National Commission on Correctional Health Care: Survey Expectations

University Correctional Health Care (UCHC) and the New Jersey Department of Corrections (NJDOC) anticipates our next triennial survey from the National Commission on Correctional Health Care (NCCHC) the week of April 28th.

The following article, adapted from “A Report on Health Services at Idaho State Correctional Institution, NCCHC, April 2-3, 2012” (http://www.idahoprisonhealthreport.com/assets/documents/NCCHCIdahoReport.pdf) is meant to provide you with an in depth review of what to expect from the upcoming survey.

Also, if you know of or see, any issues within our operations that need to be addressed prior to the survey, please send your feedback to my attention.

Thank you.

Jeff Dickert, PhD, Vice President, UCHC
(Jeff.Dickert@rutgers.edu)

Introduction
NCCHC is a not-for-profit organization that sets standards for health services in correctional facilities and is widely recognized for its expertise in measuring compliance and health system performance. NCCHC publishes standards and offers a voluntary accreditation program geared to the health care treatment of incarcerated individuals.

Methodology of NCCHC Surveyors
An expert team conducts medical and mental health system assessments. NCCHC’s national standards for prison health care; Standards for Health Services in Prisons (2008) acts as their guide. The survey team will be tasked to:

1. Determine if an adequate delivery system is in place to address patients’ serious physical and mental health needs
2. Determine if those services are provided in an acceptable, appropriate, and timely manner
3. Provide recommendations to facilitate improvement in the prison’s overall health care services

Team members include physicians and administrators with extensive experience in correctional health care.

To assess the effectiveness of health care services NCCHC uses a methodological approach that focuses on health care practices and operations. Team members carefully review records (also referred to as the EMR or charts). Record selection is not random; the team hand choose the records and purposely select patient charts that were most likely to contain challenges to the professionals providing care. These charts are in the categories of chronic care, sick call, denials of specialty services, placement on special needs units, death review and emergency care.

Further, from within these categories they will select records that appear to present particular challenges, such as patients with multiple chronic care diagnoses or unplanned emergency transfers to outside facilities. In addition, they will select charts that would allow review of a cross section of provider types, including: physicians, psychologists, mid-level providers (advance practice nurses, physician assistances, LSWs, LCSWs, activities therapists), registered nurses and licensed practical nurses. The records selected will
NCCHC Survey Expectations (continued)

include: chronic care encounters, emergency care encounters, deaths, specialty service referral denials, offender requests for records, psychiatric patients and intake charts for receiving, screening and initial health assessments. In addition, the team will select charts at random for intake screening, initial health assessment and sick call encounters.

The team will interview key personnel including the health administrator (Regional Nurse Manager), site medical director, medical providers, health and mental health staff, and site NJDOC administrators. The team will review existing policies and procedures and supporting documents such as meeting minutes, logs and training rosters. In addition, the team will tour the facilities.

Areas of attention include those requiring close coordination, consistency of patient care and adherence to nationally accepted clinical practice.

Standards assessed include the following:

Access to Care.
NCCHC defines access to care as a patient being given the opportunity to be seen by a clinician, receive a clinical judgment, and receiving the care that is ordered. As the team analyzes health records, interviews staff and patients and observes, they will determine if all inmates have access to health care services and if the system generally works well.

Responsible Health Authority.
The responsible health authority (RHA) is the health services provider (Rutgers), whose on-site representative (Regional Nurse Manager) is the health services administrator (HSA) as defined in NCCHC standards. The HSA is responsible for the overall daily operation of the health service program. The medical director is also required to be on-site. These two positions are to monitor and manage the health care services at the site(s).

All clinical decisions pertaining to the direct health care of patients are to be the responsibility of the medical director and clinical staff as required by the standard. The carrying out of clinical decisions relies on a joint effort by custody and health care staff working together, to ensure that administrative decisions are coordinated so that patient care is not jeopardized. They will look to assure there is no interference by custody staff in the health care delivery system.

Administrative Meetings and Reports.
Administrative meetings are important for establishing an adequate health care delivery system. Analysis of service volume, proportion of service types and incidence of certain illnesses, diseases and injuries targeted for risk management are essential to plan for staffing, space and equipment needs. Fundamental to developing and maintaining a system that is responsive to patient needs is a RHA that is actively engaged in improving its health care system and services. The team will evaluate if the medical and mental health administration leadership staffs meet with facility administration staff on a regular basis. The team will look for where coordinated planning between the two has improved health service efficiency and overall clinical operations. They will want to review statistical data related to the service delivery. The medical administration committee (MAC) should meet regularly. They will review meeting minutes over the prior three years. The team will look to see that the meetings are of sufficient detail and show problem identification, decision making and problem solving.

Policies and Procedures.
The policies and procedures manual (on the G Drive) will be reviewed to see if it is current as evidenced by recent signatures. The policies and procedures need to be site-specific and the manual is to be made available to staff. The team will look to see if the policies are consistent with accepted national practices. They will look for evidence of an annual review of policies, procedures and programs to ensure an adequate health care system.

Continuous Quality Improvement Program.
A robust Continuous Quality Improvement (CQI) program is a key element in any effective health care delivery system. Makeup of the CQI committee and records of its deliberations should be given sufficient attention such that the progress of the prison in identifying health system weaknesses and implementing strategies for improvement are well integrated into daily activities. They will look for evidence of regular meetings. The team will review the minutes over the past three years. The team will look for discussions such as: CQI studies, man-down drills, documentation of medication administration records (MARs), chronic care clinics, offenders being sent to segregation, infirmary criteria, staff development and missed referrals. The minutes should include meaningful descriptions of the problems and decisions made during the meetings. CQI minutes should provide sufficient detail to guide future decisions. For example, CQI minutes should include the

“Fundamental to developing and maintaining a system that is responsive to patient needs is a Responsible Health Authority that is actively engaged in improving its health care system and services.”
problems that have been identified, the solutions that have been agreed upon, the person who is responsible for carrying out the corrective action, and the time frame for carrying out those corrective actions.

The team will look for evidence of both process and outcome PI/QI studies. NCCHC suggests that process and outcome studies over time should look at an aspect of every major service provided within the CQI. One of the benefits of a successful CQI program is that problems can be identified early and strategies developed for their resolution before they become exacerbated. It is important that dental, psychiatric, mental health and pharmacy be involved in the CQI process.

When a multidisciplinary CQI committee uses a structured process to monitor high-risk, high-volume or problem-prone aspects of health care provided to patients, facility staff can develop and implement strategies for improvement. The quality improvement committee should also assess the effectiveness of its CQI plans after implementation.

**Emergency Response Plan:**

The team will review evidence of disaster (annually) and man-down drills (annual for each shift) being conducted as required by the standard. Emergency planning requires an appropriate health staff response including coordination with community emergency services, when necessary. Practicing the emergency response plan makes health staff better able to respond to disasters when they occur.

**Communication on Patients’ Health Needs:**

The team will evaluate evidence of communication occurring between facility administrators and treating clinicians in such a way that patient health care needs are appropriately managed and addressed. For instance, when health care staff members are asked by classification staff or when health care staff otherwise become aware of custody requirements that may compromise a patient’s health, the health care staff should advise classification and custody staff of the inmate’s special health needs that may affect housing, work assignments, program assignments, disciplinary measures and admissions to and transfers from satellite facilities and other institutions. The team will look for evidence of psychiatric service staff communicating the needs of mentally ill inmates.

**Procedure in the Event of an Inmate Death:**

The standard calls for a clinical mortality review within 30 days that includes:
1. A review of the incident and facility procedures used
2. Training received by involved staff
3. Pertinent medical and mental health services or reports involving the inmate
4. Recommendations, if any, for change in policy, training, physical plant, medical or mental health services, and operational procedures

These reviews present an opportunity to improve clinical competency, and the RHA should be providing appropriate feedback to the treating clinicians to determine the appropriateness of clinical care, to ascertain whether changes to policies, procedures or practices are warranted, and to identify issues that may require further study. The team will review the death records of unexpected inmate deaths to seek out opportunity for improvement.

**Patient Safety:**

The RHA promotes patient safety by instituting systems to prevent adverse and near-miss clinical events. This is accomplished through informing health care staff of the incident report process during orientation and daily communications with the medical director. Reported
errors are reviewed during the CQI meeting, where patient safety recommendations are made. The team will look for evidence that staff effectively monitors patient safety.

**Staff Safety.**
As necessary, the RHA takes measures to ensure the safety of health staff.

**Credentialing.**
The team will review for evidence of a formalized credentialing process that is monitored by a credentials committee that is responsible for verifying credential information of the clinical staff. Once approved, the HSA/leadership have the responsibility to maintain annual verification of credentialing records on site.

**Clinical Performance Enhancement.**
The team will review evidence of documentation of annual clinical performance reviews of primary care providers and that the results are shared with the clinician being reviewed. This is acceptable if the performance of the conditions meets or exceeds clinical threshold requirements. If performance is below the threshold, then more frequent review and feedback should occur until such time as clinical performance meets the threshold. Health care policy and practice should support this aspect of the standard.

**Medication Administration Training.**
Nurses review, as needed, the appropriate procedures to administer medications. Discussion of medication services should be conducted during the health services staff meetings and documented in meeting minutes.

**Staffing.**
Staffing should be sufficient to meet the health care needs of the facilities.

The staffing plan is based upon parameters established by NJDOC. The adequacy and effectiveness of the staffing plan is continuously assessed for its ability to meet the health care needs of the inmate population. The use of nursing protocols is common. UCHC should show evidence it has reviewed the state’s nurse practice act and ensure that all nurses are practicing within those requirements and, as necessary, NJDOC and UCHC should jointly reconfigure the staffing plan.

**Pharmaceutical Operations.**
A pharmacist should conduct a quarterly report on the pharmaceutical services and be in compliance with applicable state and federal regulations regarding: prescribing, dispensing, administering and procuring pharmaceuticals. Health staff should maintain procedures for the timely procurement, dispensing, distribution, accounting and disposal of pharmaceuticals. The RHA maintains maximum security, storage for, and accountability of all pharmaceuticals as required by the standard.

The survey team will randomly selected MARs and stock medications to look for irregularities or expired medications at the time of their review.

**Medication Services.**
The medical director needs to approve the prescriptive practices at the prison. The policy and procedure manual should address topics such as: medication administration, prescribing authority, telephone and verbal orders, direct observation therapy, keep-on-person (KOP) medication, medication administration records (MAR), medication errors, monitoring medication compliance, psychotropic medication and monitoring psychotropic medication. Start and stop dates for medications are to be posted on the MAR.

Medications are to be prescribed only when clinically indicated (e.g., psychotropic and behavior modifying medications are not used for disciplinary purposes). Controlled and psychotropic medications within NJDOC are not available for KOP. Inmates participating in a KOP medication program are to be provided education prior to participation.

The survey team chart review process looks to confirm no gaps in the continuity of medications being provided to patients. Where such occurs, the CQI program should perform a study looking at the receipt or chronic care medications as well as the timeliness of receipt or newly prescribed medications.

**Clinic Space, Equipment, and Supplies.**
The clinic area should be of sufficient size for the delivery of health services with examination rooms, offices and equipment sufficient to provide needed care.

**Diagnostic Services.**
Specific resources for diagnostic studies and services to support the level of care provided to inmates are important aspects of an adequate health care system.

Systems need to be in place for radiology/imaging and laboratory services for diagnostic purposes. Practitioners should be able to order routine laboratory tests for assessing clinical problems. Chart reviews will look to ensure studies are performed and filed in the chart. CQI process studies should address any breakdowns related to addressing the continuity of care for patients in need of laboratory testing (i.e., completion of tests and filing of results in the health record).
**Hospital and Specialty Care.**
It is expected that the health care system monitors waiting times for specialty appointments or hospital admissions, specifics about what patient information is transferred between the health authority and the specialist, and the procedures transporting personnel follow while escorting patients to and from the specialty hospital or clinic. The team will review to insure UCHC makes arrangements with local specialty care providers for patients in need of these services. UCHC should be monitoring hospital and specialty clinic appointments, and as needed, address issues of timeliness.

The team will review the medical record and movement sheet, and interview the nurse who schedules specialty service appointments.

**Information on Health Services.**
Upon their arrival at the facility, inmates should receive information about the availability of, and access to, health care. There should be evidence of communication to inmates describing access to health care services in the intake area. Inmates should be provided with written information on how to access health care services. Access to emergency and routine health care services should be described in the inmate handbook.

**At the time of the inmates arrival.**
Per NJDOC policy this is within one (1) hour. The receiving screening form should include all the requirements of the standard. Chart reviews will be completed to assess intake screening being done within the time requirements. If a problem, a CQI process study should be done to assess what can be done to improve the timeliness of the receiving screening.

**Initial Health Assessment.**
A medical provider should conduct an initial health assessment to each inmate. The survey team will review a sample of charts to determine if a completed health assessments are thorough, including the creation of an initial problem list and plan, and on average, completed within the requirement of the standard of seven (7) calendar days.

**Mental Health Screening and Evaluation.**
An initial mental health screen should also be conducted and those in need should be referred to mental health counselors. Mental health counselors are to complete a mental health evaluation on all inmates.

**Oral Care.**
Oral screenings are to be completed and a dentist should complete an oral examination. Inmates are to have access to a dentist for oral health needs.

**Nonemergency Health Care Requests and Services.**
Inmates should have the opportunity daily to request medical, dental, or mental health services. The request should be logged and triaged for all inmates are to be seen if no triage process exists. To determine timeliness of care, the survey team will select a random sample of sick call requests from logged entries for a period and select the charts. They will check to see if the sick call request, logged entry and sick call encounter are in order.

The team will look to see if the inmates were seen within the next day of their request. To assess confidentiality and appropriateness of sick call encounters, the survey team will observe sick call clinics to see if inmates are afforded treatment that is as appropriate and confidential as possible.

**Continuity of Care during Incarceration.**
The survey team will review the process to monitor referrals to specialist care, including the timeframe to see the specialists. Individual treatment/care plans should be used to guide treatment for episodes of illnesses and these should be monitored by chart reviews.

**Segregated Inmates.**
When an inmate is segregated, health care staff are to monitor (at least weekly if allowed periods of recreation and routine contact, otherwise more frequently) inmates’ health. Health care staff are to perform an initial review of the inmate’s health record to determine whether existing medical, dental or mental health needs contraindicate the segregation placement or require accommodation. Such review is documented in the health record.

**Nursing Assessment Protocols.**
The UCHC nursing protocols should be readily available for the nursing staff. The survey team will review the health records to ensure the nursing staff utilize the protocols as written and will inquire how this is monitored.

**Emergency Care.**
The survey team will review several health records of patients who presented to the clinic and were referred to the local hospital’s emergency department. The surveys will look to see that the emergent care in the clinic is appropriate. They may suggest an annual emergency response training of the providers.

The survey team will check oxygen tanks to ensure they are full and in good working order. The reserve tanks should be properly secured. It is unacceptable for any program to have oxygen tanks available for emergency response that are not full and fully functional. Other
emergency equipment will also be checked to see this equipment is in working order and properly maintained. The survey team will check the equipment monitoring log to ensure proper monitoring.

**Healthy Lifestyle Promotion.**
Health education and instructional materials are to be made available to patients/inmates. The survey team will seek evidence to indicate this is being provided.

**Use of Tobacco.**
For NJDOC, smoking is no longer permitted anywhere inside the institution.

**Chronic Disease Services.**
The survey team will review for evidence that chronic disease patients are being seen in regularly scheduled chronic care program (CCP) clinics and patients are transported to outside specialty appointments as needed. The survey team will look for evidence of the implementation of national clinical guidelines for practitioners to follow.

**Infirmary Care.**
The surveyors will review the timeliness and appropriateness of psychiatric services; patient ratios; psychiatric caseloads; psychiatric assessment, diagnostic and treatment services; psychiatric follow-up/re-evaluations; and psychiatric continuity of care provided to inmates through chart review, other documentation and interviews of designated staff. The surveyors will look for evidence that inmates presenting with mental health signs and symptoms are being referred to the mental health team in a timely manner. The surveyors are expected to evaluate the quality of the interdisciplinary collaboration and coordination of care for often psychiatrically compromised and treatment resistant/refractory patients. The survey team may review a sampling of patients on long acting antipsychotic medications for chronic and severe thought disorder. The surveyors will look to ensure patients with more severe mental illness, schizophrenia, schizoaffective disorder and other chronic thought disorders, in particular, receive appropriate evaluation and treatment in accordance with the NCCHC Clinical Guidelines for Health Care in Correctional Settings: Schizophrenia.

An additional correctional population sample of established patient charts will also be reviewed seeking a sample notable for a mixture of clinically challenging dually diagnosed inmates with comorbidity, mental disorders and substance abuse & dependence issues/presentations. They will also be interested in reviewing the treatment of patients with recent/past presentations including a variety of acute and chronic mental health issues, self-injury, re-current suicidal ideation and multiple psychosocial and other life adversities and stressors while incarcerated.

The survey team will review for documentation regarding the informed consent process for new psychiatric medications and for starting, stopping or changing the dose or schedule of these medications. They will look to ensure the documentation by the medical providers’ notes their rationale and thought processes in progress notes and other entries. For example, the informed consent included psychoeducation and a description that the provider had explained the potential risks, benefits and treatment alternatives with a proposed psychiatric medication(s), efforts to minimize short and long-term side effects, and strategies to improve medication compliance and patient functioning within the correctional setting.

**Suicide Prevention Program.**
The survey team will review the training (annual) and interface of psychiatry, custody, other mental health staff, medical staff and non-patient offenders serving as trained patient companions, as part of the review of the suicide prevention monitoring process.

The survey team will examine the overall timeliness and ability to refer acutely unsafe or agitated/psychotic patients to the designated housing location to assure inmates’ safety and to assess their acute mental health treatment needs.

**Intoxication and Withdrawal.**
Individuals with intoxication and/or withdrawal are to be managed on site by nursing staff.

**Health Record Format and Contents.**
Inmate medical and mental health records are integrated in Electronic Health Record (EHR)-Logician. The Master Problem List (MPL) should be of sufficient detail with patient medical and mental health information.

**Restrainment and Seclusion in Correctional Facilities.**
NJDOC allows the use of therapeutic restraints, physical or chemical, when risk of physical injury to self or others is significant. The survey team will be reviewing this area for adherence to NJDOC policies and procedures.

**Emergency Psychotropic Medication.**
The survey team will be reviewing this dimension of care to assure adherence to NJDOC policies and procedures.

**Decision Making.**
The surveys will review the policies and practices of informing patients about their diagnosis, prognosis, care options, opportunity to choose an advance directive and the availability of palliative care and hospice services.

**Informed Consent and Right to Refuse.**
The surveyors will review to ensure informed consent is obtained for any treatment or procedure that poses some risk to the patient. Inmates should have the right to refuse treatment and such refusals are to be documented appropriately. ✷
NCCHC Pocket Guide

Inmate/Patient Rights
Important aspects are...
- Polite, helpful, respectful, professional care
- Speaking inmate/patient’s language or use of translation services
- Involvement in treatment/care plan
- Privacy and confidentiality
- Responsive to complaints
- Explain treatment & right to refuse treatment

For ethical concerns you may consult with...
- Your immediate supervisor or manager
- UCHC Leadership 609-292-4036 x5228
- UCHC Ethics & Compliance Liaison 609-292-4036 x5228
- UCHC Senior Compliance Officer 732-235-4278
- Rutgers Office of Ethics and Compliance Helpline: 800-215-9664
- https://www.umdnj-ethics-helpline.com

Infection Control
- Follow Standard Precautions
- Perform hand hygiene before and after patient contact
- Know location of personal protective equipment (PPE)
- Annual TB testing is required
- Utilize safe needle practices
- Report any suspected infection to your site Infection Control Professional

Smoking Cessation
There is NO smoking in any NJDOC facility. Inmates can obtain Nicorette Lozenges via Commissary.

General Safety
If you see smoke or fire...
- Immediately notify Correction Officer
- Secure area and take appropriate direction from Correction Officers

Material Safety Data Sheets (MSDS): Provide information on chemical products in the workplace and online at: www.msds.com

Interpreter Services:
- Foreign Language: ‘Deaf Talk’ (All Sites) or ‘Translation Plus’ (ADTC only)
- Sign Language Interpretation: ‘ASL Interpreter Referral Service’
- Instructions posted on unit or see Data Control Clerk/Secretary

Health Care Policies: http://highpoint.state.nj.us/intranet/doc/
Click on Health Services Unit & local IMPS on the G Drive (G:\Medical\AllMed\General\Site Folder\IMPS 2013)

Competence
Knowledge, skills, attitudes and abilities to complete job; special skills, knowledge, attitudes and abilities needed to deal with adult or geriatric populations

Assess Staff Competence By:
- Pre-employment checks
- Rutgers and UCHC Orientation
- Supervisor and peer orientation at sites
- Credential checks
- Annual performance evaluations
- Continuing education
- Peer/Supervisor chart/peer review

Performance Improvement
- Systematically monitoring, analyzing and improving performance in order to improve individual outcomes.

Your Role in PI:
1. Contribute to continuously improving quality of services
2. Provide suggestions
3. Be aware of organization-wide improvement activities
4. Serve on PI teams
5. Participate in PI training

Reviews: Morbidity & Mortality
- A systematic evaluation to learn from and prevent potentially fatal medical events

Statewide PI Team Results:
- Improve patient satisfaction & reduce grievances
- Objective Performance Indicators (Achieve 97% threshold 90% of the time)
- Mental Health Briefing Booklets (Achieve 90% threshold 90% of the time)
- Mental & Physical Health Service Units Ad Hoc Audits

Initiatives & Statewide PI Efforts
- Annual PI Fair
- Reduce Grievances & Increase Satisfaction
- Chronic Disease Self Management Groups
- New Directions - CBT-for Mental Illness & Substance Abuse
- Roe v Fauver - Goal of full compliance
- HgA1C ≤ 7.0 for Diabetics
- With Hyperlipidemia, LDL < 130
- With Hypertension, blood pressure <140/90
- Meet medical necessity criteria for specialty consults & ER runs
- Reduce Mental Health symptoms - Lower Basis 24 Scores

Rutgers, The State University of New Jersey—UCHC Newsletter: NCCHC Special Edition Page 7

RUTGERS
University Behavioral Health Care

Our Mission...
We Care. We Teach. We Heal. We Improve.
Dedicated to excellence in health care providing medical, dental and mental health services to inmates of the NJDOC, residents of the JJC & parolees with the State Parole Board.
Take a Systematic Approach to Problem Solving

- Define your problem specifically, delving beyond symptoms. Divide it into manageable components that can be dealt with easily.
- Gather sufficient information about the problem to put it in perspective.
- Discover why the problem exists for you.
- Develop and evaluate a set of alternative courses of action.
- Select a course of action and proceed with it.

Come to Terms with your Feelings

- Differentiate between your thoughts and your feelings. Remember that feelings and thoughts are not facts.
- Do not suppress your feelings; acknowledge them to yourself, and share them with others.
- Learn to be flexible and adaptive.
- Honestly appraise your personal liabilities.
- Accept your feelings.

Concentrate on Positive Spiritual Development

- Adopt the attitude that no problem is too monumental to be solved.
- Engage regularly in meditation or prayer.
- Establish a sense of purpose and direction.
- Seek spiritual guidance.
- Learn to transcend stressful situations.
- Believe in yourself.
- Increase your awareness of the interdependence of all things in the universe.

Expand Your Repertoire of Coping Strategies:

Physical Relaxation Strategies

- Do slow, deep breathing exercises
- Learn a muscle relaxation technique

Cognitive Relaxation Strategies

- Learn a meditative relaxation technique
- Use guided imagery techniques, including:
  - Pleasant imagery (daydreams)
  - Take a mini-vacation in your mind
- Covert conditioning (visualize a stressful situation, then use positive, self-statements and relaxation strategies to minimize the stress)

Other Strategies

- Take a five or ten minute break from your desk to walk out the front door. Get out of the building for lunch or to just walk and clear your head.
- Close your eyes and meditate on the rhythm of your breathing. You might even take a “power nap” but not longer than 20 minutes.

Your EAP can assist during difficult times.

Counselors are available to assist you with decisions around various problems that may be affecting your personal or professional life.

Contact the EAP at (732) 235-5930, to speak with a counselor or to arrange an appointment.

Stress Busters Series Provided By:
Sarah Ben Younes-Millot, LCSW
UBHC Employee Assistance & Student Wellness Programs
### Executive Administration Staff:

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### Central Administration Staff: (alpha order)

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### Regional Medical Providers

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Cell</th>
<th>Pager</th>
<th>Email (ubhc.rutgers.edu)</th>
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<tr>
<td>Hesham Soliman</td>
<td>x5237</td>
<td>609-238-0513</td>
<td>856-223-2262</td>
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<tr>
<td>William Briglia</td>
<td>856-459-7221</td>
<td>856-701-6362</td>
<td>856-223-2320</td>
<td>brigliwj</td>
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<tr>
<td>Sharmalie Perera</td>
<td>732-574-2250 x8305</td>
<td>609-238-0993</td>
<td>609-229-0675</td>
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### Mental Health Clinician Administrators

<table>
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<tr>
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<th>Email (ubhc.rutgers.edu)</th>
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<tbody>
<tr>
<td>Mitch Abrams</td>
<td>973-465-0068 x4242</td>
<td>917-887-5206</td>
<td>732-396-6920</td>
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<tr>
<td>Harry Green</td>
<td>856-459-7224</td>
<td>732-512-8846</td>
<td>609-229-0688</td>
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<tr>
<td>Marci MacKenzie</td>
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<td>201-407-3097</td>
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<tr>
<td>Ellen Zupkus (JJC)</td>
<td>609-324-6296</td>
<td>201-407-3117</td>
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### Associate Director of Psychiatry

<table>
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<tr>
<th>Name</th>
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<tr>
<td>Anthony Tamburello</td>
<td>856-459-7000 x8239</td>
<td>609-410-0266</td>
<td>609-324-3215</td>
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### Regional Dental Administration

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<tr>
<td>Harold Mapes</td>
<td>908-735-7111 x3430</td>
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### Regional Schedulers

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<tbody>
<tr>
<td>Rebecca Cozzens</td>
<td>856-459-8034</td>
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<tr>
<td>Samantha Pezzella</td>
<td>856-459-8753</td>
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EAP is just a phone call away...

Did you know that anyone in your household is eligible to use the EAP?

All services are provided by your employer and free to you and the members of your household.

All services are confidential.

No information is shared with anyone without a written release from you.

Individuals and couples are seen for a variety of reasons such as: personal difficulties, relationship concerns, anxiety, depression, grief, stress and substance abuse.

We can help with family issues such as: parenting, single parenting, blended families and elder care.

Whatever your concerns, we are here for you.

Don’t be shy!
If you have ideas for future publications, a one time article or are interested in becoming a regular contributor to the UCHC Newsletter, please let us know!

Please email Shirley Lee at leesm@ubhc.rutgers.edu or Jennifer VanEmburgh at storicjd@ubhc.rutgers.edu. We’d love to hear from you!
REQUEST FOR PROTECTED HEALTH INFORMATION

Inmate Name: ____________________________ Date of Birth: ____________________________ Social Security #: ____________________________

To:  
☐ Director, University Hospital Medical Records, fax 973-972-8387
☐ Other: ____________________________________________

The above named individual is under the lawful custody of ________________________ Correctional Facility [and is undergoing medical treatment at the Correctional Facility by University Correctional HealthCare providers. We request that you [fax] [mail] (choose one) the records indicated below, if available, to the attention of:

From:

SPECIFIC INFORMATION TO BE DISCLOSED

☐ Discharge/Termination Summary
☐ Physical and Lab Tests
☐ Treatment Plans/Treatment Plan Reviews
☐ Verbal Information, please specify:
☐ Other, please specify:

Approximate dates of treatment: ____________________________________________

Purpose for disclosure: ____________________________________________

Authorization for Release (check appropriate boxes):

☐ Federal rule 42 CFR Sec. 164.512 (exceptions to the confidentiality rules of the Health Insurance Portability and Accountability Act) permits disclosure of protected health information by HIPAA-covered entities to correctional institutions, without the consent of the inmate whose information is being requested, under circumstances listed below. The undersigned represents that disclosure of the requested protected information is necessary for:
☐ The provision of health care to the named inmate
☐ The health and safety of the named inmate or other inmates
☐ The health and safety of officers, employees and others at the correctional institution
☐ The health and safety of persons responsible for the transporting of inmate
☐ Law enforcement on the premises of the correctional institution
☐ The administration and maintenance of the safety, security, and order of the correctional institution

A photocopy or fax copy of this form is as valid as the original.

__________________________________________________________________________
Signature of Requesting Individual                                                         Printed Name

__________________________________________________________________________
Date Signed

__________________________________________________________________________