

SUMMER

June 2008

University Correctional HealthCare

New Jersey Department of Corrections New Agreement with the University of Medicine & Dentistry of New Jersey

With the recent New Jersey Department of Corrections (NJDOC) announcement of their intention to have the University of Medicine & Dentistry of New Jersey (UMDNJ) provide inmate medical services, University Correctional HealthCare (UCHC) has found itself being criticized in the media. Specifically, there have been suggestions that UCHC might drive up costs and reduce quality. Our track record, however, suggests differently. Inmate complaints related to mental health services have been drastically reduced, reliance on Ann Klein Forensic Center (AKFC) for inpatient psychiatric treatment has been cut in half, our pricing is competitive and, through our partnership with NJDOC, there is substantial compliance with the *CF v. Terhune Settlement Agreement*.

UMDNJ Drastically Reduces Inmates Complaints

Mental Health Grievances dropped from 1,384 in 2005 to 687 in 2007, a decrease of approximately 50%. Such a reduction substantially lowers the risk of subsequent mental health related litigation for NJDOC. Medical Grievances, however, increased during this same period about 7% (4,396 to 4,735).

Reduced Reliance upon Ann Klein Forensic Center (State Forensic Hospital)

Since UMDNJ began providing mental health services within NJDOC, we estimated a reduction in 4,488 annual patient bed days per year at AKFC. This is the result of: 1) a reduction in the number of inmate psychiatric crises requiring hospitalization (reduced from 30 to 12 per year) and 2) a reduction in the number of inmates on psychiatric commitment who, after completing their sentence, must transfer to AKFC (reduced from 91 to 41 per year).

Competitive Pricing

The price for UMDNJ mental health clinician services which took effect January 1, 2005, was favorable to the bids received in the 2002 RFP for such services within the NJDOC. With staffing levels for approximately 165 positions, the BHC price was \$20,300,000; United Mental Health was \$22,906,000; MHM Services was \$23,800,000; and CFG was \$25,725,000. Through UMDNJ two years later, the cost for clinician services was \$20,305,249 with 202 staff positions. NJDOC had already included the sex offender services which required additional staffing when they formulated the Agreement with UMDNJ. These figures are all exclusive of nursing, psychiatry, pharmacy and laboratory services.

Substantial Compliance with CF v. Terhune Settlement Agreement

NJDOC, with UMDNJ involvement for just over two years, obtained substantial compliance toward meeting requirements of the *CF v Terhune Settlement Agreement* for male inmates by February 2007. This led to the Second Amendment of the *Settlement Agreement* which allowed women's services to be carved-out. In addition, male class members at all but one of the state prisons were Sunset in the following categories: Disciplinary Process with special needs (SN) inmates; Stabilization (psychiatric crisis) Units, Residential Treatment and Transitional Care Units for inmates with serious need for mental health treatment; Outpatient Mental Health Services for SN inmates in the general population; Construction; Mental Health Policies and Procedures; and Mental Health Staffing.

I continue to be impressed with the high quality of care that our mental health team delivers everyday. Now, I look forward to our expansion, as we further strengthen the effectiveness and efficiency of the medical services to be provided to inmates within the NJDOC.

Jeff Dickert, PhD
Vice President





Test your pager on a routine basis - any problems should be reported to Melody Massa at 609-341-3095

Submit your reimbursements to your support staff for processing before the end of UCHC fiscal year (6/30/08).

ADDRESS

University Correctional HealthCare
c/o NJDOC
Colpitts Modular Unit
P.O. Box 863
Whittlesey Road
Trenton, NJ 08625

609-341-3093
609-341-9380 - fax



Donna Crabtree passed the NJ Oral Exams and is now a Licensed Psychologist.



Looking Ahead....

July

- 4 Fourth of July Holiday 
- 8 Clinician Supervisor Meeting

September

- 1 Labor Day - Holiday
- 9 Clinician Supervisor Meeting

Welcome Aboard

April

- Mary Adekanye, Staff Nurse, NJSP
- Deon Bullard, Mental Health Clinician 3, NJSP/RFSP
- Edward Trockenbrod, Mental Health Clinician 3, SWSP
- Troy Heckert, Mental Health Clinician 2, SWSP
- Uros Koprivica, APN, JJC

May

- Toyin Oladele, Staff Nurse, NJSP
- Keasha Robinson, Staff Nurse - Per Diem, SWSP
- Nena Sapp, Forensic Mental Health Clinician, JJC
- Joyce Cole, Staff Nurse, NJSP



Have You Heard?

UCHC has an email mailbox.
You can forward your newsletter articles to:
uchccorectsvcs@umdnj.edu

Website to assist clinicians w/aftercare medications from
Keli Domanico, LCSW, MHC 3 at SWSP:
www.needymeds.com

Farewell & Good Luck

April

Susan LaBove

May

- | | |
|---------------|-----------------|
| Mark Yushchak | Tamara Thompson |
| Mark Gordin | Thomas Etts |
| Debra Miletta | |



Ask Mechele



I am very excited as this month marks the **very first** question addressed to my “Dear Mechele” column. While the writers chose to remain anonymous, I’m sure the topic will be of interest to many. *PLEASE* continue to write in.

Dear Mechele,

We were wondering if you could address what is and is not appropriate to wear in prison?

This is a question near and dear to my heart as anyone who has attended one of my orientations already knows. I came into corrections after spending many years working in higher education, so in preparing for my interview at New Jersey State Prison, I started calling around soliciting opinions on what I should wear. My husband-to-be recommended being covered from head to toe, sort of like how nuns used to dress back in the day. A “funny” friend recommended stripes. I compromised by wearing a black, pinstriped skirt suit. Once inside, I noticed only one other person so attired, but I figured I was OK, since I got the job...then I went to my orientation.

We were told not to wear dresses or skirts and that inmates would hold elaborate discussions about the tightness of our pants. Make-up, perfume, nail polish and jewelry were highly discouraged; they said that bobby pins and even the underwire in our bras would set off the sensitive metal detectors. I mentally started going through my closet and knew for sure that most of my college attire would not work in prison. While it was the furthest thing in my mind to “dress up” for work in this setting, I did want to be able to recognize my own reflection in the mirror and maintain my personal sense of style. So, every day there were challenges to find just the right “jail outfit” without breaking the bank. After studying those around me and asking a few questions, it didn’t take long to find that I could dress comfortably and appropriately, even in a maximum security prison. Lab coats in three different lengths solved a multitude of problems. I could go sleeveless without a problem, no one could tell how my pants fit, and the pockets came in handy for car keys, tissues, pens, etc. Funny socks in every color with every possible design became my “signature.”

Since then, my work has afforded me the opportunity to travel to every prison in the state. Unfortunately, even to this day, I continue to see my colleagues wearing everything they were warned not to wear.

Once a proponent for “dress down Friday” I was told that this had been tried several times unsuccessfully in the past and discontinued. Why? Because staff chose to wear low riders, dirty, cut off/cutout jeans, tight T-shirts, shorts, tank/tube/midriff bearing/spaghetti strapped tops, athletic shirts, fishnet clothing and things that in no way would be appropriate for work, even on casual day. Since that time I have kind of made it my mission to observe and share what I’ve learned throughout the years. Now, I don’t profess to be a know-it-all; however, my attire has never been questioned nor discussed in a negative manner (except for that one unfortunate orange and kaki episode which had the inmates laughing) and staff have often solicited my opinion on what to wear. I also admit to having subtly shared my concerns with more than a few, about some...how shall I say...questionable choices.

For those who don’t know, a Memorandum was issued August 1, 2006 to all UCHC staff which discusses Personal Appearance. If you want a copy just email me or give me a call. But here are some general rules that are basically common sense. Dress should be conservative, **its prison**, a professional workplace environment, **not a nightclub**. My work clothes were distinctly different from what I wore on my own time. Tight, short, low cut anything is inappropriate. Because you never know when a situation may call for a quick exit, you should always be prepared to move quickly. So, heels, stilettos, sling backs, flip flops, even most sandals, are ridiculous. Also, since we often have to walk considerable distances on concrete surfaces, thick, rubber soled shoes are the smart choice. Did you know that open toed shoes are often a topic of discussion among our clientele...and not in a good way? That pedicure may look great at the beach or out around town, but in prison it just might be the subject of someone’s personal fantasy. Hooded shirts or jackets can be pulled from behind and since inmates wear khaki, it should be taboo for you too (I know I learned my lesson). Sheer clothing is for personal time, not work time. Blue jeans are not considered business attire and neither are Capri pants.

These are just a few of my pet peeves and I’m sure you can come up with many more. What is most important to remember is that we work in an environment where safety and security are the highest priority. Inmates are not known for making the best choices and often look to us to set the example. I simply ask that each day you look in the mirror before you come to work and ask yourself this question...“What does my appearance say about me?”



OCCUPATIONAL THERAPY MONTH

The month of April has been designated Occupational Therapy (OT)

Month by the American Occupational Therapy Association (AOTA). AOTA defines occupational therapy practitioners – registered occupational therapists (OTR) and certified occupational therapy assistants (COTA) – as “skilled professionals whose education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological effects of illness and injury” (AOTA, 2008). All must complete supervised internships, pass a national certification exam, and, in most states including New Jersey, possess a license to practice. They work in a variety of settings including but not limited to, acute care hospitals, rehabilitation settings, schools, homeless shelters, and prisons. They define occupations as “activities having unique meaning and

purpose in a person’s life, . . . central to a person’s identity and competence, and influencing how one spends time and makes decisions” (AOTA, 2002, p. 610). Occupations are generally categorized as activities of daily living (ADL) which relate to taking care of one’s own body, and instrumental activities of daily living (IADL) which are oriented toward interacting with one’s environment, education, work, play, leisure, and social participation (AOTA, 2002).

To celebrate OT Month, Susan Connor, OTR/L provided an in-service to the inpatient mental health staff at New Jersey State Prison. Staff participated in the game *Jenga*, an activity often enjoyed by inmates in NJSP OT groups. After the game our staff analyzed the demands of the activity from an OT perspective considering: (1) objects and their properties (2) space demands (3) social demands (4) sequence and timing (5) required actions (6) required body functions and (7) required body structures. (AOTA, 2002)

For more information about occupational therapy, included on *U.S. News and World Report’s* list of “Best Careers 2008”, feel free to contact Ms. Connor or the American Occupational Therapy Association (<http://www.aota.org>).

American Occupational Therapy Association (2002). Occupational therapy framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609-639.

American Occupational Therapy Association (2008). *About OT Practitioners*. Retrieved April 2, 2008, from <http://www.aota.org/Consumers/WhatIsOT/AboutOTs.aspx>

Submitted by: *Kerri Edelman, PsyD
Clinician Supervisor
NJSP*

Reflections on Occupational Therapy at SWSP

I already cleaned my cell.....See it's clean..... I just changed my pillowcase, sheets, and blanket three months ago.....I shower.....I just changed my clothes a few days ago.....

The Cell Sanitation Program started in March 2006, and initially met with inmate resistance. It wasn't so much that cells were not being cleaned, but the question was more... what should be cleaned, and how to clean it.

In The Beginning.....

During the first year it took a couple of hours to complete just one cell a day. Custody, working alongside the inmates and OT staff, supplied the necessary cleaning equipment. Ceilings, walls, bunks, air vents, toilets, sinks, and cell doors were thoroughly cleaned. Throughout the entire time, staff were on hand

to encourage and provide verbal cues and directions. Clean sheets, pillowcases and blankets were issued along with the suggestion that they be turned in frequently for washing. Worn mattresses were identified and replaced. Since many of the inmates had never cleaned prior to this activity, they had no frame of reference.

The next target area was showering and oral hygiene. Inmates were once again educated on what is considered acceptable behavior. Oral hygiene was the hardest to address since many inmates preferred to spend their commissary on more enjoyable items (cigarettes, snacks, etc).

Currently.....

Each day a notice is posted so the inmates know which cell is scheduled for sanitation. The program has come a long way with many inmates having gained a sense of pride and

accomplishment. The process is now reduced to an hour or less. Often staff arrive only to find that the cell has already been cleaned with all personal belongings having been organized. We have, however, recognized that a small number of inmates, secondary to their cognitive abilities, will always require maximum assistance.

The Cell Sanitation Program continues to be a success. Not only are Activities of Daily Living (ADL's) being addressed, but the added benefit of having first hand observation into the inmates environment would not have otherwise existed outside of the program.

The Impact... ..

While there are no statistics to indicate any change in the rate or incidence of infectious diseases, there have been some positive outcomes. Previously overheard negative comments

regarding the smell of the unit by inmates, custody and staff have noticeably diminished. Upon entering the unit, the odor is no longer offensive. Also, cell cleaning efforts are regularly observed on first shift where previously, there was little evidence of such activity. Lastly, it has been noticed in some of the lower functioning inmates that learning has indeed occurred. One inmate demonstrated his newly acquired skills when his locker top and vents were observed to be clean and dust free. Having not paid any attention to these areas prior to the program, this effort to observe areas out of his regular line of vision (above his head) is considered a major improvement in overall environmental awareness which should generalize to his daily functioning.

Submitted by:
*Kathleen Rapanaro
Occupational Therapist, SWSP*



Columbus House Road Trip

John Blasé, MCA; Rosie London, CTI Specialist; Dr. Balwant Mallik, psychiatrist; Tamara R. Thompson, SW; and Natascha Thurber, student intern, recently toured Columbus House, the mental health half-way house in Newark, New Jersey. The team decided to visit in order to gain a better understanding of the services the program has to offer. To their surprise, Columbus House proved to be a progressive program with a varied number of offerings. Among the available programming are: individual mental health treatment sessions, groups on job readiness, job training, drug screening, clean environment and exercise. Staff were impressed with the spaciousness and upkeep of the facility and the provision of medication education in order to ensure that inmates understand their medications as well as how they are administered.

Columbus House Director, John Lambert was able to shed light on "rumors" overheard from the inmates returning to prison from the program. Admittedly, during the start-up phase, program services were sluggish, often leaving inmates with idle time. However, since the end of January, groups and employment opportunities have been implemented. Suffice it to say, the clinicians left with a positive outlook, a copy of the program handbook and firsthand knowledge to share with staff and other inmates who might be interested in the program.

Tamara R. Thompson, LCSW
Mental Health Clinician III
RFSP



National Nurses Week

National Nurses Day, also known as National RN Recognition Day, is always celebrated on May 6th and opens National Nurses Week. This special week ends on May 12th, the birth date of Florence Nightingale.

National Nurses Week, one of the nation's largest health care events, recognizes the commitment and contributions of nurses, while also educating the public about the significant work they perform. The American Nurses Association (ANA) supports and encourages National Nurses Week through state and district nursing associations, educational facilities, and independent health care companies and institutions. The week-long celebration is designed to accommodate the variety of schedules nurses are required to work.

The history of Nurses Day can be traced back to 1953 when Dorothy Sutherland of the US Department of Health, Education and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never

made, but the following year National Nurses Week was observed from October 11 - 16, marking the 100th anniversary of Florence Nightingale's mission to Crimea.

In 1974, President Nixon proclaimed a "National Nurse Week." In 1981, a resolution was initiated by nurses in New Mexico to have May 6th declared "National Recognition Day for Nurses." This proposal was promoted by the ANA Board of Directors and in 1982, with a joint resolution, the United States Congress designated May 6th to be "National Recognition Day for Nurses." The proposal was signed by President Reagan, making the day official. It was later expanded by the ANA Board of Directors in 1990 to a week-long celebration (May 6-12) to be known as "National Nurses Week."

Florence Nightingale Pledge

*I solemnly pledge myself before God
and in the presence of this assembly, to
pass my life in purity and to practice my
profession faithfully. I will abstain from*

whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

Source: [The American Nurses Association](http://www.nursingworld.org/) <http://www.nursingworld.org/>

Submitted by: Magie Conrad
Nurse Administrator





ENHANCED RE-ENTRY PLANNING (ERP): A COMPONENT OF CRITICAL TIME INTERVENTION

Enhanced Re-entry Planning (ERP) is a major component of the University of Pennsylvania (UPENN) Research Program, entitled Critical Time Intervention (CTI) which focuses on special needs (SN) inmates released into the Camden County community. As the program's mental health specialist, I will work closely with the discharge planner to identify proper resources for SN inmates. Another of my primary responsibilities is to meet with program managers of identified agencies within the Camden County community to determine how their programs fit the needs of the inmates. By touring the facilities (transitional shelters, outpatient and inpatient) I am able to convey visual, detailed observations to the clinical providers/discharge planner.

In my role as mental health specialist for this program, I identify all inmates being released into Camden County within the next 12 months. Next, I contact their primary clinician via flag, so that they can discuss with the inmate the possibility of enrolling in the program. Data control clerks at each site are also notified via fax, as they are responsible for providing clinicians with the Research Form for the inmate's signature if he chooses to be referred.

Inmates are randomly selected to participate in the CTI or ERP components. UPENN staff conduct on site interviews with referred inmates in order to determine their program eligibility. If an inmate qualifies, he is given an envelope which contains "ERP" or "CTI." If selected for ERP, the mental health specialist will contact the UMDNJ clinician or discharge planner via flag, phone and/or email. Please note that ERP does not replace discharge planning. **A discharge plan must still be completed by the site clinician.** However, I can provide resources and suggestions to assist in this process. The discharge planner should include all referred resources in the discharge plan. Once the inmate is released, all contact ends.

The CTI component is a, "nine-month, three-stage intervention that strategically develops individualized linkages in the community and motivates engagement in treatment and the community through building problem solving skills, motivational coaching, and advocacy with community agencies." A group of team members from Steinger Mental Health Center is in charge of this component. Once an inmate is selected for "CTI" all contact ends. For additional information on the CTI component, please contact me via email londonrm@umdnj.edu.

When determining if an inmate is interested in the UPENN Research Program, please follow the guidelines below:

1. Inmates **must** be 18 years of age, classified with special needs, and releasing into Camden County in the next 90 to 180 days.
2. Inmates **must** be interviewed by their clinical providers to determine their interest in participating in the research program.
3. A UPENN Research Form must be completed and faxed to Rosie London (see contact information below). Please make sure the inmates sign the Research Form.
4. Please respond to flags in a timely fashion (within three to five business days).

For additional information regarding the UPENN Research Program, please do not hesitate to contact Rosie London at 856-225-5987 or londonrm@umdnj.edu. Fax number is 856-963-5382.

Rosie London
Mental Health Specialist II
RFSP





Significant Decline in Inmate Hospitalizations Under UCHC

Taken from an article by Rusty Reeves, MD, UCHC Medical Director and Jeff Dickert, PhD, UCHC Vice President
April 12, 2008

UCHC has reduced crisis hospitalizations (See charts) to Anne Klein Forensic Center to approximately 12 per year since 2005 (the year UCHC began operation.) This number represents a 60% decrease from 30 crisis hospitalizations in 2004 (the last year CMS controlled DOC mental health services), and a 75% decrease from approximately 50 crisis hospitalizations per year in 2001- 2003. With an average crisis stay of 68 days, the total number of hospital days saved per year since 2005 (relative to 2004) are 1,224 which translates into \$684,216.

UCHC has also reduced AKFC max-out hospitalizations to about 43 per year since the middle of 2005 (extrapolating the data for 2008.) This represents a 53% decrease from the 91 max-out hospitalizations in 2004 (the last year CMS controlled DOC mental health services). The total number of hospital days saved on the reduction of max-out hospitalizations is uncertain. However, if we estimate that 70% of the approximately 48 yearly averted max-out hospitalizations would have been transferred from AFKC to another state hospital for a 68-day average length of stay (LOS) at the step-down state hospital (figure borrowed from average crisis hospitalization LOS), UCHC has reduced the total hospital days for max-out hospitalizations by 3,264 days per year. This is roughly \$1.8 million in annual savings. In actuality, however, the Department of Human Services has not financially seen this benefit. Rather, this reduction in demand for AKFC beds by NJDOC has averted, or at least delayed, a major crisis created by the ever increasing demand for AKFC beds by the other state psychiatric hospitals and community psychiatric screening centers.

UCHC reductions in the numbers of crisis and max-out hospitalizations were, and are, intentional. From the outset, UCHC and NJDOC Health Services Unit management knew that inmates were not being aggressively treated in the prisons. UCHC clinicians now, however, assertively diagnose and medicate severely mentally ill inmates. UCHC and NJDOC Health Services Unit clinical leaders also knew that previous efforts to arrange inmates' discharge into the community were inadequate. This inadequacy was addressed by convening a "max-out" committee of senior UCHC and AKFC administrators and clinicians, along with the leadership of the Health Services Unit. On a monthly basis, the committee reviews every inmate being considered for involuntary commitment upon release. The committee not only holds treatment teams accountable for arranging discharge, but also acts as a referral source by suggesting discharge options the teams might not have previously considered.

There is, however, still work to be done toward further reducing max-out hospitalizations and recidivism to prisons and hospitals. Access to case management services as is currently provided to patients returning to the community from psychiatric hospitals, would significantly improve the outcomes of the inmates we serve. Toward this end, NJDOC and UCHC are working with the state to achieve such access.

