

University Correctional HealthCare

December 2008

Goal: Seamless Transition for Inmates

With the University of Medicine and Dentistry of New Jersey (UMDNJ) assuming responsibility for medical services within the New Jersey Department of Corrections (NJDOC), one of our major goals was to provide a seamless transition in the provision of patient care. Based upon data from the NJDOC Objective Performance Indicators, we appear to have been successful.

Our medical teams have excelled in meeting the required timeframes for intakes, chronic care clinics, dental examinations, and medical follow-ups to the 97% threshold. Areas requiring additional attention include: female PAP intakes, gynecology follow-ups, timely follow-ups of sick call, and optometry referrals. With the turnover of three nurse practitioners at CRAF, the medical team under the leadership of Johnny Wu, MD, regional medical director, and Denise Rahman, MSN, regional nurse manager, performed a remarkable job ensuring that intake assessments were completed on time. Man Lee, DDS, dental director took the lead in insuring that our performance rating toward having dental cleanings within 60 days of intake took a dramatic leap forward improving from approximately 50% to 95%.

Two performance improvement (PI) teams recently formed at Edna Mahan Correctional Facility for Women (EMCFW) are addressing intake PAPs and timely responses to sick call. With one of our Optometrists, Dr.

Diane Boese, being called to active military duty, some optometry appointments were delayed. Dr. Boese, prior to her deployment, is now assisting us in interviewing over 10 applicants for per diem positions in order to provide coverage during her leave.

Transitional Challenges

The overall transition process has incurred many challenges. The change in lab vendors and dictation systems meant having to assign staff to route labs and consults to the order/referring providers until the required programming can address these issues. With the NJDOC having assumed the responsibility for phone lines, phone service in some locations has been interrupted. Nevertheless, inmate medical care has continued with very few interruptions or delays in treatment.

Utilization Review Process

Our utilization review processes for inpatient treatment and consultants has faced challenges as well. Purchase of the tools used by the Utilization Review team has been delayed. We are in the process of developing data systems to track consultants and hospitalizations, which our Utilization Team needs in order to be effective. Under the direction of Yasser Soliman, MD, associate medical director, along with utilization review nurses Eileen Hooven, RN, and Dolci Sawyer, RN, and our scheduling team lead by Patti Ford, inmates requiring medical consults are being seen while managing the utilization of inpatient care. For the months of October through December, the aver-

age inpatient census was 9.1, 7.2, and 6.7 per day at St. Francis Hospital, compared to FY 08 average of 9.05; and 2.97, 3.4, and 4.1 per day at outlier hospitals compared to FY 08 average of 3.1. In October, 81 inmates were admitted to the hospital. In November, that was reduced to 62 admissions and in December we only admitted 55 inmates admitted to a hospital.

Getting Staff Paid

With UMDNJ Human Resources and Payroll Departments processing an unprecedented number of new hires (over 600) on October 1, 2008, some breakdowns were bound to occur. However, due to the efforts of several UCHC Central Office and Human Resources staff working many extra hours, the majority of our new staff members were paid on time. For those who were not, Melody Massa, UCHC procurement manager, put in countless extra hours researching problems, correcting breakdowns, and coordinating with Human Resources and Payroll to get staff paid as quickly as possible. For those whose paychecks were delayed, I apologize. For Melody's time and effort to address these problems, I am grateful.

Medical and Mental Health Pharmaceutical Discount Program: 340 B

Over the past three months, UCHC leadership has been conferring with key members of University Behavioral HealthCare (UBHC), University Hospital, and NJDOC Administration to pursue eligibility for a pharmaceutical discount program created by national legislation, commonly re-

ferred to as 340B. The design of the UMDNJ agreement with NJDOC, which parallels an agreement the University of Texas, Medical Branch (UTMB) has with the Texas correctional system, should enable UMDNJ to benefit from this discount program. The impact of the program could reduce the cost of pharmaceuticals by over \$4 million annually. We are hoping to begin participating in the program by the second quarter of 2009.

Discharge Planning

Another area of attention is the modification of our discharge process. The plan is to request inmates' permission to forward a summary of their medical and mental health treatment to the next provider, instead of just giving the inmates their records or waiting until the next provider sends us a request for information. We have found more often than not, that the current system results in the subsequent provider not obtaining medical and mental health records. Clearly this lack of clinical information has a negative impact on the continuity of medical and mental health treatment. Cindy Romano, UCHC medical records director, will be putting together a team to revise this process.

I recognize that the recent transition has required exceptional efforts by many to minimize any disruption in services. For all who have taken on additional roles and put in extra hours to assure this smooth transition, thank you.

Jeff Dickert, PhD
Vice President

SPECIALIZED MENTAL HEALTH PROGRAMMING FOR WOMEN

It has been well documented that women are high end users of medical and mental health services in prison. In response to this phenomenon, University Correctional HealthCare (UCHC) created two innovative programs at Edna Mahan Correctional Facility for Women (EMCFW). The goal was to provide concentrated mental health programming for women with severe behavioral control problems and/or those with mental illness in need of intensive services to help them maintain themselves outside of a Residential Treatment Unit (RTU) or Transitional Care Unit (TCU).

The two programs, the Behavioral Management Program (BMP) and Intensive Outpatient Program (IOP) have resulted in a significant reduction in disciplinary infractions and less movement between levels of care (outpatient vs. inpatient).

UCHC was asked to present these programs at a statewide mental health conference focused on offenders sponsored by Greater Trenton Behavioral Healthcare. Below are a few highlights from the presentation.

IOP

The IOP is geared towards offenders with an Axis I Disorder in need of frequent (daily) mental health contact. Participants are seen in individual therapy once per week, group therapy three times per week and occupational, music or recreational therapy twice a week. The theory behind the program is to provide these high end users of mental health services with more frequent

contacts in hope that the interventions might help prevent/minimize their acting out behaviors. By providing intensive outpatient mental health services, the program allows the inmates to function at their optimal level while being maintained in the general prison population. The goals of the IOP, taken from Team Solutions: Essential Psychoeducational Resources, University Behavioral HealthCare (UBHC) are:

- Understanding your illness
- Understanding your symptoms
- Recovering from mental illness
- Getting the best results from your medication
- Preventing relapse
- Avoiding crisis situations
- Coping with symptoms and side effects
- Improving management of crisis and emergency situations
- Anger Management

The results of the IOP have been impressive and are outlined below.

BMP

The BMP started in July 2007 and is specifically geared toward the treatment of aggressive offenders with Axis II Disorders experiencing extensive behavioral problems. The inmates enrolled in this program are seen anywhere from daily to once per week by mental health staff. They are not involved in groups. The focus of treatment is to keep them charge free by increasing

their coping skills. The goals of the BMP are:

- Reduced transfers in and out of inpatient units
- Reduced transfers to close watch
- Reduced charges written on special needs (SN) inmates
- Decreased number of inmates on the SN roster
- Increased pro-social behaviors

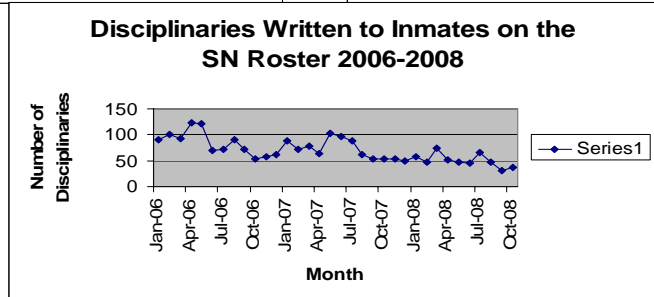
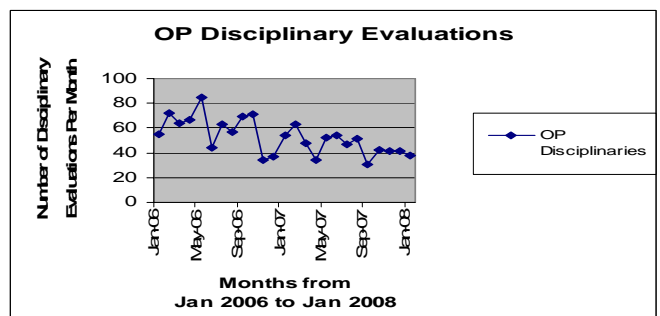
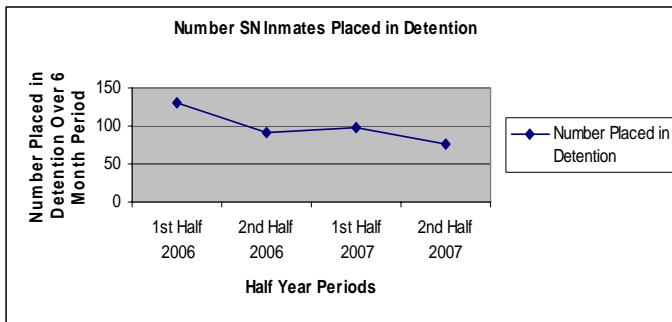
Both programs offer certificate ceremonies where those inmates who have successfully completed a three month cycle are acknowledged. EMCFW administrative and custody staffs attend the ceremonies and offer continued encouragement to the program participants. At a recent ceremony, the DOC sergeant who coordinates disciplinary hearings spoke, acknowledging the women's hard work toward staying charge free. He mentioned that it was nice to see them in a positive venue rather than in a Courtline hearing.

The graphs below demonstrate the effectiveness of the two programs. As noted, there has been a decrease in the number of SN inmates placed in detention and in the number of written disciplinary evaluations. Overall, results of the programs have been impressive and clearly address the programming needs of the female inmates.

Well done EMCFW!!

Richard Cevalco, EdD

Director of Accreditations and Standards





Ask Mechele



Dear Mechele,

I have a concern with a new co-worker. Even though our duties do not really overlap, this person makes it a point to regularly come into my office, interjects him/herself in my conversations, looks through my desk in search of generic items, and most importantly, ruffles through the papers on my desk and looks at my computer screen while asking, "What are you up to?" I have a major problem with this, but am hesitant to say anything for fear that it might appear petty. I know I could discuss it with my supervisor, but it really doesn't directly impact or interfere with my work. Am I overreacting?

Just Annoyed

Dear Just Annoyed,

No, I don't think you are overreacting and I disagree with your assessment of the situation...I believe your coworker's actions are interfering with your work since you very clearly say that you find this behavior both intrusive and unprofessional. You also indicated that these disruptions happen "regularly." None of this lends itself to a positive working environment.

As an advocate of the direct approach, I first recommend speaking up. You don't have to go through every single thing...that would be petty. But if you say nothing and continue to marinate those feeling of annoyance, you might be headed toward a real blow up...a definite no-no in the workplace. Do not make the assumption that your co-worker knows he/she is doing something offensive. Instead, ask for a one on one meeting. Focus your discussion on those things that you described as major problems. In my opinion, since most people don't want a stranger going through their personal belongings, including the papers on their desk and the information on their computer screen, these areas are really relate-able.

I remember a pre-UHC scenario where I entered my cubicle (don't act like you haven't worked in one too) and found the new boss looking at my open Day-Timer. He smiled, and told me that he was checking my schedule to see if my afternoon was free. He said that he had noticed all of the additional hours I had been putting in and wanted me to take the rest of the day off. I thanked him and took him up on the offer. But the following day he was surprised to see that I had put myself on his schedule. I explained that while I appreciated his recognition of my work and the afternoon off, I considered my Day-Timer to be private, much like my purse. I assured him that my secretary always knew my schedule but if he wanted, I would also be glad to provide him with a personal copy. He was extremely gracious and said that he appreciated my directness. A few weeks later we sat side by side at a staff meeting. As I was leaving, he called me back saying I had left my Day-Timer behind. I reached out thinking he would simply hand it to me, but he laughed while putting up both hands and said, "No way I'm touching that thing, you'll have to come over here and get it yourself." We both got a good laugh about it, but clearly the point had been made.

During your conversation with your co-worker, respectfully acknowledge that the two of you do not know each other well, but that some things had happened that you feel warrants some discussion and clarification. This sets the stage. Make sure that you take responsibility for how the co-worker's behavior has affected you.

"I don't mind sharing things, but if you want or need something, I prefer you ask me for it rather than searching through my desk. Also, I noticed that on several occasions you looked through papers on my desk and at information on my computer. It's important for you to know that I consider my work to be confidential and prefer to keep it between me and my supervisor."

With this brief discussion you have clearly set some professional and personal boundaries while appropriately venting some of your frustration. End the conversation by asking if there are any questions, re-stating your intention to establish a clear understanding of your concerns and that you now consider the matter resolved. Thank the co-worker for hearing you out and say, "Well, it's time to get back to work."

Good luck and let me know how things work out.

Wishing everyone a happy, healthy and prosperous New Year!



The UCHC Bunch

Growing up, my favorite TV viewing was the line-up of *Nanny And The Professor*, *The Brady Bunch* and *The Partridge Family* every Friday night. That was the highlight of my week as a child of the 70's. I have very fond memories of that innocent era of my youth.

The Brady Bunch is perhaps relevant to our current situation these many years later as DOC, UCHC and all of us who came over from CMS meld together. It illustrates the complexities involved in bringing together different families wanting to achieve the same goals, and shows the trials and tribulations that each must go through to gel into one cohesive unit. It goes without saying that the initial growing pains which at times seem overwhelming will eventually appear trivial and small as the new family is re-shaped and re-made.

I am further reminded of my youth and the innate skills that each of us possesses before society corrupts us as we age in an imperfect society. My brother and I were the neighborhood organizers for games and activities. We would gather up all the neighborhood kids, boys and girls, overweight and skinny, skilled and inept; in essence, any one who wished to participate and have some innocent fun. Since we were raised in inner city middle class, none of us could afford to join sports leagues or any activity that cost money. However, all we needed were a ball and enough people to play, regardless of who they were, without the trappings of societal prejudices and biases. Any ball would do: sponge ball, high bouncer, soccer ball, football, whatever one possessed and was willing to share with all the neighborhood kids. We played punch ball, kick-ball, box ball, stickball (if we were able to find a broom stick), football, soccer, and, every once in a while, baseball if some of us had a bat, hardball, and a few gloves to share.

The art of sharing and compromise, caring and inclusiveness, patience and understanding, were practiced by those innocent neighborhood kids of the 70's. It's hard to imagine that now, as adults, we cannot turn to those very same skills that we all possessed at some point in our childhood. Direct communication is the key to our success, not hearsay and innuendo. Through my work with the leadership of UCHC, DOC, and those who have come over from CMS, I have come to realize that we have a structure and support system at every level waiting to help and aid all of the members of our new UCHC family.

In this relatively short transition period, I am proud to say that the UCHC bunch, this new family, is well on the way to succeeding as an organization and realizing our mission of providing the best medical and mental healthcare for our patients. Not only are we servicing the DOC, but we are servicing our great State of New Jersey which is in dire need of excellent healthcare that is evidenced based, medically necessary and cost effective.

I wish everyone a Happy New Year and success and prosperity in 2009. Thank you all for all that you do and do so well.

Yasser Soliman, MD
Utilization Review Physician

Telemedicine Line

Telegraph, Telephone, Television, and now Telemedicine. The first question you may have: What the %&%\$ (expletive deleted) is Telemedicine? The American Heritage® Dictionary of the English Language defines telemedicine as: "The use of telecommunications technology to provide, enhance or expedite health care services, as by accessing off-site databases, linking clinics or physicians' offices to central hospitals, or transmitting x-rays or other diagnostic images for examination at another site." To start, University Correctional HealthCare (UCHC) will be using Telemedicine to link prison clinics to specialists who can be at outside locations, and for communications and training.



Currently, 13 of the 14 clinics have operational Telemedicine equipment installed and connected to the New Jersey Department of Corrections (DOC) network. This connection is being used in institutional infectious disease clinics. The inmates are in the room housing the telemedicine equipment and the doctor is located at the DOC Central Office. The program is in its infancy and I will be providing more detail and training as things progress. The biggest challenge we face is not in learning how to use the equipment (if you can operate a television remote you can operate the telemedicine equipment), but in coordinating the logistics and scheduling of the equipment. There are initiatives within the Information Technology (IT) department to make this simple and easy, so stay tuned for the rollout of methods, procedures and tools. In the interim, if you have question or ideas about how Telemedicine can be used or enhanced, please contact me at agrillle@umdnj.edu. I look forward to successfully using this technology to enhance our ability to provide the necessary services under our agreement with the DOC.

Leo Agrillo
Team Leader
Telemedicine

Mental Health Follow-Ups

After an inmate is removed from the special needs (SN) roster, mental health clinicians have been required to conduct two inmate follow-up contacts over the subsequent 14 weeks. I completed an audit in the beginning of November in order to verify whether or not the inmate follow-up contacts had occurred for those released from the SN roster between April and June 2008. On average, the sites completed 95% of the first follow-up and 91% of the second follow-up. With a threshold for follow-ups set at 90%, most sites did very well.

Special recognition goes to Northern State Prison (NSP) staff for their outstanding improvement in this aspect of care having achieved 100% in conducting both follow-ups. Great job! Kudos also go to Adult Diagnostic & Treatment Center (ADTC), Bayside State Prison (BSP), Garden State Youth Correctional Facility (GSYCF), Mid-State Correctional Facility (MSCF), Riverfront State Prison (RFSP), Mountainview Youth Correctional Facility (MYCF), and Albert C. Wagner Youth Correctional Facility (ACWYCF) for achieving over 90% for both initial and second follow-ups.

Ironically, just as many sites worked hard to build this follow-up process into their system, the two visit requirement will no longer be required after this quarter. The new policy (on the HSU intranet site) requires only one visit post SN roster removal. And while the policy says 2-4 weeks after removal, in a few weeks this will likely be changed to 4-8 weeks post SN roster removal.

Marci Masker, PhD, LCSW
Clinician Administrator

To: All University Staff and Faculty
From: Gerard Garcia, Acting Vice President for Human Resources
Subject: Human Resources Reminders
Date: October 2008

This information will also be posted on the Human Resources web site and the my.umdj portal.

Updating Personal Information

Please verify your mailing address shown on your paycheck or direct deposit advice by logging into the my.umdj.edu portal and click on View Enhanced Paperless PayStub. **Your W2 will be mailed to the address in Banner.** If your address or telephone number has changed, **update your information at the my.umdj.edu portal and click on the Personal Information link found at the Banner Self-Service channel.**

If you did not receive your 2008 Total Compensation Statement (which was mailed at the end of September), you may contact your campus Human Resources Benefits Office at one of the following telephone numbers:

Camden & Stratford	(856) 566-6168
Newark	(973) 972-5314
New Brunswick/Piscataway	(732) 235-9417

Communicate changes in your marital status or number of dependents in writing with supporting documentation, i.e., marriage certificate, judgment of divorce, or Social Security cards for new dependents, to your Campus Human Resources Office by December 31, 2008. See contact information below.

You are required to present a new Social Security card when requesting a name change to your records.

Campus Human Resources Offices

Sherry Lee (leese@umdj.edu)
Camden and Stratford, UEC, Suite 1126
856-566-6160

Jessie Ramos (ramosvg@umdj.edu)
Newark, ADMC #824
973-972-5315

Dorothy Copeland (copeladv@umdj.edu)
New Brunswick/Piscataway, Liberty Plaza
732-235-9418

Mary Martin (martinm4@umdj.edu)
New Brunswick/Piscataway, Liberty Plaza
732-235-9419

Thank you for your cooperation. If you have any questions, please contact your Campus Human Resources representative.

Gerard Garcia

The Tri-State Chapter of The American Academy of Psychiatry and the Law
In cooperation with New York State's Office of Mental Health and The Forensic Psychiatry Clinic for the Criminal and Supreme Courts
of the State of New York, Presents Its 34th Annual Conference:

Psychiatric Controversies

Saturday, January 24, 2009 8:00am – 5:00pm
New York University School of Medicine, Schwartz Lecture Hall
550 First Avenue, Manhattan

- 8:00am-8:45am: Registration**
- 8:45am-9:00am: Opening Remarks**
- 9:00am-10:15am: Delayed Post-Traumatic Stress Disorder in Veterans**
Andy Morgan, MD
Associate Clinical Professor of Psychiatry, Research Affiliate, History of Medicine, Yale University School of Medicine & National Center for Post-Traumatic Stress Disorder
- 10:15am-11:30am: Delayed Post-Traumatic Stress Disorder in Survivors of Torture**
Asher Aladjem, MD
Clinical Associate Professor of Psychiatry, NYU School of Medicine.
Director, Bellevue/NYU Program for Survivors of Torture
- 11:30am-12:45pm: Competency to Consent to Have Sex**
Michael Perlin, JD
Professor of Law, Director, International Mental Disability Law Reform Project;
Director, Online Mental Disability Law Program, New York School of Law
- 12:45pm-2:00pm: Lunch**
- 2:00pm-3:15pm: Suicidality and Drug Safety: From Antidepressants to Chantix**
Kelly Posner, PhD
Assistant Professor of Clinical Psychology in Psychiatry, Columbia University College of Physicians and Surgeons
- 3:15pm-4:30pm: The Role of Psychologists in Consulting to Interrogations of Terrorist Suspects: Technical and Ethical Considerations**
Michael Gelles, PsyD
Former chief psychologist for the Naval Criminal Investigative Service at Guantanamo Bay
- 4:30pm-5:00pm: Tri-State AAPL Business Meeting**

Make checks payable to "AAPL Tri-State Chapter" and send to Charles Luther, MD, 276 Fifth Avenue 307B, NY, NY 10001.
For further information call Charles Luther, MD at 917 941 5995 or email at cluther@nyc.rr.com.

- Yes, Register me for the conference. My check for \$125 is enclosed (before 12/24).
- Yes, Register me for the conference. My check for \$150 is enclosed (after 12/24).
- Yes, Register me for the conference. My check for \$30 is enclosed (trainees).

NOTE: APPLICATION FOR CATEGORY I CME IS CURRENTLY PENDING

General Information



UHC Leadership Staff

	Office	Cell	Pager
Jeff Dickert:	609-341-3093	732-580-1055	
Arthur Brewer:	609-292-6878	609-313-4185	609-229-0689
Rusty Reeves	973-465-0068 x4382	973-632-3194	973-312-5040
Rich Cevasco:	609-984-6474	201-407-3114	732-396-6768
Hesham Soliman:		609-238-0513	856-223-2262
Jon Hershkowitz:		732-570-5727	732-206-3157
Johnny Wu		609-238-0993	609-229-0675
Yasser Soliman:	609-943-4372	609-313-1980	609-229-0690
Magie Conrad:	609-341-3178	908-930-4025	732-302-6694
Lisa DeBilio:	609-341-9381		609-844-4351
Mechele Morris:	609-292-2252		732-396-6769
Man Lee:	609-777-1366	609-218-0697	
Kyle Mason:	609-292-1385	609-980-0845	609- 229-0219
Mitch Abrams		917-887-5206	732-396-6920
Marci Masker		201-407-3097	732-396-6767
Harry Green		732-512-8846	732-396-6749
Melody Massa:	609-341-3095	201-407-3144	
Sharry Berzins	609-341-9382		
Shirley Lee	609-341-3093		

Utilization Review

Christine Bartolomei	609-292-2353
Patti Ford	609-777-1510
Jose Torres	609-984-1012
Eileen Hooven	609-292-6953
Patti Reed	609-292-1142
Dolcie Sawyer	609-984-5848

Medical Records

Cindy Romano	609-292-1393
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Regional Ombudsperson

Elizabeth Topol

Quality Improvement

Natalie Taranov	609-341-9384
Debbie Pavlovsky	609-341-9383

Training Team

Stephanie Turner-Jones	609-292-2252
Denise Gould	609-292-1340

Pharmacy

Kyle Mason	609-292-1385
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Infectious Disease

Elliot Famutimi 609-984-4102

General Information



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



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



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

ADDRESS

The information below was forwarded to Susan Connor, OT at NJSP. This information may be helpful:

GAINS Center Fact Sheet on HIPAA and the Criminal Justice System. Learn more about the HIPAA privacy law, and the myths related to HIPAA's use in the context of the criminal justice system.

[Http://www.nami.org/template.cfm?template=/ContentManagment/ContentDisplay.cfm&ContentID=71193&Istid=275](http://www.nami.org/template.cfm?template=/ContentManagment/ContentDisplay.cfm&ContentID=71193&Istid=275)



Submit your articles by February 2nd for the February newsletter