical, dental and mental health policies, procedures, manuals and forms necessary for fulfilling its obligations under this Agreement. Said policies, procedures, manuals and forms shall conform to the CTDOC Administrative Directives.

**XV. SEVERABILITY**

If any portion of this agreement is declared void or unenforceable, the remainder of the Agreement shall remain in place and enforceable.

**XVI. THIRD PARTY BENEFICIARIES**

Nothing contained in this agreement shall be construed to evidence an intention to confer any rights or remedies upon any person or entity other than the parties hereto and their respective agents or representatives.

**XVII. SUB-CONTRACT**

If UCHC wishes to contract with any other entity to perform services related in any way to this agreement such contract shall be subject to review and approval by the Director.

**XVIII. SAFEGUARDING CLIENT INFORMATION**

The Department and UCHC agree to safeguard the use, publication and disclosure of information on all applicants for and all clients who receive service under this agreement with all applicable federal and state laws, policies and regulations.

**XIX. REPORTING OF CLIENT ABUSE OR NEGLECT**

UCHC shall comply with all reporting requirements relative to client abuse and neglect, including but not limited to requirements as specified in *Conn. Gen.Stat. §17a-101* through *§103*, *§19a-216*, *§46b-120* related to children; *Conn. Gen.Stat. §46a-11b* relative to persons with mental retardation and *Conn. Gen.Stat. §17b-407* relative to elderly persons.



**XX. CREDITS AND RIGHTS IN DATA**

**A. ACKNOWLEDGMENT**

Unless expressly waived in writing by CTDOC, all documents, reports, and other publications for public distribution during or resulting from the performances of this agreement shall include a statement acknowledging the financial support of the state and CTDOC and, where applicable, the federal government. All such publications shall be released in conformance with applicable federal and state law and all regulations regarding confidentiality. Any liability arising from such a release (or re-release) by UCHC shall be the sole responsibility of UCHC, unless CTDOC or its agents co-authored said publication and said release is done with the prior written approval of the Commissioner of CTDOC. Any publication shall contain the following statement: "This publication does not express the views of the Department of Correction or the State of Connecticut. The views and opinions expressed are those of the authors." UCHC or any of its agents shall not copyright data and information obtained under the terms and conditions of this agreement, unless expressly authorized in writing by the CTDOC. CTDOC shall have the right to publish, duplicate, use and disclose all such data in any manner, and may authorize others to do so. CTDOC may copyright any data without prior notice to UCHC. UCHC does not assume any responsibility for the use, publication or disclosure solely by CTDOC of such data.

**B. "DATA"**

"Data" shall mean all results, technical information and materials developed and/or obtained in the performance of the services hereunder, including but not limited to all reports, surveys, plans, charts, recordings (video and/or sound), pictures, curricula, public awareness or prevention campaign materials, drawings, analyses, graphic representations, computer programs and printouts, notes and memoranda, and documents, whether finished or unfinished, which result from or are prepared in connection with the services performed hereunder.

**XXI. PROHIBITED INTERESTS**

UCHC warrants that no state appropriated funds have been paid or will be paid by or on behalf of UCHC to contract with or retain any company or person, other than bona fide employees working solely for UCHC, to influence or attempt to influence an officer or employee of any state agency in connection with the awarding, extension, continuation, renewal, amendment, or modification of this agreement, or to pay or agree to pay any company or person, other than bona fide employees working solely for UCHC, any fee, commission, percentage, brokerage fee, gift or any other consideration contingent upon or resulting from the award or making of this agreement.

**XXII. OFFER OF GRATUITIES**

The Department may terminate this agreement if it is determined that gratuities of any kind were either offered to or received by any elected or appointed official or employee of the State of Connecticut from UHC or its agents or employees.

**XXIII. RELATED PARTY TRANSACTIONS**

UHC shall report all related party transactions, as defined in this Section, to CTDOC on an annual basis. "Related party" means a person or organization related through marriage, ability to control, ownership, family or business association. Past exercise of influence or control need not be shown, only the potential or ability to directly or indirectly exercise influence or control. "Related party transactions" between UHC, its employees, Board members or members of UHC's governing body, and a related party include, but are not limited to, (a) real estate sales or leases; (b) leases for equipment, vehicles or household furnishings; (c) mortgages, loans and working capital loans, and (d) contracts for management, consultant and professional services as well as for materials, supplies and other services purchased by the contractor.

**XXIV. LOBBYING**

UHC agrees to abide by state and federal lobbying laws and, further, specifically agrees not to include in any claim for reimbursement any expenditures associated with activities to influence, directly or indirectly, legislation pending before Congress, the Connecticut General Assembly or any administrative or regulatory body unless otherwise required by this agreement.

**XXV. LITIGATION**

UHC shall provide written notice to CTDOC of any litigation that relates to the services directly or indirectly financed under this agreement or that has the potential to impair the ability of UHC to fulfill the terms and conditions of this agreement, including but not limited to financial, legal or any other situation which may prevent the UHC from meeting its obligations.

**XXVI. SUSPENSION OR DEBARMENT**

- A. Signature on this MOA certifies that UHC or any person (including subcontractors) involved in the administration of Federal or State funds:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any governmental department or agency (Federal, State or local);
2. Within a three-year (3) period preceding this agreement, has not been convicted or had a civil judgment rendered against him/her for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
3. Is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the above offenses;
4. Has not within a three-year (3) period preceding this agreement had one or more public transactions terminated for cause or fault.

B. Any change in above status shall be immediately reported to CTDOC.

## **XXVII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION**

### **A. AFFIRMATIVE ACTION**

UCHC agrees to comply with provisions of:

- *Conn. Gen. Stat. §4a-60* (Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities);
- *Conn. Gen. Stat. §4a-60a* (Contracts of the state and political subdivisions, other than municipalities, to contain provisions re nondiscrimination on the basis of sexual orientation)
- *Conn. Gen. Stat. §§46a-60 et seq.* (Discriminatory employment practices and public accommodations practices prohibited)
- *Conn. Gen. Stat. §§46a-70 and 46a-71* (Guarantee of equal employment in state agencies; Discriminatory practices by state agencies prohibited)
- *Conn. Gen. Stat. §46a-81a et seq.* (Prohibits sexual orientation discrimination)
- *Public Act 11-55* (Prohibits discrimination based on gender identity/expression)

### **B. AMERICANS WITH DISABILITIES ACT OF 1990**

During the term of the agreement, UCHC represents that it is familiar with the terms of this Act, as well as with *Conn. Gen. Stat. §46a-77*, and that it is in compliance with the law.

**C. NOTIFICATION**

UCHC shall provide written notice to CTDOC of any final decision by any tribunal or state or federal agency or court which is adverse to UCHC or which results in a settlement, compromise or claim or agreement of any kind for any action or proceeding brought against the UCHC or its employees or agents under the Americans with Disabilities Act of 1990, executive orders Nos. 3 & 17 of Governor Thomas J. Meskill and any other provisions of federal or state law concerning equal employment opportunities or nondiscriminatory practices. CT DOC shall not be responsible for the payment of judgments made against UCHC.

**XXVIII. EXECUTIVE ORDERS NOS. 3, 16 & 17**

This agreement is subject to the provisions of the following Executive Orders and, as such, may be canceled, terminated or suspended for violation of or noncompliance such orders or any state or federal law concerning nondiscrimination, workplace violence and state contracting:

- Executive Order No. 3: Nondiscrimination, promulgated by Governor Thomas J. Meskill, June 16, 1971.
- Executive Order No. 16: Violence in the Workplace Prevention Policy, promulgated by Governor John J. Rowland, August 4, 1999.
- Executive Order No. 17: Connecticut State Employment Service Listings, promulgated by Thomas J. Meskill, February 15, 1973.

**XXIX. UTILIZATION OF MINORITY BUSINESS ENTERPRISES**

UCHC agrees to use best efforts consistent with *Conn. General Stat. §§ 13a-95a, 4a-60, to 4a-62, 4b-95(b), and §32-9e* to carry out this policy in the award of any subcontracts.

**XXX. PRIORITY HIRING**

Subject to UCHC's exclusive right to determine the qualifications for all employment positions, UCHC shall use its best efforts to ensure that it gives priority to hiring welfare recipients who are subject to time limited welfare and must find employment.

**XXXI. GOVERNMENT FUNCTION; FREEDOM OF INFORMATION**

If this agreement is for the performance of a governmental function, as that term is defined in Conn. Gen. Stat. Sec. 1-200(11), as amended by Pubic Act 01-169, CTDOC is entitled to

receive a copy of the records and files related to the performance of the governmental function, and may be disclosed by CTDOC pursuant to the Freedom of Information Act.

**XXXII. AGREEMENT TERM AND RENEWAL**

This agreement shall begin on September 1, 2012 and shall be in effect until June 30, 2013. This agreement is renewable, for additional 2-year periods, upon mutual agreement. Such renewal agreements may be accomplished via a letter signed by authorized executives representing the two parties. Such renewals will require approval by the Office of the Attorney General.

**XXXIII. NOTICE OF NON-RENEWAL**

Either party, with a minimum of 180 days written notice prior to the end date of this agreement or any subsequent renewal, may provide notice that it does not intend to renew for an additional period. CTDOC shall provide such notice to the Executive Director and the Executive Director shall provide such notice to the Commissioner.

**XXXIV. TERMINATION**

Either party may terminate this agreement with a minimum of 180 days advance written notice. Such notice shall be delivered as stated in Section XXXIII. above.

**XXXV. MATERIAL BREACH**

Upon material breach of this Agreement by either party hereto, the non-breaching party shall submit written notice to the breaching party specifying the facts and circumstances of the breach. Should the breaching party fail to cure the breach to the satisfaction of the non-breaching party within a 30-day period, the parties agree to cooperate in the resolution of disputes. Failure to resolve disputes over a breach asserted by the non-breaching party within a second 30-day period may result in termination of this agreement by the non-breaching party not earlier than 180 days subsequent to the initial notice of breach

**XXXVI. COOPERATION ON TERMINATION**

In the event of termination or non-renewal of this agreement, UHC shall cooperate by providing transitional support to CTDOC and any future provider. UHC, CTDOC and any future provider shall form a transitional team made up of top management from all parties. The team shall work together to ensure a smooth transfer of services and responsibilities. UHC shall provide CTDOC and/or any future contract provider, to the extent permitted by

law, all information necessary to facilitate continuity of services, to include but not limited to the following information to be provided electronically: names; addresses and telephone numbers of personnel; salaries; organizational charts; certification; lists of subcontractors with duties, names, addresses and telephone numbers; inventories of medical pharmaceuticals and supplies; asset lists; equipment lists and condition by facility; and copies of any policies, procedures, manuals and forms developed by UCHC not previously provided to CTDOC.

Should a transition period be reasonably expected to extend beyond the end date or termination date of this agreement or subsequent renewal, UCHC and CTDOC shall arrive at mutually agreeable terms for the continuation of necessary participation by UCHC.

**XXXVII. MERGERS AND ACQUISITIONS**

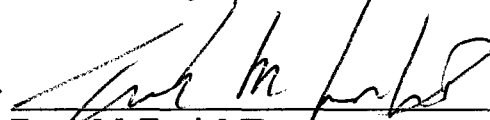
This agreement, in whole or in part, is not transferable or assignable without the prior written agreement of CTDOC.

**Attachment A** and the documents referenced therein are made a part of this agreement.

The Department of Correction

The University of Connecticut Health Center

 8-27-12

 3/21/12

Leo C. Arnone  
Commissioner  
Date

Frank M. Torti, MD  
Executive Vice President, Health Affairs  
Dean, School of Medicine  
Date

APPROVED AS TO FORM

\_\_\_\_\_  
Joseph Rubin  
Associate Attorney General  
Date

Appendices:

- Appendix A -- Staffing plans for each facility
- Appendix B -- Master Position Control (template)
- Appendix C -- Table of Organization (template)
- Appendix D -- Quality Assurance & Process Improvement
- Appendix E -- Town of Farmington Agreement
- Appendix F -- Table of Facility Based Health Services
- Appendix G -- Strategic Plan
- Appendix H -- Budget

Appendix A

**Staffing Plan - MacDougall/Walker**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
<b>Nursing Assignments</b>			
Infirmary	2-3	1-2	1-2
Pharmacy	2	3	2
Nurse Sick Call/OP	3-4	3	-
MD Sick Call	3-4	0	
	-		
ID Nurse	1		
Discharge Planner	1		
URC Nurse	1		

Appendix A

**Staffing Plan –Functional Unit 3  
(Corrigan/Rad, Brooklyn)**

**Corrigan/Rad Nursing Assignments**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Infirmery	1	1	1
Nurse Sick Call/OP	2-3	1	-
MD Sick Call	1	-	-
Pharmacy	1	1	1
Intakes	-	1	-
ID/URC Nurse	1		
Discharge Planner	1		
<b>Brooklyn</b>			
Nurse Sick Call/OP	1		

Appendix A



**Staffing Plan – Bridgeport**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
<b>Nursing Assignments</b>			
Infirmary	1-2	1-2	1
Pharmacy	2	1	1
Nurse Sick Call/OP	1-2	1	-
MD Sick Call	1	-	-
Detox/Other	1	-	-
Intakes	-	1-2	-
ID/URC Nurse	1		
Discharge Planner	1		

**Staffing Plan – Hartford**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
<b>Nursing Assignments</b>			
Pharmacy	2	2	2
Nurse Sick Call/OP	1	0	0
MD Sick Call	1	1	-
Detox/Other	1	1	1
Intakes	-	3	-
ID/URC Nurse	1		
Discharge Planner	1		

**Staffing Plan – New Haven**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Nursing Assignments			
Infirmary	1	1	1
Pharmacy	1	2	2
Nurse Sick Call/OP	1	-	-
MD Sick Call	1	-	-
Intakes		2	
Detox/Other	1		-
ID/URC Nurse	1		
Discharge Planner	1		

Appendix A

**Staffing Plan –Functional Unit 9  
(Manson Youth, Cheshire, Webster)**

**Manson Youth - Nursing Assignments**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Infirmery	1	1	1
Nurse Sick Call/OP	1	-	-
MD Sick Call		-	-
Pharmacy	1	1	1
Intakes	-	1	-
ID Nurse	1		
Discharge Planner	1		
<b>Cheshire</b>			
Nurse Sick Call/OP	1	1	-
MD Sick Call	1	-	-
Pharmacy	1	1	-

Appendix A

**Staffing Plan –Functional Unit 5  
(York/Niantic Annex)**

**York - Nursing Assignments**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Infirmary	4	4	4
Nurse Sick Call/OP	2	2	-
MD Sick Call	3	1	-
Pharmacy	3	3	-
Intakes	-	1	1
ID Nurse	1		
Detox Nurse	1		
Discharge Planner	2		
UR Nurse	1		
<b>Niantic Annex</b>			
Nurse Sick Call/OP	1		

Appendix A

**Staffing Plan –Functional Unit 1  
Osborn, Enfield**

**Osborn - Nursing Assignments**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Infirmary	3	3	3
Nurse Sick Call/OP	2	1	-
MD Sick Call	2	-	-
Pharmacy	3	3	-
Intakes	-	1	-
ID Nurse	1		
Discharge Planner	2		
URC Nurse	1		
ID/URC Nurse	1		

**Enfield**

Nurse Sick Call/OP			
Meds	1	-	-

Appendix A

**Staffing Plan –Functional Unit 10  
Northern, Robinson, Willard/Cy**

**Northern – Nursing Assignments**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Nurse Sick Call/OP	1	1	2
Pharmacy	1	1	
-	-	-	
<b>Willard/Cybulski</b>			
Nurse Sick Call/OP	2	3	-
MD Sick Call	1	-	-
Pharmacy	1	1	-
Meds/Diabetes/Chart Review	-	-	1

Appendix A

**Staffing Plan –Functional Unit 10  
Northern, Robinson, Willard/Cy**

**Robinson- Nursing Assignments**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Nurse Sick Call/OP Meds	2	2	-
ID Nurse	1		
Discharge Planner	1		
UR Nurse	1		



Appendix A

**Staffing Plan - Garner**

	Days (1 <sup>st</sup> Shift)	Evenings (2 <sup>nd</sup> Shift)	Nights (3 <sup>rd</sup> Shift)
Nursing Assignments			
Infirmery	3	3	2
Pharmacy	6	6	-
Nurse Sick Call/OP	1	1	1
MD Sick Call	1	-	-
ID Nurse	1 (Linda Messenger)		
Discharge Planner	1 (Michael Sussal)		

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
BRIDGEPORT	CLERK TYPIST	GM	1	1.00	1.00
BRIDGEPORT	CLERK TYPIST	GM	1	1.00	1.00
BRIDGEPORT	CLIN SOC WORKER	MH	2	1.00	1.00
BRIDGEPORT	CLIN SOC WORKER LICENSURE CAND	MH	2	1.00	1.00
BRIDGEPORT	DENTAL ASST	DENTAL	1	1.00	0.60
BRIDGEPORT	DENTIST	DENTAL	1	0.60	0.10
BRIDGEPORT	DENTIST	DENTAL	1	1.00	0.50
BRIDGEPORT	DEVELOPMENTAL SPEC 2	MH	1	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
BRIDGEPORT	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
BRIDGEPORT	HIV COUNSELOR	GM	1	1.00	1.00
BRIDGEPORT	LABORATORY ASSISTANT 3	GM	1	1.00	0.50
BRIDGEPORT	LPN	GM	1	1.00	1.00
BRIDGEPORT	LPN	GM	1	1.00	1.00
BRIDGEPORT	LPN	GM	3	1.00	1.00
BRIDGEPORT	LPN	GM	3	1.00	1.00
BRIDGEPORT	LPN	GM	1	1.00	1.00
BRIDGEPORT	LPN	GM	3	1.00	1.00
BRIDGEPORT	LPN	GM	1	1.00	1.00
BRIDGEPORT	LPN	GM	2	1.00	1.00
BRIDGEPORT	LPN	GM	2	1.00	1.00
BRIDGEPORT	MED REC SPEC 1	GM	1	1.00	1.00
BRIDGEPORT	NURSE CLINICIAN	MH	1	1.00	1.00
BRIDGEPORT	NURSE CLINICIAN	MH	2	1.00	1.00
BRIDGEPORT	NURSE-CORRECTIONAL	GM	2	1.00	1.00
BRIDGEPORT	NURSE-CORRECTIONAL	GM	1	1.00	1.00
BRIDGEPORT	NURSE-CORRECTIONAL	GM	1	1.00	1.00
BRIDGEPORT	NURSE-CORRECTIONAL	GM	1	1.00	1.00
BRIDGEPORT	NURSE-CORRECTIONAL	GM	2	1.00	1.00
BRIDGEPORT	NURSE-CORRECTIONAL	GM	3	1.00	1.00
BRIDGEPORT	PRINCIPAL PHYSICIAN	GM	1	1.00	1.00
BRIDGEPORT	PROFESSIONAL COUNSELOR	MH	1	1.00	1.00
BRIDGEPORT	PSYCHIATRIC SOCIAL WKR (RC)	MH	1	1.00	1.00
BRIDGEPORT	PSYCHIATRIST (PART TIME)	MH	1	0.75	1.00
BRIDGEPORT	PSYCHIATRIST (PART TIME)	MH	1	0.63	1.00
BRIDGEPORT	S.P. - OPTOMETRIST	GM	1	0.20	0.50
BRIDGEPORT	SECRETARY 1	ADMIN	1	1.00	1.00

**CMHC Staffing by Facility and by Job Title**

BRIDGEPORT	STAFF RADIOLOGICAL TECH	GM	1	1.00	1.00
BRIDGEPORT	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
BRIDGEPORT	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	1.00
BRIDGEPORT	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	1.00
<b>BRIDGEPORT Total</b>					<b>46.20</b>

**CMHC Staffing by Facility and by Job Title**

<b>Facility</b>	<b>Position Title</b>	<b>Discipline</b>	<b>Shift</b>	<b>FTE</b>	<b>Percent of FTE</b>
BROOKLYN	ADMINISTRATOR 2-CMHC/UCHC	ADMIN	1	1.00	0.20
BROOKLYN	CLIN SOC WORKER	MH	1	1.00	1.00
BROOKLYN	DENTAL ASST	DENTAL	1	1.00	0.50
BROOKLYN	DENTIST	DENTAL	1	0.40	0.25
BROOKLYN	DENTIST	DENTAL	1	1.00	0.40
BROOKLYN	HIV COUNSELOR	HIV	1	1.00	0.20
BROOKLYN	NURSE-CORRECTIONAL	GM	1	1.00	0.20
BROOKLYN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
BROOKLYN	PRINCIPAL PHYSICIAN	GM	1	1.00	0.10
BROOKLYN	PROFESSIONAL COUNSELOR	MH	1	1.00	1.00
BROOKLYN	SECRETARY 2	GM	1	1.00	1.00
BROOKLYN	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.20
<b>BROOKLYN Total</b>					<b>6.05</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
CENTRAL OFFICE	ADMINISTRATIVE OFFICER	ADMIN	1	1.00	1.00
CENTRAL OFFICE	ADMINISTRATOR 1-CMHC/UCHC	ADMIN	1	1.00	1.00
CENTRAL OFFICE	ADMINISTRATOR 1-CMHC/UCHC	ADMIN	1	1.00	1.00
CENTRAL OFFICE	BUSINESS SERVICES MANAGER	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CLERK TYPIST	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CLERK TYPIST	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CLINICAL OFFICE ASSISTANT	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CLINICAL OFFICE ASSISTANT	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-ASST DIRECTOR NURSING & PATIENT CARE	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-CHIEF OF PSYCHIATRY	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-CLINICAL PROGRAM MANAGER	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-CLINICAL PROGRAM MANAGER	JJ	1	1.00	1.00
CENTRAL OFFICE	CMHC-CLINICAL PROGRAM MANAGER	ADMIN	1	0.75	1.00
CENTRAL OFFICE	CMHC-CLINICAL PROGRAM MANAGER	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-DENTAL DIRECTOR (PART TIME)	DENTAL	1	0.50	1.00
CENTRAL OFFICE	CMHC-DIRECTOR NURSING & PATIENT CARE	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-DIRECTOR OF ADMIN SERVICES	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-DIRECTOR OF PSYCHOLOGICAL SERVICES	ADMIN	1	1.00	1.00
CENTRAL OFFICE	CMHC-INFO TECH DIRECTOR (PART TIME)	IT	1	0.60	1.00
CENTRAL OFFICE	CMHC-MEDICAL DIRECTOR	ADMIN	1	1.00	1.00
CENTRAL OFFICE	EDUC & DEVELOPMENT SPEC	IT	1	1.00	1.00
CENTRAL OFFICE	EXECUTIVE DIRECTOR	ADMIN	1	0.80	1.00
CENTRAL OFFICE	FISCAL ASST	FIN	1	1.00	1.00
CENTRAL OFFICE	FISCAL ASST	FIN	1	1.00	1.00
CENTRAL OFFICE	INFORMATION SYSTEMS MANAGER	IT	1	1.00	1.00
CENTRAL OFFICE	INFORMATION TECHNOLOGY ADMINISTRATOR	IT	1	1.00	1.00
CENTRAL OFFICE	LPN	GM	3	1.00	1.00
CENTRAL OFFICE	NURSE CONSULTANT GEN	ADMIN	1	1.00	1.00
CENTRAL OFFICE	OPERATIONS ADMINISTRATOR CMHC/UCHC	ADMIN	1	0.60	1.00
CENTRAL OFFICE	OPERATIONS ADMINISTRATOR CMHC/UCHC	ADMIN	1	1.00	1.00
CENTRAL OFFICE	PROFESSOR/CLINICAL	ADMIN	1	0.70	1.00
CENTRAL OFFICE	SECRETARY 1	ADMIN	1	1.00	1.00
CENTRAL OFFICE	SECRETARY 1	ADMIN	1	1.00	1.00
CENTRAL OFFICE	TECHNICAL ANALYST II	IT	1	1.00	1.00
CENTRAL OFFICE	UTIL REVIEW NURSE	ADMIN	1	1.00	1.00
<b>CENTRAL OFFICE Total</b>					<b>35.00</b>

**CMHC Staffing by Facility and by Job Title**

<b>Facility</b>	<b>Position Title</b>	<b>Discipline</b>	<b>Shift</b>	<b>FTE</b>	<b>Percent of FTE</b>
CHESHIRE	ADV NURSE PRACTITIONER	HWH	1	1.00	1.00
CHESHIRE	DENTAL ASST	DENTAL	1	1.00	1.00
CHESHIRE	DENTAL ASST	DENTAL	1	1.00	0.20
CHESHIRE	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
CHESHIRE	HEAD NURSE-CORRECTIONAL	GM	1	1.00	0.50
CHESHIRE	HIV COUNSELOR	GM	1	1.00	0.80
CHESHIRE	LABORATORY ASSISTANT 3	GM	1	1.00	0.50
CHESHIRE	LEAD DENTIST	DENTAL	1	1.00	0.20
CHESHIRE	LEAD DENTIST	DENTAL	1	1.00	1.00
CHESHIRE	LPN	GM	1	1.00	1.00
CHESHIRE	LPN PER DIEM	GM	0	0.40	1.00
CHESHIRE	MED REC SPEC 2	GM	1	1.00	1.00
CHESHIRE	NURSE CLINICIAN	MH	1	1.00	1.00
CHESHIRE	NURSE-CORRECTIONAL	GM	2	1.00	1.00
CHESHIRE	NURSE-CORRECTIONAL	GM	2	1.00	0.50
CHESHIRE	NURSE-CORRECTIONAL	GM	2	1.00	1.00
CHESHIRE	NURSE-CORRECTIONAL	GM	2	1.00	1.00
CHESHIRE	NURSE-CORRECTIONAL	GM	2	1.00	0.50
CHESHIRE	NURSE-CORRECTIONAL	GM	1	1.00	0.50
CHESHIRE	NURSE-CORRECTIONAL	GM	1	1.00	1.00
CHESHIRE	OPTOMETRIST	GM	1	1.00	0.34
CHESHIRE	PRINCIPAL PHYSICIAN	GM	1	1.00	0.60
CHESHIRE	PROFESSIONAL COUNSELOR	MH	1	1.00	1.00
CHESHIRE	PSYCHIATRIC SOCIAL WKR (RC)	MH	1	1.00	0.60
CHESHIRE	PSYCHOLOGIST CLINICAL	MH	1	1.00	0.80
CHESHIRE	RN PER DIEM	GM	0	0.40	1.00
CHESHIRE	RN PER DIEM	GM	0	0.40	1.00
CHESHIRE	RN PER DIEM	GM	0	0.40	1.00
CHESHIRE	RN PER DIEM	GM	0	0.40	1.00
CHESHIRE	RN PER DIEM	GM	0	0.40	1.00
CHESHIRE	SECRETARY 2	ADMIN	1	1.00	0.50
CHESHIRE	STAFF PHYSICIAN	GM	1	1.00	0.80
CHESHIRE	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	0.20
CHESHIRE	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	0.50
CHESHIRE	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.50
<b>CHESHIRE Total</b>					<b>26.54</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
CORRIGAN/RADGOWSI	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	0.80
CORRIGAN/RADGOWSI	CLIN SOC WORKER	MH	1	1.00	1.00
CORRIGAN/RADGOWSI	CLIN SOC WORKER	MH	2	1.00	1.00
CORRIGAN/RADGOWSI	CLIN SOC WORKER	MH	1	1.00	1.00
CORRIGAN/RADGOWSI	CLIN SOC WORKER LICENSURE CAND	MH	2	1.00	1.00
CORRIGAN/RADGOWSI	DENTAL ASST	DENTAL	1	1.00	1.00
CORRIGAN/RADGOWSI	DENTAL ASST	DENTAL	1	1.00	0.50
CORRIGAN/RADGOWSI	DENTIST	DENTAL	1	0.40	0.75
CORRIGAN/RADGOWSI	DENTIST	DENTAL	1	1.00	1.00
CORRIGAN/RADGOWSI	DENTIST	DENTAL	1	0.60	0.40
CORRIGAN/RADGOWSI	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
CORRIGAN/RADGOWSI	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
CORRIGAN/RADGOWSI	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	HIV COUNSELOR	HIV	1	1.00	0.80
CORRIGAN/RADGOWSI	LABORATORY ASSISTANT 3	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	LPN	GM	1	1.00	0.40
CORRIGAN/RADGOWSI	LPN	GM	1	1.00	0.50
CORRIGAN/RADGOWSI	LPN	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	LPN	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	LPN	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	LPN	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	LPN	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	LPN	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	LPN	GM	3	1.00	1.00
CORRIGAN/RADGOWSI	LPN PER DIEM	GM	0	0.40	1.00
CORRIGAN/RADGOWSI	LPN PER DIEM	GM	0	0.40	1.00
CORRIGAN/RADGOWSI	MED REC SPEC 1	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	MED REC SPEC 1	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	NURSE CLIN SPECIALIST (RC)	MH	1	1.00	1.00
CORRIGAN/RADGOWSI	NURSE CLINICIAN	MH	2	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	1	1.00	0.80
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	2	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	3	1.00	1.00
CORRIGAN/RADGOWSI	NURSE-CORRECTIONAL	GM	1	1.00	1.00
CORRIGAN/RADGOWSI	OPTOMETRIST	GM	1	1.00	0.11
CORRIGAN/RADGOWSI	PRINCIPAL PHYSICIAN	GM	1	1.00	0.90

**CMHC Staffing by Facility and by Job Title**

CORRIGAN/RADGOWSKI	PRINCIPAL PHYSICIAN	GM	1	1.00	0.05
CORRIGAN/RADGOWSKI	PSYCHOLOGIST CLINICAL	MH	1	1.00	1.00
CORRIGAN/RADGOWSKI	RN PER DIEM	GM	0	0.40	1.00
CORRIGAN/RADGOWSKI	RN PER DIEM	GM	0	0.40	1.00
CORRIGAN/RADGOWSKI	SECRETARY 2	GM	1	1.00	1.00
CORRIGAN/RADGOWSKI	SECRETARY 2	ADMIN	1	1.00	1.00
CORRIGAN/RADGOWSKI	STAFF RADIOLOGICAL TECH	GM	1	1.00	1.00
CORRIGAN/RADGOWSKI	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.80
<b>CORRIGAN/RADGOWSKI Total</b>					<b>47.81</b>



**CMHC Staffing by Facility and by Job Title**

<b>Facility</b>	<b>Position Title</b>	<b>Discipline</b>	<b>Shift</b>	<b>FTE</b>	<b>Percent of FTE</b>
ENFIELD	ADMINISTRATOR 2-CMHC/UCHC	ADMIN	1	1.00	0.10
ENFIELD	ADV NURSE PRACTITIONER	GM	1	1.00	0.10
ENFIELD	DENTAL ASST	DENTAL	1	1.00	0.80
ENFIELD	DENTIST	DENTAL	1	1.00	0.20
ENFIELD	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
ENFIELD	HIV COUNSELOR	HIV	1	1.00	0.20
ENFIELD	LABORATORY ASSISTANT 2	GM	1	1.00	0.20
ENFIELD	LEAD DENTIST	DENTAL	1	1.00	0.10
ENFIELD	OPTOMETRIST	GM	1	1.00	0.20
ENFIELD	PODIATRIST	GM	1	1.00	0.14
ENFIELD	SECRETARY 1	GM	1	1.00	1.00
ENFIELD	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.10
<b>ENFIELD Total</b>					<b>4.14</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
GARNER	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	1.00
GARNER	CLIN SOC WK ASSOC	MH	2	1.00	1.00
GARNER	CLIN SOC WK ASSOC	MH	1	1.00	1.00
GARNER	CLIN SOC WK ASSOC	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	2	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER	MH	2	1.00	1.00
GARNER	CLIN SOC WORKER	MH	2	1.00	1.00
GARNER	CLIN SOC WORKER	MH	1	1.00	1.00
GARNER	CLIN SOC WORKER LICENSURE CAND	MH	2	1.00	1.00
GARNER	CMHC-ASST CHIEF OF PSYCHIATRY	MH	1	0.80	1.00
GARNER	DENTAL ASST	DENTAL	1	1.00	1.00
GARNER	DENTIST	DENTAL	1	1.00	1.00
GARNER	DENTIST	DENTAL	1	0.60	0.10
GARNER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
GARNER	HIV COUNSELOR	GM	1	1.00	1.00
GARNER	LABORATORY ASSISTANT 3	GM	1	1.00	1.00
GARNER	LPN	GM	2	1.00	1.00
GARNER	LPN	GM	1	1.00	1.00
GARNER	LPN	GM	1	1.00	1.00
GARNER	LPN	GM	1	1.00	1.00
GARNER	LPN	GM	3	1.00	1.00
GARNER	LPN	GM	1	1.00	1.00
GARNER	LPN	GM	1	1.00	1.00
GARNER	LPN	GM	3	1.00	1.00
GARNER	LPN	GM	2	1.00	1.00

**CMHC Staffing by Facility and by Job Title**

GARNER	LPN	GM	1	1.00	1.00
GARNER	LPN	GM	1	1.00	1.00
GARNER	LPN	GM	2	1.00	1.00
GARNER	LPN	GM	2	1.00	1.00
GARNER	LPN PER DIEM	GM	0	0.40	1.00
GARNER	LPN PER DIEM	GM	0	0.40	1.00
GARNER	MED REC SPEC 2	GM	1	1.00	1.00
GARNER	NURSE CLINICIAN	MH	1	1.00	1.00
GARNER	NURSE CLINICIAN	MH	2	1.00	1.00
GARNER	NURSE CLINICIAN	MH	1	1.00	1.00
GARNER	NURSE CLINICIAN	MH	1	1.00	1.00
GARNER	NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	NURSE-CORRECTIONAL	GM	3	1.00	1.00
GARNER	NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	NURSE-CORRECTIONAL	GM	1	1.00	1.00
GARNER	NURSE-CORRECTIONAL (PART TIME)	GM	1	0.40	1.00
GARNER	OPTOMETRIST	GM	1	1.00	0.33
GARNER	PRINCIPAL PHYSICIAN	GM	1	1.00	1.00
GARNER	PRINCIPAL PSYCHIATRIST	MH	1	0.90	1.00
GARNER	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
GARNER	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
GARNER	PSYCHIATRIST (PART TIME)	MH	1	0.60	1.00
GARNER	PSYCHIATRIST (PART TIME)	MH	1	0.40	1.00
GARNER	REHAB THERAPIST 2 REC	MH	2	1.00	1.00
GARNER	REHAB THERAPIST 2 REC	MH	2	1.00	1.00
GARNER	REHAB THERAPIST 2 REC	MH	1	1.00	1.00
GARNER	REHAB THERAPIST 2 REC	MH	2	1.00	1.00
GARNER	RN PER DIEM	GM	0	0.40	1.00
GARNER	RN PER DIEM	GM	0	0.40	1.00
GARNER	RN PER DIEM	GM	0	0.40	1.00
GARNER	SECRETARY 1	GM	1	1.00	1.00
GARNER	SECRETARY 2	ADMIN	1	1.00	1.00
GARNER	STAFF PSYCHIATRIST	MH	1	1.00	1.00
GARNER	SUP PSYCHOLOGIST 1 (CLIN)	MH	1	1.00	1.00
GARNER	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
GARNER	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
GARNER	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	1.00
GARNER	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	1.00
<b>GARNER Total</b>					<b>84.43</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
HARTFORD	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	1.00
HARTFORD	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	1.00
HARTFORD	CLERK TYPIST	GM	1	1.00	1.00
HARTFORD	CLERK TYPIST	GM	1	1.00	1.00
HARTFORD	CLIN SOC WK ASSOC	MH	1	1.00	1.00
HARTFORD	CLIN SOC WK ASSOC	MH	2	1.00	1.00
HARTFORD	CLIN SOC WORKER	MH	2	1.00	1.00
HARTFORD	CLIN SOC WORKER	MH	1	1.00	1.00
HARTFORD	CLIN SOC WORKER	MH	1	1.00	1.00
HARTFORD	CLIN SOC WORKER	MH	2	1.00	1.00
HARTFORD	DENTAL ASST	DENTAL	1	1.00	1.00
HARTFORD	DENTIST	DENTAL	1	0.60	0.20
HARTFORD	DENTIST	DENTAL	1	1.00	0.60
HARTFORD	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
HARTFORD	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
HARTFORD	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
HARTFORD	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
HARTFORD	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
HARTFORD	HIV COUNSELOR	HIV	1	1.00	1.00
HARTFORD	LABORATORY ASSISTANT 2	GM	1	1.00	1.00
HARTFORD	LPN	GM	3	1.00	1.00
HARTFORD	LPN	GM	1	1.00	1.00
HARTFORD	LPN	GM	1	1.00	1.00
HARTFORD	LPN	GM	1	1.00	1.00
HARTFORD	LPN	GM	2	1.00	1.00
HARTFORD	LPN	GM	3	1.00	1.00
HARTFORD	LPN	GM	1	1.00	1.00
HARTFORD	LPN	GM	1	1.00	1.00
HARTFORD	LPN	GM	3	1.00	1.00
HARTFORD	LPN	GM	2	1.00	1.00
HARTFORD	LPN	GM	2	1.00	1.00
HARTFORD	LPN PER DIEM	GM	0	0.40	1.00
HARTFORD	LPN PER DIEM	GM	0	0.40	1.00
HARTFORD	LPN PER DIEM	GM	0	0.40	1.00
HARTFORD	LPN PER DIEM	GM	0	0.40	1.00
HARTFORD	LPN PER DIEM	GM	0	0.40	1.00
HARTFORD	MED REC SPEC 1	GM	1	1.00	1.00
HARTFORD	NURSE CLIN SPECIALIST (RC)	MH	2	1.00	1.00
HARTFORD	NURSE CLINICIAN	MH	1	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	1	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	2	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	2	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	1	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	1	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	2	1.00	1.00

**CMHC Staffing by Facility and by Job Title**

HARTFORD	NURSE-CORRECTIONAL	GM	3	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	2	1.00	1.00
HARTFORD	NURSE-CORRECTIONAL	GM	2	1.00	1.00
HARTFORD	OFFICE ASSISTANT	ADMIN	1	1.00	1.00
HARTFORD	OFFICE ASSISTANT	GM	1	1.00	1.00
HARTFORD	PHYSICIAN (PART-TIME)	GM	1	0.50	1.00
HARTFORD	PRINCIPAL PHYSICIAN	GM	1	1.00	0.10
HARTFORD	PSYCHIATRIST (PART TIME)	MH	1	0.63	1.00
HARTFORD	RETIREE - CN	GM	1	0.40	1.00
HARTFORD	RN PER DIEM	GM	0	0.40	1.00
HARTFORD	S.P. - PSYCHIATRIST	MH	2	0.20	0.50
HARTFORD	STAFF PHYSICIAN	GM	1	1.00	1.00
HARTFORD	STAFF RADIOLOGICAL TECH	GM	1	1.00	1.00
HARTFORD	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
HARTFORD	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	1.00
HARTFORD	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	1.00
<b>HARTFORD Total</b>					<b>58.40</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
MACDOUGALL/WALKER	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	1.00
MACDOUGALL/WALKER	ADV NURSE PRACTITIONER	GM	1	1.00	1.00
MACDOUGALL/WALKER	ADV NURSE PRACTITIONER	MH	1	1.00	1.00
MACDOUGALL/WALKER	CLERK TYPIST	ADMIN	1	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WK ASSOC	MH	2	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	1	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	2	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	1	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	2	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	1	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	1	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	1	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	1	1.00	1.00
MACDOUGALL/WALKER	CLIN SOC WORKER	MH	1	1.00	1.00
MACDOUGALL/WALKER	DENTAL ASST	DENTAL	1	1.00	1.00
MACDOUGALL/WALKER	DENTIST	DENTAL	1	1.00	1.00
MACDOUGALL/WALKER	DENTIST	DENTAL	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKER	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKER	HIV COUNSELOR	GM	1	1.00	1.00
MACDOUGALL/WALKER	LABORATORY ASSISTANT 2	GM	1	1.00	1.00
MACDOUGALL/WALKER	LEAD DENTIST	DENTAL	1	1.00	0.20
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	2	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	2	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	3	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	2	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	2	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKER	LPN	GM	1	1.00	1.00

**CMHC Staffing by Facility and by Job Title**

MACDOUGALL/WALKEF	LPN	GM	2	1.00	1.00
MACDOUGALL/WALKEF	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKEF	LPN	GM	1	1.00	1.00
MACDOUGALL/WALKEF	LPN	GM	3	1.00	1.00
MACDOUGALL/WALKEF	LPN	GM	2	1.00	1.00
MACDOUGALL/WALKEF	LPN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	LPN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	LPN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	LPN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	LPN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	MED REC SPEC 1	GM	2	1.00	1.00
MACDOUGALL/WALKEF	MED REC SPEC 1	GM	1	1.00	1.00
MACDOUGALL/WALKEF	MED REC SPEC 1	GM	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE CLINICIAN	MH	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE CLINICIAN	MH	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	3	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	3	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	3	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKEF	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKEF	OFFICE ASSISTANT	GM	1	1.00	1.00
MACDOUGALL/WALKEF	OPTOMETRIST	GM	1	1.00	0.40
MACDOUGALL/WALKEF	PHYSICIAN ASSISTANT - 1199	GM	1	1.00	1.00
MACDOUGALL/WALKEF	PODIATRIST	GM	1	1.00	0.15
MACDOUGALL/WALKEF	PRINCIPAL PHYSICIAN	GM	1	1.00	1.00
MACDOUGALL/WALKEF	PRINCIPAL PHYSICIAN	GM	1	1.00	0.85
MACDOUGALL/WALKEF	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
MACDOUGALL/WALKEF	PSYCHIATRIC SOCIAL WKR (RC)	MH	2	1.00	1.00
MACDOUGALL/WALKEF	PSYCHIATRIST (PART TIME)	MH	1	0.20	1.00
MACDOUGALL/WALKEF	PSYCHOLOGIST CLINICAL	MH	1	1.00	1.00
MACDOUGALL/WALKEF	RETIREE - DENTAL ASST	DENTAL	1	0.40	1.00
MACDOUGALL/WALKEF	RN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	RN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	RN PER DIEM	GM	0	0.40	1.00
MACDOUGALL/WALKEF	S.P. - PODIATRIST	GM	1	0.15	0.05

**CMHC Staffing by Facility and by Job Title**

MACDOUGALL/WALKER	SECRETARY 1	ADMIN	1	1.00	1.00
MACDOUGALL/WALKER	STAFF RADIOLOGICAL TECH	GM	1	1.00	1.00
MACDOUGALL/WALKER	STAFF RADIOLOGICAL TECH	GM	1	1.00	0.40
MACDOUGALL/WALKER	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
MACDOUGALL/WALKER	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	1.00
MACDOUGALL/WALKER	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	1.00
<b>MACDOUGALL/WALKER Total</b>					<b>93.05</b>



**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
MANSON YOUTH	CLIN SOC WORKER	MH	1	1.00	1.00
MANSON YOUTH	CLIN SOC WORKER	MH	1	1.00	1.00
MANSON YOUTH	CLIN SOC WORKER	MH	1	1.00	1.00
MANSON YOUTH	CLIN SOC WORKER	MH	2	1.00	1.00
MANSON YOUTH	CLIN SOC WORKER	MH	1	1.00	1.00
MANSON YOUTH	DENTAL ASST	DENTAL	1	1.00	0.60
MANSON YOUTH	DENTIST	DENTAL	1	0.50	1.00
MANSON YOUTH	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
MANSON YOUTH	HEAD NURSE-CORRECTIONAL	GM	1	1.00	0.50
MANSON YOUTH	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
MANSON YOUTH	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
MANSON YOUTH	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
MANSON YOUTH	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
MANSON YOUTH	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
MANSON YOUTH	HIV COUNSELOR	HIV	1	1.00	1.00
MANSON YOUTH	LABORATORY ASSISTANT 3	GM	1	1.00	0.50
MANSON YOUTH	LPN	GM	1	1.00	1.00
MANSON YOUTH	LPN	GM	1	1.00	1.00
MANSON YOUTH	MED REC SPEC 1	GM	1	1.00	1.00
MANSON YOUTH	NURSE CLINICIAN	MH	1	1.00	1.00
MANSON YOUTH	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MANSON YOUTH	NURSE-CORRECTIONAL	GM	2	1.00	0.50
MANSON YOUTH	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MANSON YOUTH	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MANSON YOUTH	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MANSON YOUTH	NURSE-CORRECTIONAL	GM	1	1.00	1.00
MANSON YOUTH	NURSE-CORRECTIONAL	GM	2	1.00	0.50
MANSON YOUTH	NURSE-CORRECTIONAL	GM	1	1.00	0.50
MANSON YOUTH	NURSE-CORRECTIONAL	GM	2	1.00	1.00
MANSON YOUTH	NURSE-CORRECTIONAL	GM	3	1.00	1.00
MANSON YOUTH	PRINCIPAL PSYCHIATRIST	MH	1	1.00	1.00
MANSON YOUTH	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
MANSON YOUTH	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
MANSON YOUTH	PSYCHIATRIC SOCIAL WKR (RC)	MH	1	1.00	0.40
MANSON YOUTH	PSYCHIATRIST (PART TIME)	MH	1	0.10	1.00
MANSON YOUTH	PSYCHOLOGIST CLINICAL	MH	1	1.00	0.20
MANSON YOUTH	RETIREE - CN	GM	3	0.40	1.00
MANSON YOUTH	SECRETARY 1	GM	1	1.00	1.00
MANSON YOUTH	SECRETARY 2	ADMIN	1	1.00	0.50
MANSON YOUTH	STAFF PHYSICIAN	GM	1	1.00	0.20
MANSON YOUTH	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	0.80
MANSON YOUTH	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	0.50
MANSON YOUTH	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.50
<b>MANSON YOUTH Total</b>					<b>36.20</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
NEW HAVEN	CLIN SOC WORKER	MH	2	1.00	1.00
NEW HAVEN	CLIN SOC WORKER	MH	2	1.00	1.00
NEW HAVEN	CLIN SOC WORKER	MH	1	1.00	1.00
NEW HAVEN	DENTAL ASST	DENTAL	1	1.00	0.20
NEW HAVEN	DENTAL ASST	DENTAL	1	1.00	0.40
NEW HAVEN	DENTIST	DENTAL	1	0.60	0.20
NEW HAVEN	DENTIST	DENTAL	1	1.00	0.50
NEW HAVEN	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
NEW HAVEN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
NEW HAVEN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
NEW HAVEN	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
NEW HAVEN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	HIV COUNSELOR	HIV	1	1.00	1.00
NEW HAVEN	LABORATORY ASSISTANT 3	GM	1	1.00	0.50
NEW HAVEN	LPN	GM	2	1.00	1.00
NEW HAVEN	LPN	GM	2	1.00	1.00
NEW HAVEN	LPN	GM	1	1.00	1.00
NEW HAVEN	LPN	GM	2	1.00	1.00
NEW HAVEN	LPN	GM	1	1.00	1.00
NEW HAVEN	LPN	GM	1	1.00	1.00
NEW HAVEN	LPN PER DIEM	GM	0	0.40	1.00
NEW HAVEN	MED REC SPEC 1	GM	1	1.00	1.00
NEW HAVEN	NURSE CLINICIAN	MH	1	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	3	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	3	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	3	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
NEW HAVEN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	PRINCIPAL PHYSICIAN	GM	1	0.60	1.00
NEW HAVEN	PRINCIPAL PHYSICIAN	GM	1	1.00	0.40
NEW HAVEN	PROFESSIONAL COUNSELOR	MH	1	1.00	1.00
NEW HAVEN	PSYCHIATRIST (PART TIME)	MH	1	0.50	1.00
NEW HAVEN	PSYCHOLOGIST CLINICAL	MH	1	1.00	1.00
NEW HAVEN	RN PER DIEM	GM	0	0.40	1.00
NEW HAVEN	RN PER DIEM	GM	0	0.40	1.00
NEW HAVEN	S.P. - ADV NURSE PRACTITIONER	MH	1	0.20	1.00
NEW HAVEN	S.P. - OPTOMETRIST	GM	1	0.20	0.50
NEW HAVEN	S.P. - PSYCHIATRIST	MH	1	0.20	1.00

**CMHC Staffing by Facility and by Job Title**

NEW HAVEN	SECRETARY 1	GM	1	1.00	1.00
NEW HAVEN	SECRETARY 1	ADMIN	1	1.00	1.00
NEW HAVEN	STAFF RADIOLOGICAL TECH	GM	1	1.00	1.00
NEW HAVEN	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	1.00
NEW HAVEN	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	1.00
<b>NEW HAVEN Total</b>					<b>45.70</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
NORTHERN	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	0.33
NORTHERN	CLERK TYPIST	GM	1	1.00	1.00
NORTHERN	CLIN SOC WK ASSOC	MH	2	1.00	1.00
NORTHERN	CLIN SOC WORKER	MH	2	1.00	1.00
NORTHERN	CLIN SOC WORKER LICENSURE CAND	MH	1	1.00	1.00
NORTHERN	DENTAL ASST	DENTAL	1	0.80	1.00
NORTHERN	DENTIST	DENTAL	1	1.00	1.00
NORTHERN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
NORTHERN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
NORTHERN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
NORTHERN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
NORTHERN	LABORATORY ASSISTANT 3	GM	1	1.00	0.30
NORTHERN	LEAD DENTIST	DENTAL	1	1.00	0.10
NORTHERN	LPN	GM	1	1.00	0.20
NORTHERN	LPN PER DIEM	GM	0	0.40	1.00
NORTHERN	MED REC SPEC 1	GM	1	1.00	1.00
NORTHERN	NURSE CLINICIAN	MH	1	1.00	1.00
NORTHERN	NURSE-CORRECTIONAL	GM	3	1.00	1.00
NORTHERN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
NORTHERN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
NORTHERN	NURSE-CORRECTIONAL	GM	3	1.00	1.00
NORTHERN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
NORTHERN	PODIATRIST	GM	1	1.00	0.14
NORTHERN	PRINCIPAL PHYSICIAN	GM	1	1.00	0.50
NORTHERN	PRINCIPAL PSYCHIATRIST	MH	1	1.00	0.60
NORTHERN	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
NORTHERN	PROFESSIONAL COUNSELOR	MH	1	1.00	1.00
NORTHERN	RN PER DIEM	GM	0	0.40	1.00
NORTHERN	RN PER DIEM	GM	0	0.40	1.00
NORTHERN	STAFF RADIOLOGICAL TECH	GM	1	1.00	0.35
NORTHERN	STAFF RADIOLOGICAL TECH	GM	1	1.00	0.20
NORTHERN	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
NORTHERN	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	0.40
NORTHERN	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.10
<b>NORTHERN Total</b>					<b>26.22</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
OSBORN	ADMINISTRATOR 2-CMHC/UCHC	ADMIN	1	1.00	0.90
OSBORN	ADMINISTRATOR 2-CMHC/UCHC	ADMIN	1	1.00	1.00
OSBORN	ADV NURSE PRACTITIONER	MH	1	1.00	1.00
OSBORN	ADV NURSE PRACTITIONER	GM	1	1.00	0.90
OSBORN	ADV NURSE PRACTITIONER	GM	1	1.00	1.00
OSBORN	CLERK TYPIST	GM	1	1.00	1.00
OSBORN	CLERK TYPIST	GM	1	1.00	1.00
OSBORN	CLIN SOC WK ASSOC	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER	MH	1	1.00	1.00
OSBORN	CLIN SOC WORKER LICENSURE CAND	MH	2	1.00	1.00
OSBORN	CLIN SOC WORKER LICENSURE CAND	MH	2	1.00	1.00
OSBORN	CLIN SOC WORKER LICENSURE CAND	MH	2	1.00	1.00
OSBORN	DENTAL ASST	DENTAL	1	1.00	1.00
OSBORN	DENTAL ASST	DENTAL	1	1.00	1.00
OSBORN	DENTAL ASST	DENTAL	1	1.00	0.20
OSBORN	DENTIST	DENTAL	1	1.00	0.80
OSBORN	DENTIST	DENTAL	1	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	HIV COUNSELOR	GM	1	1.00	1.00
OSBORN	LABORATORY ASSISTANT 2	GM	1	1.00	0.80
OSBORN	LEAD DENTIST	DENTAL	1	1.00	0.20
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	2	1.00	1.00
OSBORN	LPN	GM	2	1.00	1.00
OSBORN	LPN	GM	2	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	2	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00

**CMHC Staffing by Facility and by Job Title**

OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	2	1.00	1.00
OSBORN	LPN	GM	3	1.00	1.00
OSBORN	LPN	GM	2	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN	GM	1	1.00	1.00
OSBORN	LPN PER DIEM	GM	0	0.40	1.00
OSBORN	LPN PER DIEM	GM	0	0.40	1.00
OSBORN	LPN PER DIEM	GM	0	0.40	1.00
OSBORN	LPN PER DIEM	GM	0	0.40	1.00
OSBORN	LPN PER DIEM	GM	0	0.40	1.00
OSBORN	LPN PER DIEM	GM	0	0.40	1.00
OSBORN	LPN PER DIEM	GM	0	0.40	1.00
OSBORN	MED REC SPEC 1	GM	1	1.00	1.00
OSBORN	MED REC SPEC 2	GM	1	1.00	1.00
OSBORN	NURSE CLIN SPECIALIST (RC)	MH	1	1.00	1.00
OSBORN	NURSE CLINICIAN	MH	1	1.00	1.00
OSBORN	NURSE CLINICIAN	MH	1	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	3	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	1	1.00	1.00
OSBORN	NURSE-CORRECTIONAL	GM	3	1.00	1.00
OSBORN	OFFICE ASSISTANT	GM	1	1.00	1.00
OSBORN	OPTOMETRIST	GM	1	1.00	0.40
OSBORN	PHYSICIAN 2	GM	1	1.00	1.00
OSBORN	PODIATRIST	GM	1	1.00	0.15
OSBORN	PRINCIPAL PHYSICIAN	GM	1	1.00	1.00
OSBORN	PRINCIPAL PSYCHIATRIST	MH	1	1.00	0.20
OSBORN	RETIREE - LPN	GM	1	0.40	1.00
OSBORN	RN PER DIEM	GM	0	0.40	1.00
OSBORN	S.P. - PODIATRIST	GM	1	0.15	0.05
OSBORN	S.P. - PSYCHIATRIST	MH	2	0.20	0.50
OSBORN	SECRETARY 2	ADMIN	1	1.00	1.00
OSBORN	STAFF RADIOLOGICAL TECH	GM	1	1.00	0.25
OSBORN	STAFF RADIOLOGICAL TECH	GM	1	1.00	0.50

**CMHC Staffing by Facility and by Job Title**

OSBORN	SUP PSYCHOLOGIST 1 (CLIN)	MH	1	1.00	1.00
OSBORN	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	1.00
OSBORN	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.90
<b>OSBORN Total</b>					<b>86.75</b>

**CMHC Staffing by Facility and by Job Title**

<b>Facility</b>	<b>Position Title</b>	<b>Discipline</b>	<b>Shift</b>	<b>FTE</b>	<b>Percent of FTE</b>
PHARMACY	CLERK TYPIST	PHARM	1	1.00	1.00
PHARMACY	CMHC-PHARMACY MANAGER	PHARM	1	1.00	1.00
PHARMACY	INFORMATICS PHARMACIST - UHP (RC)	PHARM	1	1.00	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	0.60	1.00
PHARMACY	PHARMACIST - UHP	PHARM	3	0.90	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	1.00	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	1.00	1.00
PHARMACY	PHARMACIST - UHP	PHARM	2	1.00	1.00
PHARMACY	PHARMACIST - UHP	PHARM	3	0.90	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	0.90	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	1.00	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	1.00	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	1.00	1.00
PHARMACY	PHARMACIST - UHP	PHARM	1	1.00	1.00
PHARMACY	PHARMACY PURCHASING & INVENTORY SPE	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN	PHARM	1	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN TRAINEE	PHARM	2	1.00	1.00
PHARMACY	PHARMACY TECHNICIAN TRAINEE	PHARM	2	1.00	1.00
PHARMACY	RETIREE - PHARMACIST	PHARM	1	0.40	1.00
PHARMACY	S.P. - PHARMACIST	PHARM	1	1.00	1.00
PHARMACY	UNIV PHARMACY DIRECTOR	PHARM	1	0.25	1.00
<b>PHARMACY Total</b>					<b>28.00</b>



**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
ROBINSON	ADMINISTRATOR 2-CMHC/UCHC	ADMIN	1	1.00	0.33
ROBINSON	CLERK TYPIST	GM	1	1.00	1.00
ROBINSON	CLIN SOC WORKER	MH	1	1.00	1.00
ROBINSON	DENTAL ASST	DENTAL	1	1.00	1.00
ROBINSON	DENTIST	DENTAL	1	1.00	1.00
ROBINSON	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
ROBINSON	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
ROBINSON	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
ROBINSON	HIV COUNSELOR	HIV	1	1.00	0.60
ROBINSON	LABORATORY ASSISTANT 3	GM	1	1.00	0.20
ROBINSON	LEAD DENTIST	DENTAL	1	1.00	0.10
ROBINSON	LPN	GM	1	1.00	0.20
ROBINSON	LPN	GM	1	1.00	1.00
ROBINSON	LPN	GM	1	1.00	1.00
ROBINSON	LPN	GM	2	1.00	1.00
ROBINSON	LPN PER DIEM	GM	0	0.40	1.00
ROBINSON	LPN PER DIEM	GM	0	0.40	1.00
ROBINSON	LPN PER DIEM	GM	0	0.40	1.00
ROBINSON	MED REC SPEC 2	GM	1	1.00	1.00
ROBINSON	NURSE CLINICIAN	MH	1	1.00	1.00
ROBINSON	NURSE-CORRECTIONAL	GM	1	1.00	1.00
ROBINSON	NURSE-CORRECTIONAL	GM	2	1.00	0.50
ROBINSON	NURSE-CORRECTIONAL	GM	2	1.00	1.00
ROBINSON	NURSE-CORRECTIONAL	GM	1	1.00	0.50
ROBINSON	NURSE-CORRECTIONAL	GM	2	1.00	1.00
ROBINSON	PODIATRIST	GM	1	1.00	0.14
ROBINSON	PRINCIPAL PHYSICIAN	GM	1	1.00	0.50
ROBINSON	PRINCIPAL PSYCHIATRIST	MH	1	1.00	0.20
ROBINSON	RN PER DIEM	GM	0	0.40	1.00
ROBINSON	RN PER DIEM	GM	0	0.40	1.00
ROBINSON	S.P. - PODIATRIST	GM	1	0.15	0.05
ROBINSON	STAFF RADIOLOGICAL TECH	GM	1	1.00	0.30
ROBINSON	SUP PSYCHOLOGIST 1 (CLIN)	MH	1	1.00	0.50
ROBINSON	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	0.30
ROBINSON	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.10
<b>ROBINSON Total</b>					<b>24.52</b>

**CMHC Staffing by Facility and by Job Title**

<b>Facility</b>	<b>Position Title</b>	<b>Discipline</b>	<b>Shift</b>	<b>FTE</b>	<b>Percent of FTE</b>
SUPPORT SERVICES	APPLICATION DEVELOPER II	IT	1	1.00	1.00
SUPPORT SERVICES	APPLICATION DEVELOPER III	IT	1	1.00	1.00
SUPPORT SERVICES	APPLICATION DEVELOPER III	IT	1	1.00	1.00
SUPPORT SERVICES	APPLICATION DEVELOPER III	IT	1	1.00	1.00
SUPPORT SERVICES	EDUC & DEVELOPMENT SPEC	HR	1	1.00	1.00
SUPPORT SERVICES	EEO/COMPLAINT SPECIALIST	ODE	1	1.00	1.00
SUPPORT SERVICES	HRIS SPECIALIST 2	HR	1	1.00	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	1.00	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	0.50	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	1.00	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	1.00	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	1.00	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	1.00	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	1.00	1.00
SUPPORT SERVICES	HUMAN RESOURCES ASSOCIATE	HR	1	0.93	1.00
SUPPORT SERVICES	LABOR RELATIONS SPECIALIST	HR	1	1.00	1.00
SUPPORT SERVICES	LABOR RELATIONS SPECIALIST	HR	1	1.00	1.00
SUPPORT SERVICES	PERSONNEL SPECIALIST 1	HR	1	1.00	1.00
SUPPORT SERVICES	PERSONNEL SPECIALIST 2	HR	1	1.00	1.00
SUPPORT SERVICES	STOREKEEPER	MAT	1	1.00	1.00
SUPPORT SERVICES	STOREKEEPER	MAT	1	1.00	1.00
SUPPORT SERVICES	STOREKEEPER ASSISTANT	MAT	1	0.60	1.00
SUPPORT SERVICES	STOREKEEPER ASSISTANT	MAT	1	1.00	1.00
SUPPORT SERVICES	TECHNICAL ANALYST I	IT	1	1.00	1.00
SUPPORT SERVICES	TECHNICAL ANALYST II	IT	1	1.00	1.00
<b>SUPPORT SERVICES Total</b>					<b>25.00</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
WILLARD/CYBULSKI	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	0.34
WILLARD/CYBULSKI	CLIN SOC WORKER	MH	1	1.00	1.00
WILLARD/CYBULSKI	CLIN SOC WORKER	MH	1	1.00	1.00
WILLARD/CYBULSKI	DENTAL ASST	DENTAL	1	1.00	1.00
WILLARD/CYBULSKI	DENTIST	DENTAL	1	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
WILLARD/CYBULSKI	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
WILLARD/CYBULSKI	HIV COUNSELOR	HIV	1	1.00	0.20
WILLARD/CYBULSKI	LABORATORY ASSISTANT 3	GM	1	1.00	0.50
WILLARD/CYBULSKI	LEAD DENTIST	DENTAL	1	1.00	0.10
WILLARD/CYBULSKI	LPN	GM	1	1.00	0.60
WILLARD/CYBULSKI	LPN	GM	1	1.00	1.00
WILLARD/CYBULSKI	LPN	GM	1	1.00	1.00
WILLARD/CYBULSKI	LPN	GM	2	1.00	1.00
WILLARD/CYBULSKI	LPN	GM	1	1.00	1.00
WILLARD/CYBULSKI	LPN	GM	1	1.00	1.00
WILLARD/CYBULSKI	LPN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	LPN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	LPN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	LPN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	LPN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	LPN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	MED REC SPEC 1	GM	1	1.00	1.00
WILLARD/CYBULSKI	MED REC SPEC 1	GM	1	1.00	1.00
WILLARD/CYBULSKI	NURSE CLIN SPECIALIST (RC)	MH	1	1.00	1.00
WILLARD/CYBULSKI	NURSE CLINICIAN	MH	1	1.00	1.00
WILLARD/CYBULSKI	NURSE-CORRECTIONAL	GM	2	1.00	0.50
WILLARD/CYBULSKI	NURSE-CORRECTIONAL	GM	1	1.00	0.50
WILLARD/CYBULSKI	NURSE-CORRECTIONAL	GM	2	1.00	1.00
WILLARD/CYBULSKI	NURSE-CORRECTIONAL	GM	1	1.00	1.00
WILLARD/CYBULSKI	NURSE-CORRECTIONAL	GM	1	1.00	1.00
WILLARD/CYBULSKI	NURSE-CORRECTIONAL	GM	2	1.00	1.00
WILLARD/CYBULSKI	PODIATRIST	GM	1	1.00	0.28
WILLARD/CYBULSKI	PRINCIPAL PHYSICIAN	GM	1	1.00	1.00
WILLARD/CYBULSKI	PROFESSIONAL COUNSELOR	MH	1	1.00	1.00
WILLARD/CYBULSKI	RN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	RN PER DIEM	GM	0	0.40	1.00
WILLARD/CYBULSKI	SECRETARY 1	GM	1	1.00	1.00
WILLARD/CYBULSKI	SECRETARY 2	ADMIN	1	1.00	1.00
WILLARD/CYBULSKI	SUP PSYCHOLOGIST 1 (CLIN)	MH	1	1.00	0.50

**CMHC Staffing by Facility and by Job Title**

WILLARD/CYBULSKI	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	0.30
WILLARD/CYBULSKI	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	0.80
<b>WILLARD/CYBULSKI Total</b>					<b>40.62</b>

**CMHC Staffing by Facility and by Job Title**

Facility	Position Title	Discipline	Shift	FTE	Percent of FTE
YORK	ADMINISTRATOR 2-CMHC/UHC	ADMIN	1	1.00	1.00
YORK	ADV NURSE PRACTITIONER	MH	1	1.00	1.00
YORK	ADV NURSE PRACTITIONER	MH	1	1.00	1.00
YORK	ADV NURSE PRACTITIONER	GM	1	0.60	1.00
YORK	ADV NURSE PRACTITIONER	GM	1	1.00	1.00
YORK	ADV NURSE PRACTITIONER	GM	2	0.50	1.00
YORK	CLERK TYPIST	GM	1	1.00	1.00
YORK	CLERK TYPIST	GM	1	1.00	1.00
YORK	CLERK TYPIST	GM	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	2	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	2	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CLIN SOC WORKER	MH	1	1.00	1.00
YORK	CMHC-ASST CHIEF OF PSYCHIATRY	MH	1	1.00	1.00
YORK	DENTAL ASST	DENTAL	1	1.00	1.00
YORK	DENTAL ASST	DENTAL	1	1.00	1.00
YORK	DENTIST	DENTAL	1	1.00	1.00
YORK	DENTIST	DENTAL	1	0.60	0.20
YORK	DENTIST	DENTAL	1	0.40	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	HEAD NURSE-CORRECTIONAL	GM	3	1.00	1.00
YORK	HIV COUNSELOR	GM	1	1.00	0.20
YORK	HIV COUNSELOR	GM	1	1.00	1.00
YORK	LABORATORY ASSISTANT 3	GM	1	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	1	1.00	1.00

**CMHC Staffing by Facility and by Job Title**

YORK	LPN	GM	2	1.00	1.00
YORK	LPN	GM	3	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	1	1.00	0.60
YORK	LPN	GM	2	1.00	1.00
YORK	LPN	GM	2	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	1	1.00	0.50
YORK	LPN	GM	2	1.00	1.00
YORK	LPN	GM	3	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	2	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	3	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN	GM	1	1.00	1.00
YORK	LPN PER DIEM	GM	0	0.40	1.00
YORK	LPN PER DIEM	GM	0	0.40	1.00
YORK	LPN PER DIEM	GM	0	0.40	1.00
YORK	LPN PER DIEM	GM	0	0.40	1.00
YORK	LPN PER DIEM	GM	0	0.40	1.00
YORK	LPN PER DIEM	GM	0	0.40	1.00
YORK	MED REC SPEC 1	GM	1	1.00	1.00
YORK	NURSE CLINICIAN	MH	1	1.00	1.00
YORK	NURSE CLINICIAN	MH	1	1.00	1.00
YORK	NURSE CLINICIAN	MH	1	1.00	1.00
YORK	NURSE CLINICIAN	MH	1	1.00	1.00
YORK	NURSE CLINICIAN	MH	1	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	3	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	3	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	3	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	2	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	NURSE-CORRECTIONAL	GM	1	1.00	1.00

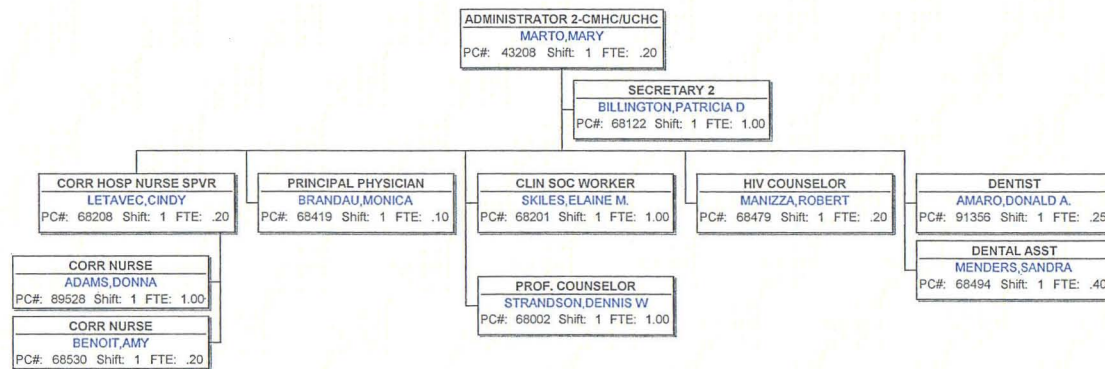
**CMHC Staffing by Facility and by Job Title**

YORK	OFFICE ASSISTANT	GM	2	1.00	1.00
YORK	OFFICE ASSISTANT	GM	1	1.00	1.00
YORK	OPTOMETRIST	GM	1	1.00	0.22
YORK	PHYSICIAN ASSISTANT - 1199	GM	1	0.50	1.00
YORK	PRINCIPAL PHYSICIAN	GM	1	1.00	1.00
YORK	PRINCIPAL PHYSICIAN	GM	1	0.50	1.00
YORK	PRINCIPAL PSYCHIATRIST	MH	1	1.00	1.00
YORK	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
YORK	PROFESSIONAL COUNSELOR	MH	2	1.00	1.00
YORK	REHAB THERAPIST 2 REC	MH	1	1.00	1.00
YORK	RN PER DIEM	GM	0	0.40	1.00
YORK	RN PER DIEM	GM	0	0.40	1.00
YORK	RN PER DIEM	GM	0	0.40	1.00
YORK	RN PER DIEM	GM	0	0.40	1.00
YORK	RN PER DIEM	GM	0	0.40	1.00
YORK	RN PER DIEM	GM	0	0.40	1.00
YORK	RN PER DIEM	GM	0	0.40	1.00
YORK	S.P. - ADV NURSE PRACTITIONER	GM	1	0.10	1.00
YORK	S.P. - ADV NURSE PRACTITIONER	GM	1	0.20	1.00
YORK	S.P. - PHYSICIAN	GM	1	0.40	1.00
YORK	SECRETARY 2	ADMIN	1	1.00	1.00
YORK	SECRETARY 2	GM	1	1.00	1.00
YORK	STAFF PSYCHIATRIST	MH	1	1.00	1.00
YORK	STAFF RADIOLOGICAL TECH	GM	1	1.00	1.00
YORK	SUP PSYCHOLOGIST 1 (CLIN)	MH	1	1.00	1.00
YORK	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
YORK	SUP PSYCHOLOGIST 2 (CLIN)	MH	1	1.00	1.00
YORK	SUPERVISING NURSE-CORRECTIONAL	GM	1	1.00	1.00
YORK	SUPERVISING NURSE-CORRECTIONAL	GM	2	1.00	1.00
<b>YORK Total</b>					<b>116.72</b>





UCHC - Correctional Managed Health Care  
 BROOKLYN CORRECTIONAL INSTITUTION  
 As of 05/15/12



**POSTED** - Current/Anticipated Vacancy  
 Posted

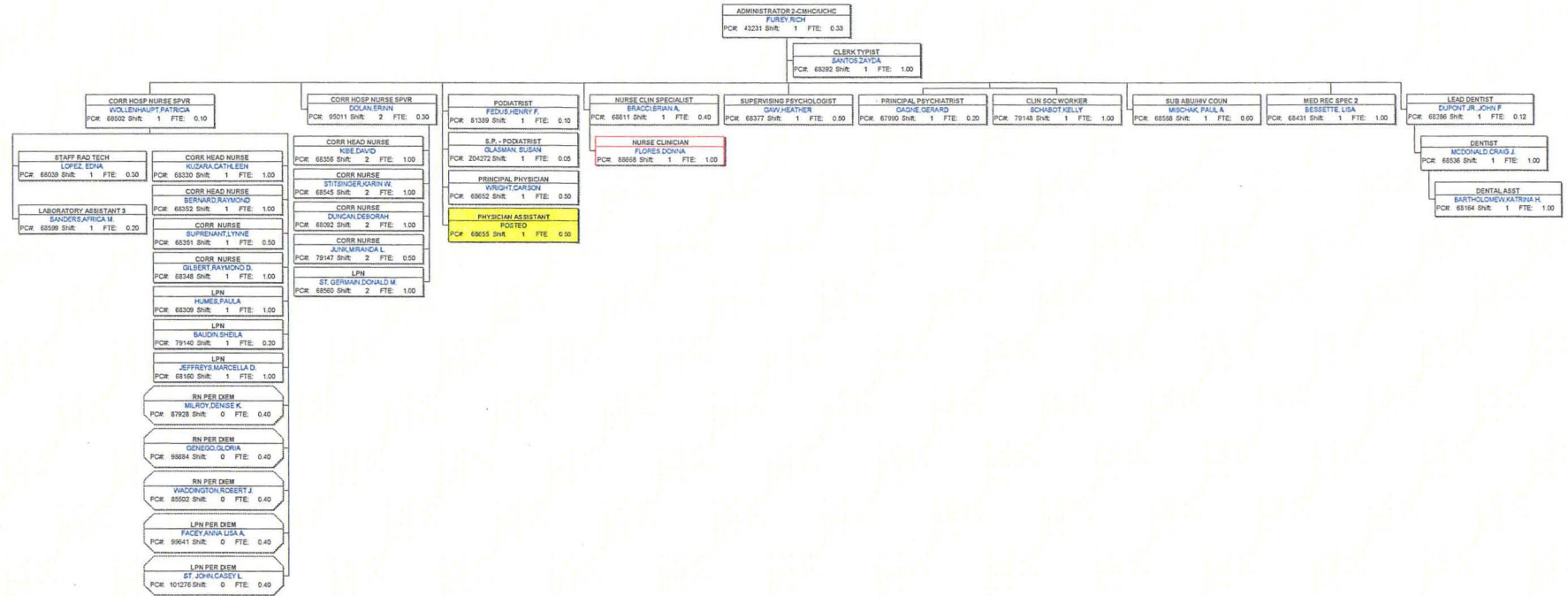
**TRANSFER PNDG** - Anticipated  
 Vacancy Posted

**REFILL PNDG** - Candidate Identified -  
 Start Date Pending or TBD

**NOT POSTED** - Vacancy or Anticipated  
 Vac is not posted - No PAF submitted or Refill  
 not Authorized

**LEAVE** - Current employee on LOA or WC

UHC - Correctional Managed Health Care  
 CARL ROBINSON CI  
 As of 08/15/12

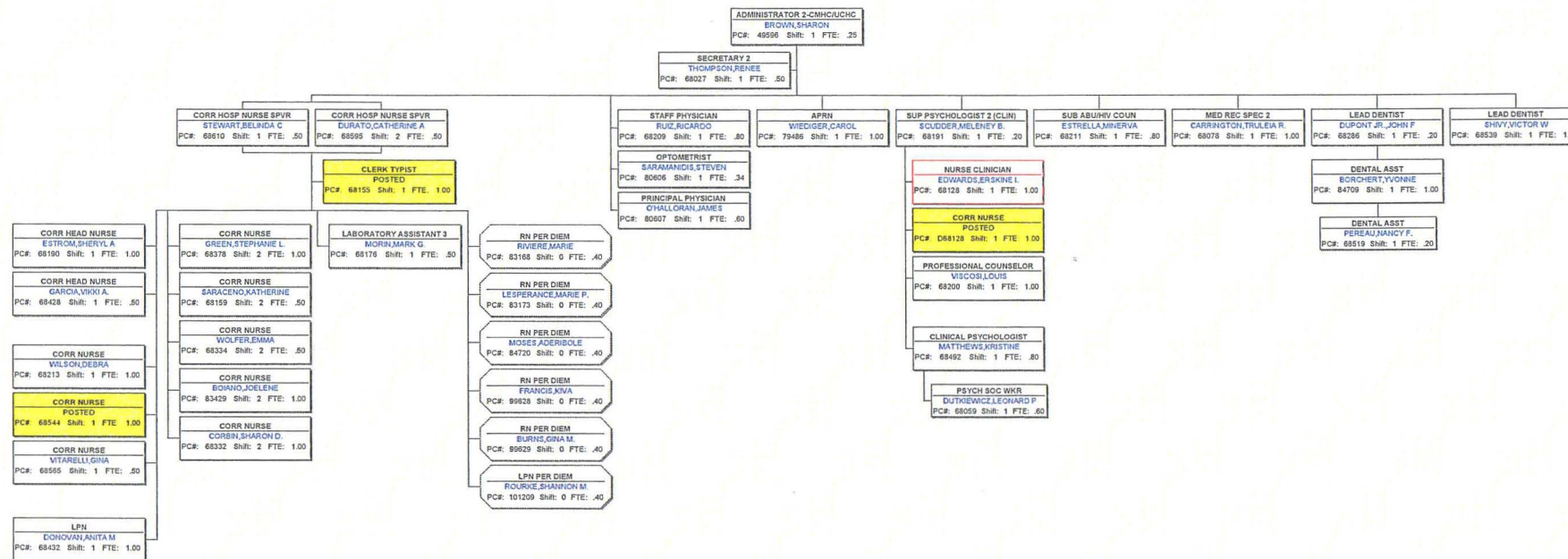


POSTED -   
 TRANSFER PNDG -   
 REFILL PNDG -   
 NOT POSTED -   
 LEAVE -

NOTE: NURSE CLINICIANS ARE SHOWN REPORTING TO THE PSYCHIATRIC STAFF WHICH THEY SUPPORT; THEY ALSO TAKE CLINICAL DIRECTION FROM NURSING SUPERVISORS.



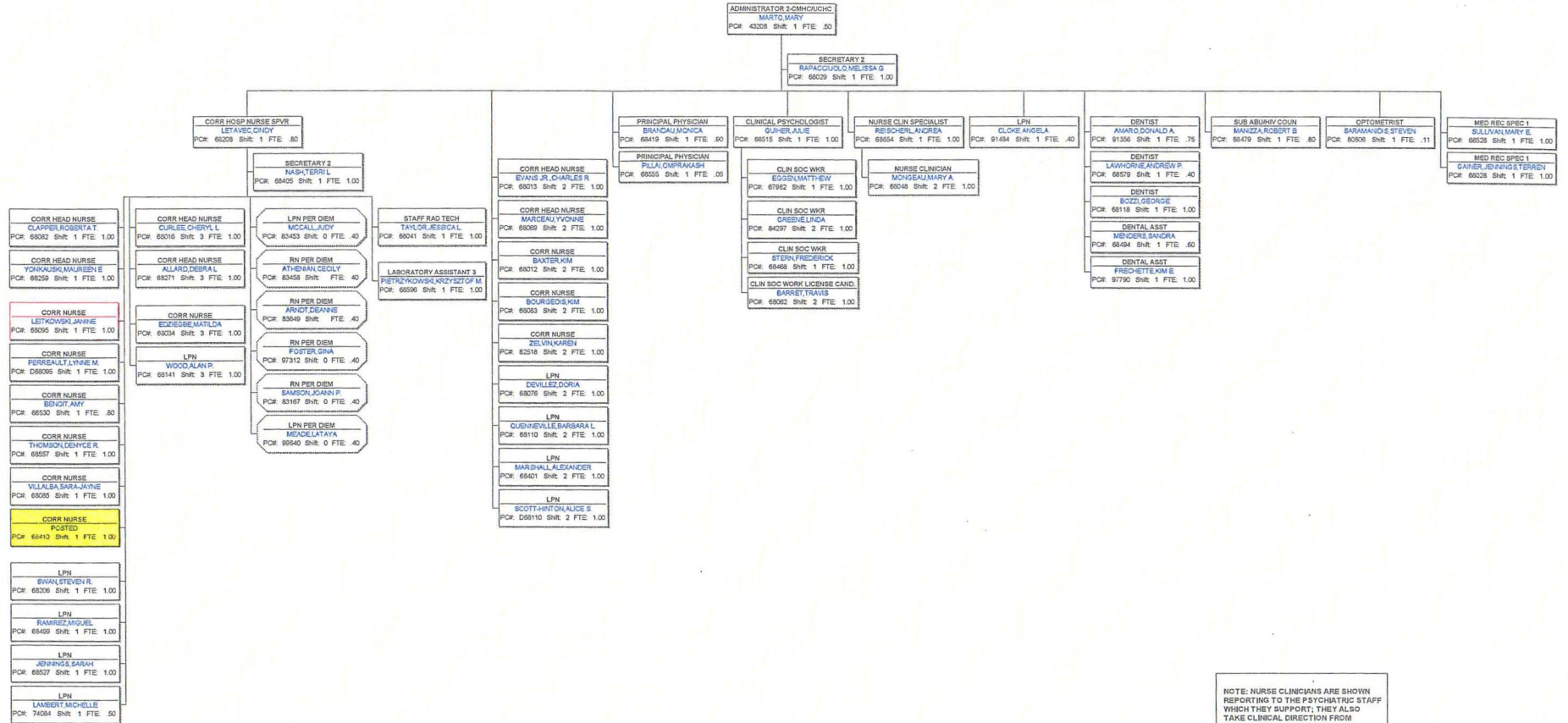
UCHC - Correctional Managed Health Care  
 CHESHIRE CORRECTIONAL INSTITUTION  
 As of 05/15/12



NOTE: NURSE CLINICIANS ARE SHOWN REPORTING TO THE PSYCHIATRIC STAFF WHICH THEY SUPPORT; THEY ALSO TAKE CLINICAL DIRECTION FROM NURSING SUPERVISORS.

POSTED - Current Available Vacancy  
 Transfer PNDG - Incomplete Vacancy Posted  
 RECALL PNDG - Candidate Identified - Not Open Pending or TBD  
 NOT POSTED - Vacancy or Anticipated Vac is not posted - No PAF submitted or filed and Anticipated  
 LEAVE - Current employee on LCA or VC

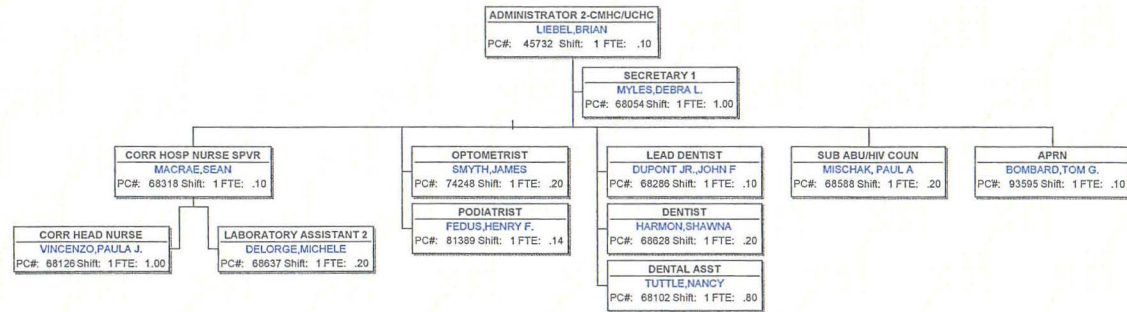
UCHC - Correctional Managed Health Care  
 CORRIGAN-RADOGOWSKI CORRECTIONAL INSTITUTION  
 As of 05/15/12



NOTE: NURSE CLINICIANS ARE SHOWN REPORTING TO THE PSYCHIATRIC STAFF WHICH THEY SUPPORT; THEY ALSO TAKE CLINICAL DIRECTION FROM NURSING SUPERVISORS.

POSTED - Employee's status  
 Transfer PRDG - Employee  
 Refill PRDG - Employee  
 NOT POSTED - Employee  
 LEAVE - Current employee on LIA or VCA

UHC - Correctional Managed Health Care  
 Enfield Correctional Institution  
 As of 05/15/12



POSTED - Current/Anticipated Vacancy  
 Posted

TRANSFER PNDG - Anticipated  
 Vacancy Posted

REFILL PNDG - Candidate Identified -  
 Start Date Pending or TBD

NOT POSTED - Vacancy or Anticipated  
 Vacancy not posted - No PFF submitted or Recall  
 not Authorized

LEAVE - Current employee on LCA or VFC

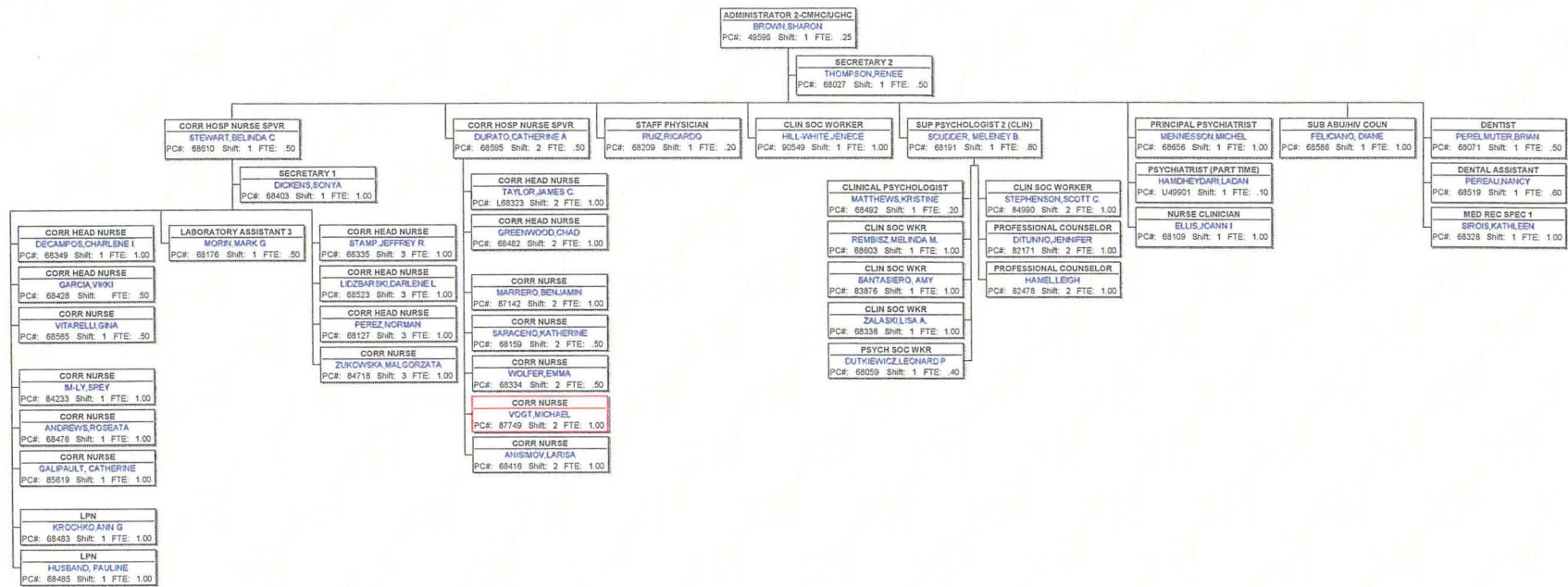








UHC - Correctional Managed Health Care  
 MANSON YOUTH INSTITUTION  
 As of 05/15/12

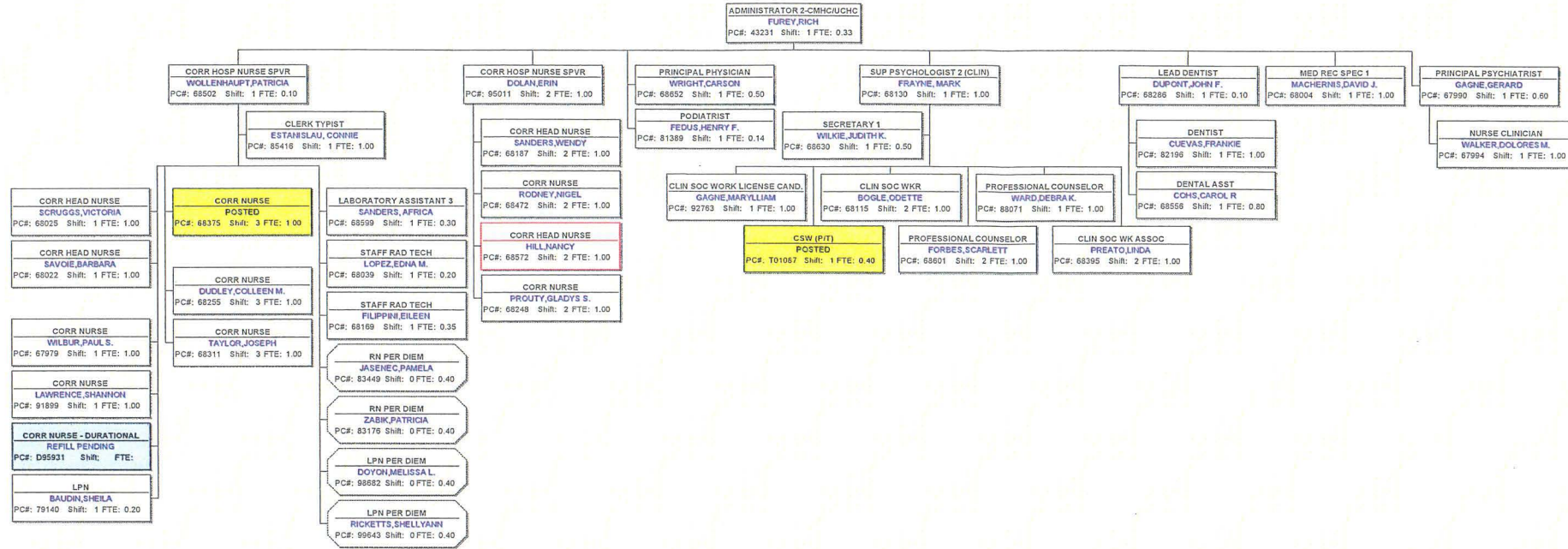


NOTE: NURSE CLINICIANS ARE SHOWN REPORTING TO THE PSYCHIATRIC STAFF WHICH THEY SUPPORT; THEY ALSO TAKE CLINICAL DIRECTION FROM NURSING SUPERVISORS.

**POSTED** - Current employee vacancy  
**TRANSFER PNDG** - Not a posted vacancy  
**REFILL PNDG** - Current employee vacancy  
**NOT POSTED** - Vacancy is not a posted vacancy  
**LEAVE** - Current employee on LGL or TGL



UChC - Correctional Managed Health Care  
 NORTHERN CORRECTIONAL INSTITUTION  
 As of 05/15/12



POSTED - Current employee vacancy  
 Filled

TRANSFER PNDG - Anticipated  
 Vacancy Filled

REFILL PNDG - Candidate Identified -  
 Shift Date Pending or TBD

NOT POSTED - Vacancy or Anticipated  
 Vac is not posted - No PA# submitted or Refill  
 not Anticipated

LEAVE - Current employee on LOA or WC

NOTE: NURSE CLINICIANS ARE SHOWN  
 REPORTING TO THE PSYCHIATRIC STAFF  
 WHICH THEY SUPPORT; THEY ALSO  
 TAKE CLINICAL DIRECTION FROM  
 NURSING SUPERVISORS.

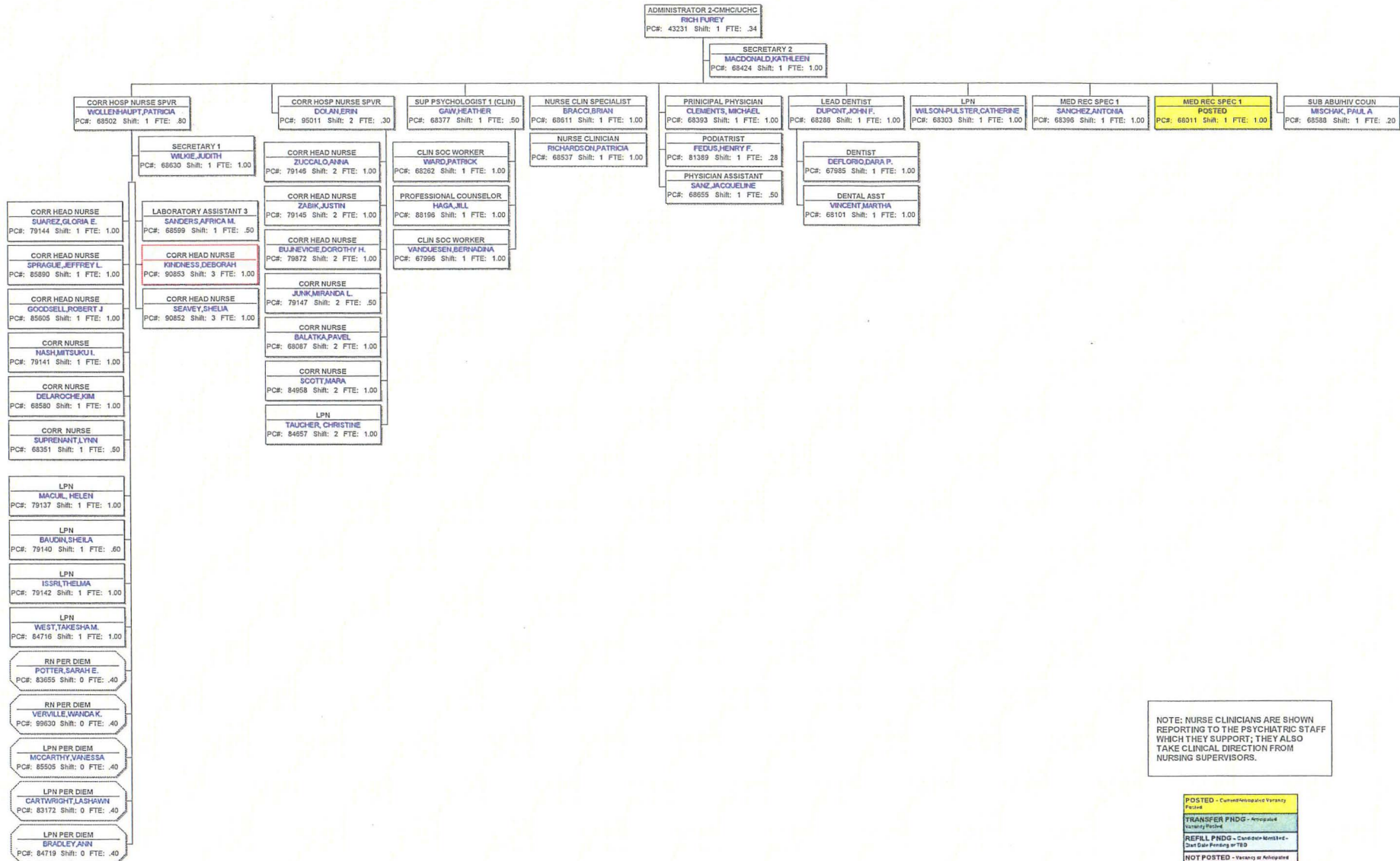
UChC - Correctional Managed Health Care  
Osborn Correctional Institution  
As of 06/16/12

CORR NURSE SPVR MACRAE SEAN PCR 68318 SHR: 1 FTE: .80		CORR NURSE SPVR BACURA STEPHEN J PCR 68094 SHR: 2 FTE: 1.00		PRINCIPAL PHYSICIAN MEMON MOHAMMED A PCR 67993 SHR: 1 FTE: 1.00		SUP PSYCHOLOGIST 1 MCLEAN APRIL PCR 68663 SHR: 1 FTE: 1.00		PRINCIPAL PSYCHIATRIST GHONE GERARD PCR 67990 SHR: 1 FTE: .20		MED REC SPEC 1 SESSA NANCY PCR 84373 SHR: 1 FTE: 1.00		MED REC SPEC 2 TORRES EVELYN PCR 67687 SHR: 1 FTE: 1.00		CLIN SOC WORKER BROWN MARTHA L PCR 67892 SHR: 1 FTE: 1.00	
CLERK TYPIST NICHOLS DONNA M PCR 68493 SHR: 1 FTE: 1.00		CORR HEAD NURSE BUTLER MARCIA A PCR 68467 SHR: 2 FTE: 1.00		PHYSICIAN 2 BRIGHT JOHNNY C PCR 86495 SHR: 1 FTE: 1.00		CLIN SOC WORKER LIC CAND POSTED PCR 65437 SHR: 3 FTE: 1.00		NURSE CLINICIAN FERRELL MICHEL PCR 68047 SHR: 1 FTE: 1.00		DENTIST VANKER SHARON A PCR 68628 SHR: 1 FTE: .80		CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
CORR HEAD NURSE CARPENTER DEBRA PCR 68257 SHR: 1 FTE: 1.00		CORR HEAD NURSE MATZKO RICHARD A PCR 68546 SHR: 3 FTE: 1.00		PHYSICIAN 2 SMITH JAMES PCR 74248 SHR: 1 FTE: .40		CLIN SOC WORKER LIC CAND POSTED PCR 68091 SHR: 2 FTE: 1.00		NURSE CLINICIAN EVERS LILL R PCR 68044 SHR: 1 FTE: 1.00		DENTIST NAKFLUGRA PCR 68151 SHR: 1 FTE: 1.00		CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
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CORR HEAD NURSE SOMERS VICKIE P PCR 68017 SHR: 1 FTE: 1.00		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00		S.P. - PODIATRIST GLASMAN DUSAN PCR 204272 SHR: 1 FTE: .05		CLIN SOC WORKER POWER DEVIN PCR 68570 SHR: 1 FTE: 1.00		PSYCHIATRIST (PART TIME) LAWCOR TED PCR 204268 SHR: 1 FTE: 1.00		DENTAL ASST JOHNSON KEISHA PCR 68168 SHR: 1 FTE: 1.00		CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
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LPN HERNANDEZ MIRNA PCR 68242 SHR: 1 FTE: 1.00		LPN PER DIEM ROSS LISA PCR 85024 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
LPN MCLEAN ROSE PCR 68145 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
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LPN SHIRLEY SHARON A PCR 68131 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
LPN BERGSON PAMELA J PCR 68259 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
LPN BROWN MIRNA PCR 68477 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
LPN GILBERT ASHONTE PCR 81117 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
LPN KELLY KATHRYN PCR 68171 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
LPN SCOTT OLIVE M PCR 68386 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
LPN DIAZ OLIVE M PCR 68284 SHR: 1 FTE: 1.00		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	
RETIREE - LPN MURATORE COLLEEN A PCR 201467 SHR: 1 FTE: .40		LPN PER DIEM SMITH CLAUDE A PCR 84722 SHR: 0 FTE: .40		CORR NURSE COCHRAN HEIDI PCR 68493 SHR: 2 FTE: 1.00								CLIN SOC WORKER OSHA ANNA PCR 80446 SHR: 1 FTE: 1.00		SUB ABUJHY COUN MATHOER VICHIE A PCR 65583 SHR: 1 FTE: 1.00	

NOTE: NURSE CLINICIANS ARE SHOWN REPORTING TO THE PSYCHIATRIC STAFF WHICH THEY SUPPORT; THEY ALSO TAKE CLINICAL DIRECTION FROM NURSING SUPERVISORS.

POSTED -   
TRANSFER PRG -   
REFILL PENDING -   
NOT POSTED -   
LEAVE -

UHC - Correctional Managed Health Care  
 WILLARD/CYBULSKI CORRECTIONAL INSTITUTION  
 As of 05/15/12



NOTE: NURSE CLINICIANS ARE SHOWN REPORTING TO THE PSYCHIATRIC STAFF WHICH THEY SUPPORT; THEY ALSO TAKE CLINICAL DIRECTION FROM NURSING SUPERVISORS.

POSTED - Candidate/Unfilled Vacancy Filled

TRANSFER PNDG - Anticipated Vacancy Filled

RECALL PNDG - Candidate Identified - Open Date Pending or TBD

NOT POSTED - Vacancy or Anticipated Vacancy not posted - No PAF submitted or Refill not authorized

LEAVE - Current employee on LOA or VGL



## QUALITY ASSURANCE AND PROCESS IMPROVEMENT

**A Continuous Quality Improvement (CQI) Program shall include both Quality Assurance and Process Improvement studies with the following elements:**

- a. The CQI program shall be consistent at a minimum with NCCHC Standards for Quality. This shall include both analysis of identified studies of care given and staffing provided to complete this care. CQI programs in all institutions monitors and improves upon the healthcare delivered in the institution.
- b. Each institution shall have an institution-based Quality Assurance Task Force and shall meet regularly, but quarterly at a minimum. Minutes of these meetings shall be made available to the Director or his/her designee electronically upon request. UCHC shall establish policies and procedures for all institution-based Quality Assurance Task Forces that shall be tailored to each institution based on size, structure and/or need.
- c. Any institution's quality improvement corrective action plan shall be developed and agreed upon and signed off by at least three people from the institution-based quality assurance task force. These plans shall have a timeline for implementation and be re-audited within 6 months of the agreed upon implementation date.
- d. UCHC shall provide an annual review of all regularly scheduled quality improvement activities.
- e. UCHC shall submit a report for all scheduled quality improvement projects to the Director each quarter.
- f. UCHC shall regularly conduct continuous quality improvement studies in all facilities and in all functional units. Each task force shall decide the necessary studies to provide quality care in that institution. Studies should relate to the scope of services set forth in this agreement such as; access to care, intake screening and assessment, continuity of care, sick call, disease management, infirmary care, pharmacy services diagnostic services, mental health care, dental care, emergency care and hospitalizations, inmate grievance and infection control.
- g. UCHC shall, in keeping with NCCHC standards for Quality, study the staffing patterns, capabilities and plans at each facility to ensure sufficient numbers of various healthcare and ancillary staff are available to meet the needs of each facility.

### **Clinical Performance Enhancement Reviews**

*UCHC shall conduct annual clinical performance enhancement reviews of all providers, Psychiatrists, Physician and APRN's, consistent with current NCCHC Standards. UCHC shall provide reports of these clinical performance enhancement reviews to the Director quarterly. UCHC shall provide to the Director a final year end report demonstrating what clinical performance enhancement reviews of providers have been conducted.*

### **Performance Based Measures**

UCHC shall appoint representatives to assist in the development and monitoring of specific healthcare performance-based measures in conjunction with CTDOC. These measures will represent agreed upon standard clinical practices/ disease management guidelines, such as those from the American Diabetes Association. Recommendations for benchmarks for agreed to disease management guidelines shall be established through this process and brought to the Executive



Health Services Committee for approval. Two performance-based measures shall be conducted annually and may include any healthcare item from the scope of services that can be measured against nationally known evidence-based practices or internally developed benchmarks for UCHC / CTDOC shared goals. Measures to consider include but are not limited to:

- *Chronic Disease Management such as asthma, diabetes, hypertension,*
- *Dental services*
- *Emergency services*
- *Infectious Disease*
- *Inpatient Psychiatric / Crisis Management*
- *Medication / Pharmacy Services*
- *Mental Health or Medical Consolidation Plans*
- *On-site inpatient services*
- *Outpatient primary care*
- *Risk Management*
- *Specialty services*

#### ***Opinion Surveys***

CTDOC and UCHC shall develop and conduct annual opinion surveys on access to and quality of healthcare by the end of the first year of this agreement. Opinion surveys shall be conducted on UCHC/CMHC employees providing services; offenders receiving services and CTDOC employees. These will be used in setting improvement goals for the following year.

#### ***Audits and Inspections***

"Healthcare Performance" audits and inspections shall occur in the following domains; Health Records of all facilities, Specialty Services, Mental Health Programming/ Consolidation, (JDH/MEDSURG 5), Infirmaries and Medication Administration. All audits and Inspections shall be jointly conducted with UCHC and CTDOC.

### **AUDIT REQUIREMENTS AND CRITERIA**

#### ***Audit Tools***

UCHC shall appoint a QI liaison to work with the DOC Director of Quality Improvement to develop and/or improve all compliance audit tools. Performance thresholds shall be established for each category. Wherever possible the use of approved UCHC Quality Improvement Studies shall serve as a building block for future audit tools.

UCHC shall pilot test "new" quality improvement instruments before use, including data collection, metrics, staff impact, sample size and feasibility of the data collection itself. UCHC shall train all staff performing QI studies on the use of each instrument and shall provide the results of all pilot tests and proof of training to the Central QI Committee and the CTDOC Director for Quality Improvement.

#### ***Notification Procedures***

CTDOC shall notify the Executive Director and the Health Services Administrator, in writing, 3 weeks prior to any on-site audit and/or inspection for the first year of scheduled audits under this agreement and one-week prior notice shall be given in subsequent years.

All audit tools shall be agreed upon and will be made available to CMHC supervisors in the designated institutions 3 weeks prior to the audit. UCHC Health Services Administrators and supervisors shall make themselves, all records and all data available to the auditor(s) as requested. CTDOC shall provide an exit meeting with site UCHC staff as requested to informally discuss the process and general findings.

***Records Criteria***

All information must be available in the record on the day of the audit. Any additional or after the fact information or appeals on documentation will not be permitted once the auditors have left the institution. Only the usage of approved and current CTDOC / UCHC forms shall be allowed. A grace period of 14 days shall be allowed at the site for the implementation of new forms.

Legibility will be assessed. Any issues of legibility will be addressed and documented on a case by case basis.

Each site will have a grace period of 14 days to resolve or correct service or documentation problems identified with any offender transfers into the institution. If items are not resolved within the determined amount of time both sites will be found responsible.

All documented corrections, alterations and late entries shall be consistent with UCHC policies and count as part of the audit.

***Corrective Action Plans***

All audits will require a corrective action plan for deficiencies noted. The corrective action plan will be required within 14 days of written results. UCHC / CMHC will have three months to complete the corrective action.

**Audit Instruments**

***Healthcare Performance Criteria***

CTDOC shall conduct a comprehensive performance audit of the healthcare program at each institution every six months.

The scoring of institutions will be done individually and through groups to evenly weigh the results. Categories will be labeled essential and important. Performance thresholds will be as stated in the agreement.

**HEALTHCARE**

A comprehensive Health Records Audit of all institutions will be conducted every six months. All services, Medical, Dental and Mental Health will be covered. The audit will be conducted by CTDOC and will consist of ten percent (10%) of each institution's records or a minimum of thirty (30) records except at intake facilities where a minimum of forty (40) shall be the number. UCHC and CTDOC will agree upon the audit instrument.

Two comprehensive audits and inspections of Specialized Services e.g. chronic care, dialysis, infectious disease, etc. will be held annually. These shall be pre-defined performance-based measures of clinical guidelines and their benchmarks agreed to by the Executive Health Services Committee. The audit will be

conducted by CTDOC and will consist of ten percent (10%) of each specialty's records or a minimum of thirty (30) records. UCHC and CTDOC will agree upon the audit instrument.

## **MENTAL HEALTHCARE**

CTDOC shall conduct inspections and audits for Mental Health Programming at each designated institution. During the first year, Garner Correctional Institution may receive Mental Health and Treatment Programming audits in addition to OPA audits. During subsequent years as Manson Youth Institution and York Correctional Institution develop their specialized Mental Health Program, they shall be audited. All Mental Health audits will include an analysis of the Treatment Program, Treatment Plans, Staffing Levels, and Outcomes. Medication Administration Records shall be audited twice per year at all institutions. Infirmaries and John Dempsey Hospital (Med Surg 5) shall be audited and/or inspected annually.

**Grievance Analysis (trends analysis)** - UCHC / CMHC will monitor and track the grievances not only in accordance with Administrative Directives but also in accordance with offender correspondence protocol. UCHC/CMHC will monitor and track for trends in healthcare delivery by the nature of the concern / grievance of the offender. The trends analysis must occur although not be limited to the following items:

### **Medication**

- medication variance
- pain medication issue
- OTC /commissary
- formulary vs. non-formulary

### **Medical Treatment**

- denial of treatment
- positive experience
- Hepatitis C

### **Americans with Disability Act**

### **Mental Health**

- access to treatment
- medication variance

### **Sex Offender Treatment**

### **Dental**

**Repeats** – persons who habitually write letters of the same nature reporting continual dissatisfaction.

**COMPLIANCE**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. <b>Offender Name and Number</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <b>Intake Screen HR 001 - Is Intake Screening Form completely filled out?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <b>Health Assessment (History/Physical) - Is this completed within appropriated guidelines according to policy?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <b>Allergy Status - Is allergy status noted on front of jacket and on top of doctor's order page in problem list.</b>                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. <b>Mental Heal Assessment - If applicable (read policy on referral) Use of 508 or 504 in chart?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. <b>Physicians Orders - Are they current, active and legible?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. <b>Problem List HR 800 - Is the list active, notated and up to date?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. <b>Treatment Plan - Is the medical treatment plan outlined by a physician, if applicable? (P portion of the SOAP note is sufficient)</b>                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. <b>Medication Administration - Is this active and up to date, with names and signatures according to policy?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. <b>Dental Examination - Is this within applicable guidelines?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. <b>Mental Health Treatment Plan - Is the Treatment Plan for MH3 and above current, active, signed off and on correct form, in accordance with policy?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. <b>Psychotropic Reviews - Was offender seen, face-to-face at least every 90 days for medication review?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. <b>Progress Notes - Is documentation clear and legible, including signature stamp (physicians), date, time and title on the past 5 encounters?</b>        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. <b>Jacket Size - Is this no more than 1.5 inches thick?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. <b>Inmate Photo - Is photo placed in accordance with AD 8.7?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. <b>TST Testing - Is this in accordance with policy and clearly documented?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



# THE UNIVERSITY OF CONNECTICUT HEALTH CENTER

OFFICE OF THE CHANCELLOR AND PROVOST FOR HEALTH AFFAIRS  
MC-3800

November 8, 1996

Tel: (860) 679-1111  
Fax: (860) 679-1255

Town of Farmington  
c/o Mrs. Bea Stockwell  
Chairman, Town Council  
Farmington Town Hall  
One Montith Drive  
Farmington, CT 06032

Dear Mrs. Stockwell:

Our meeting of October 22 with you, Mrs. Arline Whitaker, Mr. Bruce Chudwick, Commissioner John Armstrong, and Deputy Commissioner Jack Tokarz was positive. You enunciated the position expressed in the Council's September 24 resolution and clarified the issues as representatives of the Town Council.

After taking into consideration the Council's Resolution and the views expressed to us during our meeting, we would like to inform you of our plans regarding the care the Health Center will provide to DOC patients.

The inpatient facility will be placed on the fifth floor of the John Dempsey Hospital. Approximately 70% of the floor will be used for a DOC unit to house both inpatient and a substantial portion of our outpatient care. For medically necessary reasons, some of the DOC ambulatory care at the Health Center will have to be provided in the appropriate general outpatient clinics. The inpatient unit will be constructed to accommodate a maximum of 14 inpatients. Based on our discussions with you and DOC, there will be a cap of 12 placed on the inpatient census, with the understanding that we may need to exceed this number (to a maximum of 14) should there be a legitimate medical need to do so. We will notify the Town of Farmington by calling the Town Manager as well as the Town Council representatives on the Inpatient Monitoring Committee in the event the inpatient cap of 12 is exceeded for five consecutive days.

The Inpatient Monitoring Committee will continue to monitor inpatient activities and our efforts to reduce the inpatient census so that we may reach our goal of lowering the cap to 10 or fewer inpatients in the future.

We will limit the number of outpatient clinic visits to the current and historic average of 5-7 per day. Again, this commitment is made with the understanding that we may exceed this average if there is a legitimate medical need to do so. It is important to recognize that most outpatient clinic visits will occur Monday through Friday with only an occasional visit on a Saturday or Sunday. Should the number of outpatient clinic visits exceed the current average for more than 5 consecutive days we will provide notification to the Town by calling the Town Manager and the Town Council representatives on the Outpatient Planning Committee.

Mrs. Stockwell

2

November 8, 1996

We will continue to work towards lowering the number of outpatient visits through telemedicine, the use of in prison clinics, infirmaries and hubsites for delivering care which is now delivered outside the prisons. For example, recently we have begun work with DOC to develop a program to provide dialysis treatment within prison hubsites rather than in community settings. We believe that reducing the outpatient average to 3-4 patients per day in the future is an appropriate target. However, it is our goal to reduce outpatient visits substantially below this target number. The Outpatient Planning Committee will continue to monitor this important initiative.

Design and planning for the construction of the inpatient facility are underway. We have not yet established a date when the actual construction will begin. We will keep you informed as we move ahead.

Above all, we remain committed to working closely with the Town of Farmington.

Sincerely,



Leslie S. Cutler, D.D.S., Ph.D.  
Chancellor and Provost for Health Affairs

c: Commissioner Armstrong

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 1</b>	<b>Enfield</b>	<b>Osborn</b>
Security Level	2	3
Medical Level	2	5
Mental Health Level	2	5
Facility Beds	724	1886
Handicapped Cells	None	None
Number of Medical Infirmery beds	N/A	29
Respiratory Isolation	N/A	2
Number of Mental Health Level 5 Beds	N/A	10
Number of Mental Health Level 4 Beds	N/A	126
Medical Unit Hours	8:00 AM - 3:00 PM Monday - Friday	24 Hours/7 Days
Mental Health Unit Hours	As needed	8:00 AM – 9:30 PM
Dental Unit Hours	7:30 AM – 2:30 PM	7:30 AM - 2:30 PM
Sex Offender Program	No	Yes
Emergency Coverage	Osborn CI	On site
Podiatry Clinic	Once a month	Once a month
Optometry Clinic	Alternate Thurs	Mon & Wed 8-3
ID Clinic	As needed	Monday
Chronic Disease Management	Yes	Yes

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 2</b>	<b>GARNER</b>
Security Level	4
Medical Level	4
Mental Health Level	5
Facility Beds	684
Handicapped Cells	5 in MH4 housing unit
Number of Medical Infirmiry beds	Utilize MH infirmiry beds as needed
Respiratory Isolation	N/A
Number of Mental Health Level 5 Beds	27*
Number of Mental Health Level 4 Beds	460
Mental Health Unit Hours	24 hrs.x7da.
Dental Unit Hours	8:00 AM – 4:00 PM Monday - Friday
Sex Offender Program	Yes
Emergency Coverage	On site
Podiatry Clinic	Every other Wed. 4 or 8 hours
Optometry Clinic	Every Friday 8 to 3 (except e/o mo. does Fri. in another Funct.Unit)
ID Clinic	Tuesday 4-8
Chronic Disease Management	Yes

\*Also offers an 8 bed Behavioral Engagement Unit



UNIVERSITY OF CONNECTICUT HEALTH CENTER  
CORRECTIONAL MANAGED HEALTH CARE  
SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 3</b>	<b>Brooklyn</b>	<b>Corrigan</b>
Security Level	3	4
Medical Level	2	4
Mental Health Level	2	5
Facility Beds	456	827
Handicapped Cells	None	4 in GP
Number of Medical Infirmery Beds	N/A	5
Respiratory Isolation	N/A	4 (part of 5 medical beds)
Number of Mental Health Level 5 Beds	N/A	5
Number of Mental Health Level 4 Beds	N/A	when needed, MH5 beds used
Medical Unit Hours	7:00 AM – 2:30 PM Monday - Friday	24 Hours/7 Days
Mental Health Unit Hours	As Needed	8:00 AM – 10:00 PM Monday-Friday 8:00 AM - 3:00 PM Saturday & Sunday&Holidays
Dental Unit Hours	7:30 AM – 3:30 PM 3 da. wk. (2 da. on alt. weeks)	7:30 AM – 3:30 PM Monday - Friday
Sex Offender Program	Yes	No
Emergency Coverage	Corrigan	On site
Podiatry Clinic	Seen at Corrigan	Monthly - Wednesday
Optometry Clinic	Seen at Corrigan	Every Tues
ID Clinic	Shared with Corrigan	Weekly
Chronic Disease Management	Yes	Yes

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 4</b>	<b>MacDougall</b>	<b>Walker</b>
Security Level	4	5
Medical Level	5	3
Mental Health Level	5	3
Facility Beds	1555	576
Handicapped Cells	5 in GP 15 in P-Pod	None
Number of Medical Infirmiry Beds	23 (including i.v. fluids)	N/A
Number of Hospice Beds	Medical beds are used when needed	N/A
Respiratory Isolation	2	N/A
Number of Mental Health Level 5 Beds	2	N/A
Number of Mental Health Level 4 Beds	N/A	N/A
Medical Unit Hours	24 Hours/7 Days	24 Hours/7 Days
Mental Health Unit Hours	7:00 AM – 11:00 PM Sunday-Saturday	7:00 AM – 11:00 PM Sunday-Saturday
Dental Unit Hours	7:00 AM – 3:00 PM Monday – Friday	7:00 AM – 2:30 PM Mon, Thur 7:00 AM - 3:30 PM Tue, Wed, Fri
Sex Offender Program	No	Assessment and Orientation
Emergency Coverage	On site	On site
Podiatry Clinic	Mon	No
Optometry Clinic	Tues & Fri	No
ID Clinic	Wednesday	Wednesday
Chronic Disease Management	Yes	Yes

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 5</b>	<b>York CI</b>	<b>Niantic Annex</b>
Security Level	5	2
Medical Level	5	2
Mental Health Level	5	2
Facility Beds	1458	0
Handicapped Cells	2 partially equipped on medical unit-showers not handicapped accessible 7 GP	None
Number of Medical Infirmary Beds	32	N/A
Number of Hospice Beds	3 rooms of the medical beds are	N/A
Respiratory Isolation	6 (part of 32 medical beds)	N/A
Number of Mental Health Level 5 Beds	16	N/A
Number of Mental Health Level 4 Beds	22	N/A
Medical Unit Hours	24 Hours/7 Days	As needed
Mental Health Unit Hours	24 Hours/7 Days	As Needed
Dental Unit Hours	7:45AM - 3:15 PM Monday-Friday	Sent to Corrigan as needed
Sex Offender Program	Yes	No
Emergency Coverage	On Site	York CI
Podiatry Clinic	3-4x/month; days vary	No
Optometry Clinic	2 Days Per Week	As needed; doctor goes from York
ID Clinic	1 x per week; days vary	No
Chronic Disease Management	Yes	No

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 6</b>	<b>Bridgeport</b>
Security Level	4
Medical Level	4
Mental Health Level	5
Facility Beds	880
Handicapped Cells	1 bed in infirmary only
Number of Medical Infirmary Beds	29 (including i.v. fluids)
Respiratory Isolation	4 (part of 29 medical beds)
Number of Mental Health Level 5 Beds	Use of medical beds when needed
Number of Mental Health Level 4 Beds	N/A
Medical Unit Hours	24 Hours/7 Days
Mental Health Unit Hours	8:00 AM - 11:00PM Mon - Fri 1 shift only Sat & Sun - Holidays
Dental Unit Hours	7:30 AM - 2:30 PM Monday - Friday
Sex Offender Program	No
Emergency Coverage	On site
Podiatry Clinic	None
Optometry Clinic	16 hrs. month
ID Clinic	Once weekly
Chronic Disease Management	Yes

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 7</b>	<b>New Haven</b>
Security Level	4
Medical Level	4
Mental Health Level	5
Facility Beds	716
Handicapped Cells	None
Number of Medical Infirmery Beds	11(excl. i.v. fluids)
Respiratory Isolation	4 (part of the 10 medical beds)
Number of Mental Health Level 5 Beds	Use of medical beds when needed
Number of Mental Health Level 4 Beds	N/A
Medical Unit Hours	24 Hours/7 Days
Mental Health Unit Hours	8:00 AM - 11:00PM Mon - Fri 1 shift only Sat & Sun - Holidays
Dental Unit Hours	7:00 AM - 3:00 PM Monday-Friday
Sex Offender Program	No
Emergency Coverage	On site
Podiatry Clinic	Seen at MYI
Optometry Clinic	One day every 3rd week
ID Clinic	Once weekly
Chronic Disease Management	Yes

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 8</b>	<b>Hartford</b>
Security Level	4
Medical Level	4
Mental Health Level	5
Facility Beds	984
Handicapped Cells	None
Number of Medical Infirmery Beds	N/A
Respiratory Isolation	N/A
Number of Mental Health Level 5 Beds	12
Number of Mental Health Level 4 Beds	N/A
Medical Unit Hours	24 Hours/7 Days
Mental Health Unit Hours	8:00 AM - 11:00 PM Monday-Friday 8:00 AM - 3:00 PM Saturday & Sunday
Dental Unit Hours	7:00 AM - 2:30 PM Monday-Friday
Sex Offender Program	No
Emergency Coverage	On site
Podiatry Clinic	None (seen at MCI)
Optometry Clinic	None (seen at MCI)
ID Clinic	Wednesday pm
Chronic Disease Management	Yes

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 9</b>	<b>Cheshire***</b>	<b>Manson Youth</b>
Security Level	4	4
Medical Level	3 * **	4
Mental Health Level	3 *	5
Facility Beds	1575	670
Handicapped Cells	None	None
Number of Medical Infirmiry Beds	N/A	MH beds are used when available and needed for medical 4's.
Respiratory Isolation	N/A	N/A
Number of Mental Health Level 5 Beds	N/A	5
Number of Mental Health Level 4 Beds	N/A	24
Medical Unit Hours	7:00 AM – 11:00 PM 7 Days a week	24 Hours/7 Days
Mental Health Unit Hours	8:00 AM – 3:00 PM Monday – Friday	8:00 AM – 12:00 AM Mon-Fri 8:00AM--9:30 PM Weekends/Holidays
Dental Unit Hours	7:30 AM - 3:00 PM Monday- Friday	8:00 AM - 3:00 PM Monday &Thursday
Sex Offender Program	Yes	Yes
Emergency Coverage	Manson YI	On site
Podiatry Clinic	Every other Tuesday 8-2	Every other Wednesday am
Optometry Clinic	3 Wednesdays/month 8-3	Every 3rd Wednesday 8-12
ID Clinic	One Thursday/month	As needed
Chronic Disease Management	Yes	Yes

\*Capped at 100 medical and/or mental health Level 3 inmates to accommodate protective custody unit.

\*\* Insulin Dependent Diabetics in GP

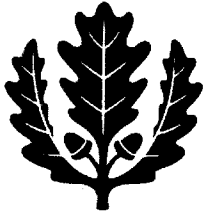
\*\*\*120 inmates in "Webster Annex" are counted on the Cheshire census and receive care from Cheshire staff on weekly basis for general medicine, dentistry (Thur AM), and optometry (Thur PM)

Census ("facility beds") and services are current as of 6/20/12

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 CORRECTIONAL MANAGED HEALTH CARE  
 SCOPE OF HEALTH SERVICES

<b>FUNCTIONAL UNIT 10</b>	<b>Willard-Cybulski</b>	<b>Northern</b>
Security Level	2	5
Medical Level	3	3
Mental Health Level	3	3
Facility Beds	1104	584
Handicapped Cells	No cells (Cybulski -E and I dorm only is handicapped accessible)	None
Number of Medical Infirmiry Beds	N/A	2 (i.v. fluids in special cases)
Respiratory Isolation	N/A	4 (2 of these are part of the 2 medical beds) (2 of these are part of the 2 mental health beds)
Number of Mental Health Level 5 Beds	N/A	2
Number of Mental Health Level 4 Beds	N/A	N/A
Medical Unit Hours	7 da. 7:00 AM-11:00 PM (Willard) 24 hrs./7 days (Cyb)	24/7
Mental Health Unit Hours	8:00 AM- 3:00 PM Monday-Friday	8:00 AM – 9:30 PM 7 days per week
Dental Unit Hours	8:00 AM – 3:00 PM Monday - Friday	8:00 AM – 3:00 PM Monday-Friday
Sex Offender Program	No	No
Emergency Coverage	Willard: On Site 7 am - 11 pm then 1) Cybulski 2) Northern 3) Osborn Cybulski: on site	On Site
Podiatry Clinic	Weekly, Wed or Fri	Alternate Tuesdays
Optometry Clinic	Seen at OCI	Second Thursday of the month
ID Clinic	Every Monday; alt Wed	3rd Tuesdays
Chronic Disease Management	Yes	Yes





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*Correctional Managed Health Care*

**Appendix G**

**Strategic Plan  
February 2012**

# Strategic Plan

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Correctional Managed Health Care

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# Strategic Plan

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## Correctional Managed Health Care

### Introduction

The Strategic Planning process for Correctional Managed Health Care (CMHC) began in October 2010. A Coordinating Committee made up of CMHC management, the Department of Correction (DOC) health services monitoring panel and other key DOC stakeholders was established to oversee the process. The purpose of the plan was to develop a blueprint that would identify the priorities of CMHC over the next one to five years.

The planning committee worked from the DOC and CMHC Vision and Mission statements as the backbone for the plan. Seven working groups were identified to focus on key areas of health care delivery within Correctional Management Health Care. The seven groups were: Medical-Legal Risk Management, Operational Efficiency, Transitional Services, ADA-Assisted Living-Skilled Nursing Care-Dementia, Medical Standards, Workforce Excellence, and Mental Health. Co-leaders from CMHC and DOC were identified to lead six- to ten-member groups. Some working groups in turn established subgroups to address specific issues. In total, over ninety individuals including all levels of line staff were involved in the process.

The working groups identified key environmental factors (external and internal) to ensure a common perception of the environment and the issues facing correctional health care in Connecticut. As part of the planning process the working groups also looked at local, regional and national best practices. Each group developed a set of strategic initiatives which addressed the current and foreseeable needs of the organization including assumptions and a resource analysis for each initiative.

With the Vision and Mission statements as guideposts, the working groups identified a broad range of strategic initiatives important to achieving our goals. The Coordinating Committee, as a whole, has prioritized these initiatives as presented herein. The Strategic Plan is intended to guide resource allocation by Correctional Managed Health Care over the next five years. While created to develop the Strategic Plan, many of the working groups and subgroups will be continuing their work over the next year to set specific objectives and develop more detailed implementation timelines.

The Strategic Plan will be evaluated at the end of each fiscal year by the Coordinating Committee to monitor its progress, to reflect on the availability of resources and to assess the changing needs of the inmate population.

## **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

## **GOALS**

- I. Deliver clinically appropriate health care designed to assist inmates achieve their optimal health, facilitating transition back into the community at the highest level of independence.
- II. Develop and support a highly effective workforce appropriately trained and focused on patient care.
- III. Engage in the continuous improvement of efficiency and effectiveness of health care service delivery.

## **Key Environmental Factors Impacting CMHC**

### **External Factors:**

- Increase in chronic diseases and aging of prison population nationally
- Communication and electronic information barriers with other state agencies and external providers
- Limited community health care and housing resources
- Judicial decisions, decrees and settlements which impact required service levels
- Current litigation burden and stakeholder perceptions
- Projected shortage of nurses statewide over the next decade
- Shortage of psychiatrists to fill growing demands
- Rising pharmaceutical costs
- Legislative pressure to justify/reduce costs and increase service
- Negative public attitudes about incarcerated population
- Halfway house geographic locations present challenges in terms of providing care

### **Internal Factors:**

- Inconsistent processes and procedures between facilities impede system solutions
- Limited transitional services models for medical and mental health needs of inmates in half way houses and entering communities
- Large amount of paper processes, lack of electronic charts
- Separate technical infrastructure (DOC and CMHC)
- Infrastructure (IT equipment) and communication barriers (between DOC/CMHC, between shifts, between disciplines)
- Communication of current systems and technology strategy to facility level user
- Increase in inmates with chronic diseases, disabilities, and the overall aging of inmate population
- Increase in inmates needing mental health services
- Inconsistent employee morale/lack of engagement
- Custody and medical staff relationships vary widely by facility
- Staffing model difficult to adjust to changes in acuity and census
- Limited facility space for medical services, records, offices and mental health group programming
- Inadequate capacity for disabled, impaired or demented inmates
- Inadequate number of handicapped cells

## **GOAL I STRATEGIC INITIATIVES**

### **Goal I**

**Deliver clinically appropriate health care designed to assist inmates achieve their optimal health, facilitating transition back into the community at the highest level of independence**

#### **Initiative 1.1**

Medical care delivery continues to become more complex and demanding, at both primary care and specialty care levels. Intervention through development of improved chronic disease management may prove critical.

- Develop and implement robust management programs for several chronic diseases
- Improve the process of deciding on the appropriateness of specialty referral, possibly using commercially-available guidelines. Review current process for delivery of specialty care including transport, location and timing of care delivery to reduce costs and improve compliance.
- Once specialty care has been approved, deliver it more efficiently
- Review costs and benefits of a formal program to evaluate prescriber competency

Resource Analysis: Potential Capital Costs for lease of care management/ utilization review guidelines; Moderate Operating Costs with opportunity to mitigate through redesign.

Timeline: 1 to 3 years

Responsible Person: Director of Medical Services, CMHC

#### **Initiative 1.2**

Promote successful community reintegration for inmates with medical and mental health scores of 3 and above through the course of incarceration:

- Promote "Discharge Readiness/Preparedness" for medically-complex offenders through early identification and clearly defined procedures for determining earliest release date.
- Discharge planning is initiated at the time of intake and a plan is developed and adhered to throughout the offender's incarceration.
- Housing as component of transition planning
- Increase access to community services for halfway house inmates

Resource Analysis: No Capital Costs; Realignment of current Operating Costs

Timeline: 1 to 3 years

Responsible Person: Manager of Transitional Services; Assistant Director of Nursing, CMHC

**Initiative 1.3**

Comprehensive Mental Health treatment provided to inmates in order to ensure optimum functioning and progression to the least restrictive environment. Incorporate a continuum of care similar to a community model for general treatment needs and develop a continuum of treatment for behaviorally disturbed inmates with impulsivity or emotional instability.

- Devise and implement plan for Community Treatment Mental Health Model
- Devise and implement plan for Behavioral Management Continuum.
- Support comprehensive analysis of treatment outcomes.

Resource Analysis: No Capital Costs; Realignment of current Operating Costs.

Timeline: 1 to 3 years

Responsible Person: Director of Psychiatry and Mental Health Services, CMHC

**Initiative 1.4**

The number of aging and disabled inmates will continue to increase. Costs associated with caring for inmates with ADA, skilled nursing, and/or dementia care needs may be substantial. Grouping inmates with similar needs might improve care and decrease overall healthcare costs.

- Provide location (s) where inmates can be housed to accommodate ADA needs
- Provide location (s) where inmates can be housed to accommodate skilled nursing care, and dementia care needs.

Resource Analysis: Significant Capital Costs; Increased staffing costs potentially offset by reduced operating costs.

Timeline: 2 to 3 years

Responsible Person: Assistant Director of Nursing Services, CMHC

## **GOAL II STRATEGIC INITIATIVES**

### **GOAL II**

**Develop and support a highly effective workforce appropriately trained and focused on patient care.**

#### **Initiative 2.1**

Standardize hiring processes and problem solve to insure pre-service training is implemented prior to the completion of employee's working test period.

- Assure pre-hire facility tours
- Standardize interview questions
- Assess candidate's technical, clinical and interpersonal skills
- Schedule pre-service at the time of hire

Resource Analysis: No Capital Costs; Minimal to Modest Operating Costs

Timeline: 1 year

Responsible Person: Director of Nursing and Patient Care Services, CMHC

#### **Initiative 2.2**

Implement CMHC/DOC combined training programs to promote a culture of safety and quality care.

- Emphasize civility and professionalism in the workplace
- Implement supervisory development program to include providing feedback and conflict resolution
- Develop and implement clinical competencies for nursing, social work and prescribers in collaboration with Discipline Leads.
- Enhance training programs to achieve better communication between DOC and CMHC

Resource Analysis: No Capital Costs; Minimal to Modest Operating Costs

Timeline: 1-3 Years

Responsible Person: Director of Education and Training, CMHC Management Team



## **GOAL III STRATEGIC INITIATIVES**

### **Goal III**

#### **Engage in the continuous improvement of efficiency and effectiveness of health care service delivery**

##### **Initiative 3.1**

Develop cross-functional, prospective risk management processes. This includes

- Enhancing relationships with patients and, where possible, their families (improved communication, cultural competence, enhanced administrative remedy protocol, patient satisfaction survey process)
- Liability-informed documentation (training in standards, quality assurance, move toward an electronic health record)
- Review of cases to improve policy and practice (enhanced morbidity and mortality conferences, system-wide key data analysis and review of healthcare and AAG cases)
- Review of systems (training, further empowering local QA/QI committees, ongoing implementation process for updated policies and procedures)

Resource Analysis: No Capital Costs; Operating Cost Neutral; Potential savings on malpractice claims

Timeline: 1 to 3 years

Responsible Person: CMHC Management Team

##### **Initiative 3.2**

Continuing to improve operational efficiencies as part of the basic culture of CMHC, and improve collaboration with DOC on shared processes.

- Scheduling: Improve facility based scheduling for inmate appointments for dental, mental health and medical clinicians. Change practices and improve collaboration with clinicians, pharmacy and custody to maximize inmate care.
- Staffing: Review the appropriate level/classification of staff and assignment of functions to maximize efficiency and utilization
- Ensure collaboration with DOC where transport and custody costs are an issue: for example, in delivery/scheduling of specialty care
- Process Improvement: Improve workflow at the facility level to improve care and eliminate wait lists

Resource Analysis: No Capital Costs; Minimal to Modest Operating Costs

Timeline: 1 to 3 years

Responsible Person: Gail Johnson, Director of Administrative Services, CMHC

**Initiative 3.3**

Enhance system efficiency through targeted information technology support.

- Improve coordination with DOC and UCHC on IT operations
- Improve the ability of end users (CMHC and DOC) to access and share information across entity boundaries
- Collaborate on OBIS replacement system and incorporation of EMR
- Evaluate from a cost benefit, maintenance, and functionality perspective the deployment of a thin-client user appliance versus desktop PC
- Increase use of medical videoconferencing

Resource Analysis: Potential Capital Costs for conversion from desktop PC;  
Moderate Operating Costs with opportunity to mitigate through redesign.

Timeline: 1 to 3 years

Responsible Person: Director of Information Technology Services, CMHC

**Initiative 3.4**

Standardize pharmacy operations at the facility level to incorporate best practices

- Review overall medication administration, including insulin, to improve delivery options and packaging from the pharmacy to improve for efficiency.
- Review timing of clinics and scanning of orders with pharmacy staffing patterns
- Collect medications from shakedowns to recycle and save dollars
- Review emergency bag and fanny pack supplies for relevance and overlap

Resource Analysis: No Capital Costs; Minimal to modest operating costs

Timeline: 1 year

Responsible Person, Director of Pharmacy Operations, CMHC

**Initiative 3.5**

Improve the efficiency and effectiveness of the system for providing care to halfway house inmates

- Standardize current processes
- Improve inmate information transfer as inmate moves.
- Explore some type of pre release facility or program to teach inmates about health care issues
- Increase access to community services, such as, Federal Funded Health Care Centers.

Resource Analysis: No Capital Costs; Minimal to modest operating costs

Responsible Person: Assistant Director of Nursing and Patient Care Services, CMHC

**Strategic Plan Coordinating Committee:**

Vickie Alston

Dr. Dan Bannish

Dr. Robert Berger

Dr. Mark Buchanan

Tracey Butler

Mary Ellen Castro

Cheryl Cepelak

Dr. Suzanne Ducate

Colleen Gallagher

Dr. Patrick Hynes

Gail Johnson

Lynne Neff

Dr. Robert Trestman

Dr. Connie Weiskopf

Wanda White-Lewis

**Planning Committee Members Serving on Working Groups and Subgroups:**

John Alves	Rich Furey	Terri Paluf
Dawn Aquino	Christine Gaits	Pamela Provencher
Ken Avery	Colleen Gallagher	Donna Pryor
Roland Boutin	Alexis Gendell	Kelly Quijano
Sandra Bundy	Julie Guiher	Milna Rosario
Richard Bush	Amonda Hannah	Vickie Scruggs
Dianne Carter	Deborah Henault	Scott Semple
Dona Cirillo	Tara Hood	Sandra Sharr
Michael Clements	Gloria Jones	Deborah Shelton
Joseph Coleman	Edward Kendall	Lisa Simo-Kinzer
Bob Cosgrove	Linda Kendrick	Melissa Smalls
Donna Cupka	Gail Kraweic	Jacinth Stevenson
Renee Cyr	Cindy Letavec	Mike Vasquenza
Gail Demarco	Rikel Lightner	Gina Vitarelli
Denise Dilworth	Kevin Manley	Robyn Wahl
Erinn Dolan	Mary Marto	Carol Wiediger
Diane Drobiak	Kathy Maurer	Debra Wilson
Kitty Dudley	Mike Mazaik	Patty Wollenhaupt
Tiffany Dyke	Sean McCrae	Daniel Yesu
Jim Elderkin	Pamela Miranda	
Scott Erfe	Michael Nicholson	
Monica Farinella	Tom O'Connor	
Rebecca Fleming	Barbara Objinski	
Diane Foxworth	Steve O'Hearn	
Steven Frey	Karen Oien	

Consultants:

Dave Batten, DOC  
Dr. Vicki Magley, UConn  
Dr. Scott Migdole, Yale U  
Dr. Sue Sampl, CMHC  
Dr. Julian Ford, UCHC  
Dr. David Rentler, BOPP  
Carrie Kramer, Brain Injury  
Parole & Community Services  
Elisa Gordon, Office of Child Advocate  
Sharon Brown, CMHC  
DW M. Pigeon, DOC  
CS B. Murphy, DOC  
CS D. Gonzales, DOC  
J. Bullard, BOPP

Resources:

NCCHC/ACA  
CMHC Jail Committee  
Community Health Centers (CHC)  
Reentry Roundtables  
CMHC Discharge Planners  
CMHC Policy & Procedure Committee  
Court Partners (CSSD JRI, DMHAS JD, PD's Office)  
ASIST Oversight Committee  
Grant funded reentry task forces (REHAC, CJDATS, ARTIII, and SCA – NH Reentry Initiative)  
Interagency Workgroup for DSS Prescription Voucher program

<b>Budget FY'13</b>	
CMHC Appropriation	85,629,399
Base Earnings	54,791,627
Overtime	3,450,000
Differentials/Premiums	2,500,000
Accruals/Death Payouts	400,000
Standby/OnCall	526,400
Incentive Payments	756,534
Meals	1,000,000
Medical Contractual Support	630,000
Temporary/Per Diem Staff	200,000
Professional Services - Other	250,000
Purchased Svcs - Laboratory	2,100,000
Advertising	5,000
Copy Center	7,000
Dues & Subscriptions	450
Fees	5,665
Registration	2,000
Licenses	55,000
Travel--Mileage Pers Vehicle	50,000
Transportation Of Persons	150,000
Freight	100
Telephone Services	200,000
Rent	291,472
Storage	1,695
Functions/Catering Services	1,045
Photo Copy Charge Back	11,000
Fleet Pool	17,964
Information Technology Services	141,581
Postage	200
Other Equipment Leasing	250,000
Data Processing Hardware Maintenanc	2,000
Data Processing Software License	25,000
Data Processing Software Maint Purc	249,042
Optical Lab - CMHC	140,000
Dental Services-CMHC	30,000
Dental Lab - CMHC	173,218
Contract Physicians - CMHC	471,994
Off Site Spec Docs - CMHC	302,881
JDH I/P Agreement CMHC	100,000
JDH O/P Svcs-CMHC	3,000,000
Hosp Fees O/S-CMHC	140,000
UMG O/P Svcs-CMHC	700,000
Dialysis Svcs-CHMS	700,000
Insurance	23,827

## Appendix H

Repair and Maintenance-Facil/Bldgs	40,000
Drugs	10,214,788
Medical Supplies	1,300,000
Food	298
Wearing Apparel	64
Personal Supplies	614
General Maintenance Supplies	* 1,115
Gas	17,000
Office Supplies	100,000
Beepers	1,914
Educational, Religious & Recreation	1,664
Data Processing Supplies	90,000
Total Expenses	85,629,399