



May 24, 2012

James C. Welch, RN, HN-BC
Chief, Bureau of Correctional Healthcare Services
Department of Correction
245 McKee Road
Dover, DE 19904

Jim
Dear Mr. Welch:

I am pleased to provide you with the response of Connections Community Support Programs, Inc. to the DOC's request for additional information in regard to Contract No. DOC-1202 for Correctional Mental Health Services/Substance Abuse Treatment/DUI Programming and Sex Offender Treatment. These materials were also transmitted to you last night electronically.

Included in this package please find:

1. A revised summary budget
2. A budget narrative and proposed performance based contracting plan
3. A revised staffing budget showing the employees that are in each category—Mid-level and above; line staff; senior management; administrative
4. A schedule showing enough observers to cover each Level 5 facility with two people each shift, 365 days per year that ties to the itemized staffing budget
5. A detailed transition plan
6. Sex offender treatment protocol
7. Identification of a program director/lead clinician—Heidi Holloway, MA, LPC--for the sex offender program with a resume and agreement to hire if we are awarded.
8. An agreement to hire Troy Thompson as the Medical Director if we are awarded. Dr. Thompson's curriculum vitae is also attached.

Thanks again for this opportunity. If you have any questions, please contact me at 302-230-9103 or at cmckay@connectionsccsp.org.

Best Regards,

Cathy

Catherine Devaney McKay, MC
President and CEO



500 West 10th Street
Wilmington, DE 19801
WWW.CONNECTIONSCSP.ORG



DDOC BCHS RFP

Vendor Name: Connections Community Support Programs, Inc.
 Mental Health, Substance Abuse and Sex Offender Tx
 AS of 5/23/2102

Based on 6,600 ADP

Fixed Costs	
Mid-Level Practitioners and Above	3,420,989.00
Line Staff	4,685,752.00
Performance Bond	211,120.00
Professional Liability/Malpractice Insurance	30,000.00
Other Employment Costs (benefits, tax, workers comp)	2,142,460.00
Subtotal	10,490,321.00
Management Costs	
Senior Management	317,500.00
Admin Overhead	145,600.00
Office Space	0.00
Indirect Costs	677,045.00
Subtotal	1,140,145.00
Variable Costs	
Outside Consults, Gross Profit, G&A, Legal Representation	20,000.00
Subtotal	20,000.00
Mark-Up	
Profit over Costs	3%
Subtotal	349,514.00
Annual Base Total	11,999,980.00
Year 1 Performance Incentive Potential	0.00
Potential Year 1 Not to Exceed	11,999,980.00

Cost Price Inflation Not to Exceed Total	
Year 2	12,239,980
Year 3	12,484,780
Year 4	12,734,476

Cost per Offender/day \$ 4.98
 (6,600 offenders @ 365 days)

DDOC BCHS RFP

Vendor Name: Connections Community Support Programs

Mental Health, Substance Abuse and Sex Offender Tx

**Budget Narrative and Payment for Performance as of
5/23/2102**

Based on 6,600 ADP

Fixed Costs		Narrative
Mid-Level Practitioners and Above	3,420,989.00	See salary schedule showing positions included in sub-total for this category
Line Staff	4,685,752.00	See salary schedule showing positions included in sub-total for this category
Performance Bond	211,120.00	1.75% of contract total based on revised budget, cleared with bond issuer
Professional Liability/Malpractice Insurance	30,000.00	.28% of total budget based on historic experience with similar programs
Other Employment Costs (benefits, tax, workers comp)	2,142,460.00	25% of salaries, includes FICA at 7.65%; health, dental, group term life, long term disability insurance, workers compensation, unemployment per proposal and presentation made on 5/21. Will cover employees healthcare(with premium contribution TBD) from day 1.
Subtotal	10,490,321.00	
Management Costs		
Senior Management	317,500.00	See salary schedule showing positions included in sub-total for this category
Admin Overhead	145,600.00	See salary schedule showing positions included in sub-total for this category
Office Space	0.00	
Indirect Costs	677,045.00	Includes \$101,700 for staff and DOC training as proposed; mileage; recruitment costs; cost to implement DSAT substance abuse program and track outcomes; supplies; cell phones for on-call personnel; financial management and human resources management; contract administration; office space
Subtotal	1,140,145.00	
Variable Costs		
Outside Consults, Gross Profit, G&A, Legal Representation	20,000.00	Pro rata share of legal and independent auditing costs

Subtotal	20,000.00	
Mark-Up		
Profit over Costs	3%	
Subtotal	349,514.00	
Annual Base Total	11,999,980.00	
Year 1 Performance Incentive Potential	0.00	We have proposed penalties for not meeting targets but no incentive payment in year one
Potential Year 1 Not to Exceed	11,999,980.00	

Cost Price Inflation Not to Exceed Total		
Year 2	12,239,980	2% per year increased for inflation
Year 3	12,484,780	2% per year increased for inflation
Year 4	12,734,476	2% per year increased for inflation
Cost per Offender/day	\$4.98	Based on 6,600 offenders @ 365 days

Payment for Performance: In Year One, we are proposing a cost reimbursement payment structure for the first 120 days to facilitate the transition. Beginning on January 1, 2013, we are proposing to provide a monthly report that shows 1) the % of beds filled in the Key and Crest; 2) the % of budgeted positions which are filled. We are proposing the following payment schema based on these outcome targets:

Beds Filled	% of Payment
91-100%	100%
81-90%	90%
71-80%	80%
61-70%	70%
0-60%	60%

Positions Filled	% of Payment
91-100%	100%
81-90%	90%
71-80%	80%
61-70%	70%
0-60%	60%

DDOC BCHS RFP

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Mental Health, Substance Abuse and Sex Offender Tx
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5/23/2102
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61-70%	70%
0-60%	60%

Positions Filled	% of Payment
91-100%	100%
81-90%	90%
71-80%	80%
61-70%	70%
0-60%	60%

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Program Administrator	All	40	95,000	40	95,000	45.67	Senior Management
Medical Director	All	40	275,000	20	137,500	132.21	Senior Management (50% remaining amount is in mid level)
Clinical Program Director	All	40	85,000	40	85,000	40.87	Senior Management
Sub-Total Senior Management					317,500		\$ 317,500.00
HR Recruiter	All	40	45,000	40	45,000	21.63	Administrative Overhead
Quality Assurance Coordinator	All	40	50,000	40	50,000	24.04	Administrative Overhead
Payroll Processing	All	40	31,200	20	15,600	15.00	Administrative Overhead
AA/Medical Records	All	40	35,000	40	35,000	16.83	Administrative Overhead
Subtotal Administrative Overhead					145,600		\$ 145,600.00
Psychiatrist	BWCI/Webb/ WTC/ Plummer	40	249,330	20	124,665	119.87	Mid-level and above
Psychiatrist	BWCI/Webb/ WTC/ Plummer	40	274,997	5	34,375	132.21	Mid-level and above
Psychiatrist	SCI/SCCC	40	249,330	20	124,665	119.87	Mid-level and above
Psychiatrist	SCI/SCCC	40	274,997	5	34,375	132.21	Mid-level and above
Psychiatrist	Vaughn/ Morris/CVOP	40	249,330	40	249,330	119.87	Mid-level and above
Psychiatrist	Vaughn/ Morris/CVOP	40	249,330	20	124,665	119.87	Mid-level and above
Psychiatrist	Young	40	274,997	10	68,749	132.21	Mid-level and above
Psychiatrist	Young	40	249,330	20	124,665	119.87	Mid-level and above
Psychiatric Nurse Practitioner	BWCI/Webb/ WTC/ Plummer	40	120,000	40	120,000	57.69	Mid-level and above
Psychiatric Nurse Practitioner	SCI/SCCC	40	120,000	40	120,000	57.69	Mid-level and above
Psychiatric Nurse Practitioner	Vaughn/ Morris/CVOP	40	120,000	20	60,000	57.69	Mid-level and above
Psychiatric Nurse Practitioner	Vaughn/ Morris/CVOP	40	120,000	40	120,000	57.69	Mid-level and above
Psychiatric Nurse Practitioner	Young	40	120,000	40	120,000	57.69	Mid-level and above

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Clinical Supervisor	BWCI/Webb/ WTC/ Plummer	40	52,000	40	52,000	25.00	Mid-level and above
Clinical Supervisor	SCI/SCCC	40	52,000	40	52,000	25.00	Mid-level and above
Clinical Supervisor	Vaughn/Morris /CVOP	40	52,000	40	52,000	25.00	Mid-level and above
Clinical Supervisor #2	Vaughn/Morris /CVOP	40	52,000	35	45,500	25.00	Mid-level and above
Clinical Supervisor	Young	40	52,000	40	52,000	25.00	Mid-level and above
Mental Health Director	BWCI/Webb/ WTC/ Plummer	40	55,000	40	55,000	26.44	Mid-level and above
Mental Health Director	SCI/SCCC	40	55,000	40	55,000	26.44	Mid-level and above
Mental Health Director	Vaughn/ Morris/CVOP	40	55,000	40	55,000	26.44	Mid-level and above
Mental Health Director	Young	40	55,000	40	55,000	26.44	Mid-level and above
Psychologist	BWCI/Webb/ WTC/ Plummer	20	40,000	20	40,000	38.46	Mid-level and above
Psychologist	SCI/SCCC	10	20,000	10	20,000	38.46	Mid-level and above
Psychologist	Vaughn/ Morris/CVOP	40	80,000	40	80,000	38.46	Mid-level and above
Psychologist	Young	40	80,000	40	80,000	38.46	Mid-level and above
Sex Offender Services Director	All	40	80,000	40	80,000	38.46	Mid-level and above
Program Director	Key Village (BWCI)	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Key Village (BWCI)	40	52,000	40	52,000	25.00	Mid-level and above
Program Director	Key North (Young)	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Key North (Young)	40	52,000	40	52,000	25.00	Mid-level and above
Clinical Supervisor	Key North (Young)	40	52,000	35	45,500	25.00	Mid-level and above
Program Director	Key South (SCI)	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Key South (SCI)	40	52,000	40	52,000	25.00	Mid-level and above
Program Director	Men's Crest North	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Men's Crest North	40	52,000	40	52,000	25.00	Mid-level and above

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Program Director	Women's Crest North	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Women's Crest North	40	52,000	40	52,000	25.00	Mid-level and above
Program Director	Crest Primary	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Crest Primary	40	52,000	40	52,000	25.00	Mid-level and above
Clinical Supervisor	Crest Primary	40	52,000	35	45,500	25.00	Mid-level and above
Program Director	Crest Central + Aftercare	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Crest Central + Aftercare	40	52,000	40	52,000	25.00	Mid-level and above
Program Director	Crest South + Aftercare	40	55,000	40	55,000	26.44	Mid-level and above
Clinical Supervisor	Crest South + Aftercare	40	52,000	40	52,000	25.00	Mid-level and above
Program Director	Men's 6 for 1	40	55,000	40	55,000	26.44	Mid-level and above
Program Director	YCOP	40	55,000	40	55,000	26.44	Mid-level and above
Program Director	Women's 6 for 1	40	55,000	40	55,000	26.44	Mid-level and above
Program Director	Men's DUI	40	55,000	40	55,000	26.44	Mid-level and above
Program Director	Women's DUI	40	55,000	40	55,000	26.44	Mid-level and above
SubTotal Mid-level Practitioners and Above					3,420,989		\$ 3,420,989.00
Clinician #1	BWCI/Webb/WTC/Plummer	40	47,000	40	47,000	22.60	Line staff
Clinician #2	BWCI/Webb/WTC/Plummer	40	47,000	40	47,000	22.60	Line staff
Clinician #3	BWCI/Webb/WTC/Plummer	40	47,000	40	47,000	22.60	Line staff
Clinician #4	BWCI/Webb/WTC/Plummer	40	47,000	40	47,000	22.60	Line staff
Clinician #5	BWCI/Webb/WTC/Plummer	40	47,000	14	16,453	22.60	Line staff
Clinician # 6	BWCI/Webb/WTC/Plummer	40	47,000	14	16,453	22.60	Line staff

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Clinician #1	SCI/SCCC	40	47,000	40	47,000	22.60	Line staff
Clinician #2	SCI/SCCC	40	47,000	40	47,000	22.60	Line staff
Clinician #3	SCI/SCCC	40	47,000	40	47,000	22.60	Line staff
Clinician #4	SCI/SCCC	40	47,000	40	47,000	22.60	Line staff
Clinician #5	SCI/SCCC	40	47,000	40	47,000	22.60	Line staff
Clinician #6	SCI/SCCC	40	47,000	14	16,453	22.60	Line staff
Clinician #7	SCI/SCCC	40	47,000	14	16,453	22.60	Line staff
Clinician #1	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #2	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #3	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #4	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #5	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #6	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #7	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #8	Vaughn/Morris/CVOP	40	47,000	40	47,000	22.60	Line staff
Clinician #9	Vaughn/Morris/CVOP	40	47,000	20	23,500	22.60	Line staff
Clinician #10	Vaughn/Morris/CVOP	20	47,000	16	18,803	22.60	Line staff
Clinician #1	Young	40	47,000	40	47,000	22.60	Line staff
Clinician #2	Young	40	47,000	40	47,000	22.60	Line staff
Clinician #3	Young	40	47,000	40	47,000	22.60	Line staff
Clinician #4	Young	40	47,000	40	47,000	22.60	Line staff
Clinician #5	Young	40	47,000	40	47,000	22.60	Line staff
Clinician #6	Young	40	47,000	16	16,453	19.78	Line staff
Clinician #7	Young	40	47,000	16	16,453	19.78	Line staff
Clinician #1 sex offender program	All	40	47,000	40	47,000	22.60	Line staff
Counselor #1 sex offender program	All	40	32,000	40	32,000	15.38	Line staff
Counselor #2 sex offender program	All	40	32,000	40	32,000	15.38	Line staff
Counselor #1	Key Village (BWCI)	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Key Village (BWCI)	40	32,000	40	32,000	\$ 15.38	Line staff

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Counselor #3	Key Village (BWCI)	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Key Village (BWCI)	40	32,000	30	23,993	\$ 15.38	Line staff
Counselor #1	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #2	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #3	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #4	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #5	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #6	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #7	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #8	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #9	Key North (Young)	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #10	Key North (Young)	40	35,000	16	13,994	\$ 16.83	Line staff
Counselor #1	Key South (SCI)	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Key South (SCI)	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	Key South (SCI)	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Key South (SCI)	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #5	Key South (SCI)	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #6	Key South (SCI)	40	32,000	26	20,794	\$ 15.38	Line staff
Counselor #1	Men's Crest North	40	32,000	40	37,500	\$ 18.03	Line staff
Counselor #2	Men's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	Men's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Men's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #5	Men's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

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Counselor #6	Men's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #7	Men's Crest North	40	32,000	5	3,999	\$ 15.38	Line staff
Counselor #1	Women's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Women's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	Women's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Women's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #5	Women's Crest North	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #6	Women's Crest North	40	32,000	8	6,398	\$ 15.38	Line staff
Counselor #1	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #5	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #6	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #7	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #8	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #9	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #10	Crest Primary	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #11	Crest Primary	40	32,000	14	11,197	\$ 15.38	Line staff
Counselor #1	Crest Central + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Crest Central + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	Crest Central + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Crest Central + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Counselor #5	Crest Central + Aftercare	40	32,000	28	22,393	\$ 15.38	Line staff
Counselor #1	Crest South + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Crest South + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	Crest South + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Crest South + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #5	Crest South + Aftercare	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #6	Crest South + Aftercare	40	32,000	4	3,199	\$ 15.38	Line staff
Counselor #1	Men's 6 for 1	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Men's 6 for 1	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	Men's 6 for 1	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #4	Men's 6 for 1	40	32,000	30	23,993	\$ 15.38	Line staff
Counselor #1	YCOP	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	YCOP	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #3	YCOP	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #1	Boot Camp	40	35,000	40	35,000	\$ 16.83	Line staff
Counselor #1	Women's 6 for 1	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Women's 6 for 1	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #1	Men's DUI	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Men's DUI	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #1	Women's DUI	40	32,000	40	32,000	\$ 15.38	Line staff
Counselor #2	Women's DUI	8	10,400	8	10,400	\$ 25.00	Line staff
Admin. Assistant	BWCI/Webb/ WTC/ Plummer	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Young	40	24,960	40	24,960	12.00	Line staff
Admin. Assistant	SCI/SCCC	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Vaughn/ Morris/CVOP	40	24,960	40	24,960	12.00	Line staff
Admin. Assistant	Key Village (BWCI)	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Key North (Young)	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Key South (SCI)	40	24,960	20	12,480	12.00	Line staff

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Admin. Assistant	Women's Crest North	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Crest Primary	40	24,960	40	24,960	12.00	Line staff
Admin. Assistant	Crest Central + Aftercare	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Crest South + Aftercare	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Men's 6 for 1	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	YCOP	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	DUI (Men's and Women's)	40	24,960	20	12,480	12.00	Line staff
Admin. Assistant	Men's Crest North	40	24,960	40	24,960	12.00	Line staff
PRN Observer	BWCI/Webb/WTC/Plummer	40	24,960	20	13,520	13.00	Line staff
PRN Observer	BWCI/Webb/WTC/Plummer	40	24,960	20	13,520	13.00	Line staff
Psychiatric Technician #1	BWCI/Webb/WTC/Plummer	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #2	BWCI/Webb/WTC/Plummer	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #3	BWCI/Webb/WTC/Plummer	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #4	BWCI/Webb/WTC/Plummer	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #5	BWCI/Webb/WTC/Plummer	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #6	BWCI/Webb/WTC/Plummer	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #7	BWCI/Webb/WTC/Plummer	40	28,080	16	11,232	13.50	Line staff
Psychiatric Technician #8	BWCI/Webb/WTC/Plummer	40	28,080	16	11,232	13.50	Line staff

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Psychiatric Technician #9	BWCI/Webb/ WTC/ Plummer	40	27,040	16	10,816	13.00	Line staff
Psychiatric Technician #10	BWCI/Webb/ WTC/ Plummer	40	27,040	8	5,408	13.00	Line staff
Psychiatric Technician #11	BWCI/Webb/ WTC/ Plummer	40	27,040	40	27,040	13.00	Line staff
PRN Observer	SCI/SCCC	40	27,040	20	13,520	13.00	Line staff
PRN Observer	SCI/SCCC	40	27,040	20	13,520	13.00	Line staff
Psychiatric Technician #1	SCI/SCCC	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #2	SCI/SCCC	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #3	SCI/SCCC	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #4	SCI/SCCC	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #5	SCI/SCCC	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #6	SCI/SCCC	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #7	SCI/SCCC	40	24,960	16	11,232	13.50	Line staff
Psychiatric Technician #8	SCI/SCCC	40	24,960	16	11,232	13.50	Line staff
Psychiatric Technician #9	SCI/SCCC	40	27,040	16	10,816	13.00	Line staff
Psychiatric Technician #10	SCI/SCCC	40	27,040	8	5,408	13.00	Line staff
Psychiatric Technician #11	SCI/SCCC	40	27,040	40	27,040	13.00	Line staff
Activity Technician	Vaughn/ Morris/CVOP	40	32,000	40	32,000	15.38	Line staff
Activity Technician	Vaughn/ Morris/CVOP	40	28,000	40	28,000	13.46	Line staff
PRN Observer	Vaughn/ Morris/CVOP	40	27,040	20	13,520	13.00	Line staff
PRN Observer	Vaughn/ Morris/CVOP	40	27,040	20	13,520	13.00	Line staff
Psychiatric Technician #1	Vaughn/ Morris/CVOP	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #2	Vaughn/ Morris/CVOP	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #3	Vaughn/ Morris/CVOP	40	27,040	40	27,040	13.00	Line staff

Connections Consolidated Staffing Budgets DOC-1202

as of 5/23/2012

Agency Title	Location	Hrs Per Week	Annual Salary	Hrs Per Week	Annual Salary Charged to Program	Hourly Rate	Budget Category
Psychiatric Technician #4	Vaughn/Morris/CVOP	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #5	Vaughn/Morris/CVOP	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #6	Vaughn/Morris/CVOP	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #7	Vaughn/Morris/CVOP	40	24,960	16	11,232	13.50	Line staff
Psychiatric Technician #8	Vaughn/Morris/CVOP	40	24,960	16	11,232	13.50	Line staff
Psychiatric Technician #9	Vaughn/Morris/CVOP	40	27,040	16	10,816	13.00	Line staff
Psychiatric Technician #10	Vaughn/Morris/CVOP	40	27,040	8	5,408	13.00	Line staff
Psychiatric Technician #11	Vaughn/Morris/CVOP	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #12	Vaughn/Morris/CVOP	40	27,040	40	27,040	13.00	Line staff
PRN Observer	Young	40	27,040	20	13,520	13.00	Line staff
PRN Observer	Young	40	27,040	20	13,520	13.00	Line staff
Psychiatric Technician #1	Young	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #2	Young	40	24,960	40	24,960	12.00	Line staff
Psychiatric Technician #3	Young	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #4	Young	40	27,040	40	27,040	13.00	Line staff
Psychiatric Technician #5	Young	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #6	Young	40	28,080	40	28,080	13.50	Line staff
Psychiatric Technician #7	Young	40	24,960	16	11,232	13.50	Line staff
Psychiatric Technician #8	Young	40	24,960	16	11,232	13.50	Line staff
Psychiatric Technician #9	Young	40	27,040	16	10,816	13.00	Line staff
Psychiatric Technician #10	Young	40	27,040	8	5,408	13.00	Line staff
Psychiatric Technician #11	Young	40	27,040	40	27,040	13.00	Line staff
Subtotal Line Staff					4,685,752		4,685,752
STAFF TOTAL				7,632			\$ 8,569,841.00
				190.8			

Connections Community Support Programs, Inc. Staffing Schedule

DOC-1202

Sample

Psychiatric Technician/PCO only

As of 5/23/2012

Title	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tech #1	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T
Tech #2	D	OFF	D	D	D	D	OFF	D	D	D	D	D	OFF	D	D	OFF	D	D	D	D	OFF	D	D	D	D	D	OFF	D	D	OFF	D
Tech #3	OFF	D	D	D	D	OFF	D	D	OFF	D	D	D	OFF	D	D	OFF	D	D	D	D	OFF	D	D	D	D	D	OFF	D	D	OFF	D
Tech #4	E	E	OFF	E	E	E	OFF	OFF	E	E	E	E	OFF	E	E	OFF	E	E	E	E	OFF	E	E	E	E	E	OFF	E	E	OFF	E
Tech #5	OFF	M	M	M	M	OFF	M	M	OFF	M	M	M	OFF	M	M	OFF	M	M	M	OFF	M	M	OFF	M	M	M	OFF	M	M	OFF	M
Tech #6	M	OFF	M	M	M	OFF	M	OFF	M	M	M	M	OFF	M	M	OFF	M	M	M	OFF	M	M	OFF	M	M	M	OFF	M	M	OFF	M
Tech #7	D	D	E	OFF	OFF	D	D	D	D	E	OFF	OFF	D	D	D	D	E	OFF	OFF	D	D	D	D	E	OFF	OFF	D	D	D	D	E
Tech #8 PT	OFF	OFF	OFF	OFF	OFF	M	M	OFF	OFF	OFF	OFF	OFF	M	M	OFF	OFF	OFF	OFF	OFF	M	M	OFF	OFF	OFF	OFF	OFF	OFF	M	M	OFF	OFF
Tech #9 PT	M	M	OFF	OFF	OFF	OFF	OFF	M	M	OFF	OFF	OFF	OFF	OFF	M	M	OFF	OFF	OFF	OFF	OFF	M	M	OFF	OFF	OFF	OFF	OFF	M	M	OFF
Tech #10 PT	E	OFF	OFF	OFF	OFF	OFF	OFF	E	OFF	OFF	OFF	OFF	OFF	OFF	E	OFF	OFF	OFF	OFF	OFF	OFF	E	OFF	OFF	OFF	OFF	OFF	OFF	E	OFF	OFF
Tech #11 PT	OFF	OFF	OFF	OFF	OFF	E	E	OFF	OFF	OFF	OFF	OFF	E	E	OFF	OFF	OFF	OFF	OFF	E	E	OFF	OFF	OFF	OFF	OFF	OFF	E	E	OFF	OFF
PRN																															
PRN																															

Legend =
 Daily - Su through Sa
 D = 8 am to 4 pm
 E = 4 PM to 12 am

Connections Community Support Programs, Inc.

DOC-1202

Detailed Transition Plan

As of 5/23/2012

Task to be completed	Person(s) Responsible	Start Date	End Date	Deliverable
<p>Assign Transition Teams Vaughn/CVOP/Morris – Adm – Chris DiSanto Clinical Mark Thalheimer</p> <p>SCI/SCCC – Adm – Brad Milton Clinical – Jose Quinones</p> <p>Baylor/WTC/Plummer/Webb Adm – Cathy McKay Clinical – Teresa Sharpe</p> <p>Young – Adm – Chris Devaney Clinical – Brian Pasalaqua</p>	McKay Devaney	5/3/12	5/25/12	Transitions teams have been recruited and trained; application for clearance made
<p>Assemble additional interviewers</p> <p>HR and Staff Development – Karen Matteson, Maria Ushery, Steven Davis, and Vinnie Hickman, Randy Clayton, Christine Knight, Melissa Isbell, Dottie Hayes, and Phillip Arendall</p>	McKay Devaney	5/21/12	5/25/2012	This team will help with new employee onboarding.
<p>Interview and hire existing MHM staff.</p> <p>Dr. Thompson has already committed to position of Medical Director, if we are awarded contract.</p> <p>We also have a commitment from Heidi Holloway, MA, LPC to lead the Sex Offender team if we are awarded</p>	McKay, Matteson, Devaney, Davis, Ushery, Hickman, Clayton, Knight, Isbell, Hayes, Arendall, DiSanto, Thalheimer, Milton, Quinones, Sharpe, Pasalaqua	5/29 or 6/1, Depending on award	Throughout opening. (see attached chart for benchmarks)	Connections DDOC programming will be at 85% staffed on program opening of 7/1/2012.

Task to be completed	Person(s) Responsible	Start Date	End Date	Deliverable
Obtain Performance Bond	McKay and Davis	Upon Award	Within five days	Already have approval and bid. Also have bank support. This will be completed within five days of award and be presented to DDOC.
New Staff Orientation Ongoing Staff Training Calendar	Northey Rotgers Matteson Clayton Devaney DDOC	6/11/2012	7/31/2012	Completed Orientation documentation provided to DOC performance improvement personnel as requested. Annual training calendar will be finalized
Review of all existing clinical records and complete triage	Transition teams and relevant MHM personnel	6/4/2012	6/27/2012	Appointments scheduled to begin 7/1/2012. Appointment schedule will be made available to DOC.
Interview offenders on schedule identified to complete hand-off from previous providers to receiving providers	Transition Teams	6/15/12	7/1/2012	All offenders will be transitioned to receiving clinicians Documentation of transfer will be provided to DDOC PI department by providing updated client rosters.
Contact all collaterals of existing clients, including criminal justice contacts (as needed and ordered by DOC)	DiSanto, Devaney and Sharpe	6/15/12	7/1/2012	All collaterals notified of change. Documentation provided to DDOC PI Department

Task to be completed	Person(s) Responsible	Start Date	End Date	Deliverable
Complete policy and procedure manual with input from DDOC	McKay and McDonough	6/15/12	7/31/12	Final approval will be received by Connections from the Bureau of Corrections Health Care no later than 7/31/2012
Establish reporting and evaluation systems as proposed	McDonough Clayton Northey McKay	6/1/12	7/31/12	Presentation of final documents to DDOC PI department
Begin Service Delivery	All	7/1/2012	6/30/2014	Successful program delivery

Interview Schedule and timeline for DDOC programming

5/23/2012 – Begin running ads for open positions. Will complete walk in interviews for all interested candidates beginning 6/5/2012. Connections will run ads throughout June and July, as needed.

6/4/2012 – If awarded by 06/01/2012—McKay and Devaney will meet with leadership of MHM and DDOC (if they desire) to develop agreement on interview existing MHM employees for potential employment with Connections. Interviews schedule will be given to local MHM management for dissemination. Interviews will begin that afternoon at change of shift. Interviews will be conducted in current MHM offices at all DDOC level V facilities. Interviews will be from 2:00 pm to 6:00 pm.

6/5/2012 – Walk in interviews will be conducted from 8:00 am to 7:00 pm at the following sites for any interested MHM employees at the following locations:

Connections Georgetown Office
21305 Berlin Road, Unit 4
Georgetown, DE 19947

Connections Dover Office
696 S. Bay Road
Dover, DE 19901

Connections Smyrna Office
222 N. DuPont Highway
Smyrna, DE 19977

Connections Wilmington Office
500 W. 10th St.
Wilmington, DE 19801

Connections will be prepared to interview and extend offers to any current employee of MHM that is interested in these walk in interview days. A benefits specialist, and an HR specialist will be on at each location to answer questions and guide people through various enrollment processes that will begin on 7/1/2012. Each team will have a spreadsheet of open employment opportunities that will be updated at 12 and again at 5 and disseminated to each site, to prevent over hiring of positions.

6/6/2012 –Interviews at each level V facilities from 7:00 am to 11:00 am to interview across the morning shift change. We will interview at the Level IV facilities from 2:00 pm to 6:00 pm.

6/7/2012 – open interviews at the same Connections locations.

6/8/2012 -- open interviews at the same Connections locations. By 5:00 pm on June 8th, Connections will provide a list of filled and unfilled positions that remain.

Deliverable:

1. Connections expects to have filled no less than 50% of the available positions.

6/9/2012 – Connections will host open interviews at the same locations from 8:00 am to 4:00 pm in an attempt to interview people with multiple week day commitments.

6/11/2012 – Begin reviewing clinical records in the substance abuse treatment programs at Vaughn, Baylor, Young, and SCI. Will begin meeting with clients to discuss the transition through education and question and answer sessions.

Host job interviews at the Level IV facilities in New Castle County from 10:00 am to 6:00 pm at HPWTC, Webb and Plummer.

6/12/2012 – Begin clinical records review for MH programs at Vaughn, Baylor, Young and SCI. Will coordinate schedule with Dr. Thompson so that he can answer questions as they arise.

Host job interviews at Kent and Sussex level IV facilities (SVOP, Morris, Sussex Boot Camp and SCCC).

6/13/2012 – Begin clinical records review at level IV facilities in New Castle at HPWTC, Webb and Plummer.

Conduct interviews at each level V facility from 10:00 am to 6:00 pm.

6/14/2012 – Begin clinical records review at Level IV facilities in Kent and Sussex at SCCC , Morris, Boot Camp and SVOP

6/15/2012 – open interviews at the same Connections locations. By 5:00 pm on June 8th, Connections will provide a list of filled and unfilled positions that remain.

Deliverable:

1. Connections expects to have filled no less than 75% of the available positions.

6/18/2012 – Continue clinical records review and new client education in all Level V facilities

Statewide new hire orientation and interviews by appointment

6/19/2012 – Continue clinical records review and client education in all Level IV facilities.

Statewide new hire orientation and interviews by appointment

6/20/2012 -- Continue clinical records review and new client education in all Level V facilities

Statewide new hire orientation and interviews by appointment

6/21/2012 – Continue clinical records review and client education in all Level IV facilities.

Statewide new hire orientation and interviews by appointment

6/22/2012 – Deliverables

1. Connections will provide first draft of policies and procedures for DDOC review
2. Connections will provide dates of potential trainings for Connections and DDOC staff in DSAT, Motivational Interviewing Training, and CBT training for Connections Staff, Corrections Officers and Prison Administration. Connections hopes to have completed 6 trainings within the first quarter of the first year. 10 trainings in the second quarter, third and fourth quarter of FY 2013.
3. Meeting with CCS and Connections medical staff to ensure smooth transition of prescribing and medication reconciliation.
4. Meeting with pharmacy provider to develop system for obtaining prescribing reports from pharmacy.
5. Complete review of all active clinical records and development of a list of urgent and non-urgent treatment issues to be addressed the first week of July.
6. Schedule for the week of 6/25/2012 by location that details the individual treatment and transition meetings that will take place. This list will be completed by client name/facility/time of meeting/attendees from Connections and other care providers (if necessary) and DDOC staff as needed/required.
7. Staffed at 85% with 75% of those employees completing at least day one of orientation and having received log on and access codes to Essential learning, the online training tool used by Connections.

6/25/2012 – 7/01/2012 –

Complete all scheduled individual treatment and transition team meetings as scheduled.
Observe new intakes and assessments that are being completed by MHM staff so that Connections staff will be fully briefed on each new client.

Continue hiring and new hire orientation.

Continue development of policy and procedure manual

Deliverables:

1. Completed all individual treatment and transition plans
2. Have completed staffing schedule covering all shifts for month of July in all facilities.
3. Have finalized FY13 training schedule and disseminated to all Connections personnel and DDOC management.
4. Provided DDOC and incoming Connections personnel with contact information for issues that arise on July 1st at 12:00 am.
5. Provide a schedule of senior Connections personnel that will be at each facility covered with 24 hour staff at 12:00 am on July 1st.
6. Provide a schedule of senior Connections personnel that will be at all other facilities at 8:00 am on July 1st to answer any questions posed by new employees, DDOC staff and CCS staff.

7. Have 90% of all positions filled and have PRN staff on schedule to cover unfilled positions.
8. Go live at 11:00 pm on 6/30/2012. Connections management will be at each facility that is staffed with 24 hour staff to answer questions from DDOC, CCS and Connections employees.

Current MHM Employees

Welcome to Connections Community Support Programs

Interested in continuing to work in the Delaware Correction System, please JOIN us at one following days and times!

Connections Locations

Connections Georgetown Office
21305 Berlin Road, Unit 4
Georgetown, DE 19947

Connections Dover Office
696 S. Bay Road
Dover, DE 19901

Connections Smyrna Office
222 N. DuPont Highway
Smyrna, DE 19977

Connections Wilmington
500 W. 10th St.
Wilmington, DE 19801

DATES AND TIMES

Tuesday, 06/05/2012 from 8:00 am to 7:00 pm

Thursday, 06/07/2012 from 8:00 am to 7:00 pm

Friday, 06/08/2012 from 8:00 am to 4:00 pm

Saturday, 06/09/2012 from 8:00 am to 4:00 pm

****** Please see attached flyer for interviews that will be conducted inside of the Level IV and V facilities. ******

Please bring two forms of identification (driver's license, state ID, SS card, birth certificate and/or passport), proof of employment with MHM, current professional license, resume, and proof of Delaware Department of Correction clearance.

Current MHM Employees

Welcome to Connections Community Support Programs

Interested in continuing to work in the Delaware Correction System, please JOIN us at one following days and times!

- 06/04/2012 from 2:00 pm to 6 pm, interviews will be conducted at Vaughn, Baylor, Young and SCI.
- 06/06/2012 from 7:00 am to 11:00 am, interviews will be conducted at Vaughn, Baylor, Young and SCI.
- 06/06/2012 from 2:00 pm to 6 pm, interviews will be conducted at Plummer, Webb, Hazel Plant, Morris, SCCC, and SVOP.
- 06/11/2012 from 10:00 am to 6:00 pm, interviews will be conducted at Plummer, Webb, and Hazel Plant. *** if necessary
- 06/12/2012 from 10:00 am to 6:00 pm, interviews will be conducted at SVOP, Morris and SCCC. *** if necessary
- 06/13/2012 from 10:00 am to 6:00 pm, interviews will be conducted at Vaughn, Baylor, Young and SCI. *** if necessary

***** Please see attached flyer for interviews that will be conducted on a walk in basis at local Connections field offices.**

Please bring two forms of identification (driver's license, state ID, SS card, birth certificate and/or passport), proof of employment with MHM, current professional license, resume, and proof of Delaware Department of Correction clearance.

Interview Matrix

Date	Time	Location	Interview Team	HR Representative
6/4/2012	2:00 pm – 6:00 pm	Young	Chris Devaney and Brian Pasalaqua	By Phone – Karen Matteson
6/4/2012	2:00 pm – 6:00 pm	Baylor	Teresa Sharpe and Cathy McKay	By Phone – Karen Matteson
6/4/2012	2:00 pm – 6:00 pm	Sussex Correctional	Bradford Milton and Jose Quinones	By Phone – Steven Davis
6/4/2012	2:00 pm – 6:00 pm	Vaughn	Chris DiSanto and Mark Thalheimer	By Phone – Steven Davis
6/5/2012	8:00 am – 7:00 pm	Connections Georgetown Office	Brad Milton, Chris Devaney,	Steven Davis
6/5/2012	8:00 am – 7:00 pm	Connections Wilmington Office	Phillip Arendall, Cathy McKay	Karen Matteson
6/5/2012	8:00 am – 7:00 pm	Connections Smyrna Office	Teresa Sharpe, Chris DiSanto	Christine Knight
6/5/2012	8:00 am – 7:00 pm	Connections Dover Office	Jose Quinones, Mark Thalheimer	Maria Ushery
6/6/2012	7:00 am – 11:00 am	Young	Chris Devaney and Brian Pasalaqua	By Phone – Karen Matteson
6/6/2012	7:00 am – 11:00 am	Baylor	Teresa Sharpe and Cathy McKay	By Phone – Karen Matteson
6/6/2012	7:00 am – 11:00 am	Sussex Correctional	Bradford Milton and Jose Quinones	By Phone – Melissa Isbell
6/6/2012	7:00 am –	Vaughn	Chris DiSanto	By Phone –

	11:00 am		and Mark Thalheimer	Steven Davis
6/6/2012	2:00 pm – 6:00 pm	Morris	Chris DiSanto, Mark Thalheimer	By Phone – Vinnie Hickman
6/6/2012	2:00 pm – 6:00 pm	Webb	Chris Devaney	By Phone – Karen Matteson
6/6/2012	2:00 pm – 6:00 pm	Plummer	Brian Pasalaqua	By Phone – Karen Matteson
6/6/2012	2:00 pm – 6:00 pm	SVOP	Dottie Hayes, Karen Matteson	By Phone – Steven Davis
6/6/2012	2:00 pm – 6:00 pm	SCCC	Brad Milton, Jose Quinones	By Phone – Steven Davis
6/6/2012	2:00 pm – 6:00 pm	Hazel Plant	Teresa Sharpe, Cathy McKay	By Phone – Vinnie Hickman
6/7/2012	8:00 am – 7:00 pm	Connections Georgetown Office	Brad Milton, Chris DiSanto	Maria Ushery
6/7/2012	8:00 am – 7:00 pm	Connections Wilmington Office	Randy Clayton, Cathy McKay	Phil Arendall
6/7/2012	8:00 am – 7:00 pm	Connections Smyrna Office	Teresa Sharpe, Chris Devaney	Karen Matteson
6/7/2012	8:00 am – 7:00 pm	Connections Dover Office	Jose Quinones, Mark Thalheimer	Melissa Isbell
6/8/2012	8:00 am – 4:00 pm	Connections Georgetown Office	Randy Clayton, Teresa Sharpe	Cathy McKay
6/8/2012	8:00 am – 4:00 pm	Connections Wilmington Office	Brad Milton, Chris Devaney	Vinnie Hickman
6/8/2012	8:00 am – 4:00 pm	Connections Smyrna Office	Brain P, Chris DiSanto	Karen Matteson
6/8/2012	8:00 am – 4:00 pm	Connections Dover Office	Jose Quinones	Melissa Isbell

6/9/2012	8:00 am – 4:00 pm	Connections Georgetown Office	Jose Quinones, Chris Devaney	Phil Arendall
6/9/2012	8:00 am – 4:00 pm	Connections Wilmington Office	Chris DiSanto, Cathy McKay	Karen Matteson
6/9/2012	8:00 am – 4:00 pm	Connections Smyrna Office	Teresa Sharpe, Brian P.	Maria Ushery
6/9/2012	8:00 am – 4:00 pm	Connections Dover Office	Brad Milton, Mark Thalheimer	Melissa Isbell
6/11/2012	10:00 am – 6:00 pm	Hazel Plant	Cathy McKay, Teresa Sharpe	By Phone – Karen Matteson
6/11/2012	10:00 am – 6:00 pm	Webb	Chris Devaney, Mark Thalheimer	By Phone – Karen Matteson
6/11/2012	10:00 am – 6:00 pm	Plummer	Chris DiSanto, Brad Milton	By Phone – Steven Davis
6/12/2012	10:00 am – 6:00 pm	SVOP	Jose Quinones, Dottie Hayes	By Phone – Steven Davis
6/12/2012	10:00 am – 6:00 pm	SCCC and Boot Camp	Mark Thalheimer	By Phone – Maria Ushery
6/12/2012	10:00 am – 6:00 pm	Morris	Chris Devaney	By Phone – Karen Matteson
6/13/2012	10:00 am – 6:00 pm	SCI	Mark Thalheimer, Brian Pasalaqua	By Phone – Karen Matteson
6/13/2012	10:00 am – 6:00 pm	Vaughn	Brad Milton, Jose Quinones	By Phone – Maria Ushery
6/13/2012	10:00 am – 6:00 pm	Baylor	Cathy McKay, Teresa Sharpe	By Phone – Steven Davis
6/13/2012	10:00 am – 6:00 pm	Young	Chris Devaney	By Phone – Vinnie Hickman

Connections Community Support Programs, Inc.
DOC-1202
Sex Offender Programming
Revised as of 5/23/2012

If we are awarded a contract, we propose to provide sex offender therapy that follows protocols which have been developed for assessment and treatment by the Office of Justice Programs in the U.S. Department of Justice. The program will meet the requirements established by the Delaware Sex Offender Management Board (SOMB) and will use evidence-based practices identified by the U.S. Department of Justice. In its publication *The Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies*, the DOJ outlines the steps that states and other jurisdictions should take in developing a comprehensive program to treat convicted sex offenders:

- Define eligibility criteria and any mandates (e.g., legislative, agency) for participation;
- Make available a range of prison-based sex offender treatment services that vary in intensity based on need and risk;
- Provide all incarcerated sex offenders with information about the available sex offender treatment services and how to access such services if they are interested;
- Delineate a formal, assessment-driven process by which individual sex offenders are matched to intensity of services based on risk level (e.g., higher risk offenders receive more intensive services);
- Prioritize access into sex offender treatment based on release dates;
- Reassess the level of interest of those individuals who are not participating in any of the available services and encourage them to engage in treatment; and
- Transition sex offenders to lower levels of care or security when they have progressed sufficiently in treatment.

A process and outcome evaluation of the program that is established will be conducted using the self-test that is available online at the Center for Sex Offender Management website.

Assessment: The term “sex offender” encompasses many different crimes and circumstances. Because adult sex offenders are such a diverse population, the Center for Sex Offender Management warns against “one size fits all” approaches to treatment. Comprehensive assessment is needed to determine what treatment is appropriate based on the risk, needs, development, and functioning of the offender.

Researchers and treatment providers in the criminal justice arena have come to view the treatment of sex offenders in much the same way as they view the treatment of substance abusers. In both cases, there are three core principles of effective correctional intervention: risk, needs, and responsivity (Andrews & Bonta, 2007; Cullen & Gendreau, 2000). When used as a framework for assessment with sex offenders, these principles address the following questions:

- Which sex offenders will benefit most from treatment and supervision interventions?
- What are the specific targets of treatment and supervision that will have the greatest impact on reducing recidivism potential among sex offenders?
- How should treatment and supervision services for sex offenders be delivered in order to ensure maximum benefit from the interventions?

Again taking a page from the treatment of offenders with substance use disorders, researchers have found that sex offenders have better outcomes when the intensity of interventions is matched with the assessed level of risk (see Andrews & Bonta, 2007). Prioritizing higher risk offenders for higher intensity services appears to have a greater impact on reducing recidivism than providing that same level of intervention to their lower risk counterparts. Additionally, there is some evidence that delivering intensive interventions to low risk offenders has limited to no impact and, in some cases, can actually result in increased rates of recidivism (Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, Goggin, Cullen, & Andrews, 2001).

Along with risk, consideration also must be given to ‘need’ in choosing which offenders to treat and what treatment to provide. The greatest impact occurs when programs and services target the changeable or ‘dynamic’ factors that are directly linked to recidivism (Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, 1996). Again, as in the treatment of offenders with substance use conditions, criminogenic needs are comprised of two types: stable dynamic and acute dynamic risk factors. Stable dynamic risk factors are relatively enduring but nonetheless changeable, whereas acute dynamic factors can fluctuate rapidly.

Among the stable dynamic risk factors specific to adult sex offenders are intimacy deficits, pro-offending attitudes, pervasive anger, and deviant sexual interests; examples of acute dynamic risk factors are substance abuse, sexual preoccupations, access to victims, and non-compliance with supervision (Hanson & Harris, 2000, 2001; Hanson & Morton-Bourgon, 2005). Identifying these criminogenic needs must be a key focus of assessment efforts in order for assessment and treatment to reduce recidivism and for practitioners to direct their limited resources in the most effective and efficient way (Krisberg, 2005; Lipsey & Wilson, 1998).

Finally, assessment should take into account the potential ‘responsivity’ of the offenders who will receive the treatment, i.e., will the offender be able to benefit from the treatment in a way that reduces the likelihood that s/he will re-offend? To accomplish this, assessments should seek to identify specific offender characteristics that may impact their response to interventions. Learning style, motivation to change, denial, and level of functioning are key examples of these kinds of characteristics. The responsivity principle suggests that when programs and services specifically take into account these factors, better outcomes are achieved (Andrews & Bonta, 2007; Cullen & Gendreau, 2000). Again as in substance abuse treatment, the concept of matching offenders to specific services based on the content, format, modality, or “teaching approach” used, and/or the skill sets, personality attributes, or style of a specific provider, is thought to have an impact on the effectiveness of the treatment. Responsivity factors are, therefore, an important consideration in the assessment process with sex offenders.

We are proposing to use an actuarial approach to risk assessment. Trained assessors will use empirically-validated instruments to determine a total score that is associated with a broad risk category (e.g., low, moderate, high). Risk categories are linked to the known recidivism rates of groups of sex offenders who were followed at routine intervals (e.g., 5, 10, and 15 years).

Actuarial tools have been extensively validated and tested for reliability—i.e., do they predict the likelihood of recidivism, and do different assessors will reach the same conclusion about the same offender when using the tools? When they have been well-researched and tested for validity and reliability, actuarial tools provide more accurate estimates of risk than both the unstructured and empirically-guided approaches with sex offenders (Hanson & Morton-Bourgon, 2007; Quinsey, Harris, Rice, & Cormier, 2006).

Multiple actuarial risk assessment tools specific to adult sex offenders have been developed over the past decade. Sex offender-specific instruments are necessary because although there is some overlap between risk factors for sex offenders and non-sex offenders, several factors are uniquely associated with sexual recidivism (Hanson & Bussiere, 1998). It is our intention to use two actuarial tools developed for use with adult sex offenders:

- STATIC-99R (Hanson & Thornton, 1999)
- Minnesota Sex Offender Screening Tool Revised (MnSOST-R; Epperson et al., 2000).

Because the STATIC-99 takes into account only static risk factors, it is more predictive when combined with the MnSOST-R, which includes an assessment of several key dynamic variables: disciplinary issues in the correctional facility; chemical dependency and treatment for chemical dependency while in the facility; sex offender treatment while incarcerated; age at time of release.

Intake and Referral: Inmates with any sexual conviction (new or old), serving time for a violation of probation, failure to register, or even an intuitional sanction can be referred. Once a referral is made, the inmate is informed of the limits of confidentiality and informed of the rules and principles of the program. Basic personal information is secured and all necessary forms are signed at the intake session.

All offenders referred for service based on the criteria described are assessed using the STATIC-99R and the MnSOST-R. Offenders who have a combined MnSOST-R and Static-99R score of twelve (12) points are referred for additional testing using the MSI-II and Abel Screening. In addition, the sex offender staff will make a referral to the mental health team providing services at the facility where each sex offender referred to treatment is housed. The mental health ITT will complete additional assessments, including a clinical interview; a mental status exam; a history of functioning, including an observational assessment of current functioning; a review of current cognitive functioning; an ASI, which assesses drug and alcohol use; social, developmental, legal and family history; vocational history; psychiatric history and current functioning. The sex offender treatment team will review these results and other items in the offender's health and DDOC records (including collateral contact/interview if possible and appropriate) and will make a determination of the offenders risk, need, and potential motivation and amenability to treatment.

The sex offender treatment team will be responsible for completing a written evaluation within 30 days of the referral. The evaluation, which will be placed in the offender's medical record, will include the following minimum data: demographic information about the offender; the name and credentials of the evaluator and the source of any collateral information used; reason for the referral and assessment; the methods and tools used to conduct the assessment; the legal account of the sex offense(s); the offender's account of the offense(s); the offender's personal, family, social, academic, vocational, substance abuse, psychiatric, medical, legal, and medical history; the offender's sexual history and sexual functioning; behavioral observations; a risk analysis; a DSM five-axis diagnosis. A written assessment summary will include the level of risk for sexual and violent re-offending; risk factors requiring management and intervention; level of denial; the need for treatment of co-occurring conditions; the need for medical/pharmacological intervention; treatment implications.

Treatment: Although sex offender treatment in correctional facilities and programs has been in existence for more than thirty years, it is not homogeneous. Early (sometimes called 'generation 1') methods were often confrontational or grounded in strict behaviorism. In more recent years, sex offender treatment has evolved in much the same way as treatment for substance abuse, moving to a cognitive-behavioral approach emphasizing relapse prevention (see Marshall & Laws, 2003). The relapse prevention model has yielded to models of treatment that take into account multiple "pathways" to offending (Hunter, 2006; Hunter, Figueredo, Malamuth, & Becker, 2003, 2004; Ward & Hudson, 1998, 2000; Ward & Siegert, 2002; Ward, Polaschek, & Beech, 2006). The model we are proposing is a 'pathways' model. The 'pathways' model steers away from cookie cutter/workbook based programs, promoting a pro-social lifestyle in all parts of an offender's life to reduce the risk of re-offense.

Whatever the model of treatment that is used, the desire and expectation that through intervention, problem sexual behaviors will be reduced and community safety will be enhanced, has remained constant. Current research suggests that, depending upon the underlying theoretical model and the specific techniques used, some forms of treatment come closer to meeting that goal than others (Aos, Miller, & Drake, 2006; Hanson et al., 2002; Reitzel & Carbonell, 2006; Walker, McGovern, Poey, & Otis, 2004). Programs that offer a continuum of care, 'phased' by the readiness of offenders to change, and using cognitive-behavioral and pathways approaches, are currently thought to be more likely to be effective.

The priority of treatment is the safety of the offender's victim (s) and the community and other potential victims. This program goal is reached by working for justice, healing, and transformation using therapeutic methods applied to the specific treatment needs of an individual offender. The community is safer if offenders are treated. The model assumes that in helping offenders reach a level of accountability by reducing denial and achieving an understanding of their potential to re-offend, they will demonstrate positive changes in attitude, thinking, behavior, character, relationships, and even core personality.

Program Phases: Every offender who is referred for sex offender treatment as described above (referrals may be based on adjudicated charges and/or behaviors observed during incarceration) is placed in a group for orientation and assessment. At this phase, denial is not an issue for

placement. Psychoeducational groups will use the Sex Offender Awareness Program (SOAP) outlined below which will be offered Level IV and Level V institutions.

Treatment Planning: The first phase of treatment is the assessment as described in the previous section. Following completion of the assessment, an individualized treatment plan is developed. Treatment plans will be completed within 30 days of the initial referral and will include:

- The names of individuals who will be involved in the offender's Interdisciplinary Treatment Team (ITT). The ITT will consist of the assigned counselor from the sex offender treatment team as well as other personnel based on the needs of the offender. These personnel might include substance abuse treatment staff; mental health treatment staff; the offender's psychiatrist; DDOC treatment and security staff
- Short- and long-term goals and the methodology to be used to monitor achievement of goals
- The offender's roles and responsibilities in achieving the treatment plan goals
- Each member of the ITT's roles and responsibilities in helping the offender to achieve the treatment goals.

Treatment will be individualized in accordance with the Pathways Model (Ward & Siegert, 2002) which posits that sexual offenders have 'pathways' to offending and vulnerability factors to which treatment can be tailored for optimal effectiveness. These issues will be addressed in individual and group counseling sessions. For example, offenders who have intimacy and social skills deficits need training in social skills, assertiveness, reflective listening, and healthy sexuality. Offenders who have problems managing anger and other negative emotions need training in decision-making, anger/self-management, stress management, and problem solving. Offense Pathways include the following:

- Avoidant-Passive. These offenders intend to avoid sexual re-offending, but a lack of effective coping strategies and self-management skills result in their failing to take definitive action to manage their behaviors. Treatment for them involves identifying individual goals and vulnerability factors, improving coping skills, raising awareness of offense processes, and develop social and problem solving skills.
- Avoidant-Active. These offenders' desire to refrain from sexually abusive behavior is hampered by the use of ineffective strategies which actually increase their risk of offending. Treatment involves emotional regulation, raising awareness of their own offense process, teaching altered and more effective coping skills.
- Approach-Automatic. These offenders desire deviant sexual activity, but their offenses are driven more by situational factors and circumstances and impulsivity than by active planning. Treatment for them involves deconditioning of deviant arousal, emotional regulation, altering cognitive behavioral scripts, and resolving core sexual and emotional issues.
- Approach-Explicit. These offenders are motivated to offend and engage in explicit planning, including taking steps to groom victims and avoid detection. Treatment for them involves examining their view of self, intimacy and sexuality; cognitive restructuring, and external monitoring.

- When the offender follows the Approach-Explicit Pathway, treatment should surround helping the client develop strong motivation to stop offending; addressing dysfunctional cognitive distortions, schemas, and core belief systems; handling deviant arousal; amending background vulnerabilities such as abuse and violence; behavioral reconditioning, with a treatment plan that develops highly structured goals that take into account supervision; self-monitoring and victim access issues.
- When the offender follows the Approach-Automatic Pathway, treatment should surround helping the client improve metacognitive abilities and self-monitoring in order to recognize and suspend automatic scripts; recognizing and avoiding offending schemas; dealing with deviant arousal; relationship skills; reducing any sense of entitlement; recognizing the compensatory nature of sexual offending; dealing with persovictims issues if necessary; cognitive distortion and deviant fantasy work; adoption of relapse prevention; and empathy work.
- When the offender follows the Avoidant-Passive Pathway, treatment should surround developing active methods to avoid relapse; understanding the cycle of abuse and cognitive distortion work; escape and avoidance techniques; skill building for conflict resolution and problem solving; addressing deviant arousal patterns; victim awareness and empathy; recognizing their thinking processes through self-examination; working on relationships and problems with intimacy; and dealing with denial and minimization.
- When the offender follows the Avoidant-Active Pathway, treatment should surround helping the offender recognize their misguided strategies and how they interfere with their attempts to avoid relapse; dealing with overoptimistic beliefs about self-efficacy; examining their self-control issues; skill development in areas of relationship; intimacy and emotional management; handling deviant arousal appropriately; avoiding disinhibitors; and chemical dependency issues.

Offenders who would benefit from a prolonged therapy group based on the assessment results, and who are willing to admit to their crime(s), are placed into a more comprehensive group for high intensity treatment . Those who have protracted sentences (two or more years before release) and completed the psychoeducational program will be given preference. High intensity treatment will be offered at the Level V institutions. An aftercare group format is available to offenders who have completed the high intensity program. The aftercare group will be delivered at Level 4.

Services are provided based upon risk, need and ‘responsivity’ factors. New referrals will be expected to complete a psychoeducational group prior to admission into the more intensive therapy group. The psychoeducational and orientation group ensures that all identified offenders in need of therapy receive at least education in sex offending topics even if they are not eligible for or lack the time to complete intensive therapy.

Offenders are expected to admit their sexual offense to be eligible for high intensity treatment. Incomplete admission or disagreement with some details will be accepted. However, in such instances, it will be made clear that participants are expected to work toward accepting culpability for their offense (s). One possible innovation that has been used in other correctional

setting is polygraph testing for individuals who deny their offenses. The polygraph testing has been useful in breaking through denial and helping some high risk offenders to move to the intensive treatment phase.

Offenders address their own core issues using the structure of the intensive treatment program. Specific therapeutic exercises such as autobiographies, cycle work, goal setting, re-integration to the community and victimology) will be used. All didactic methods and therapeutic interventions are directed to specific individual need. In some cases, empathy and trauma work are critical. In others, the focus is more on arousal redirection and relapse prevention. For every person there is the need to deal with fears about re-entry and the realities of living on the sex offender registry, coping mechanisms, cognitive distortion restructuring, high risk factors, sexual addiction issues, internal and external barriers, triggers to offend, deviant arousal issues, motivation to offend and victim empathy exercises.

Referral for co-occurring issues such as substance abuse and mental health conditions that are observed during group treatment will be made promptly and followed up upon to promote the highest level of interdisciplinary coordination of treatment.

Offenders who have their own victimization and trauma issues will be assisted to address them. Therapists will employ a variety of psychological methods to meet client needs (i.e. Relapse Prevention, Cognitive Behavioral Therapy, Reality Therapy, Re-parenting, Social Skill Training, Trauma and Empathy work, Motivational Interviewing). The intensive treatment model is designed to be completed in 24 months. The less intensive treatment model is an 18-month model. A flow chart of the program is contained in Table 13.

Table 13: Sex Offender Program Outline

Step One: Referral to assessment, orientation, psychoeducation

Eight Session Psychoeducation Curriculum

- Relationships
- Objectification
- Tactics of power and control
- Intimacy
- Feelings/Emotions
- The process of change (words – behaviors - attitudes)
- Thoughts vs. feelings
- Positive and negative feelings
- Six primary emotions
- Handling Difficult Situations
- Chain of choices
- The Anger Curve
- Safety Contracts
- Power and Control from a victim's point of view
- Needs behind offending
- Misuse of relationships
- Reasons adults sexualize children, minors, adults

- Long term effects
- Cognitive Distortions
- Unhealthy coping mechanisms

* New group members accepted week 1 & 2

Step Two: Assessment/Evaluation

Step Three: Development of Individual Treatment Plan and Group Assignment

Step Four: Client Placement in Intensive Treatment as needed/appropriate

Step Five: Aftercare Group

Table 14: Intensive Treatment Curriculum

Phase 1 prepares the offender to answer the first question about the crime:

- Autobiography
- Trauma resolution
- Details of Offense
- Triggers
- Internal and External Motivation to offend

Phase 2 helps the offender understand victim impact and develop empathy

- Offense Cycle Work
- My Primary Victims (required disclosure of all sexual victims)
- Why and How they chose the victim/s. (vulnerable qualities of the victim)
- Grooming- Set Up
- What skills they utilized to avoid offending
- Planning Strategies
- How they maintained compliance with the victim
- Future Impact

Phase 3 confronts sexual interests and deviant behaviors-Sexual Autobiography

- Relationship History
- Deviant Sexual History
- Early Sexual Development
- Early Sexual Messages

Phase 4 allows the offender to demonstrate responsibility in a relational context

- Restitution and Amends
- Safety Plans
- Relapse Prevention Planning
- Reconciliation Plans (different from reunification)
- Setting of “My Goals for Change” (I would put this later towards the end)

Phase 5 prepares the offender for self-management in the recovery process

- Special projects assigned according to client need (impulse control)
- Empathy Exercises
- Secondary Victims (Ripple Effect)
- Accountability Letters
- Relapse prevention plan
- Plan and Personal Safety Contract
- Accountability Partners (4 people who will support relapse planning)
- Pre-Planned Exit Strategies
- Aftercare Planning

***The lower intensity clients would not need to complete the Empathy Exercises as they usually have an appropriate expression of guilt and shame related to the offending.**

Sex Offender Treatment Team Staffing:

The proposed Sex Offender Treatment Team will be staffed initially with four counselors and an administrative assistant. **The lead counselor will be Heidi Holloway, MA, LPC, a licensed counselor who meets SOMB qualifications and is certified to conduct the ABEL assessment.** The second counselor will be a licensed counselor who meets SOMB qualifications. Two other counselors will have at least a bachelor's degree and will be working towards meeting SOMB certification requirements (note, Delaware currently does not have a sex offender certification process). If we are the successful bidder, it is our intention to hire Heidi Holloway, MA, LPC, a sex offender therapist with 22 years of experience and a Master's degree in Counseling Psychology from Immaculata College. Heidi is a licensed professional counselor in both Delaware and Pennsylvania. Her resume is attached. The service delivery schedule is depicted in Table 14 below.

Table 14: Sex Offender Treatment Team Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00	Assessments & individual sessions	SCI Intensive group Staff A & C	BWI Intensive group Staff A & B	Vaughn Intensive group Staff A & B	Assessments & individual sessions
10:30	Assessments & individual sessions	SCI Psychoed Group A & C	8/8 BWI Psychoed Group B & D	Vaughn Intensive group A & D	Assessments & individual sessions
1:00	Assessments & individual sessions	8/8 SCI Psychoed A & C	BWI Intensive Group A & D	8/8 Vaughn psychoed B & D	Assessments & trainings
2:30	Assessments & individual sessions	SCI Psychoed A & C	8/8 Young Intensive B & D	8/8 Vaughn psychoed B & C	Staffing/ Supervision
3:30	Assessments & individual sessions	Assessments & Individuals sessions	Young Intensive A&D	Assessments & individual sessions	Staffing/ Supervision
6:00		8/12 Aftercare Level IV C & D	8/12 Aftercare Level IV C & D	8/12 Aftercare Level IV C & D	

Staff Schedule Key: A: CSOTP-Evaluator-Director; B: CSOTP-Evaluator; C: Associate CSOTP; D: Associate CSOTP

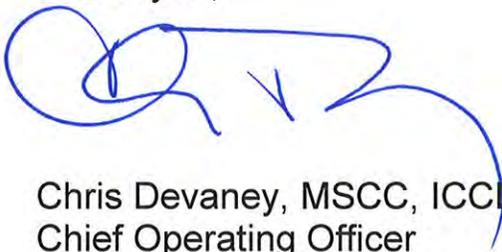
05/22/2012

Heidi Holloway, MA, LPCMH
heihol@comcast.net

Ms. Holloway,

Please accept this letter of intent for employment if Connections is awarded DOC 1202 – Correctional Mental Health Services/ Substance Abuse Treatment/ DUI Programming and Sex Offender Treatment. It was a pleasure meeting with you today and we look forward to working with you. As promised, I am attaching an offer contingent upon successful award of DOC 1202. Please do not hesitate to contact me if you have any questions. Looking forward to working with you!

Thank you,



Chris Devaney, MSCC, ICCDPD
Chief Operating Officer
Connections Community Support Programs, Inc.
302-250-5883
cdevaney@connectionspsc.org

Letter of Intent

Position: Team Leader – Sex Offender Treatment Services
Location: Statewide
Reports to: Administrative Director – Correction Health Services

Proposed Compensation

Base Salary:	\$80,000.00
Car Allowance:	\$6,000.00
Total	\$86,000

Fringe Benefits

Connections offers health, dental, vision, life and long term disability, and a voluntary 403 (b) pension plan.

Paid Time Off

20 Days (4 Weeks) Vacation
3 Personal Days
2 Floating Holidays
6 Scheduled Holidays
5 Sick Days
36 Days Annual PTO

HEIDI HOLLOWAY, MA., LPC
Cell: 610-620-4991 Email: heihol@comcast.net

QUALIFICATIONS:

- **EXTENSIVE EXPERIENCE WORKING WITH A LARGE VARIETY OF POPULATIONS INCLUDING ADULTS, ADOLESCENTS AND CHILDREN**
- **LICENSED PROFESSIONAL COUNSELOR in PA and DE**
- **MASTERS DEGREE IN COUNSELING PSYCHOLOGY**
- **OVER 25 YEARS OF EXPERIENCE IN THE TREATMENT OF SEXUAL OFFENDERS, CHILD VICTIMIZATION, AND DOMESTIC VIOLENCE**
- **20 YEARS EXPERIENCE WRITING COMPREHENSIVE RISK ASSESSMENTS FOR SEXUAL OFFENDERS**

CAREER:

Masters Level Psychotherapist, ZTR, Milford, DE

Responsibilities include providing group and individual therapy to sexual offenders in an Outpatient setting. Therapy is conducted in all three counties of Delaware. Conduct Abel assessments and Risk Assessments for sexual offending client through private attorneys and the DE Board of Parole. 9/11-Current

Consultant for Northwestern Human Services, Upland, PA

Responsibilities include conducting individual and group therapy with adult mentally ill sexual offenders, individual therapy with victims of abuse and Risk Assessment for the adult population with criminal, arson, and offending histories. 6/02 – Current.

Clinical Consultant for Resources for Human Development, Philadelphia, PA

Responsibilities include conducting interviews with sexual offenders for Risk Assessments. Complete written assessments including Abel screenings and interpretation, Static 99R, Stable 2007, Acute, Hare Psychopathy Checklist and Cognitive Distortions Scales. 9/11-Current.

Outpatient Director

Responsibilities included supervision of five Clinicians, two Administrative Assistants and Master's Level Interns. Conduct Sexual Offender Risk Assessments, group counseling with clients with sexually abusive behaviors, individual counseling related to trauma utilizing EMDR. Maintain paperwork and policies for program to meet the Sexual Offender Assessment Boards Certification Standards. Conduct training for staff and clients families on sexual abuse issues. 3/10- 9/11.

Program Supervisor for Community Mental Health Services, Downingtown, PA

Responsibilities include supervision of 15 Part time Therapists, Masters Level Interns and one full time Administrative Assistant, Conduct Sexual Offender Risk Assessments, Domestic Violence/Anger Management Evaluations, Individual Therapy with sexually reactive children or victims of trauma, individual counseling with adults and adolescents who have sexual or anger management issues, conduct five sexual offender groups weekly and one domestic violence group. Maintain paperwork and policies for program to meet the Sexual Offender Assessment Boards Certification Standards. Conduct Community Education Trainings on topics of abuse and offending. 8/06-3/10,

Part-time Therapist working with trauma victims and sexual offenders in individual and group therapy from 1/88 through 3/10.

Clinical Consultant for Chester-Crozer Sexual Offender Program, Chester, PA-
Conduct clinical supervision for a sexual offender treatment program with the goal of obtaining licensure through the SOAB. 9/08 – 11/11.

Psychological Counselor for George W. Hill Correctional Facility, Thornton, PA
Responsibilities include management and conducting groups for the domestic violence program, trauma program and sexual offender program. Complete risk assessments prior to discharge for probation. Conduct weekly training for correctional officers on how to work with the mentally ill/developmentally disabled population in a prison setting. Supervision of Master Level Interns. 10/01 – 8/06.

Lead Therapist for Pennsylvania Clinical Schools, Coatesville, PA
Responsibilities include conducting individual, group and family therapy with adolescents who have been adjudicated for a sexual offense. Conduct trauma based groups for juvenile offenders, therapeutic family visits to work toward reunification, and complete Risk Assessments for courts. Conduct supervision with four therapists. 10/98 – 10/01.

Primary Therapist for Chester County Prison through Northwestern Human Services, West Chester, PA
Responsibilities include conducting group and individual therapy for the domestic violence and sex offender population in the prison setting. 10/95 – 10/98.

Therapist for HELP Counseling, Downingtown, PA
Responsibilities include conducting individual therapy for clientele with substance abuse and trauma related issues on a fee for service basis. 10-95-10-98

Clinical Coordinator for the Star Program – Carelink, Norristown, PA
Responsibilities included clinical development and management of a partial hospitalization program for chronic mentally ill sexual offenders recently released from the state hospital. Supervision of five full time therapists, completion of Risk Assessments of potential clients in hospital/prison settings. 6/92 – 10/97.

Program Coordinator for Community Service for Human Growth, Phoenixville, PA
Responsibilities include Clinical Coordination of a Partial Hospitalization Program for chronic mentally ill geriatric population. Supervise two Therapists, one volunteer, and student Intern. 1988 – 1990. Transferred into Outpatient Therapist Position working with victims of Trauma (adults and children.) 1990-6/1992.

Individual Therapist for Human Services, Downingtown, PA
Responsibilities include conducting individual therapy with children, adolescents and adults with various issues as a result of child abuse and trauma. Work with Children and Youth to coordinate services for children – document abuse, case management, and play therapy. 1986 – 1990.

EDUCATION:

IMMACULATA COLLEGE, PA – 1991 MASTERS OF ARTS IN COUNSELING PSYCHOLOGY

EASTERN KENTUCKY UNIV, KY – 1982 BACHELORS OF SCIENCE IN SOCIAL WORK

DAVIS AND ELKINS COLLEGE, WV – 1980 ASSOCIATES IN APPALACHIAN STUDIES

LICENSURE AND MEMBERSHIPS:

LICENSED PROFESSIONAL COUNSELOR - PA-Since 2003

LICENSED PROFESSIONAL COUNSELOR OF MENTAL HEALTH- DE- Since 2011

BOARD MEMBER FOR SEX OFFENDER ASSESSMENT BOARD- Since 2008

BOARD MEMBER FOR CHILDRENS ADVOCACY CENTER IN CHESTER COUNTY

PA- 2008-1010

NATIONAL BOARD OF CERTIFIED COUNSELORS- Since 2003

ATSA MEMBER- Since 2003

05/22/2012

Troy Thompson, MD

Dr. Thompson,

Please accept this letter of intent for employment if Connections is awarded DOC 1202 – Correctional Mental Health Services/ Substance Abuse Treatment/ DUI Programming and Sex Offender Treatment. It was a pleasure meeting with you Monday and we look forward to working with you. As promised, I am attaching an offer contingent upon successful award of DOC 1202. Please do not hesitate to contact me if you have any questions. Looking forward to working with you!

Thank you,



Chris Devaney, MSCC, ICCDPD
Chief Operating Officer
Connections Community Support Programs, Inc.
302-250-5883
cdevaney@connectionspsc.org

Letter of Intent

Position: Medical Director – Correction Behavioral Health
Division
Location: Statewide
Reports to: Catherine D. McKay, President and CEO

Proposed Compensation

Base Salary:	\$275,000
Retention Bonus:	\$12,000.00
Total	\$287,000

Fringe Benefits

Connections offers health, dental, vision, life and long term disability, and a voluntary 403 (b) pension plan.

Paid Time Off

20 Days (4 Weeks) Vacation
3 Personal Days
2 Floating Holidays
6 Scheduled Holidays
5 Sick Days
36 Days Annual PTO

CV Overview and Biographical Sketch

Troy L. Thompson, M.D.

Dr. Thompson is a Professor and former Department Chairman (1987 – 97) of Psychiatry and Human Behavior at Jefferson Medical College, Philadelphia. He has been interviewed numerous times as an expert in psychiatry on network programs, including CNN and Larry King. His primary expertise is care of adult and geriatric patients. He was selected by Jefferson medical students in 1995 as their most outstanding teacher and role model. He was the faculty advisor of the Alpha Omega Alpha (AΩA) Honor Medical Society chapter at Jefferson for 15 years and served for 12 years on the national AΩA Board of Directors.

Dr. Thompson is a Distinguished Life Fellow of the American Psychiatric Association and a past president of two national psychiatry organizations, the Academy of Psychosomatic Medicine (for consultation psychiatrists) and the Association for Academic Psychiatry (for medical school and residency teachers). He was on the faculty of the Philadelphia Psychoanalytic Center for 14 years and President-elect of the American College of Psychoanalysts, a national organization for the leaders in psychoanalysis.

He completed his psychiatric residency and was chief resident at Yale then on the Yale faculty, after being a Phi Beta Kappa college and medical school graduate of Emory. He has authored over 130 papers and chapters, edited 6 books on psychiatry, served on over 15 editorial boards of medical and psychiatry journals and textbooks, and given over 140 national, international, and academic award presentations.

CURRICULUM VITAE
Troy L. Thompson II, M.D.
Telephone number: 610-804-5795

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troy.thompson@state.de.us

Private Practice and Correspondence address:

109 Hickory Spring Rd., Wilmington, DE 19807 - 2405

Birth: November 5, 1946, U.S.A.

Current positions:

1976- Private practice of psychiatry and psychoanalysis

1987- Professor of Psychiatry and Human Behavior, (The Daniel Lieberman Professor (tenured) and Chair of the Department, 1987 - 97), Jefferson Medical College (JMC), Philadelphia, PA

2004- Senior Academic Educator, Delaware Psychiatric Center (DPC), New Castle, DE
(2007 - Psychiatrist, Geriatric psychiatry inpatient service; 2004-2007, Psychiatrist, Admissions/evaluations and Forensic psychiatry services)

Recent positions:

1990 - 2005 Alpha Omega Alpha Honor Medical Society
Councilor (faculty advisor), JMC Chapter, Pennsylvania Alpha
National Board of Directors, 1993 - 2005

1997 - 2004 Psychiatry Director, University Health Services, JMC

2006 - 2008 President, Executive Medical Staff, DPC

Specialty Certifications

1978 General Psychiatry, American Board of Psychiatry and Neurology

1988 Psychoanalysis, American Psychoanalytic Association

1991 - 2001 Added Qualification in Geriatric Psychiatry,
American Board of Psychiatry and Neurology

1997 Administrative Psychiatry, American Psychiatric Association

Medical Licensure

1974-1977 Georgia, Connecticut, California

1977-1988 Colorado

1988- Pennsylvania

2004- Delaware

Education

1968 B.A., biology, Emory College, Atlanta, GA

1971 - 1972 Behavioral Science Fellowship, Department of Psychiatry,
Emory University School of Medicine, Atlanta, GA

1973 M.D., Emory

1973 - 1976 Psychiatry Resident, Yale University School of Medicine, New Haven, CT

1974 - 1976 Clinical Research and Teaching Program in Psychiatry, Yale

- 1989 V. Terrell Davis Lecturer, Medical Center of Delaware
 1989 12th Annual John B. Atkinson Lecturer in Psychosomatics, Carrier Foundation, New Jersey
 1990 Visiting Professor, University of Medicine and Dentistry of New Jersey
 1990 Invited Participant and Winner, Raft Debate, Hobart Amory Hare Medical Honor Society, Jefferson Medical College
 1991 Honorary Member, Hobart Amory Hare Medical Honor Society
 1991 External reviewer of Department of Psychiatry for President, New England Medical Center Hospitals, and Dean, Tufts University School of Medicine
 1991 The Christian R. and Mary F. Lindback Award for Distinguished Teaching in Clinical Sciences, presented by Jefferson Medical College Class of 1993
 1992 American Psychiatric Association Third Annual Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education
 1992 Lifetime Achievement Award from Society for Liaison Psychiatry
 1992 Visiting Professor, Mayo Clinic
 1992 Distinguished Professor Award, Florida Hospital, Orlando, FL
 1993 Faculty Member of the Year Award, presented by Jefferson Medical College students at their 59th Annual Banquet and Ball
 1993 The Marvin Stern, M.D., Annual Lecture, Department of Psychiatry, New York University School of Medicine
 1994 Listed among "The 327 Best Mental Health Experts" in America, Good Housekeeping, February, 1994
 1994 Listed among "The Best Doctor's in "Psychiatry", Philadelphia Magazine, March, 1994
 1995 Selected for Oil Portrait as "Most inspiring teacher," presented to Jefferson Medical College, by Class of 1995
 1999 Advisory Committee, MacArthur Foundation Depression in Primary Care Project
 2000 Alpha Omega Alpha Honor Medical Society Visiting Professor, University of Puerto Rico
 2005 Best Teacher, Psychiatry Residency Program, Delaware Psychiatric Center
 2007 Distinguished Life Fellow, Association for Academic Psychiatry

Editorial Activities

Journal Referee and Consultant

Acad Psychiatry
 Am J Geriatric Psychiatry
 Am J Med
 Am J Psychiatry
 Ann Intern Med
 Am Psychiatric Press
 Consultant: Consultations in Primary Care
 Elsevier
 Gen Hosp Psychiatry
 Hosp Comm Psychiatry (Psychiatric Services)

Chair, 1989-90
 1987 – 1989 Educational Directorate Committee
 Chair, 1988-89
 1987 – 1989 Program Committee
 Chair, 1988 Annual Meeting
 1988 – 1995 Executive Committee
 Chair, 1991-92
 1989 – 1990 Audit Committee
 Chair, 1989-90
 1989 – 1990 Long Range Planning Committee
 1989 - 1990 Constitution and Bylaws Committee and ex-officio member, 1992-93
 1989 – 1990 Vice President
 1990 - 1992 Finance Committee
 1990 - 1991 President-elect
 1991 - 1993 Fellowship and Awards Committee
 1991 – 1992 President
 1991 - 1993 Nominating Committee
 Chair, 1991-92
 1992 – 1995 Governor
 1993 – 1995 Presidential Task Force to Develop Wm. L. Webb, Jr., M.D., Fellowship

Accreditation Council for Graduate Medical Education

1984 - 1984 Specialist site visitor for Residency Review Committee for Psychiatry

Alpha Omega Alpha Honor Medical Society

1990 – 2005 Councilor (Faculty Advisor) of Jefferson Chapter, PA Alpha

National organization:

1993 – 1996 Councilor Director, Board of Directors
 1993 - 1996 Honorary Membership Committee; Chair, 1995-96
 1993 - 1998 New Chapters Committee (changed to New Chapters and
 AOA Associations Committee, 1998); Chair, 1993-98
 1994 – 1999 Program and Planning Committee
 1995 – 2000 Chapter of the Year Award Committee (changed to Chapter Development
 Awards Committee, 1998)
 1993 – 2005 Board of Directors
 1997 – 2000 Bylaws Committee
 1998 – 2003 Regional Councilor (11 medical schools in PA, MD, and DC)

American Association of Chairmen of Departments of Psychiatry, 1988-97

1994 – 1995 Task Force on Effects of Managed Care on Education
 1995 – 1996 Public Sector Committee
 1995 – 1997 Representative to Council of Academic Societies meeting,
 Association of American Medical Colleges

American Board of Psychiatry and Neurology

- 1994 - 2000 Institute on Psychiatric Services Annual Meeting Scientific Program Committee
Vice-Chair, 1997 - 1998
Chair, 1998 - 1999
Consultant, 1999 - 2000
- 1995 - 2000 Committee on Exhibits and Industry, Council on Internal Organization
- 1995 - 2000 APA Representative, Council of Academic Societies, Association of American Medical Colleges
- 1998 - 1999 Chair, Presidential Initiative Advisory Committee on Psychosocial Rehabilitation of the Severely and Persistently Mentally Ill
- 1998 - 2000 Committee on Grants and Awards

American Psychoanalytic Association, 1988 - 1998

- 1972 - 1974 Commission on Psychoanalytic Education and Research, Committee on the Tripartite System of Psychoanalytic Education
- 1984 - 1988 Affiliate Member
- 1986 - 1990 Joint Committee on Associate and Affiliate membership
- 1988 Associate Member
- 1988 - 1994 Committee on University and Medical Education

Association for Academic Psychiatry

- 1982 - 1985 Liaison to SREPCIM
- 1983 Nominating Committee
- 1983 - 1984 Consultation-Liaison (C-L) Task Force: C-L Objectives and Curriculum
- 1985 - 1989 National Coordinator of Regional Network
- 1985 - 1991 Executive Council
- 1986 - 1991 Finance Committee
- 1988 - 1990 Education Award Selection Committee
Chair, 1989 - 1990
- 1989 - 1990 President-elect
- 1990 - 1991 President
- 1993 - 1995 Long-Range Strategic Planning Committee
- 2007- Distinguished Life Fellow

Association of American Medical Colleges

- 1995 - 2000 Council of Academic Societies, representative from American Psychiatric Association
- 1997 - 1998 AAMC representative to David E. Rogers Award Selection Committee, Award jointly sponsored by Robert Wood Johnson Foundation

College of Physicians of Philadelphia

- 1990 - 1997 Fellow

Colorado Psychiatric Society, 1979 - 1988

- 1979 - 1980 Continuing Education Committee
- 1985 - 1988 Public Information and Education Committee
Chair, 1986 - 1988

1991 – 1994	Board of Advisors
1992 – 2004	Philadelphia Psychotherapy Training Program; Faculty
1994 – 1996	By-laws Committee

Society for Research and Education in Primary Care Internal Medicine (SREPCIM) -- renamed Society for General Internal Medicine (SGIM), 1980 - 1984

1981-84, National task forces on:

- Teaching interviewing: approaches and strategies
- Committee to integrate psychosocial skills in medical interview
- Committee to develop a model curriculum for medical interviewing

Teaching

Yale:

1973 – 1977	Discussion group leader, first year medical student psychiatry course
1975 – 1976	Co-leader, discussion group for psychiatry interns
1976 – 1977	Supervision of medical students, residents, and chief residents; Evaluation Unit, Connecticut Mental Health Center

Colorado:

1977 – 1978	Teacher, Interviewing and Clinical Problem Solving, Introduction to Clinical Medicine, first year medical students course
1977 – 1981	Teacher, psychiatric interviewing elective for medical students
1977 – 1987	Lecturer and discussion group leader, second year medical student psychiatry course
1977 – 1982	Lecturer and co-coordinator of psychiatry and primary care psychiatry differential diagnosis course for third and fourth year medical students on psychiatry clerkship
1978 – 1986	Co-director (with RL Bynny and LE Feinberg), Division of Internal Medicine Annual CME course, New Approaches to Clinic Problems in Internal Medicine
1978 -1987	Supervision of psychiatry residents in individual psychotherapy, medical-psychiatric clinic, and consultation-liaison psychiatry
1980 – 1982	Organizer and supervisor of consultation-liaison elective for senior psychiatry residents to University Medical Group practice
1982 – 1984	Course Director, Interviewing and Clinical Problem Solving, Introduction to Clinical medicine first year medical student course
1983 – 1986	Co-teacher, consultation-liaison seminar for senior psychiatry residents

Jefferson:

1988 - 1998	Discussion group leader, freshman medical student small group program (Doctor in Health and Illness course)
1988 – 1998	Teacher, psychiatry clerkship didactic program
1988-	Psychiatry resident supervisor
1989 – 1998	Medical student advisor program
1990-	Teacher, History of psychiatry and other didactic courses for residents

- 1986 – 1988 Expert panel member, Enhancing the Geriatric Skills of Primary Care Professionals Project: Assessment of the Confused Elderly patient. Healthbridge, Boulder, CO
- 1986 – 1988 Physicians' Rehabilitation Program, University Hospital Committee

Jefferson:

- 1988 – 1997 Executive Council, Jefferson Medical College
- 1988 – 1997 Executive Committee of the Medical Staff, Jefferson Hospital
- 1988 – 1990 Dean's Committee and Consultant, Coatesville VAMC
- 1988 – 1990 Members of Institute of Human Behavior, Division of Alcoholism, Drug Abuse, and Mental Health, Department of Health and Social Services, State of Delaware and Jefferson Medical College
- 1988 – 1990 Chair, Advisory Committee, 1988-90
- 1988 – 1990 Committee on Research
- 1988 – 1991 Medical College Medical Practice Plan Steering Committee
- 1988 – 1997 Committee on Affiliated Hospitals
- 1988 – 1991 Ethics Committee, Jefferson Hospital
- 1989 – 1997 Strecker Award Selection Committee, Institute of Pennsylvania Hospital, from 1994-96 co-sponsored by Jefferson Department of Psychiatry
- 1990 – 1992 Member, Search Committee for Chair of Internal Medicine
- 1990 – 2005 Alpha Omega Alpha Honor Medical Society, Jefferson Medical College (Pennsylvania Alpha) Chapter
- 1990 – 1991 Interim Chair Medical Staff Affairs Committee, Jefferson Hospital
- 1991 Search Committee, Chair of Medicine
- 1993 – 1996 Member, Committee on Committees, Jefferson Medical College
- 1993 – 1996 Chair, 1995-96
- 1995 – 1997 Board of Directors, Practice Plan Foundation
- 1995 – 1997 Managed Care/Quality Assurance Committee, 1995-97
- 1996 Search Committee, Chair of Medicine

Delaware Psychiatric

- 2006 – 2008 President, Executive Medical Staff
- 2008 Chair, Medical Records Committee Community

- Leadership, Inc., Executive Program, Philadelphia, 1988-89
- Cosmos Club, Washington, DC, 1989-93
- Union League, Philadelphia, 1989
- Union League of Philadelphia Yacht Club, 1991- 2000
- Emory Club of Philadelphia, 1989-2000
- Yale Club of Philadelphia, 1990-2000
- Youth Soccer League Assistant Coach, 1994-97
- Boy Scouts: Assistant Scoutmaster, 1998-99
- Troup Committee, 1998-99
- Eagle Candidate Advisor, 1998-99

Research Grants

Thompson TL II, ed: Anlage. Atlanta: Emory University School of Medicine Quarterly 2: December, 1969.

Thompson TL II, ed: Anlage. Atlanta: Emory University School of Medicine Quarterly 2: February, 1970.

Thompson TL II, ed: Anlage. Atlanta: Emory University School of Medicine Quarterly 2: May, 1970.

Luce JM, Thompson TL II, Getto CJ, Bynny RL: New concepts of chronic pain and their implications. *Hosp Pract* 14: 113-123, 1979. (reprinted in Guggenheim FG, Nadelson C, eds. *Major Psychiatric Disorders: Overviews and Selected Readings*. New York: Elsevier-Biomedical, 269-279, 1982.)

Thompson TL I, Feinberg LE: Evaluation of postoperative changes in mental status. *Postgrad Med* 67: 277-287, 1980.

Thompson TL II, House RM: Genital self-mutilation during transient psychosis: Case report. *Med Aspect Hum Sex* 15: 57, 1981.

Stoudemire A, Thompson TL II: Recognizing and treating dementia. *Geriatrics* 136: 112-120, 1981. (reprinted in: *Laboratory Anphar*, Rolland, Paris, 1982.)

Stoudemire A, Baker N, thompson TL II: Delirium induced by topical application of podophyllin: A case report. *Am J Psychiatry* 138: 1505-1506, 1981.

Thompson TL II, Stoudemire A, Mitchell WD: Effects of a psychiatric liaison program on internists; ability to assess psychosocial problems. *Int J Psychiatry Med* 12: 149-156, 1982-3. (Abstracted in *Psychosom Med* 45: 78, 1983).

Stoudemire A, Thompson TL II: The borderline personality in the medical setting. *Ann Intern Med* 96: 76-79, 1982. (abstracted in *Psychosomatics* 23: 447, 1982.)

Moran MG, thompson IL II: Increased psychotropic side effects in geriatric patients. *Hosp Form* 17: 1513-1521, 1982.

Stoudemire A, Thompson TL II, Mitchell W, Grant RL: Family physicians' perceptions of psychosocial disorders: Survey report and educational implications. *Int J Psychiatry Med* 12: 281-287, 1982-83.

Thompson TL II, Stoudemire A, Mitchell WD, Grant RL: Underrecognition of patients' psychosocial distress in a university hospital medical clinic. *Am J Psychiatry* 140: 158-161, 1983. (abstracted in *Psychosom Med* 44: 126, 1982; *Psychiatry Digest*, Dec 1-2, 1983; *Psychosomatics* 25, 432, 1984; *Wall Street Jnl*, 1, Feb 15, 1983.)

Thompson TL II, Moran MG, Nies AS: Psychotropic drug use in the elderly. *N Engl J Med* 308: 134-138 (Part 1), 194-199 (Part II), 1983. (abstracted in *Geriatric Digest*, 1983; *The Netherlands; Mental Health Reports* 7(3): 6-7, 1983.)

Mitchell WD, Thompson TL II: Some methodological issues in consultation-liaison psychiatry research. *Gen Hosp Psychiatry* 7: 66-72, 1985.

Thompson TL II, Peterson JL: Improving recognition of psychiatric disorders in a primary care practice. *Postgrad Med* 78: 155-162, 1985.

Thompson TL II, Thomas MR: Teaching psychiatry to primary care internists. *Gen Hosp Psychiatry* 7: 210-213, 1985.

Thomas M, Thompson TL II: Treatment planning: A quadriplegic patient with borderline personality disorder. Frances A, section ed. *Hosp Comm Psychiatry* 36: 463-474, 1985. (reprinted as: Organic affective disorder: The case of the irate quadriplegic. In: Perry S, Frances A, Clarkin J. *A DSM-III Casebook of Differential Therapeutics: A Clinical Guide to Treatment Selection*. New York: Brunner/Mazel, 60-64, 1985.)

Thompson TL II: Update on some of the older and new antidepressants. *Liaison Rounds*. *Gen Hosp Psychiatry* 7: 174-179, 1985.

Moran MG, Thompson TL II: The use of psychotropic drugs in geriatric patients. *Resid Staff Physician* 31: 60-71, 1985. (reprinted in: *Medical Times* 114: 33-38, 1986.)

Thompson TL II: Psychiatry: the primary care mental health profession. *Psychosomatics* 26: 441-447, 1985.

Thompson TL II, Zegans LS, Sledge WH: Reintroducing the internship: Reactions of three departments of psychiatry. *Gen Hosp Psychiatry* 7: 224-227, 1985.

Mitchell WD, Thompson TL II: Attitudes of internists in practice toward their ambulatory care education. *J Med Educ* 60: 415-417, 1985.

House RM, Thompson TL II: Acute psychiatric evaluation of self-injuring patients. *Psychosomatics* 26: 845-851, 1985.

Thompson WL, Thompson TL II: Psychiatric aspects of asthma in adults. *Adv. Psychosom Med* 14: 33-47, 1985.

Thompson WL, Thompson TL II: Use of medications in patients with chronic pulmonary disease. *Adv Psychosom Med* 14: 136-148, 1985.

Weingarten JC, Thompson TL II: The effect of thioridazine on prolactinoma growth in a schizophrenic man: Case report. *Gen Hosp Psychiatry* 7: 364-366, 1985.

Thompson TL II, Mitchell WD, guest eds: Cost and cost-effectiveness in the DRG era: What can be done? Introduction. *Gen Hosp Psychiatry* 7: 334-336, 1985.

Flynn CF, Thompson TL II: Effects of acute increases in altitude on mental status: Prevention and treatment. *Psychosomatics* 31: 80-84, 1990.

Thompson TL II, Wise TN, Kelley AB, Mann LS: Improving psychiatric consultation to non-psychiatric physicians. *Psychosomatics* 31: 80-84, 1990.

Thompson TL II: Managing the "difficult ob/gyn patient. *Female Patient* 15: 49-56, 1990.

Thompson TL II: A leadership perspective: One year after becoming Chair of a department. *Academic Psychiatry* 14: 65-72, 1990.

Mitchell WD, Thompson TL II: Psychiatric distress in systemic lupus erythematosus outpatients. *Psychosomatics* 31: 293-300, 1990.

Thompson TL II, Filley CM, Mitchell WD, Culig KM, LoVerde M, Byyny RL: Lack of efficacy of Hydergine in patients with Alzheimer's Disease. *N Engl J Med* 323: 445-448, 1990.

Thompson WL, Thompson TL II, House RM: Taking care of culturally different and non-English speaking patients. *Int J Psychiatry Med* 20: 235-245, 1990.

Helz JW, Thompson TL II: Consultation-liaison models for teaching psychiatry to primary care physicians. In: Hale MS, ed. *Models in Teaching Consultation-Liaison Psychiatry*. *Adv Psychosom Med* 20: 1-16, 1990.

Thompson TL II, Smith TC: Costumed figures may produce iatrogenic symptoms in delirious patients. *Psychosomatics* 32: 1-4, 1991.

Thompson WL, Thompson TL II: Somatization and pulmonary disease. *Psychiatric Med* 10: 77-91, 1992.

Thompson TL II: Editor's notes. Medical-surgical psychiatry. Treating psychiatric aspects of physical disorders. *New Directions for Mental Health Services* 57: 1-7, 1993.

Thompson WL, Thompson TL II: Psychiatric disorders complicating treatment of pulmonary disease. Medical-surgical psychiatry: Treating psychiatric aspects of physical disorders. *New Directions for Mental Health Services* 57: 117-130, 1993.

Smith TC, Thompson TL II: The inherent, powerful therapeutic value of a good physician-patients relationship. *Psychosomatics* 34: 166-170, 1993.

Thompson TL II: Should we shift the name for "consultation-liaison" to "medical-surgical" psychiatry, "psychiatry in medicine and surgery," or some other term? *Psychosomatics* 34: 259-264, 1993.

Thompson TL II: Some advantages of consultation-liaison (medical-surgical) psychiatry becoming an added qualification subspecialty. *Psychosomatics* 34: 343-349, 1993.

Thompson TL II: Diagnosis and management of dementia and depression in long-term care facilities. In: Berry GP, Thompson TL II, eds. *Handbook of Long-Term Care*. Denver: US Government Printing Office, 1980: 19-28.

Blumenfield M, Thompson TL II: The psychological reactions to physical illness. In: Simons RC, Pardes H, eds. *Understanding Human Behavior in Health and Illness*, second edition. Baltimore: Williams and Wilkins, 1981: 46-56. (updated, third edition, 1985: 48-59.)

Thompson TL II, Steele BF. The psychological aspects of pain. In: Simons RC, Pardes H, eds. *Understanding Human Behavior in Health and Illness*, second edition. Baltimore, Williams and Wilkins, 1981: 57-63. (updated, third edition, 1985: 60-67.)

Rhine MW, Thompson TL II: Hypochondriasis. In: Simons RC, Pardes H, eds. *Understanding Human Behavior in Health and Illness*, second edition. Baltimore: Williams and Wilkins, 1981: 69-74. (updated, third edition, 1985: 73-78.)

Thompson TL II: Noncompliance. Psychiatric problems in internal medicine. In: Dubovsky SL, ed. *Psychiatric Problems in Primary Practice*. Nutley, NJ: Hoffman-LaRoche, 1981: 4-16.

Thompson TL II: Hypochondriasis. Psychiatric problems in internal medicine. In Dubovsky SL, ed. *Psychiatric Problems in Primary Practice*. Nutley, NJ: Hoffman-LaRoche, 1981: 16-29.

Byyny RL, Thompson TL II: The evolution of primary care medicine. In: Thompson TL II, Byyny RL, eds. *The Education of the General Internist*. Fulton: Ovid Bell Press, 1982: 5-12. (republished as: *Primary and Team Health Care Education*. New York: Praeger, 1983.)

Luce JM, Feinberg LE, Redstone PM, Thompson TL II, Brettel HR, Byyny RL: Clinical decision making in primary care medicine. In: Thompson TL II, Byyny RL, eds. *The Education of the General Internist*. Fulton: Ovid Bell Press, 1982: 41-54

Thompson TL II: The psychiatric education of primary care physicians. In: Thompson TL II, Byyny RL, eds. *The Education of the General Internist*. Fulton: Ovid Bell Press, 1982: 89-108.

Thompson TL II: How not to teach behavioral sciences in primary care. In: Thompson TL, Byyny RL, eds. *The Education of the General Internist*. Fulton: Ovid Bell Press, 1982: 109-113.

Thompson TL II: The roles of the psychiatrist in primary care settings. In: Thompson TL II, Byyny RL, eds. *The Educations of the General Internist*. Fulton: Ovid Bell Press, 1982: 211-221.

Byyny RL, Hiatt WR, Thompson TL II: Goals and objectives for primary care internal medicine residency program. In: Thompson TL II, Byyny RL, eds. *The Education of the General Internist*. Fulton: Ovid Bell Press, 1982: 221-229.

Thompson WL, Thompson TL II: Pulmonary disease. In: Stoudemire A, Fogel BS, eds. *Principles of Medical Psychiatry*. Orlando: Grune & Stratton, 1987: 553-570.

Thompson TL II: Psychosomatic disorders. In: Talbott JA, Hales RE, Yudofsky SC, eds. *American Psychiatric Press Textbook of Psychiatry*. Washington, DC: American Psychiatric Press, 1988: 493-532.

Thompson TL II, Byyny RL: Pain problems in primary care medical practice. In: Tollison CD, ed. *Handbook of Chronic Pain Management*. Baltimore: Williams and Wilkins, 1989: 532-549.

Moran MG, Thompson TL II: Depression, suicide, and paranoia. In: Schrier RW, ed. *Geriatric Medicine*. Philadelphia: W.B. Saunders, 1990: 68-79.

Thompson WL, Thompson TL II: Sexual disturbances. In: Schrier RW, ed. *Geriatric Medicine*. Philadelphia: W.B. Saunders, 1990: 179-188.

Wolman T, Thompson TL II: Adult development. In: Stoudemire A, ed. *Human Behavior: An Introduction for Medical Students*. Philadelphia: JB Lippincott, 1990: 178-205.

Prugh, DG, Thompson TL II: Illness as a source of stress: Acute illness, chronic illness, and surgical procedures. In: Noshpitz JD, Coddington RD, eds. *Stressors and the Adjustment Disorders*. New York: John Wiley and Sons, 1990: 60-142.

House RM, Trzepacz PT, Thompson TL II: Psychiatric consultation to organ transplant services. In: *Consultation-Liaison Psychiatry*. Hales RE, Thompson TL II, section eds. Tasman A, Goldfinger SM, Kaufmann CA, eds. *Review of Psychiatry*. Washington, DC: American Psychiatric Press, 1990: 515-536.

Shakin EJ, Thompson TL II: Psychiatric aspects of hematologic disorders. In: Stoudemire A, Fogel BS, eds. *Medical Psychiatric Practice*. Volume 1. Washington, DC: American Psychiatric Press, 1991: 193-242.

Pelchat RJ, Thompson TL II: Geriatric psychiatry. In: Conn RB, ed. *Current Diagnosis*, eighth edition. Philadelphia: W.B. Saunders, 1991; 1030-1034.

Thompson TL II: Psychosomatic phenomena. In: Akhtar S, Parens H, eds. *Beyond the Symbiotic Orbit: Advances in separation-individuation theory*. Hillsdale, NJ: Analytic Press, 1991: 243-260.

Thompson WL, Thompson TL II: Pulmonary disease. In: Stoudemire A, Fogel BS, eds. *Psychiatric Care of the Medical Patient*. New York: Oxford University Press, 1993: 591-610.

Shakin EJ, Thompson TL II: Hematologic disorders. In: Stoudemire A, Fogel BS, eds. *Psychiatric Care of the Medical Patient*. New York: Oxford University Press, 1993: 691-712.

Nardone D, Thompson TL II: Workshop on teaching of medical interview. In: Lipkin M Jr, Putnam S, eds. SREPCIM task Force and Workshop Reports on the Medical Interview and Related Skills, 1981: 4-11.

Thompson TL II: Assoc Acad Psychiatry Newsletter. Reports as Associate Editor in quarterly editions, 1981-85; as Regional Network Coordinator, 1985-89; as President-Elect, 1989-90, and as President, 1990-91.

Thompson TL II: Symptoms of dementia. In: St Claire A, ed. A Healthy Age. Denver: Senior Edition, 1982: 30-31.

Thompson TL II, Stoudemire A, Mitchell WD: Internists' underrecognition of psychosocial and psychiatric distress. SREPCIM. (abstract) Clin Res 30: 649A, 1982.

Thompson TL II, Stoudemire A, Mitchell WD: Internists' awareness of psychosocial problems. (abstract) CME Syllabus and Scientific Proceedings. American Psychiatric Association Annual Meeting. Toronto, 1982: 255.

Thompson TL II, Moran MG, Nies AS: Caution in the use of drugs in the elderly. (reply to letters) N Engl J Med 308: 1601, 1983.

Thompson TL II: Book review: The Social Organization of Doctor-Patient Communication. Fisher S, Tod AD, eds. Washington, DC: Center for Applied Linguistics, 1983. Ann Intern Med 99: 577, 1983.

Thompson TL II: book review: Pain Measurement and Assessment. Melzack R, ed. New York: Raven Press, 1983. Am J Psychiatry 141: 1478-1479, 1984.

Thompson TL II: current concepts in antidepressant therapy. Depression Dialogue Nov 1984: 1-4.

Thompson TL II: Treatment of psychiatric ills. (reply to letter) Clinical Psychiatry News 12(6): 20, 1984.

Thompson TL II: Book review: Psychopharmacology: An Introduction. Spiegel R, Aebi H-J, eds. New York: John Wiley & Sons, 1983. Am J Psychiatry 142: 980-981, 1985.

Thompson TL II: Replies in quarterly editions of Psychiatry 85 and 86, Readers Respond section, 1985-1986.

Thompson TL II: Book review: Handbook of Psychiatry. Volume 4. The Neuroses and Personality Disorders. Russell GFM, Hersov L, eds. New York: Cambridge University Press, 1983. Am J Psychiatry 142: 1386, 1985.

Thompson TL II: Book Review: Aging: The Facts. Coni N, Davidson W, Webster S. New York: Oxford University Press, 1984. Ann Intern Med 102: 148, 1985.

Moran MG, Thompson TL II, Nies AS: Disturbed sleep in the elderly. (reply to letter) *Am J Psychiatry* 146: 811, 1989.

Thompson TL II: Book review: *Ending Therapy: The Meaning of Termination*. Kupers TA, New York: New York University Press, 1988. *Am J Psychiatry* 147: 1244-1246, 1990.

Thompson TL II: APA elections. (letter) *Psychiatric News*, p 44, May 4, 1990.

Thompson TL II, Wise TN, Mann LS: On improving psychiatric consultation to nonpsychiatrist physicians. (reply to letter) *Psychosomatics* 31: 467-468, 1990.

Filley CM, Mitchell WD, Thompson TL II, Culig KM, Bynny RL, LoVerd M: Lack of efficacy of Hydergine in Alzheimer's Disease. (reply to letter) *N Engl J Med* 324: 197-198, 1991.

Thompson TL II (moderator), Martin MJ, Schwab JJ (discussants): Interface of physical and mental health in later life. Vol. 11, No. 2, *ACP Psychiatric Update* (transcript), American College of Psychiatrists, Medical Information Systems, Port Washington, NY, 1991.

Mitchell WD, Filley CM, Thompson TL II: Hydergine in Alzheimer's Disease. (reply to commentary) *J Geriatric Psychiatry Neurology* 4: 122-123, 1991.

Thompson TL II: Biases against psychiatry "have roots in med school." (letter) *Clinical Psychiatric News* 19(5): 24, 1991.

Thompson TL II: Recognition and treatment of depression. (abstract) *Syllabus of American Psychiatric Association Institute of Hospital and Community Psychiatry Annual Meeting*. Los Angeles, 1991: 113.

Thompson TL II: Management of a geriatric patients with complications, including psychotherapy, pharmacotherapy, and medical management. (abstract) *CME Syllabus and Proceedings Summary*. American Psychiatric Association Annual Meeting. Washington, DC, 1992: 7.

Thompson TL II: Book review: *Other Times, Other Realities: Toward a Theory of Psychoanalytic Treatment*. Modell AH. Cambridge, MA: Harvard University Press, 1990. *Am J Psychiatry* 149: 697-698, 1992.

Hales RE, Thompson TL II: Foreword. In: *Consultation-Liaison Psychiatry*, Hales RE, Thompson TL II, section eds. Tasman A, Goldfinger SM, Kaufmann CA, eds. *Review of Psychiatry*. Washington, DC: American Psychiatric Press, 1990: 409-411.

Thompson TL II, Hales RE: Afterword. In: *Consultation-Liaison Psychiatry*, Hales RE, Thompson TL II, section eds. Tasman A, Goldfinger SM, Kaufmann CA, eds. *Review of Psychiatry*. Washington, DC: American Psychiatric Press, 1990: 564-566.

Thompson TL II: The case of Anne Sexton. (letter) *N Engl J Med* 326: 1365, 1992.

Thompson TL II: Book review: *The Biology of Clinical Encounters: Psychoanalysis as a Science of Mind*. Gedo JE. Hillsdale, NJ: The Analytic Press, 1991. *Am J Psychiatry* 152: 6410642, 1995.

Thompson TL II: book review: *Science Deified and Science Defied: The Historical Significance of Science in Western Culture, Vol. 2*. Olson R, Berkeley and Los Angeles: University of California Press, 1990. *Am J Psychiatry* 152: 1826-1827, 1995.

Seagraves RT, Thompson TL II, Wise T: Sexual dysfunction and antidepressants. *Intercom. J Clin Psychiatry* Dec 1996: 1-12.

Thompson TL II: Management of sexual dysfunction. (abstract) Institute Proceedings and Syllabus Summary. American Psychiatric Association Institute on Psychiatric Services Annual Meeting, Chicago, IL, 1996: 48-49.

Thompson TL II, Folks DG, Silverman JJ: Managed care paradigm shifts and consultation-liaison opportunities. (abstract) CME Syllabus and Scientific Proceedings, American Psychiatric Association Annual Meeting. San Diego, CA, 1997: 40.

Monti DA, Thompson TL II, Cohen MJM, Field HL, Kunkel EJS: Successful management of a consultation-liaison psychiatry service. (abstract) CME Syllabus and Scientific Proceedings, American Psychiatric Association Annual Meeting. San Diego, CA, 1997: 247.

Thompson TL II: Practical clinical approaches to sexual dysfunction. Management of sexual dysfunction in depression. (abstract) CME Syllabus and Scientific Proceedings, American Psychiatric Association Annual Meeting. San Diego, CA, 1997: 277-278.

Thompson TL II: Psychiatric disorders in primary care. Primary care and psychiatry. (abstract) CME Syllabus and Scientific Proceedings, American Psychiatric Association Annual Meeting. San Diego, CA, 1997: 289-290.

Thompson TL II: Book review: *Textbook of Consultation Liaison Psychiatry*. Rundell JR, Wise MG, eds. Washington, DC: American Psychiatric Press, 1996. *Gen Hosp Psychiatry* 19: 159, 1997.

Thompson TL II: Book reviews: *DSM-IV Case Studies. A Clinical Guide to Differential Diagnosis*. Francis A, Ross R, eds. And *DSM-IV Sourcebook, Vol. 2*. Widiger TA, Francis AJ, Pincus HS, Ross R, First MB, Davis WW, eds. both Washington, DC. American Psychiatric Press, 1996. *Am J Psychiatry* 154: 1467-1469, 1997.

Thompson TL II: Management of sexual dysfunction in depression. (abstract) Syllabus and proceeding Summary, Institute on Psychiatric Services, American Psychiatric Association, Washington, DC, 1997: 42-44.

Thompson TL II: Managing psychiatric disorders in primary care. (transcript) Teleconference Educational Network, Annenberg Center at Eisenhower, Rancho Mirage, CA. SCP Communications, New York, NY, 1997: 4-11.

Clinical update on cocaine abuse, vol. 1, no. 3, 1989.
Sleep disorders and antidepressants, vol. 1, no. 4, 1989.
Antidepressant use in the medically ill, vol. 2, no. 1, 1990.
Depression in the elderly. Part I, vol. 2, no. 2, 1990.
Dementia and psychosis in the elderly. Part II, vol. 2, no. 3, 1990

Moderator (with Martin MJ and Schwab JJ, discussants), Interface of physical and mental health in later life (audiotape). Vol. 11, no. 2, ACP Psychiatric Update, American College of Psychiatry, Medical Information Systems, Port Washington, NY, 1991.

Speaker (with Stoudemire A and Wise MG, moderator), Consultation-liaison psychiatry (audiotape). Vol. 12, No. 8, ACP Psychiatric Update, American College of Psychiatrists, Medical Information Systems, Port Washington, NY, 1992.

Speaker, Managing psychiatric disorders in primary care. (videotape) Teleconference Educational Network, Ammenberg Center for Health Sciences at Eisenhower, Rancho Mirage, CA, 1997-98.

Speakers, Sexual Dysfunction from Antidepressants: 27(8) and Sexual Dysfunction: 27(9) (audiotapes). Audio-Digest, Glendale, CA, 1998.

National, International Academic Presentations

The internship experience: prospects and problems (with LS Zegans, WH Sledge). American Psychiatric Association 1977 Annual Meeting, Toronto, Canada.

Medical Grand Rounds, University of Virginia School of Medicine, Charlottesville, VA, 1978.

Teaching psychiatry to primary care physicians, Association for Academic Psychiatry 1980 Annual Meeting, San Antonio, TX.

Course director, Psychiatric liaison to surgical services, American Psychiatric Association 1980 Annual Meeting, San Francisco, CA

Featured speaker, Symposium on the geriatric patients, University of Missouri School of Medicine at Kansas City, 1980.

Course faculty, Psychiatric problems in CCUs, American psychiatric Association 1981 Annual Meeting, New Orleans, LA.

Underrecognition of patients' psychosocial problems by internists (with A Stoudemire, WD Mitchell). American Psychosomatic Society 1982 Annual Meeting, Denver, CO.

Psychotropic drugs in the elderly. Geriatric Medicine Update. University of New Mexico School of Medicine, Department of Medicine, Albuquerque, NM, 1982.

Discussant, paper session, New initiatives in consultation-liaison psychiatry. American Psychiatric Association 1984 Annual Meeting, Los Angeles, CA.

Panel Moderator, cost and cost-effectiveness in the DGR era: What can be done? American Psychiatric Association Institute of Hospital and Community Psychiatry 1984 Annual Meeting, Denver, CO.

Local moderator, 50 city videoconference, Management of anxiety in the primary care setting: Medical challenge or social dilemma. Professional Postgraduate Services, Upjohn Company and Hershey Medical Center, Pennsylvania State University, 1985.

Regional moderator, Clinical perspectives on anxiety, agitation, and insomnia symposium. Wyeth/Biomedical Information Corp., New York, 1985.

Discussion group presenter, Analytically oriented treatment for the elderly. American Psychoanalytic Association 1985 Annual Meeting, Denver, CO.

Underconsultation for alcoholics on medical wards. (with WD Mitchell, SR Craig), American Psychiatric Association 1986 Annual Meeting, Washington, DC.

New Directions in Biological Psychiatry Symposium, San Diego, CA, 1986.

Primary care physicians' perceptions of psychiatric problems in the elderly as compared to younger adult patients (with WD Mitchell, RM House). Academy of Psychosomatic Medicine 1986 Annual Meeting, New York City.

Distinguished Psychiatrist Series, "Clinical consultation with Troy L. Thompson II, M.D., on dementia," American Psychiatric Association 1987 Annual Meeting, Chicago, IL

Psychiatry's role in primary care graduate medical education (with RJ Goldberg, TN Wise), American Psychiatric Association 1987 Annual Meeting, Chicago, IL.

Discussant, paper session, Issues in consultation-liaison psychiatry. American Psychiatric Association 1987 Annual Meeting, Chicago, IL.

Co-chair, Psychiatric education for medical practice symposium, sponsored by Association for Academic Psychiatry. American Psychiatric Association 1987 Annual Meeting, Chicago, IL.

Enhancing compliance in chronic medical illnesses. Behavioral Medicine and Disability Prevention component workshop. (APA Committee on Rehabilitation, Consultation-Liaison Psychiatry and Primary Care Education and Task Force on SSI, SSDI). American Psychiatric Association 1988 Annual Meeting, Montreal, Canada.

What makes psychiatry different? APA Committee on Interprofessional Affairs component workshop. American Psychiatric Association 1988 Annual Meeting, Montreal, Canada.

Getting started in academic psychiatry workshop, American Psychiatric Association 1990 Annual Meeting, New York, NY.

Chairperson, paper session, Psychosocial characteristics of organ transplantation. American Psychiatric Association 1990 annual Meeting, New York, NY.

Joint meeting of European Psychoanalytic Federation and American Psychoanalytic Association, Cork, Ireland, 1990.

Psychiatric Division, Puerto Rico Medical Association 1990 Annual Meeting, San Juan, PR.

Moderator, Innovations in Consultation-liaison Psychiatry paper session, Academy of Psychosomatic Medicine 1990 Annual Meeting, Phoenix, AZ.

Recent advances in the uses of clonazepam. American Psychiatric Association Institute of Hospital and Community Psychiatry 1990 Annual Meeting, Denver, CO.

The DART Program: Depression: Awareness, Recognition and Treatment. American Psychiatric Association Institute of Hospital and Community Psychiatry 1990 Annual Meeting, Denver, CO.

Psychiatric drug use in the medically ill. American Psychiatric Association Institute of Hospital and Community Psychiatry 1990 Annual Meeting, Denver, CO.

Faculty expert, APA Committee of Residents and Fellows session, American Psychiatric Association 1991 Annual Meeting, New Orleans, LA.

Psychiatry Grand Rounds, Pacific Presbyterian Medical Center, San Francisco, CA, 1991.

The Promotions Committee Workshop, Association for Academic Psychiatry 1991 Annual Meeting, Tampa, FL.

Mentoring Workshop, Association for Academic Psychiatry 1991 Annual Meeting, Tampa, FL.

Florida Hospital 5th Annual Symposium on Psychiatric Medicine, Orlando, FL, 1991, and 6th Annual Symposium, 1992.

Roving Symposium, Academy of Medicine of New Jersey, 1990.

Royal Australian and New Zealand College of Psychiatrists meeting, Queensland, and Department of Psychiatry, Royal Brisbane Hospital, University of Queensland, Australia, 1991.

Recognition and treatment of depression. American psychiatric Association Institute of Hospital and Community Psychiatry 1991 Annual Meeting, Los Angeles, CA.

Development of a national network using selected mentors and supervisors. Workshop on Climbing the academic ladder: career development for the junior consultation-liaison psychiatrist. Academy of Psychosomatic medicine 1993 Annual Meeting, New Orleans, LA.

Common themes in psychosocial interventions in the medical setting. Academy of Psychosomatic Medicine 1993 Annual Meeting, New Orleans, LA.

Subspecialization status and directions. Symposium on Major issues confronting APM: Opportunities and obstacles for the future. Academy of Psychosomatic Medicine 1993 Annual Meeting, New Orleans, LA.

Psychiatry Grand Rounds, Institute of Pennsylvania Hospital, Philadelphia, 1994.

Psychiatry Grand Rounds, University of Virginia, 1994. Discussant, Psychoanalytic variables associated with the outcome of psychoanalysis of homosexual patients paper by Houston MacIntosh, M.D. American Psychoanalytic Association 1994 Annual Spring Meeting, Philadelphia, PA.

Psychotherapy of the medically-surgically ill. Symposium on The role of psychotherapy in psychiatric practice. American Psychiatric Association 1994 Annual Meeting, Philadelphia, PA.

Consultation/liaison teaching models for primary care. Symposium on Integration of training in psychiatry and primary care: Models for the future. American Psychiatric Association 1994 Annual Meeting, Philadelphia, PA.

Interfaces of psychopharmacology and psychodynamic psychotherapy, Pittsburgh Psychiatry Society and Pittsburgh Psychoanalytic Society 1994 Combined Annual Meeting, Pittsburgh, PA

The Marvin Stern Annual lecture: The shifting boundaries of the mind-body interfaces. New York University Dept. of Psychiatry, 1994.

Psychiatry Grand Rounds, North Shore University Hospital, Cornell Medical center, NY, 1995.

Symposium organizer and presenter. Administrative and managed care challenges and opportunities for C-L: Department Chairs' views. Academy of Psychosomatic Medicine 1995 Annual Meeting, Palm Springs, CA.

Discussant, Scientific session, Freud and Feminine Subjectivity, Leon Hoffman, M.D., Philadelphia, Psychoanalytic Society, 1996.

Psychiatry and Primary care: Service Education, and Research Implications. Psychiatry in the 21st Century Conference, St. Mary's Hospital, Department of psychiatry, Rochester, NY, 1996.

Psychiatry Grand Rounds, Mt. Sinai School of Medicine, New York, NY, 1996.

Psychiatry Grand Rounds, Medical College of Wisconsin, Milwaukee, WI, 1996.

Psychiatry Grand Rounds, Beth Israel Hospital, New York City, 1999.

Psychiatry Grand Rounds, University of Oregon Health Sciences Center, 1999

Psychiatry Grand Rounds, Detroit Hospital/Wayne State University, 1999.

Psychiatry Grand Rounds, University of Medicine and Dentistry of New Jersey, 1999.

Speaker, Symposium on Women's Health, Georgetown University Medical Center, 1999

Psychiatry Grand Rounds, University of West Virginia, 2000.

Chair, Psychiatric issues in medically ill patients. American Psychiatric Association 200 Annual Meeting, Chicago, IL.

Symposium organizer and presenter. Psychological rehabilitation advances for the SPMI. American Psychiatric Association 2000 Annual Meeting, Chicago, IL.

Invited presenter. Early career psychiatrists workshop. ABPN Examiners and ABPN Examinees. American Psychiatric Association 2000 Annual Meeting, Chicago, IL.

Symposium organizer and presenter, APA Psychosocial Rehabilitation Committee Report. American Psychiatric Association Institute on Psychiatric Services 2000 Annual Meeting, Philadelphia, PA.

Invited lecturer. Evaluation of sexual dysfunction by psychiatrists. American Psychiatric Association Institute on Psychiatric Services 2000 Annual Meeting, Philadelphia, PA.

Media

1977- Interviewed on over 20 TV and radio (including National Public Radio) programs on topics including aging, geriatric psychiatry, Alzheimer's Disease, depression, seasonal affective disorders, sleep disorders and phobias.