UCHC Newsletter

2014 In Review

9th Annual Performance Improvement Fair

UCHC held its 9th Annual Statewide Performance Improvement (PI) Fair on Monday 12/08/14 at the Harris Auditorium in Trenton. With 143 staff in attendance, over 300 participated in the 37 PI Projects on display.

Michele Morris, PhD, UCHC Director of Training, acted as MC with opening remarks offered by Gary Lanigan, Commissioner of The New Jersey Department of Corrections (NJDOC), and Chris Kosseff, President and CEO of University Behavioral Health Care (UBHC). In addition to announcing the mental health and medical project winners, a series of raffles kept the audience laughing and engaged.

The keynote speaker, Art Therapist Susanne Pitak-Davis, MPS, from New Jersey State Prison (NSP), shared original inmate artwork and spoke about the healing role of the creative arts with those in prison. Finally, the event was wrapped up by Rob Montalbano, Interim Deputy Executive Director of Programs at the Juvenile Justice Commission (JJC). Even after the program ended, staff from UCHC, the JJC and NJDOC lingered to visit the exhibits, sample the refreshments and enjoy the opportunity to engage with colleagues old and new.

People’s Choice

An item on the PI Fair Feedback Form asked attendees what project they thought was the best. The “People’s Choice Award” was awarded to the New Jersey State Prison PI Project entitled, “Can’t Get No Satisfaction.” Congratulations to team members: Abu Ahsan, Mitch Abrams, Diane Baca, Flora DeFilippo, Mary Lee Lang, Larry Lukin, Marci MacKenzie, Maggie Reed, Sue Spangler and Melody Wood.

Attendee Feedback

With a 55% return rate, the 2014 PI Fair attendees rated the overall fair a 4.0! A Very Good Score! Scores for all survey years since 2010 are below.

<table>
<thead>
<tr>
<th>Survey Items</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=89</td>
<td>N=87</td>
<td>N=96</td>
<td>N=107</td>
<td>N=80</td>
<td></td>
</tr>
<tr>
<td>1. Overall how would you rate today’s fair</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.2</td>
<td>4.0</td>
</tr>
<tr>
<td>2. Applicability to my work environment</td>
<td>4.0</td>
<td>4.1</td>
<td>4.0</td>
<td>4.3</td>
<td>4.2</td>
</tr>
<tr>
<td>3. Quality of PI projects</td>
<td>4.1</td>
<td>4.1</td>
<td>4.3</td>
<td>4.4</td>
<td>4.2</td>
</tr>
<tr>
<td>4. Presented in an interesting/easy to understand manner</td>
<td>4.0</td>
<td>4.1</td>
<td>4.0</td>
<td>4.3</td>
<td>4.5</td>
</tr>
<tr>
<td>5. Program/Handouts</td>
<td>3.6</td>
<td>3.8</td>
<td>3.9</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>6. Awards presentation ceremony</td>
<td>3.8</td>
<td>4.0</td>
<td>4.0</td>
<td>4.3</td>
<td>4.0</td>
</tr>
<tr>
<td>7. Venue and refreshments</td>
<td>3.9</td>
<td>3.8</td>
<td>3.9</td>
<td>4.1</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Winners

A precedent was set with 2014 being the year of the tie. In the Mental Health Care category there was a tie for First Place. In the category of Physical Health Care there was a three way tie for Second Place.

Mental Health Care Team Winners

1st Place: Edna Mahan Correctional Facility for Women (EMCFW) for their project, “What the “CWOC”?! Reducing the Use of this Four Letter Word in AdSeg.”
Team members: Jason Mastrella, Officer Aguas, Janet Bloodgood, Officer Cepeda, Sargent Davis, Jilliam Erder, Kathleen Mcgonigle, Officer Miers, Officer Olea, Debbie Pepsin, Luba Rafalson and Annie Yocum.

1st Place: Garden State Youth Correctional Facility (GSYCF) for their project, “Make the Connection.”

2nd Place: Northern State Prison (NSP) for their project, “No Inmate Left Behind.”
Team members: Harold Goldstein, Delores Broughton, Sarah Cates, Christy Giallella, Laura Totten, Erin Williams, and Nicole Zerr.

Physical Health Care Team Winners

1st Place: Northern State Prison (NSP) for their project, “KOP Distribution: Getting It Right from the Start.”
Team members: Bridget Hogan, Celia Carrero, Maria Delgado, Jeff Dickert, Anthony Jlseed, Linda Macri, Richard Oppung-Badu, Roseline Prophete, Deepa Rajiv and Gaynor White.

2nd Place: Central Reception and Assignment Facility (CRAF) for their project, “Effective Delivery and Compliance of Pneumovax.”
Team members: Neo Castro, Cheryl Dennis Grimes, Christina Ayen, Abimbola Fadaibo, Benita James and Shannon McComber.

2nd Place: Juvenile Justice Commission Residential Community Homes (JJC-RCH) for their project, “Let’s Get Healthy.”
Team members: Gina Roger, Judy Brilla, Brooke Martin, Cicile McMillon, Harriet Muqwanya, Debbie Ortiz, Beverly Smith, Renee Sullivan-Mollis, Jacquie Todd and Carol Vennais.

2nd Place: New Jersey State Prison (NSP) for their project, “KOP Distribution.”

Magie Conrad, Chief Nursing Administrator; Mary Lee Lang, Regional Nurse Manager NJSP; and Dolores Guida, Regional Nurse Manager ADTC, EJSP and STU, presented “CQI Is Not My Business... Or Is It?” The interactive presentation shared the history and experiences of UCHC programming along with strategies to increase staff involvement in the continuous quality improvement process; as well as involving staff in taking action to make changes within their work settings. Participants had the opportunity to get hands-on experience in how CQI training is carried out at UCHC and were encouraged to take the training to their own work settings for implementation.

Lolita Brown, Regional Nurse Manager, GSYCF and AWYCF, presented a poster, “Improving Discharge Information to Facilitate the Healthcare of Juveniles Released from the New Jersey Juvenile Justice Commission”. The poster was developed from the 2013 UCHC PI Fair Prize-winning Project entitled, “Gone with the Wind.” This project demonstrated using the PI process to increase the flow of communication between Custody, Medical and JJC administrative departments, resulting in increased accuracy in discharging juvenile healthcare information.

Lorraine Steefel, DNP, RN, CTN-A
Nurse Educator/Clinical Coordinator

Promoting Healthy Living at Northern State Prison

On March 12, 2014 Northern State Prison hosted a Health Fair for DOC Custody & Civilian staff. Information and presentations included reading food labels; My Plate; adult immunizations; blood pressure readings; BMI (body mass index) readings; and education on stroke, heart attack, hypertension, as well as stress management by Mechele Morris, PhD., Director of Training. The Fair was held in conjunction with PPD (TB) testing for DOC Officers.

Bridget Hogan, DNP, Regional Nurse Manager, Northern State Prison

NJDOC and UCHC staff take part in a UCHC sponsored health fair at Northern State Prison

NCCHC Survey

National Commission on Correctional Health Care (NCCHC) surveyors visited all 13 NJDOC prison facilities and the UCHC Central Office during the week of April 28 through May 2, 2014. After conducting 469 interviews (170 inmates, 209 staff, 90 custody staff) the Surveyors shared a summary of their initial findings in a Wrap-up meeting held the afternoon of May 2nd.

Medical, Mental Health and Dental teams, along with those who support them, were repeatedly recognized for their outstanding work. Dr. Andrew Youngblood and the dental team were compared to a symphony in perfect tune; while La Wana Darden was recognized even as she tried to quietly slip into the meeting soon after the wrap-up began. Both NJDOC Commissioner Gary Lanigan and Christopher Kosseff, UBHC/UCHC President and Chief Executive Officer, expressed thanks and appreciation for the exceptional health care provided to our inmate patients.

While there are always areas that could use improvement (emergency response plan, getting inmates their KOP medications, better documentation for suicide watch monitoring), the following is a brief summary of some of the highlights:

- **Access to Care:** “A+”
- **Meetings Minutes:** MAC, Nursing, Custody, Administration - “Perfect!”
- **CQI:** “A+” “Best in the Nation – with Fairs, PI Projects...and staff knowing they can make changes to improve care.”
- **Communication on Health Needs:** “Superb,” “A”
- **Central Reception:** Quick & efficient; especially since staff don’t know if they’ll see 20 or 90 inmates. “Exceptionally well done.”
- **Health Records:** EMR is clear, signed & sealed, password protected. “A dream that is here!”
- **Infirmary Care:** Documentation, provider visits, all in order. Patients gave good comments.

- **Inmate Workers:** Love SWSP’s Shadow Program.
- **Mental Health:** Can’t say enough about the high quality of MH Care.
- **Oral Care:** “Excellent!” 70% of treatment is staff initiated and not emergent.
- **Pharmaceuticals:** Orders were all appropriately documented, delivery system was fine, no problem with the contract pharmacy Maxor, KOP meds are ordered & delivered to the sites.
- **PREA:** “Wonderful!”
- **Transfer Screening:** Happens in real time. “Phenomenal! Excellent!”

And I must acknowledge Dr. Rich Cevasco, Director of Standards, Accreditation and Operations, who had the gargantuan task of bringing everything together. Please know that I am immensely proud of the care UCHC staff provides *every day* to our patients and recognize that the accolades we received are because of you.

Jeff Dickert, PhD
Chief Operating Officer
SSCF Gains Access to the Health Info Exchange from Local Outlier Hospital

When patients from Southern State Correctional Facility (SSCF) returned from the local hospital, the medical department was not receiving discharge summaries, an important part of ensuring continuity of care.

To address this issue, Jason Graham, former SSCF Department Nurse Manager, spoke with Inspira Health Network-Vineland Chief of Emergency Medicine, Dr. Scott Wagner. Dr. Wagner, in turn, relayed information about Inspira’s Health Information Exchange (HIE) Program.

HIE allows the sharing of patient health information among participating doctors’ offices, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is to provide participating caregivers the most recent health information available. This health information may include lab test results, radiology reports, medications, hospitalization summaries, allergies and other clinical information vital to care.

After contacting the HIE representative for Inspira-Vineland, several UCHC staff were able to participate in a short training session. As a result, SSCF and SWSP providers now have live-time access to patients’ charts at the various hospitals within the Inspira Health Network. As soon as a document is completed, or results entered for various studies, the information can be immediately viewed on the HIE. This is a major accomplishment in the delivery of health care services.

Rebecca Headley, MSN, BSN, RN
Regional Nurse Manager, BSP & SSCF

Volunteer Faculty Award Recipient Among Us

Volunteer Faculty Award Recipient Among Us

Jordan Lieberman, MD, Central Regional Director of Psychiatry, received a Volunteer Faculty Award from Rutgers University for his role in teaching the Forensic Psychiatry Fellows at New Jersey State Prison.

Dr. Lieberman, who works in the NJSP Stabilization Unit, teaches the Fellows how to manage our most challenging inmates. Dr. Lieberman possesses an unusual combination of empathy and skepticism – as well as good judgment -- which serves his patients well in the SU environment.

Submitted by:
Rusty Reeves, MD, Statewide Director of Psychiatry
& Anthony Tamburello, MD, Statewide Associate Director of Psychiatry

Exciting Year for Dr. Tony Tamburello

It’s been a busy year for Anthony (Tony) Tamburello, MD, UCHC Statewide Associate Director of Psychiatry.

Dr. Tamburello was elected to the Rutgers University Senate for a two-year term beginning July 1, 2014.

Dr. Tamburello has also been accepted by the American Psychiatric Association (APA) as a Distinguished Fellow.

Way to go
Dr. Tamburello!

About APA Distinguished Fellows

Distinguished Fellows are nominated first by their district branches before being recommended for approval by the APA Membership Committee and voted upon by the Board of Trustees. Candidates for this category have to meet more comprehensive criteria, including significant achievement in several areas of psychiatry.

These include:
- Minimum of eight years as an APA General Member or Fellow.
- Primary identity must be psychiatry for those in combined fields.
- The General Member or Fellow should be an outstanding psychiatrist who has made and continues to make significant contributions in at least five of the areas listed below.
- Excellence, not mere competence, is the hallmark of a Distinguished Fellow.
- Certification by the ABPN, RCPS(C), or AOA or equivalent certifying board;
- Involvement in the work of the district branch, chapter, and state association activities;
- Involvement in other components and activities of APA;
- Involvement in other medical and professional organizations;
- Participation in non-compensated mental health and medical activities of social significance;
- Participation in non-medical, non-income-producing community activities;
- Clinical contributions;
- Administrative contributions;
- Teaching contributions;
- Scientific and scholarly publications;
- At least three letters of recommendation from Distinguished Fellows or Distinguished Life Fellows.

To view video of the 2014 Volunteer Faculty Award Recipients: https://www.youtube.com/watch?v=hWA-gGDQ5W4
An Inmate Praises a UCHC Provider

Ms. Ivery,

This letter does not require a response. I am only writing to express my gratitude for all that you have done for me while I was in your care. Without your encouragement I would never have taken the necessary steps to get healthy. And for this, I thank you greatly.

I had my initial physical yesterday and my weight was/is 264; that being down from 282 when I saw you in April. At my highest, in 2010, I was 348. So I lost 84 pounds so far and will continue to lose more. My blood pressure was 134/72; it was 124/78 in [this past] April.

I want to assure you that your efforts were not in vain. I will continue to get healthy. And once again, thank you so much for putting me on the right path. Also, I haven’t taken Tylenol 3 since I left there on June 19th and I feel great.

Sincerely,
Former DOC Inmate

Note: Name and certain identifying details have been removed or changed to protect the identity of the inmate.

In a letter dated July 2014, a former NJDOC inmate praised the efforts of UCHC provider, Donique Ivery, APN, New Jersey State Prison, toward helping him improve his overall physical health.

In the correctional environment inmates leave and if all goes well they do not return to the system. Therefore, the outcome of staff efforts during inmate incarceration are often unknown. However, from time to time, the persistence of dedicated staff is acknowledged.

“Through perseverance, many people win success out of what seemed destined to be certain failure.” -Benjamin Disraeli

Jeff Dickert, PhD
Chief Operating Officer

UCHC Satisfaction Surveys

Patient Satisfaction: Telemedicine
UCHC started distributing telemedicine surveys this year during the month of August. Data for 7 sites are included in the results below: BSP (n=2), EJSP (n=21), EMCF (n=22), NJSP (n=7), SSCF (n=30), SWSP (n=10), ACWYCF (n=1).

Statewide Results for FY2014

<table>
<thead>
<tr>
<th>Telemedicine Survey Item</th>
<th>n</th>
<th>% Responding “Yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were you able to hear the doctor clearly?</td>
<td>93</td>
<td>93.6%</td>
</tr>
<tr>
<td>2. Were you able to ask questions that you needed to?</td>
<td>92</td>
<td>97.9%</td>
</tr>
<tr>
<td>3. Were all questions answered?</td>
<td>92</td>
<td>95.7%</td>
</tr>
<tr>
<td>4. Were next steps of care explained?</td>
<td>92</td>
<td>98.5%</td>
</tr>
<tr>
<td>5. Were you satisfied with the visit?</td>
<td>93</td>
<td>94.6%</td>
</tr>
</tbody>
</table>

Patient Satisfaction: Dental

CY2014 surveys were distributed during the month of July. Note: SWSP data is not included in the results.

Total Mean Score by Site for CY2014

<table>
<thead>
<tr>
<th>Site</th>
<th>N</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>GYCF</td>
<td>18</td>
<td>4.5</td>
</tr>
<tr>
<td>NSP</td>
<td>46</td>
<td>4.2</td>
</tr>
<tr>
<td>EJSP</td>
<td>26</td>
<td>4.2</td>
</tr>
<tr>
<td>EMCF</td>
<td>31</td>
<td>4.1</td>
</tr>
<tr>
<td>NJSP</td>
<td>26</td>
<td>4.1</td>
</tr>
<tr>
<td>SWSP</td>
<td>89</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Statewide Total Mean Scores by Item and Calendar Year

<table>
<thead>
<tr>
<th>Dental Survey Items</th>
<th>2013 Mean</th>
<th>2014 Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Overall quality of services</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Q2: Helpfulness of staff</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q3: Punctuality of staff</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q4: Attention to privacy</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q5: Professionalism of staff</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q6: Availability of staff</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q7: Timeliness of appointment</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q8: Compliance of treatment</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q9: Time to treat for appointment</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q10: How well staff explained treatment</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q11: Helpfulness of treatments</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q12: Staff respect confidentiality</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Q13: Chance to make decisions about care</td>
<td>4.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Total Mean Score</td>
<td>4.8</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Patient Satisfaction: Physical Health

Physical health care surveys were distributed in October, 2014. Note: ACWYCF is not included in the results below.

Patient Satisfaction: Mental Health

CY2013 surveys were distributed in December. CY2014 surveys will be distributed late December 2014 or after the holidays.

Staff Satisfaction

Staff Satisfaction Surveys were last completed in January 2014. The surveys will be handed out again after the holidays.
Mortality Rate & Special Needs Roster

The mortality rate in New Jersey prisons averaged approximately 251 per 100,000 between 2005 and 2011. This corresponded to the Bureau of Justice Statistics mortality rate of 252 for state prisons throughout the United States. Over the past three (3) years, however, the mortality rate dropped to 206:100,000 in 2012, 203 in 2013 and 225 in 2014 through November 16, 2014. This drop is attributed to a reduction in the mortality rate among inmates with mental illness, which was 651:100,000 in 2005 and only 341:100,000 in 2014. The rate for those not on the Mental Health Roster changed little. This drop coincides with the reduction and subsequent ban on smoking within NJDOC facilities.

Daily Hospital Census

The average daily inpatient census within NJDOC for the first 4 months of FY 2015 has remained at the low FY 2014 level <10.

Treatment of Patients with HIV

In May 2012, UCHC began tracking the viral load of patients diagnosed with HIV and focusing on those who have been in active treatment for more than six (6) months. During CY13 on average, 85% of these patients received a treatment regimen resulting in an undetectable viral load (<=75 copies/ml). So far in 2014 that rate has increased slightly to 89% (Graph 5). These results exceed the published findings of another correctional setting and the United States (US) general population. A study by the Yale School of Medicine at the Connecticut Department of Corrections documented 59% of their patients had undetectable viral load (<400 copies/ml) by the end of their incarceration. 1 In a 2010 report, the Centers for Disease Control and Prevention (CDC) stated of the estimated 942,000 persons with HIIV who were aware of their infection, approximately 77% were linked to care and 51% remained in care. Among HIV infected adults in care, 89% were prescribed antiretroviral therapy (ART) and 77% had viral suppression. Thus, an estimated 45% of all HIV infected persons in the US linked to care, have suppressed viral load. 2 A recent article in The Journal of the American Medical Association (JAMA), regarding HIV infected inmates in treatment in Connecticut, reported that 70% had achieved viral suppression by the time of their release when compared to inmates who had viral suppression at time of entry (29.8%). 3

Grievances

The NJDOC unveiled a new grievance policy in mid-June, 2014. Inmates can now bring concerns and questions to staff via a new Inquiry Form, and receive a response within 15 days. There has been a significant reduction in formal grievances as a result of this new policy.

UCHC patient advocates received 299 Inquiry Forms from inmate/patients in September 2014. Many of these inquiries were requests for services that could have been submitted on alternative forms such as the Sick Call Slip or Medical Records Request Form.

In the month of September 2014 inmate/patients submitted a total of 57 grievances. This is significant in light of having received 64 in August and 119 in July, and when compared to an average of 262 per month in CY 2013. Complaints for the period of July through September were distributed as follows: medical-86%, mental health-13% and dental-1%.

Release Planning

UCHC is taking advantage of the New Jersey Involuntary Outpatient Commitment (IOC) Law and attempting to enroll inmates in various county IOC programs. We are also updating the Substance Abuse Guidelines for inmates with special mental health needs to reflect a more assertive approach to the treatment of substance abuse; which is consistent with emerging scientific literature. UCHC continues to hospitalize few psychiatric inmate/patients (28 in past year: 18 at the end of their sentence and 10 requiring extended inpatient treatment) as we manage these patients on NJDOC inpatient units.

(Continued on page 6)
To ensure that we are providing the highest quality telemedicine services, UCHC asked inmates through an anonymous Satisfaction Survey, to provide their opinion. The survey contained five (5) items and included space for additional feedback. Positive responses to each of the items was between 94.6% and 98.9%. Additional feedback included the following responses: “This was a very serious matter, timing was exceptional. A good unit, great services. Thank you,” and “Excellent method for providing face to face consults.”

Table 1. Telemedicine Satisfaction Survey—Preliminary Results

<table>
<thead>
<tr>
<th>Item</th>
<th>% Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Were you able to hear the doctor clearly?</td>
<td>99%</td>
</tr>
<tr>
<td>Q2: Were you able to ask questions that you needed to?</td>
<td>97.9%</td>
</tr>
<tr>
<td>Q3: Were all questions answered?</td>
<td>95.7%</td>
</tr>
<tr>
<td>Q4: Were the costs of care explained?</td>
<td>96.9%</td>
</tr>
<tr>
<td>Q5: Were you satisfied with the visit?</td>
<td>94.3%</td>
</tr>
</tbody>
</table>

**Therapeutic Art for Patients with Mental Illness**


**Procurements underway**

Rutgers University Procurement Services (RUPS) has finalized the awarding of Request for Proposal (RFP) R14-2427 for Pharmacy Services to Diamond Pharmacy Services. UCHC anticipates annual savings of approximately 3% to 5%.

RUPS will issue RFP R15-2722 for Infectious Disease Providers, and 340B Medications to New Jersey hospitals performing those services. If implemented as anticipated, the resulting agreement is likely to produce annual savings in the $2 million range.

**Jeff Dickert, PhD**

Chief Operating Officer
Eleanor Vo always thought she would become a surgeon. But after sitting in an elective course in forensic psychiatry during medical school, she knew that the courtroom, not the operating room, was where she wanted to practice medicine.

“I remember watching a case that was going to trial the same week I started my medical school course and was enthralled with the videos surrounding the confession,” says Vo, who grew up surrounded by a family of cops. “I knew I didn’t want to do anything else.”

Vo – who works as a clinical psychiatrist in a busy New Jersey hospital emergency department – was one of the first doctors to go through a yearlong forensic psychiatry fellowship program at Rutgers Robert Wood Johnson Medical School.

She is also among a growing number of doctors entering the field of forensic psychiatry, a discipline which straddles the legal and medical arenas and has rapidly expanded over the past two decades to include almost 2,000 members.

Although psychiatrists can practice without forensic certification, the courts and legal system in New Jersey and throughout the country more often than not look to those who have received intensive forensic training to evaluate matters ranging from insanity and dangerousness to emotional injury and competence to stand trial.

The goal: to hone the skills needed to become an expert in assessing those involved in legal matters. The outcome could mean the difference between prison and a psychiatric hospital in a criminal case or being denied custody in a civil divorce case.

“Being a forensic psychiatrist is like working on a good detective story,” says Reeves, who is also director of psychiatry at UCHC. “The forensic psychiatrist is being asked to provide an expert opinion about an individual’s behavior, so the fellow has to learn how to put together an intricate puzzle by being persistent and gathering the data bit by bit until it all fits together and gives a clear picture.”

For doctors like Tarita Collins, a graduate of the Robert Wood Johnson forensic program and a correctional psychiatrist at Southwoods State Prison in Bridgeton, the question that comes up often is whether someone being released from prison is likely to commit another offense.

“We are asked if sex offenders and the mentally ill meet the criteria for civil commitment when they are released and what risk factors they have for continued violence,” Collins says.

Reeves, who graduated from a forensic psychiatry fellowship program at St. Vincent’s Hospital in New York City in 1998, says the forensic psychiatrist must be able to make an accurate diagnosis and communicate it clearly to those outside the field of psychiatry. Like journalists, they are somewhat skeptical, very persistent in tracking down information and have a love for writing.

“In forensic psychiatry you can’t take people at their word,” says Reeves. “You listen and never believe what they are saying until you have the information confirmed. Then you write it down and edit it until you get it right.”

As of October 2014, Dr. Collins is working at New Jersey State Prison in Trenton.

This article is reprinted with permission from the author Robin Lally.

The article was featured April 7, 2014 in Rutgers Today.

Link to web article: http://news.rutgers.edu/feature/medicine-meets-law-forensic-psychiatrists-evaluate-disturbed-and-dangerous/20140406#.U0JfQ1f6-5I
Using Trauma-Informed Safety Principles to Reduce Inmate Stress

Overview
Clinicians at Southern State Correctional Facility have included trauma informed concepts within their Stress Management group. The open group meets twice a month and includes education on the physiological stress response as well as cognitive, affective, relational and physical stress reduction techniques. Most inmates can list a variety of threats to their physical safety, both in the facility and on the streets, and are often familiar with the autonomic fight/flight response that leads to the experience of stress. Yet inmates often feel stressed even in the absence of physical danger.

Trauma informed literature highlights the variety of ways people experience fear and apprehension, whether due to distressing events in the present, or as triggers of trauma in the past. Incorporating this theme is helping inmates understand that threat and safety exist across four primary domains: physical, psychological, social/relational, and moral. This extended investigation is allowing group members to recognize the threats that often trigger their stress, ways to increase their safety, and that individuals may respond differently to triggers based upon personal history.

Initial Response of the Group
After reviewing the biological response to threat, the topic of safety/threat and the link to stress was presented. While some group members balked at creating safety (perhaps this was a threat to their identity as dangerous and invulnerable), they all got on board when the example of driving a car was introduced. Group members recognized that this was not inherently a safe endeavor, yet we all take steps to minimize threats; for example: maintaining ones tires, brakes or fluids, wearing seatbelts, driving sober, having mirrors and airbags, having car seats for children and so on. This type of universal activity helped even the most reluctant participants agree that they already took many actions to create safety in their lives.

"Incorporating this theme is helping inmates understand that threat and safety exist across four primary domains: physical, psychological, social/relational and moral."

We began with the most familiar domain, which was physical threat/safety. Group members generated an array of threats and safety measures in the physical domain: violence, illness, diet and exercise, appropriate use of medications, the impact of addictions, and even environmental toxins. Clinicians supplemented the list by adding the importance of shelter and safe sexual behaviors. In this session, individuals easily recognized the ways in which they minimized the risk of taking the wrong medication, wrong dosage, or a missed pill, by familiarizing themselves and scrutinizing their meds daily. This was a relatable example of recognizing a threat, easily creating safety, and having the ability to insure that this would not often be a source of stress.

In the domain of psychological safety, the group initially struggled to understand what was at risk and where such threats came from. A few helpful reminders that psychological threats were “on the inside,” while physical threats were generally external, led the group forward. Inmates realized that events such as losing a job threatened one’s self-esteem or pride and spurred feelings of shame and failure. The list of psychological safety expanded to include: identity, self-control, discipline, responsibility, accountability, loss and separation from loved ones, achievements and psychiatric disorders. Topics such as rejection, abandonment and connection were particularly significant for the group. Over time, individuals were able to identify that talking in therapy or to a loved one, religious faith, and taking a broader perspective of events could lead to increased positive self-regard and psychological safety.

Interestingly, many group members asserted that being yelled at was a form of physical threat; and it took some reflection and debate amongst members to resolve that yelling posed more of a psychological threat than a physical one. The group agreed that they had often responded to psychological threats with violence, substance use and other activities that actually did threaten their physical safety.

Currently, the group is discussing social/relational safety and addressing: respect, empathy, trust, bullying, peer pressure, assertiveness, anger without violence, responses to authority and managing the remorse, repair, and restoration that can come from healthy conflict. As the group moves forward into moral safety, they will consider the role of values, integrity, hypocrisy, “isms,” and taking action towards goals. Any of these can be a cause of stress or a buffer against it.

As the four domains are completed, each inmate will craft their own safety plan. This personalized document will include ways to increase safety, and decrease their most common or difficult stressors.

Closing
A primary goal of this group is to reduce stress. It is equally important that individuals learn to respond to threat without violence or substance use. At the same time, inmates are sharing ideas with each other, practicing agreeing and disagreeing appropriately, and verbalizing the ways unsafe coping in the face of threat has led to incarceration.

"Inmates are sharing ideas with each other, practicing agreeing and disagreeing appropriately, and verbalizing the ways unsafe coping in the face of threat has led to incarceration."

Dr. N. Diny Capland, Psy.D.
Group is co-led with Ms. M. Finley, LCSW
For artist and art therapist Susanne Pitak Davis, creating art has been her lifesaver and her life’s work. From the time she was 5 years old, Davis knew she wanted to become an artist. Her mother introduced her to clay at that age. At first Davis was frustrated with the medium, but her mother saved the day by showing Davis how to create a sculpture using toothpicks as her tools to shape the clay into a Native American maiden. Davis says, “I carefully took the sculpture from her convinced that it was alive. I remember how special it felt, to have the ability to create such a magical object. Right there on the spot I knew I wanted to be a sculptor, for what could be more perfect than creating objects which became alive?” She was also very moved by fairy tales at that age, devouring every fairytale she could get her hands on until she had exhausted every written fairytale she could find. Over the course of her formative years, Davis studied to become an artist which led to teaching, and then eventually creating large sculptures and having a one woman show in California. However, creating sculptures didn’t pay the bills. It was the 70s and Davis had heard of a developing field—art therapy—Davis had already been reading the works of Carl Jung and Joseph Campbell so the next natural step in her career path seemed to be studying to be an art therapist. She received her degree from Pratt in 1982 and never looked back. Since then she has worked with both private patients in her own practice in Stockton NJ and in multiple institutional settings such as psychiatric hospitals for adults and children and prisons. Currently, she works at the New Jersey State Prison in Trenton and maintains her private practice.

Art therapy brings a level of humanity into the prison system allowing the inmates to become more than the number they were assigned when they entered. The New Jersey State Prison is a super max facility meaning that most of the inmates are in for 20 years to life. Davis says, “You have to think about your goals working with the population. Prison dehumanizes you... you become a number, you’re in your cell. However you knew yourself before that, kind of gets lost pretty easily. Using art is a way to reconnect with that. They get to draw their memories, aspirations and hopes. They get to see the life that is inside of them.”

“You have to think about your goals working with the population. Prison dehumanizes you... you become a number, you’re in your cell. However you knew yourself before that, kind of gets lost pretty easily. Using art is a way to reconnect with that. They get to draw their memories, aspirations and hopes. They get to see the life that is inside of them.”

Many of the inmates Davis works with come from such impoverished backgrounds that developmentally they have never matured to a point where self expression and inward inspection has occurred. By teaching the inmates to draw and telling stories while doing so, Davis is able to impart a new vocabulary to the inmates for expressing themselves. It is not a process that happens overnight. Davis says, “I work with them to enrich their inner life. It’s very difficult since many of them have nothing to draw upon. And, they’re stuck in cells. I tell them lots of stories. If someone draws a picture of a treasure chest or box, I’ll ask if they’ve ever heard the story of Pandora’s box.” Little by little, the inmates might tell their own stories or repeat stories they have heard from Davis. One borderline mentally challenged inmate who had been participating in art therapy for six years with Davis, came up to her one day and said, “You have us do drawings so we can express ourselves. I just realized it.” Patience in seeing results is key when working with the prison population. As she assists the inmates develop their inner imagery, “they become fuller and more of a person.” Davis adds, “You can also see their progress as their drawings may go from scattered to more focused as the therapy and maybe medication starts to work. They become more integrated and able to focus.”

Building self esteem is another benefit of art therapy. Over time, despite prison regulations that stated that nothing could be hung on the walls in the therapy room, Davis has slowly been allowed to hang more and more of the inmates drawings. Having a picture “make the wall,” is one small way that an inmate can have pride in accomplishing something positive. And, the wall has allowed inmates to dialog about each other’s artwork giving them positive ways to connect. Officers working at the prison also enjoy viewing the artwork and sometimes inquire about the meaning of a drawing or who created it. Family members cannot see the inmates artwork because it is hung on interior walls of the prison; however, the inmates can sometimes send work home or create cards such as Mother’s Day cards to be sent home.

Prior to working at the NJ State Prison, Davis worked at the Anne Klein Forensic Hospital; a hospital for the criminally insane. Many of her patients then went back and forth between the hospital and the prison. The hospital had a much different view of art and allowed shows of the patient’s artwork. One patient who had been sexually abused as a boy and eventually murdered his abuser when he was older, worked through his abuse by (Continued on page 10)
I would not be going out on a limb to say that all of us would rather be healthy. If I were to invent a magic pill that cuts down your stress, reduces your risk for physical and mental diseases, and lengthens your lifespan, I’d be a shoe-in for a Nobel Prize. Fortunately for all of us, this already exists, and it isn’t a pill.

Data supporting the remarkable benefits of exercise continue to flow in. Besides being a critical key to weight loss, exercise reduces risk for hypertension, cardiovascular diseases, diabetes, certain cancers, arthritis, and falls. Physical activity improves daytime energy and improves sleep quantity and quality. Any level of physical activity is associated with a longer life, with a greater effect seen from vigorous exercise.

From a mental standpoint, physically active persons are less likely to be depressed. For people struggling with depression, exercise may reduce their symptoms. Several studies have shown exercise to reduce the rate of memory loss over time, and it has been shown to increase the size of the hippocampus, a brain structure important to memory.

The physicians, nurses, and therapists among us are probably already advising exercise whenever possible to our patients. We all know this is something we should do, but we may think we lack the time, money, health or motivation to exercise.

A 2012 study published in Preventive Medicine found that the ideal amount of exercise for mental health was 2.5 to 7.5 hours per week. So even a half-hour a day, whether before work, after work, or during your lunch break, may be enough to see many of these benefits.

If you have problems with your bones or joints that prevent you from certain types of exercise, consider lower-impact workouts such as walking, bicycling or swimming. Even those with mobility issues can still get cardiovascular exercise using a “hand bike.”

Rutgers gym facilities in Piscataway and New Brunswick are free to join for legacy UMDNJ staff. Discounts to gyms near you are available as a Rutgers benefit (see Rutgers.abenity.com). It costs nothing to put your sneakers on and head out your front door for a walk around the neighborhood.

As part a health care operation, we are all familiar with the burden and dangers from stress. From a work standpoint, stress impacts morale, attendance, productivity and employee satisfaction. Though often unavoidable, when our coworkers are out sick for whatever reason, stretching to cover for each other increases the stress level for all. Research shows that employees who exercise are happier, have less stress, are more productive, and use fewer sick days than those who don’t.

But don’t exercise for UCHC. Do it for you.

Always consult your personal physician before starting any exercise program. Dr. Tamburello participates in local and regional running, cycling and triathlon events.

References:


Exercise and Wellness
By Tony Tamburello, MD
Associate Director of Psychiatry

making pictures of “all different parts of the abuse, where it happened, etc.” during his 35 year sentence. Davis asked if he’d like to have a show of his work, and he consented. His dad, whom he had not seen for 15 years, said he would come to the show if he had one. The show allowed father and son to reconnect in a way that wasn’t previously possible.

Art therapy has assisted Davis in her own life in a dramatic way. When Davis’ twin sister Carol was diagnosed with Stage 3 breast cancer Davis helped her sister physically, but wanted to do more. Davis felt anxious and was starting to have dreams about Carol. Davis’ dreams and artwork are very connected. She believes in Carl Jung’s philosophy that while a lot of imagery in dreams is personal and relates to everyday life, some images and dreams are more primitive and go back to the story of development. Davis wanted to create something for her sister that would give her peace. She was inspired by her travels to South and Central America where she viewed icons of various saints covered with tiny milagro charms which “spoke of the bequest of a miracle upon the faithful.” Davis made her sister a necklace with an angel on it and also a larger angel sculpture to represent healing. Making the angels was therapeutic for Davis, and the sculptures gave Carol hope. Carol ended up living for ten more years with metastatic disease. Davis was overwhelmingly thankful for this miracle and said, “I was given ten years with Carol that I wouldn’t have had. She was able to get to know my daughter that I was pregnant with when she was diagnosed and we got to do things together.”

Davis created, “Angel Leaving Landscape,” when she knew Carol was going to die. She feels that creating the angels helped her get through the last days. Davis said, “All of these images come out of some place deep inside. When I start a piece, I really don’t know what it is going to be. It becomes itself. And then sometimes, I look at it and have a better sense of it’s meaning.” What started out as artwork to help Carol and herself, became much more. Since that time, Davis has created hundreds of angels for people seeking out her artwork; some were bought for sick relatives while others were bought “just because.”

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Toot your horn! Brag about your staff!! Congratulate a co-worker!!!

Send your shout outs to Mechele Morris at Mechele.Morris@rutgers.edu

Shout Out submissions should be directly related to current work responsibilities, achievements in current profession and/or educational area of study (i.e. promotions, conference presentations, licensure, advanced degrees, etc.) or an RU related event.

Congratulations to **Loraine Steefel**, Nurse Educator, UCHC Central Office for her chapter published in the book below in April 2014!

Indianapolis, IN: Sigma Theta Tau International.

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On April 25, 2014 **Virginia Fineran**, MHCII at GSYCF successfully defended her doctoral dissertation entitled, “Multimodal Emotion Perception in Borderline Personality Disorder.” Virginia will graduate from CUNY-Graduate Center in conjunction with John Jay College of Criminal Justice with a PhD in Clinical Psychology. **Great Work Dr. Fineran!!**

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Rutgers University Libraries’ held the 11th Annual Celebration of Recently Published Rutgers Faculty Authors Exhibition on March 26, 2014. On exhibit was a chapter authored by UCHC’s **Karen Anne Litecky Melendez**, Music Therapist at EMCFW.

**Guidelines for MT Practice in Mental Health Care - Chapter 17: Adult Females in Correctional Facilities**, Author: Karen Anne Litecky Melendez

Guidelines for Music Therapy Practice in Mental Health Care is part of a three volume publication, which presents the current state of knowledge on the practice of music therapy with children, adolescents, and adults with mental health concerns. Chapter 17 is the first comprehensive presentation of methods used with a forensic population, and in particular in a female correctional facility. It includes discussion of issues specific to incarcerated adult females (in contrast with males) and is the first chapter to highlight this in detail. The chapter provides specialized music therapy techniques for the delivery of therapeutic services to women. This publication will be used by professionals and as a teaching guide for student interns at EMCFW.


Well Done Karen!

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**Rutgers, The State University of New Jersey—UCHC Newsletter: 2014 In Review (Issued First Quarter 2015)**
Times have been exciting for Suzanne Pitak-Davis, Art Therapist (NSP), who carries responsibilities on both the SU and RTU/TCU.

- Ms. Pitak-Davis was selected NSP Civilian Employee of the Month for October 2014.
- As part of New Jersey’s 350th Anniversary, Ms. Pitak-Davis had a sculpture on display at the Ellarslie Museum, in Cadwalader Park across the street from DOC Central Office Headquarters. Her sculpture of New Jersey State Prison called 1 Left Lock Up was displayed as part of the Trenton Then & Now: Contemporary Views Exhibit (June 28—September 14, 2014) which selected regional artists to share their interpretation of Trenton’s history in surprising ways through exploring statewide themes of Diversity, Innovation and Freedom.
- Ms. Pitak-Davis was featured in RADIUS Magazine, January-February 2014. A reprint of the article, Suzanne Pitak-Davis: Bringing Art to Inmates, is included on page 9.

Bravo Suzanne!

Toot your horn! Brag about your staff!! Congratulate a co-worker!!!

Send your shout outs to Mechele Morris, morrisme@ubhc.rutgers.edu
Shout Out submissions should be directly related to current work responsibilities, achievements in current profession and/or educational area of study (i.e. promotions, conference presentations, licensure, advanced degrees, etc.) or an RU related event.

Maria Delgado, RN, Staff Nurse (NSP) and Assistant Nurse Educator, received the 2014 NJ League of Nursing Staff Nurse Recognition Award at Pines Manor in Edison, NJ on 11/7/14.
Ms. Delgado is the first correctional nurse to receive this award!
Hip Hip Hoorah Maria!

Karen Anne Melendez, MT-BC, Music Therapist (EMCFW), Susan Connors, OTR, Occupational Therapist (EMCFW), and Suzanne Pitak-Davis, Art Therapist (NSP) presented at the Rutgers “Marking Time: Prison Arts and Activism” Conference sponsored by the Rutgers Institute for Research on Women October 8-10, 2014.
The conference focus was to show how inmates are reclaiming their identity and expressing their humanity through art.
Kudos Karen, Susan & Suzanne!

Dennis Boos, Administrative Director of University Hospital’s Community Training Center, contacted UCHC to sing the praises of Jean Bethea, Medical Technician (CRAF). He was especially impressed with how professionally she represented UCHC.
“Jean was one of the best correctional medical people I have trained. She did great with the administration and classroom management aspects of a CPR class.”
Way to Represent Jean!

Jeff Mattes, MD (NSP), presented on, “The Psychopharmacology of Violence” at the Violence, Mental Health and Communities Conference Friday, April 25, 2014 in New Brunswick, NJ.
Great work Dr. Mattes!

In Remembrance...

Maryse Ciccio Simpkins, UCHC Department Nurse Manager, Southwoods State Prison, died at home on Saturday afternoon November 1, 2014.
Known for her thoughtfulness, compassion and zest for life, Maryse positively impacted all who were fortunate enough to know her. She will be missed.
R.I.P.
**I've Been Served!?**

*What should I do?*

Litigation, unfortunately, is commonplace in prisons. Most litigation against staff comes to naught, however, all requires attention.

In such matters you would be directly served a summons or complaint. **Supervisors, peers and support staff are not authorized to accept service/sign off on an Affidavit of Service on behalf of another employee.** However, supervisors should assist to arrange a meeting with the individual being served a summons or complaint.

**If you are asked to sign a litigation or claim for the name “University Correctional Health Care” and no specific staff name is assigned – DO NOT SIGN OR ACCEPT. This type of claim/litigation must be served upon the Office of the Secretary to the Board of Governors as follows:**

Rutgers, The State University of New Jersey, Office Secretary of the University
7 College Ave, Room 111
New Brunswick, 08901-1280

If you receive notice you are named in a lawsuit or other legal action, immediately do the following:

Fax the legal papers, along with the letter template requesting legal representation, to the attention of Jeff Dickert at (609) 341-9380. The UCHC Central Office will forward the complaint to Risk & Claims and the Rutgers Legal Department. They will contact you to inform you which attorney will represent you.

Call the assigned lawyer, explain the case and make sure you understand what you are directed to do. Denial or nonchalance will not serve you well in such a situation. Educate yourself about the case. Do not assume the attorney knows the case as you do, and don’t be afraid to suggest strategy to the attorney.

If you have questions or wish to speak about ongoing litigation, you may contact Jeff Dickert by phone (609) 292-4036 x5228 or e-mail (dickerje@ubhc.rutgers.edu).

Jeff Dickert, PhD, Chief Operating Officer

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**Mileage**

**Effective 1/1/15 the mileage reimbursement rate increased to 57.5 cents per mile (x .575)**

The mileage reimbursement rate for 1/1/14—12/31/14 was 56 cents per mile (x .56)

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**Problems with UCHC Pagers/Cell Phones**

Report all problems to **Lisa Chasar,**
UCHC Central Office, (609) 292-4036 x5211
email Lisa.Chasar@rutgers.edu

Remember to check your pager on a routine basis.
**Don’t be shy!**

Have an idea for a future publication, one time article or interested in becoming a regular contributor to the UCHC Newsletter? Please let us know!

**Editor-in-Chief:** Mechele Morris, PhD  
Mechele.Morris@rutgers.edu

**Production Editors:** Jennifer VanEmburgh  
Jenn.VanE@rutgers.edu  
Shirley Lee  
Shirley.Lee@rutgers.edu

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**Employee Assistance Program**

1-866-327-3678  
University Behavioral Health Care  
242 Old New Brunswick Rd, Suite 330  
Piscataway, NJ 08854

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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.

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*Please submit articles by March 15th for the winter Newsletter*
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### UCHC Central Office Phone Numbers/Extensions

**MAIN NUMBER:** 609-292-4036

**FAX NUMBERS:** 609-341-9380, 609-943-5449, 609-341-3399

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<td>Rusty Reeves</td>
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| Torres, Jose | 732-499-5010 x2867 | |  |

#### Psychiatry Administration

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<td>609-324-3215</td>
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<td>732-396-6920</td>
<td>abramsmi</td>
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<tr>
<td>Harry Green</td>
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<td>732-512-8846</td>
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<td>Marci MacKenzie</td>
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<td>Ellen Zupkus (JJC)</td>
<td>609-324-6296</td>
<td>201-407-3117</td>
<td></td>
<td>zupkusel</td>
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#### Regional Medical Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Cell</th>
<th>Pager</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hesham Soliman</td>
<td>x5233 or 609-298-0500 x1451</td>
<td>609-238-0513</td>
<td>856-223-2262</td>
<td>solimahe</td>
</tr>
<tr>
<td>William Briglia</td>
<td>856-459-7000 x7221</td>
<td>856-701-6362</td>
<td>856-223-2320</td>
<td>brigliwaj</td>
</tr>
<tr>
<td>Sharmalie Perera</td>
<td>732-574-2250 x8305</td>
<td>609-238-0993</td>
<td>609-229-0675</td>
<td>pererash</td>
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</table>

#### Dental Administration

<table>
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<tr>
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<tbody>
<tr>
<td>Harold Mapes</td>
<td>908-735-7111 x3430</td>
<td></td>
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<td>mapeshe</td>
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</table>

#### Regional Schedulers

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Rebecca Cozzens</td>
<td>856-459-8034</td>
<td></td>
<td></td>
<td>cozzena</td>
</tr>
<tr>
<td>Samantha Pezzella</td>
<td>856-459-8753</td>
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<td>pezzelss</td>
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UCHC Excellence Award
Nomination Form

Guidelines:
1. A University Correctional HealthCare (UCHC) employee may nominate any other employee. (Administration Staff are not eligible for this award). Individual nominees must have at least met their probationary requirements.

2. Nominations should reflect the values stated in the UCHC mission, demonstrate exceptional customer service (to clients, staff and vendors), volunteering to do things above and beyond job duties, and/or making positive contributions to the overall success of the UCHC team.

3. Six staff will be selected annually for this award (3 every 6 months) and one staff from a supervisory position or higher will be selected annually.

Name of employee being nominated:

Title: __________________________ Facility/Unit: __________________
(Required)

☐ Excellence in Direct Care ☐ Excellence in support service

Explain in detail why you are making this nomination:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Note: If additional space is needed, please use the back of this form or send an attachment via e-mail.

Signature of nominator: ___________________________ Date: ___/___/____

Please print your name: __________________________

Please send this form to:
Quality Improvement, Att: Lisa DeBilio, UCHC Central Office
Or fax to (609) 341-9380
# Ongoing UCHC Continuing Education Log

**Year:** _________

**Name:** _____________________________  **Site:** _____________________

**Position:** ___________________________

***PLEASE PRINT CLEARLY***

<table>
<thead>
<tr>
<th>Date</th>
<th>Training Activity Description</th>
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</table>

*Once you complete this form submit a copy to your site Data Control Clerk/Secretary for entry into the UCHC Database.*

*Keep a copy (along with attendance verification for each activity) for your personal records.*

*Note: Staff meetings can be included as continuing education activities provided a signed attendance log is maintained.*