Happy 10 Year Anniversary UCHC!

University Correctional Health Care (UCHC) was launched November 1, 2004 when Jeff Dickert, Shirley Lee, Melody Massa and Cynthia (Tucker) Caracter were appointed by Christopher Kosseff to begin working on a new initiative. Below are some highlights from the email announcing the inception of UCHC:

Today at UHBC we begin a new era.

The contracts to provide mental health services to NJDOC and the JJC are both signed. UCHC is now a reality.

It is an exciting time for us. It has always been our mission to provide excellent mental health care to those who most need it. Now we have a new and challenging addition to this mission. Prisons house about 3 times as many people with serious and persistent mental illness as do psychiatric hospitals. The quality and availability of mental health treatment in prisons has, generally, been a major problem. We will work diligently to set a new standard of care for inmates with mental illness.

I am confident that we can become a national leader in correctional mental healthcare, as we have in community mental healthcare. -Christopher Kosseff

Chris Kosseff assured then Commissioner Devon Brown that UMDNJ would provide excellent mental health services and meet all requirements of the CF v Terhune Settlement Agreement within 2 years. UCHC met this challenge and sunset the agreement for males by Spring 2007.

With the success of this contract subsequent NJDOC Commissioner, George Hayman, requested UMDNJ also provide physical health and dental services in 2008. On July 1, 2008, Commissioner Hayman wrote to Christopher Kosseff, “... Dr. Owens (then UMDNJ President) called me very excited after signing the agreement. I told him he had the best in you and Jeff, which he agreed. We are looking forward to a great partnership and being the premier university and DOC collaboration in the country!”

Today, we have over 1,000 employees, a budget of over $150 million and multiple contracts with NJDOC, NJ JJC, State and Federal Parole. When presenting at national conferences UCHC is at the forefront of universities in collaborative partnerships with Departments of Corrections. This has not been accomplished without growing pains, but throughout all the struggles UCHC continues to grow and build. Our many accomplishments are highlighted on the UCHC webpage.

Each day hundreds of dedicated UCHC staff work hard to meet our client’s needs and exceed their expectations. I am grateful for the efforts of all UCHC staff over these past 10 years and as we move forward.

Thank you and Happy Anniversary!

Jeff Dickert, PhD
Chief Operating Officer
Excellence Award Recipients

Each year a select number of staff and a supervisor are presented with UCHC Excellence Awards. Nominations for Excellence Award recipients are made by UCHC staff members. Nominees must have completed their probationary period; reflect the values stated in the UCHC mission; demonstrate exceptional customer service (to clients, staff and vendors); volunteer above and beyond their assigned job duties; and/or make positive contributions to the overall success of the UCHC team. Nomination Forms are accepted on an ongoing basis. A copy of the Nomination Form is attached at the end of each newsletter. The most recent Excellence Awards recipients include:

Audrey Carter, Data Control Clerk (JIC-NITSB)
“Audrey, or ‘the brain thrust’ as I like to call her, is much more than an administrative assistant. She manages several different aspects of the MH department to assure we remain organized and punctual with work. Audrey assures that each member of the MH department is treated with respect and dignity. Beyond her normal duties she also provides general training to each intern and fellow assigned to the MH department. She has great rapport with various departments within the JIC family including IT, Maintenance and Custody, to assist in making operations run smoothly. Audrey takes great pride in making sure medication scripts are sent to nursing in a timely manner and assures that residents are seen in enough time so that the scripts do not lapse. She does a fabulous job of negotiating and managing relationships between MH and nursing, making sure that residents needs are met since the lead psychiatrist is stationed at the MNSF. Audrey makes sure doctors’ orders are clearly conveyed to nursing to assist in making sure that all medication changes are managed appropriately.”

Carolyn Segal, PhD, Forensic Mental Health Clinician (CRAF)
“I have worked with Dr. Segal at CRAF since 2007. Dr. Segal exemplifies professionalism and clinical dedication. Her clinical work including documentation, record reviews content of evaluations and psychotherapy are excellent. She rarely is absent and often stays late to help colleagues or handle a clinical issue, almost always without complaint. Dr. Segal routinely goes above and beyond her required job duties without being asked. She regularly helps her colleagues, volunteers for additional tasks and quite simply does whatever is required to contribute to the smooth running of the mental health department. She always conducts herself professionally with patients, staff, custody and administration. Interpersonally she always remains pleasant and upbeat, even in frustrating situations. She is an excellent role model and mentor to less experienced clinicians. I feel extremely fortunate to have her as part of our staff.”

Dana Gabriel, PhD, Forensic Mental Health Clinician (NSP)
“Outstanding professional totally dedicated to the welfare of her clients. Additionally, she consistently goes beyond her job requirements, developing programs, providing organizational assistance to the administrative body and ensuring that the tasks she oversees are carried out to a successful completion. Dr. Gabriel is also quick to make herself available providing her colleagues with assistance and support whenever the need arises. As such she is greatly appreciated and respected by the people with whom she works.”

Leslie Burke, Data Control Clerk, Mental Health Department (SWSP)
With an impressive twelve nominations, the following adjectives were overwhelmingly repeated: “Great work ethic,” “Team player,” “Great forethought” “Amazingly organized” “Efficient” “Helpful” “Hard worker” “Confidential”

Additional nomination comments include:
• “The ‘Radar’ in our “MASH unit.”
• “The glue that keeps us all together.”
• “Without her assistance, we would most certainly be less effective in our jobs.”
• “Helps to keep us accountable and compliant.”
• “Employee is truly irreplaceable to our staff. Always 10 steps ahead and prepared for everything we need. Amazing!”
• “Holds to a high standard and work ethic is superior.”
• “Has grown over the years and is now able to foresee and prepare for future needs of the department.”
• “Has a broad knowledge base to assist with many issues.”
• “Employee has many tasks that are not obvious to others. Well-organized and conscientious. Employee coordinates many schedules, timesheets and makes sure we meet the criteria for compliance. When not at work, which is rare, we are lost without her”
• “Quietly keeps this unit running smoothly and efficiently. Tasks are done quickly and consistently well.”
• “Is an asset to this unit/site at UCHC.”
• “Exemplary employee with a strong work ethic. Instrumental in the success of this site’s program and a joy to work with.”
• “Has provided consistent exceptional service to the organization over several years and deserves to be recognized for her efforts.”

Donna Collins, LPN (GSYCF)
“Donna was instrumental in getting GSYCF Medical prepared for NCCHC. She single handedly cleaned and organized the supply room. She is also enthusiastic in helping orient new employees. When we were audited by the NJDOC and Donna heard about the audit result, she volunteered to help ensure that the patients would get kitchen clearances. I wish I could bottle all her enthusiasm and give it to all our employees.”

Maria Delgado, RN, Staff Nurse, Inpatient Mental Health (NSP)
“Maria has been with us for ten years, since the inception of UCHC. She is a full-time staff nurse at NSP and volunteers to assist wherever and whenever requested. She is always willing to go above and beyond her regular duties. She is a statewide CPR trainer and became the first master trainer for the Chronic Disease Self-Management Program, (CDSMP) is a certified master trainer for the Diabetes Program, a staff educator and a PTC Certified Trainer for the NJDOC Officer Training Program. Maria has presented at numerous conferences on CDSM and correctional nursing as a career. She is a role model for all staff nurses both in and out of corrections. Last year Maria was recognized by the New Jersey League for Nursing as 2014 Staff Nurse of the Year. We are proud to have her as a member of the UCHC nursing team.”

Continued next page...
EXCELLENCE

Excellence Award Recipients
(...continued from previous page)

Monica Tsakiris, APN
(SWSP)
“Monica comes in early and is available for patients as well as her co-workers. She stays positive through all the chaos and codes. Dealing with the type of patients she has is not easy, especially with having to listen to staff with all the orders, meds and everything the patients want. Monica is so deserving of a nomination and I will tell you that I have not nominated anyone before. Thank you.”

Samantha Wilson, RN,
Department Nurse Manager
(MYCF)
Samantha’s nomination was made during her time as a Staff Nurse
“Samantha is a caring and thoughtful nurse. She provides excellent care to her patients on a daily basis. Samantha continually demonstrates her ability to be a team player. Recently she assisted co-workers at another site when they were in need and did an exceptional job. Samantha is a wealth of knowledge and is always willing to mentor her peers/co-workers (i.e. PI training). Samantha is a true asset to our staff and patients. She continues to excel in her nursing career and does so with a smile and finesse.”

Maryse Simpkins, RN, Department Nurse Manager (SWSP)
Awarded Posthumously
“Maryse was a dedicated hard working, strong leader within our system. She offered experience and knowledge to her staff while supporting them 100%. She was organized, caring, motivated and a team player. Maryse made positive contributions to staff and patients on a daily basis.”

Sam Bailey, LCSW (JUSP)
“Sam Bailey has been providing excellent clinical care to RTU patients and fantastic leadership for the RTU/TCU treatment team since the year 2000. His experience, empathy and clinical expertise are invaluable to our department. He sets a positive and compassionate tone on the unit, and this has helped to create a supportive and therapeutic milieu for the patients. Frequently, he invites patients to treatment team meetings, simply to tell them how well he thinks they are doing and the progress he sees them making toward treatment goals. A large number of his patients have progressed and have transitioned to the TCU, and from there many have gone to GP and have never returned to inpatient. When opportunity presents itself, he speaks to patients family members with care and gentleness and encourages them to keep in touch with their incarcerated loved ones. In fact, recently he has been working tirelessly to help one patient reconnect with family after 30 years of incarceration, and nearly that many years of estrangement. He sees this as an invaluable piece of the puzzle when preparing patients for parole or max out. Mr. Bailey often comes alongside his coworkers to mentor, encourage, and gently confront when needed. I, for one, have gone to him countless times for clinical supervision regarding patients. His wealth of experience is a wonderful resource for us, as is his candor. Anyone can see very clearly that I am a HUGE FAN of Mr. Bailey. I’m not the only one, however! I’ve heard it said by a UHC administrator who will remain nameless, “If I could clone Mr. Bailey, I would!”

Rutgers Today Feature
A recent Rutgers Today article entitled, Midlife Career Change Reinvents Businesswoman as Occupational Therapy Assistant, featured former sales executive and MBA Judy Gnirrep, who left a job traveling the globe managing multimillion-dollar accounts to enroll in Rutgers Occupational Therapy Assistant (OTA) program. Ms. Gnirrep completed her fieldwork training at Edna Mahan Correctional Facility for Women under the supervision of our own Susan Connor, OTR.

Link to original article: http://news.rutgers.edu/feature/midlife-career-change-reinvents-businesswoman-occupational-therapy-assistant/20150428#.VYsjev7bKU1

Telemedicine in the News

In March 2015 David Matthau, radio station NJ 101.5’s lead investigative reporter, posted an article on the NJDOC Telemedicine program on the station’s website.

Dr. Ralph Woodward, NJDOC managing physician, provided an overview of how the Telemedicine program works praising both its success and cost savings benefits.

To read the full article visit NJ 101.5: http://nj1015.com/nj-prisons-conducting-medical-exams/

UHC Presents...

At the NJ Student Nurses Convention Feb. 12, 2015 in Atlantic City, Dr. Margaret Conrad, chief nursing administrator; Dolores Guida, Regional Nurse Manager, and Maria Delgado, Staff nurse, presented “Nursing Behind Bars.” Dr. Lorraine Steefel, nurse educator, presented “Academic Writing: Tips on Getting an ‘A’ Paper,” and also presented a workshop at the NJ League for Nurses Conference, in Atlantic City, on March 26, 2015 entitled, “Think Like an Editor: Turn Your Research and Assignments into Publishable Articles.”

On June 17, 2015 Dr. Mechele Morris, director of training and Dr. Anthony Tamburello, associate director of psychiatry, presented at the Middle Atlantic States Correctional Association Conference in Atlantic City.

Their presentations were entitled, “Stress Management: What About the Officers” and “Suicide Assessment and Risk Reduction in Corrections.”
Decreased Mortality Rates of Inmates With Mental Illness After a Tobacco-Free Prison Policy

Jeff Dickert, PhD, Jill Williams, MD, Rusty Reeves, MD, Michael Gara, PhD, Lisa DeBilio, PhD

Abstract

Objective: Negative health consequences of smoking have prompted many correctional facilities to become tobacco free, including the New Jersey Department of Corrections, and this study examined the results of implementing tobacco-free policies.

Methods: Mortality rates in the total population of inmates and in a subgroup with identified special mental health needs or mental illnesses (referred to in this article as persons with special needs) were measured from January 2005 through June 2014, a period during which tobacco use was significantly reduced and then eliminated.

Results: The total mortality rate of all causes of death combined was three times higher for persons with special needs in 2005 compared with those without special needs. The total annual mortality rate decreased by 13%, from 232 to 203 per 100,000 between 2005 and 2013. The mortality rate for persons identified as having special needs decreased by 48%, from an average of 676 per 100,000 population over the eight-year period before the ban to 353 per 100,000 in 18 months after the ban. Reduced mortality among persons with special needs between 2005 and 2014 in half-year increments was correlated with the reduction and elimination of tobacco products (median bootstrapped Pearson r=.60, 95% confidence interval [CI] =.21 to .86). In strong contrast, however, the bootstrapped correlation between the mortality rate of persons not identified as having special needs and tobacco sales over the same period was not significant (median Pearson r=.13, CI=.50 to .29). No other major medical intervention occurred during these years.

Conclusions: This striking correlation of quick and substantial reduction of mortality among individuals with a mental illness in association with the reduction and subsequent ban of smoking suggests that smoking may play a major role in the reduced life span of persons with mental illness.

Link to full article published on Psychiatry Online January 2015: http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400429

Outside In: ADTC Civilian Tour Feedback

The following snippets are from emails sent to ADTC staff after a March 2015 tour.

According to Nancy Graffin, ADTC clinician supervisor, “Many students, rape crisis centers, and people involved in various parts of the justice system have found visits here to be extremely worthwhile. The responses speak powerfully of the benefit to the community from such visits . . .”

The experience was invaluable as it brought home so many discussions that we’ve had with our staff over the years. I was also profoundly moved and inspired at how a prison program can help make significant progress in the rehabilitation of the inmates. Equally moving was the fact that two of the inmates shared how just one incident served to be the catalyst of withdrawal and shut down any further attempts to ask for help. Thank you again for allowing us (and for being so persistent) this opportunity. Thank you. -Rabbi Avraham Glustein

The experience was truly transformative. May you continue to help these men and help our communities with your critical work. -Rabbi Dov Linzer

While I became a psychiatrist over 30 years ago, I have never worked in the justice/penal system and yesterday’s experience profoundly moved me. -Michelle Friedman, MD

What a powerful and educational experience which will help us in our shared work of making our institutions and communities safe for all children. -Rabbi Steven Exler

Yesterday’s tour stands out as one, if not the, highlight for me in all of my training. It was incredible to see the research come to light and to hear about the inmates’ journeys in recovery. Everyone agreed that the tour equipped us with critical information that is invaluable for our work. -Shira Berkovits

Nancy W. Graffin, PhD
Clinician Supervisor
ADTC

Nonemergency Involuntary Antipsychotic Medication in Prison


They hypothesized that treating mentally ill (MI) inmates involuntarily with antipsychotic medication would reduce the number of disciplinary charges and inpatient days. While no difference was noted in the number of prison inpatient days, fewer inmates received serious disciplinary charges. In addition, there were decreases in instances and the total number of charges during the involuntary medication. A review of the article and link to the full text are below.

“This is a really good piece of work which meaningfully addresses an important clinic issue. Congratulations to all of you. I hope that you are able to disseminate this information to help other prison systems and show that it is possible to mine databases and produce useful outcomes.” Matthew Menza, MD, Chair, Department of Psychiatry, Rutgers Robert Wood Johnson Medical School

Full Text: http://www.jaapr.org/content/43/2/159.full.pdf+

Anthony Tamburello, MD
Associate Director of Psychiatry (UCHC), Clinical Associate Professor (Rutgers–RWJMS)
Let me first express my appreciation to all staff members of Rutgers Biomedical and Health Sciences (RBHS, which includes both University Behavioral Health Care and University Correctional Health Care), who voted for my election to the Rutgers University Senate in April of 2014. RBHS staff were not previously represented in the University Senate, so the purpose of this article is to orient you to what the Senate is, what we have been doing, and what we can do for you.

The Rutgers University Senate is composed of over two hundred members including faculty, students, staff, and alumni, who are each elected by their respective constituencies. While the Senate has authority to legislate select items such as the academic calendar and formal relationships between academic units, its primary function is to advise the President of the University and the Board of Governors on topics such as budget, special programs, establishing or dissolving schools and other educational units, and University policies on education and research. The Senate has had considerable influence in these matters.

Each Senator serves on one of the following committees: Budget and Finance; University Structure and Governance; Faculty Affairs and Personnel; Student Affairs; Instruction, Curricula, and Advising; Academic Standards, Regulations, and Admissions; and Research, and Graduate and Professional Education (RGPEC). I was appointed to RGPEC. Our current charge is to work to improve the University’s services to international graduate and professional students. Future endeavors include addressing the responsible conduct of research, and standardizing the tracking of academic contributions.

Senate meetings occur approximately once a month, with a break over the summer. Committees, as well as caucuses (e.g., the Staff Caucus) meet prior to the general Senate. While typically convened in the College Avenue Student Center in New Brunswick, we travel to the Camden and Newark campuses once each per year. Formal parliamentary rules are followed to allow for fair and efficient debate.

Reports are anticipated at each Senate meeting from President Barchi and sometimes others such as the local Chancellor. The general student body sometimes uses these planned appearances to voice opinions and ask questions of University executives, though Senators are given priority in this regard. I posed a question to President Barchi in September 2014 about the status of the integration of UMDNJ with Rutgers. What concerns me is that terminology such as “legacy UMDNJ” is still used to describe students, faculty, and staff of RBHS, and I wanted to know when we would be considered “just Rutgers” with all the rights and privileges of “legacy Rutgers” employees. President Barchi said that he already sees us this way, and he has discouraged “legacy” terminology. However, there are real operational differences between RBHS and other Rutgers units, and much of the integration efforts will require updates to collective bargaining agreements that were (and are) still in progress. He anticipates that integration will be a three year process (starting from the merger in July 2013), though he expressed optimism that this will happen.

The work of the Senate has the potential to affect nearly everyone involved in the University. For example, we voted in December 2014 to endorse the American Association of University Professors (AAUP) Centennial Declaration. The principles of this statement include academic freedom, engagement with communities and addressing social disadvantage, and providing a dignified and collegial workplace for all.

Not surprisingly, proposals involving financial and budgetary matters have been the most controversial. In December 2014, a resolution brought via the New Brunswick faculty was carried to call on the University administration to “enter into serious negotiations” with faculty and staff unions regarding salaries, without burdening students with increases in tuition and fees. At issue was whether or not the Senate was able to pass such a resolution, as our charter prohibits involvement in union negotiations. In March 2015, a resolution to balance the budget for the Rutgers’ Athletic Program within five years passed after considerable debate. Rutgers’ athletics have accumulated a deficit of over $280 million over the past ten years, to date paid for by student fees and University discretionary funds. While seemingly both reasonable and necessary, this Senate action drew public criticism from both the governor and at least one state legislator, both of whom thought it was short-sighted.

You may follow the work of the Rutgers University Senate on our website, http://senate.rutgers.edu, where you will find links to current senate members (including our record of participation), meeting agendas and minutes, and the text of reports and resolutions. I encourage you to send me questions about the Senate and about issues for which you think we may be of assistance to you. I look forward to continuing to represent the interests of RBHS staff in the coming year.

Anthony Tamburello, MD
Statewide Associate Director of Psychiatry, UCHC
Clinical Associate Professor, Rutgers–RWJMS,
RBHS Staff Senator
Most Recent UCHC Quarterly Update

340B* Program for HIV
Rutgers UCHC has preliminarily selected a vendor, St. Francis Medical Center (SFMC), to provide ambulatory infectious disease services including medications, for inmates who are HIV positive. SFMC will be able to provide this service to inmates within the New Jersey Department of Corrections (NJDOC) secure network. St. Francis and Diamond recently registered with the Federal Office of Pharmacy Affairs for 340B and can begin to dispense medications to be shipped directly to NJDOC prisons as early as July 2015. The program is anticipated to be fully phased in by Thanksgiving.

*340B, named for the section in which it resides in the Public Health Service Act, requires pharmaceutical manufacturers to provide steep discounts to providers for qualifying patients. Congress made contracts with 340B entities a pre-requisite for offering drugs in the broader Medicaid market. 340B providers glean between 20% (compared to wholesale) and 50% (compared to retail) discounts on covered, brand named drugs. To qualify, hospitals had to be non-profit and serve a disproportionately large number of Medicaid beneficiaries. Some non-hospital entities that focus on delivering care to higher-need and lower-income populations are also allowed to participate. 340B discounts only apply to individuals who reasonably qualify as a patient of a participating provider receiving outpatient services and the services are documented in the provider’s medical record. (For more information go to: http://www.hrsa.gov/opas/)

Discount for Hepatitis C Medications
The two major pharmaceutical makers of medications to cure Hepatitis C in most patients, AbbVie and Gilead, in an effort to assist prisons and jails treat this disease, now offer these medications at a 20-30% discount, which is comparable to the 340B program.

Reduction in Inmates with Special Mental Health Needs Receiving Charges
Between 2010 and 2014, UCHC noted a 20.6% drop in special needs (SN) inmates receiving disciplinary infractions requiring a Court-line evaluation. Concurrent to this period and consistent with the reduction in the NJDOC Census, the SN roster dropped 9.1%. This indicates approximately an additional 11.5% decrease in SN roster inmates receiving disciplinary infractions this past year as compared to 2010. This suggests that mental health treatment and the training provided to correction officers working with SN inmates, is having a positive impact on the reduction of such infractions.

<table>
<thead>
<tr>
<th>Month</th>
<th>Total</th>
<th>SN Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2,539</td>
<td>3,297</td>
</tr>
<tr>
<td>2011</td>
<td>2,519</td>
<td>3,230</td>
</tr>
<tr>
<td>2012</td>
<td>2,192</td>
<td>3,061</td>
</tr>
<tr>
<td>2013</td>
<td>1,893</td>
<td>3,087</td>
</tr>
<tr>
<td>2014</td>
<td>2,015</td>
<td>2,997</td>
</tr>
<tr>
<td>Percent Change Over 4 Years</td>
<td>-20.6%</td>
<td>-9.1%</td>
</tr>
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</table>

Reduction in Medical Trips outside the Secure Network
UCHC has worked to limit trips out of the secure network (i.e. New Jersey Medical School and Robert Wood Johnson Medical School) and to increase specialty services within the NJDOC network. This secure network includes SFMC in addition to the prison system. Many inmates are seen in medical specialty clinics via telemedicine, housed within the medical clinics in each prison and at SFMC ambulatory clinics. Between 2013 and 2014, UCHC successfully reduced the total number of specialty medical appointments outside the NJDOC secure network by 7.7% (2,365 to 2,184). During this period, UCHC shifted from having Physical Therapists (PT) schedule appointments individually to having them set up by schedulers. As a result there was a marked increase in PT appointments in the database. When PT appointments are removed from this data, appointments outside the secure network were reduced 8.7% (2,365 to 2,160) while appointments within the secure network increased 6.3% (8,035 to 8,540).

The 2.9% rise in specialty consults between calendar year 2013 to 2014 (10,400 to 10,700) is directly related to growth in the number of inmates aged 55-64 (up 23% to 1,254 in the past 5 years) and inmates 65+ (up 53% to 383 in the same period).

<table>
<thead>
<tr>
<th>Year</th>
<th>Outside Secure Network (excluding PT)</th>
<th>Within Secure Network (excluding PT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2,365</td>
<td>8,035</td>
</tr>
<tr>
<td>2014</td>
<td>2,160</td>
<td>8,540</td>
</tr>
<tr>
<td>Change</td>
<td>-8.7%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

The trend over prior years (2009 through 2012) is in the process of being analyzed.

Telematics
Inmates have expressed a high degree of satisfaction with telemedicine. Of 122 inmates recently surveyed, 117 respond "Yes" to the question, "Were you satisfied with the (telemedicine) visit?"

With recent upgrades by the NJDOC Office of Information Technology (OIT) from Windows XP to Windows 8.1, the Telemedicine program has had to address joint (NJDOC and Rutgers) IT issues related to the multiple configuration of equipment, in order to maintain the current level of telemedicine encounters. As a result some telemedicine clinics were cancelled, which led to a corresponding decline in the number of telemedicine encounters, along with an increased need for inmate transports. Both NJDOC OIT and Rutgers IT staff are working to quickly resolve these issues.

Reduction in Hospitalization
While specialty consults have been slowly increasing, UCHC continues to be successful in reducing the average daily inpatient hospital census. The number has dropped more than 20% from an average of 12.25 in 2010 to 9.75 over the past 1.5 years (Graph below). Concurrently, we have seen a reduction in monthly emergency room (ER) trips which averaged approximately 60 in FY13 to approximately 55 in FY15 through

(Continued on page 7)
Most Recent UCHC Quarterly Update Continued...

(Continued from page 6)

the present. The average daily inmate census at outlier hospitals (i.e. University Hospital, Inspira, RWJ Medical Center at Rahway, Cooper, Capital Health) also dropped from a range of 2.2-2.9 between FY09 through FY13 to approximately 1.9 in FY14 and FY15.

Re-bid X-Ray Savings

Rutgers re-bid portable x-ray services for NJDOC resulting in a reduction ($45 to $29) in the unit cost of standard, non-urgent, x-rays done on-site. Anticipated savings are approximately $250,000 annually.

Substance Abuse Guidelines

UCHC psychiatry director, Rusty Reeves, MD, in direct consultation with Herb Kaldany, DO, NJDOC director of psychiatry, introduced a substance abuse disorder guideline for medical and mental health staff in April, 2015. This commits UCHC to the diagnosis, management and referral of substance-abusing inmates, regardless of placement on the SN roster. The guideline reflects the fact that most inmates have abused substances which contributes substantially to crime. The implementation of this guideline expands and improves the care UCHC provides without increasing the budget.

Inmate Satisfaction and Reduction in Litigation

UCHC has sought to reduce inmate remedies and subsequent litigation by appropriately addressing inmate/patients’ medical needs. Toward that end, we sought input from the patient population on their degree of satisfaction with medical services. Even though inmate remedies have been steadily decreasing, findings from patient surveys in 2012 and 2013, compared to UCHC Mental Health and Dental Surveys, indicated that many patients were not as satisfied. In an effort to better address their dissatisfaction with medical services, UCHC medical leadership instituted training for the medical providers conducted by Mechele Morris, PhD, director of training; on: 1) cultural issues, 2) effective engagement, 3) the role of consultation, and 4) motivational interviewing. Medical leadership also began reviewing and discussing with staff the lessons learned from prior cases that resulted in litigation. This brought about a four (4) year downward trend in health care related litigation (43 cases in 2011 to 23 cases in 2014) as reported through June 2015. Additionally, based upon a fairly large sample of inmates (from 1,309 to 810), the average response of inmate/patients on the Patient Satisfaction Survey increased from 3.2 to 3.4 on a scale of 1 to 5 where “3”=“Good” and “4”=“Very Good.”

Patient Satisfaction Survey Results: Medical Services: 2012 To 2014

<table>
<thead>
<tr>
<th>Patient Satisfaction Survey-Medical: 2009 to 2014</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
</tr>
<tr>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
</tr>
<tr>
<td>1. Overall, how would you evaluate the quality of services</td>
<td>1,119</td>
</tr>
<tr>
<td>2. The helpfulness of the medical staff</td>
<td>1,306</td>
</tr>
<tr>
<td>3. Politeness shown to you by the medical staff</td>
<td>1,305</td>
</tr>
<tr>
<td>4. Attention paid to your privacy during tx sessions</td>
<td>1,311</td>
</tr>
<tr>
<td>5. Professionalism of the medical staff</td>
<td>1,305</td>
</tr>
<tr>
<td>6. The extent to which your individual health needs were addressed</td>
<td>1,307</td>
</tr>
<tr>
<td>7. Availability of medical staff to talk with you</td>
<td>1,307</td>
</tr>
<tr>
<td>8. Complaints/grievances about my medical care are handled in a timely manner</td>
<td>1,289</td>
</tr>
<tr>
<td>9. The length of time you had to wait for medical appointments</td>
<td>1,305</td>
</tr>
<tr>
<td>10. How well the medical staff explained your treatment</td>
<td>1,305</td>
</tr>
<tr>
<td>11. The helpfulness of the medical treatments you received</td>
<td>1,309</td>
</tr>
<tr>
<td>12. How well your medical test results were explained</td>
<td>1,302</td>
</tr>
<tr>
<td>13. The degree to which medical staff respect your confidentiality</td>
<td>1,287</td>
</tr>
<tr>
<td>14. The chance to make decisions about your plan of care</td>
<td>1,293</td>
</tr>
<tr>
<td>15. The chance to participate in physical health related groups</td>
<td>1,248</td>
</tr>
<tr>
<td>Total N/mean Scores: Q1-14</td>
<td>1,319</td>
</tr>
</tbody>
</table>

Though these results are encouraging, medical leadership plans to continue their efforts to further improve scores. The goal is to reach a level of satisfaction comparable to mental health and dental services, with average scores of “4.0” (“Very Good”).

Jeff Dickert, PhD, Chief Operating Officer

Rutgers, The State University of New Jersey—UCHC Summer Newsletter: January—June 2015
Highlighting Accomplishments: 2015

- Improved health care outcomes
  - On average, 89% of patients with HIV achieved undetectable viral load within 6 months of care since 2014

- Reduced mortality rate 17% since 2013 NJDOC ban on all tobacco products
  - 89% reduction in mortality noted for inmates on the mental health special needs roster

Monthly Average Percent of HIV Patients in Treatment ≥6 Months and Latest Viral Load

- >70% of patients with Hyperlipidemia achieved LDL levels ≤130 since July 2014

Monthly Average Percent of Patients with LDL ≤130: 01/11 to 2/15

- On average, 88% of patients with Hypertension have controlled blood pressure since 2011

Hypertension Control Indicator

- Reduced average daily inpatient hospital census
  - Hospital census dropped more than 20% since 2010
    - Average daily census of 12.25 in 2010 to average of 0.75 over the past 1.5 years

Average Daily Hospital Census

- Monthly emergency room trips dropped
  - Average >60 per month in FY13 to <55 in FY15
  - Average daily census at outlier hospitals dropped
    - Had ranged 2.2 to 2.9 and dropped just below 2 in FY14 and FY15

NJDCC Mortality Rate per 100,000 Compared to BJS*

*Deaths rate by year of special needs (mental health) roster versus non-special needs inmates/100,000 in NJDOC

- Assumed responsibility for mental health residential treatment services previously provided by other providers without increasing cost to JDC
- Expanded sex offender treatment services funded by Parole by $250,000 per year to include residential (halfway house) programs
- Introduced substance use disorder guideline in April, 2015
  - Committing UCHC to diagnosis, management and referral of substance-abusing inmates
- Continued reduction of inmate litigation with a 4 year downward trend
  - 2011: 43 cases
  - 2012: 30
  - 2013: 24
  - 2014: 17 as of March 2015
  - Total payouts < $100,000 since inception of UCHC in 2005
- Rehid pharmacy and portable x-ray services resulting in:
  - 3% NJDOC saving on pharmaceuticals (approximately $750,000 annually)
  - 38% savings on x-ray services (approximately $250,000 annually)

Keep up the great work!

Jeff Dickert, PhD
Chief Operating Officer
&
Lisa DeBilio, PhD
Director of Quality Improvement
UCHC Highlights 2015

Younger Population Drops while Older Population Increases
Did you know that while the NJDOC inmate population has been decreasing by 13% over the past 5 years, during the same time the number of older inmates (55+) has increased by 24% and 53% for those 65+?

<table>
<thead>
<tr>
<th>Change in NJDOC Population by Age Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census 2010</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>18-44</td>
</tr>
<tr>
<td>45-54</td>
</tr>
<tr>
<td>55-64</td>
</tr>
<tr>
<td>65+</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

For more information go to NJDOC Statistics at: http://www.state.nj.us/corrections/pages/offender_stats.html

Jeff Dickert, PhD
Chief Operating Officer

Comparison of Inmates and the Community Population with One or More Chronic Medical Conditions
The New Jersey Department of Corrections had 7,854 inmates in January 2015 with one or more chronic diseases, excluding mental illness. This is comparable to what you find in the free world based upon National data (Source: http://www.cdc.gov/pcd/issues/2014/13_0389.htm) when adjusted for the percentages in each major age group within NJDOC.

Jeff Dickert, PhD
Chief Operating Officer

Dentistry Initiative with NJDOC OIT
The Department of Dentistry is working in conjunction with the Office of Information Technology (NJDOC) to modernize radiographic capabilities of the Dental Clinics. Currently, the only site which generates and stores digital dental radiographs is the Central Reception and Assignment Facility (CRAF). These images are only accessible at CRAF. UCHC and NJDOC are developing a plan to enable access to these images from any DOC computer terminal in the dental clinics throughout the State. As part of this integration process images would be exportable by secure e-mail to the Oral Surgery Clinic at University Hospital in Newark for pre-screening oral surgery patients. This initiative will decrease the number of off-site trips to University Hospital for initial consultation appointments.

Andrew Youngblood, DMD
Director of Dentistry

Diabetes and Mental Illness
The rate of diabetes is known to be 2 to 4 times higher among those with serious mental illness. Psychiatrists & medical providers have been jointly addressing inmates on the special mental health needs roster diagnosed with diabetes and Hemoglobin A1C levels >9, which indicates poor control. The initial round of 6 month follow-ups observed a reduction of 1.5 points on average. This area has been targeted for continued medical and mental health intervention including treatment monitoring, treatment compliance and patient education.

Rusty Reeves, MD
Director of Psychiatry

Risk Reduction Strategies in an Effort to Reduce Suicides
Between 2005 and 2009 NJDOC had an average of 4 suicides per year (20 in 5 years). Between 2010 and 2015 this dropped to an average of 3 per year (15 in 5 years).

UCHC and NJDOC introduced the following risk reduction strategies over the years to reduce the risk of suicides within the prisons:

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Began assertive implementation of non-emergency involuntary medication</td>
</tr>
<tr>
<td>2006</td>
<td>Removed razors from specialty mental health (MH) units</td>
</tr>
<tr>
<td>2007</td>
<td>Constructed fencing on upper tiers of MH units</td>
</tr>
<tr>
<td>2008</td>
<td>Electronic Medical Record (EMR) was modified to notify clinicians of suicide risk</td>
</tr>
<tr>
<td>2010</td>
<td>Began customized, annually updated annual suicide training for staff online</td>
</tr>
<tr>
<td>2011</td>
<td>Increased use of no Keep-on-Person designation for inmates with a mental illness</td>
</tr>
<tr>
<td>2011</td>
<td>Increased double ceiling in Administrative Segregation with the closing of an Administrative Segregation Unit</td>
</tr>
<tr>
<td>2012</td>
<td>Began automatically placing patients on suicide watch at Constant Watch level</td>
</tr>
<tr>
<td>2012</td>
<td>Increased use of double bunking in detention, as recommended by Suicide Task Force</td>
</tr>
<tr>
<td>2013</td>
<td>Modified cells on upper tier of Stabilization Unit at NJSP</td>
</tr>
<tr>
<td>2014</td>
<td>Submitted request to create note in EMR for collateral information (from family, doctors, etc.)</td>
</tr>
<tr>
<td>2015</td>
<td>Began administrative constant watch for 72 hours for halfway house substance abuse/escape returns</td>
</tr>
<tr>
<td>2015</td>
<td>Recommended formal involvement of SJD in Morbidity and Mortality reviews</td>
</tr>
</tbody>
</table>

Rusty Reeves, MD
Director of Psychiatry
Dear Mecelle

I’m not in any trouble, I like my colleagues...well, at least most of them, and my boss, but I do have a somewhat tricky issue that affects lots of UCHC staff. For the most part I believe the majority of the people who work here like their jobs and don’t find huge problems working with inmates. Of course we could all use some extra $$ but overall we know what we’re doing is important and we feel satisfaction in our work. I know of few jobs where you regularly get recognition for the work that you do unless you’re a professional actor or athlete, but there’s a group here that gets recognized regularly and I’m clearly not a part of this special group.

Now this isn’t sour grapes...I recognize that this particular group does a great job...but they’re no better than anyone else. However, over and over again they’re being lauded verbally and in writing for their outstanding work while the rest of us just get the generic, “we appreciate all that you do.” There’s gifts and glowing accolades all the time for this group so my issue is what about the rest of us? Where’s our individual or collective recognition...where’s our little gifts?

What About Us?

Dear What About Us?,

Isn’t it amazing that no matter how advanced our credentials may be or how many experiences we’ve had nothing beats heartfelt acknowledgement. And this is only amplified when we feel that someone else is being favored while we’re being ignored. As always I’m hoping that you’ve shared this impression with those positioned to alert the alleged purveyors of favoritism. But assuming you have, the tone of your letter indicates that your message either fell on deaf ears or the person(s) with whom you shared your concerns simply said, “don’t worry about it...I appreciate you.” I was recently in the company of someone who made an analogy about a similar situation and likened it to when a frustrated wife tells her husband, “You never tell me you love me.” The husband replies, “I love you.” The now agitated wife retorts, “It doesn’t make me feel better if I have to ask you to say it!” The question then becomes does he really love her, (probably) but when he tells her, will she believe it’s his idea or just that he’s saying it to pacify her. It’s a lot like the riddle, “What came first...the chicken or the egg?” I appreciate your dilemma and of course there’s no easy solution but I do have an idea. If your group isn’t being celebrated by the people who should recognize you, stop waiting for them and do it yourself. I did a little research and found the following 2015 celebrations for various professions and occasions:

- National Pharmacist Day January 12
- Employee Appreciation Day March 6
- Dentist Day March 6
- National Doctors Day March 30
- Professional Social Worker Month March
- Counseling Awareness Month April
- Dental Hygienist week April 5-11
- Administrative Professionals Week April 19-25
- Medical Laboratory Professionals Week April 20
- Nurses Week May 6-12
- Corrections Officer Day July 30
- National Psychotherapy Day September 25
- Boss Day October 16
- World Occupational Therapy Day October 27

There was also Peculiar People Day (1/10), Random act of Kindness Day (2/17) National Pretzel Day 4/26 Jeff Dickert probably took that day off and my personal favorite, National Martini Day (6/19). I say all this to say your perception may be completely accurate and while it could change, there’s an equal or greater chance that it won’t. So with that in mind, keep doing the job that you know makes a difference. Make it a point to personally acknowledge your colleagues and encourage them to do the same with others. And when it’s time for your group’s day, week or month celebrate it with your fellow group members. Know that Dr. Marci Mackenzie spearheaded a Social Worker Appreciation Day program (albeit a bit late) this year on 4/20. So if your group doesn’t have a day, week or month...start one up, advertise it and maybe it’ll catch on. And please know that I appreciate your work and will be sure to toast your group on 6/19/16.

Mindfulness: How present are you really?

Do you find yourself living most of your time either looking towards the future (thinking about what needs to get done or where you would rather be) or the past (regretting decisions made or reliving moments that already happened)? In the midst of our busy schedules, it seems we tend to forget to “stop and smell the roses” as the saying goes. Mindfulness, the concept of actually being present in the moment, observing thoughts and feelings as they are without judging them, has been found to be beneficial to improving one’s ability to manage stress. Unfortunately, we tend to operate on “autopilot” much of the time missing the many opportunities to connect with ourselves in the world and maximize on the positive moments that are happening around us.

Over the next several newsletters we will embark on a mindfulness journey and be challenged to put a halt to our wandering minds and busy lives, even if just for a moment. Each week you will find a new tip focused on the concept of mindfulness. We hope you will join us on the journey and take a moment for yourself.

Your EAP can assist during difficult times. Counselors are available to work with you in learning various relaxation strategies and managing stress or other issues that affect your personal or professional life. Contact the EAP at (800) 327-3678, to speak with a counselor or to arrange an appointment.

Sarah Ben Younes-Millot, LCSW
Employee Assistance & Student Wellness Programs, UBHC

Have a dilemma?
Send your question or concern to Mecelle.Morris@rutgers.edu or fax anonymously to (609) 341-9380, attention “Ask Mecelle”
Mail Call: Letter of Appreciation

The letter on the right was sent to Dr. Ralph Woodward, NJDOC medical director, carbon copied to NJDOC Commissioner Gary Lanigan, and shared with UCHC Central Administration.

Fifteen (15) inmates at Northern State Prison signed this “Letter of Appreciation” for UCHC nurse Sandra Delva, LPN.

Your efforts are appreciated!
Thank you for your dedication.

Jeff Dickert, PhD
Chief Operating Officer

Mr. Ralph Woodward, (Medical Director),
NEW JERSEY DEPARTMENT OF CORRECTIONS
P.O. BOX 683
Trenton, New Jersey 08625

Date: 2-6-2015

Re: Mrs. Delva, (LPN)

LETTER OF APPRECIATION

Dear Mr. Woodward,

This (Letter Of Appreciation), is for the enclosed nurse that is mentioned in this caption, for outstanding and commendable concern towards her profession; she displays attentive interest for the inmates: Medical needs. This nurse never turns in her profession, to do what is required of her to do as a nurse here at Northern State Prison. In addition, this nurse surpasses professional admiration.

If there was a way for you to convey with her about the gratitude, I and other inmates feel do to her concern to treat CHRONIC CARE inmates, as well as all inmates: As a nurse I feel respectfully out of the realm to tell her this, therefore I respectfully explore you to tell her in particular about the work she does and the professional courtesy she displays to everyone.

Thank you, I’ll like to thank you, for having her as your employee.

Respectfully submitted,

Mr. Delva: 1-30-2015

CG.,
Gary M. Lanigan, COMMISSIONER.

Mail Call: Letter of Appreciation

A NJSP inmate submitted correspondence on a change in the care he has been receiving from UCHC medical staff at NJSP according to the following ‘testimonial’. Over the years this individual presented significant challenges in our efforts to meet his medical needs. Excerpts of his comments include:

They took me and my ... poorly understood sickness into ... their hearts, and they collectively...nursed me ... to the wonderful healthy state I presently enjoy...
There will be others who will experience the ... skills of those named below, and ...will be urged to testify...
I truly thank one and all of you whom I had to depend upon for the excellent love and concern you bestowed upon me...that has me near totally able today to do all I did physically for myself prior to when the bad episode of sickness came upon my life.
May you all be blessed abundantly for all the goodness you do for humanity...

Nurses the inmate named as making a difference include: Lavoria James, RN; Tashicka Hayes, UCHC Tech II; Barbara Brown, RN; Bergina Casimir, UCHC Tech II; Donique Ivery, APN; Lucile Roach, Phlebotomist; Sue Spingler, RN, ICN; Lance Carver, RN; Diane Baca, LPN; and Brandie Burns, LPN.

Thank you all for a job well done!

Jeff Dickert, PhD
Chief Operating Officer
Harold (Hal) Mapes, DDS

It is with true sadness that I share the news of the loss of one of the Regional Dental Supervisors for Rutgers UCHC. Dr. Harold (Hal) Mapes passed away suddenly on Thursday evening April 2, 2015 after he completed swimming laps in the pool of his local YMCA. He was 65 years old.

Dr. Mapes had been a member of the (Legacy UMDNJ) Rutgers community since 2008, accepting the role of Supervisor for Central and North Jersey in 2012. He had been in Private Practice for 30 years prior to ‘retiring’ to UCHC because he felt he had more to give.

Hal was not only an excellent Dentist and Supervisor, he was also a true friend to those with whom he worked and is deeply missed by all who knew him. So many people have said of him “I have never seen him angry or upset”; “He was always in a good mood”; “He was like a father/brother to me”. Even the patients he treated liked him, and no one likes Dentists. He had a true love of Life, his Family and his Work with UCHC.

When I found myself in my new role of Director of Dentistry I was immediately tasked with the responsibility of doing two things – learn my job, and recruit a Regional Supervisor. Hal became that Supervisor and was spectacular at the role. He was a natural at talking with people, solving problems and juggling schedules. He became a true friend and ALWAYS had a funny story to tell.

Hal is survived by his wife of 43 years, Carol, 3 adult children and 6 grandchildren whom he loved deeply and spoke about to many people.

Andrew Youngblood, DMD
Director of Dentistry

Paula C. Allen, UCHC Medical Technician, GSYCF, age 50, of Willingboro, NJ passed away on December 18, 2014.

On December 18, 2014 Garden State Youth Correctional Facility Medical Department lost, not just a co-worker, but a dear friend according to the numerous reflections contributed to this newsletter as well as to Ms. Allen’s online memorial tribute:

Paula C. Allen was a vital part of the staff at Garden State. She will forever be missed, She was a kind, loving & warm person! She was a giving person who loved her job & she did it with great pride! Even during her sickness she always had a smile on her face... I thank God for allowing us to work along side of a Amazing woman of strength...

Ishael Howard, Medical Technician I (GSYCF)

I would like to express my deepest sympathy to the Paula Allen family. She will be greatly missed at University Correctional Health Care.

Lolita Brown, Nurse Practitioner (JJC)
Former Regional Nurse Manager (AWYCF/GSYCF)

Paula, you are one of the bravest, strongest persons that I ever knew. I will miss your smile, your laughter and your words of encouragement when things were gloomy. It is still so hard for me to accept that you went home to the Lord. God has chosen you as one of his Angels to do his work. It’s hard to let go but I know that one day we will meet again. You will always be in my thoughts. Words cannot express how I am feeling, but the Lord knows best. Rest in peace friend.

Darneth Amantine, Regional Nurse Manager (GSYCF/AWYCF)

It is with a heavy heart that I offer my deepest condolences and sympathy to Paula’s family, friends, and all that grieve her passing. I had the privilege and pleasure of working with Paula at GSYCF. She was the calm during the times of crisis. She was a hard worker and did it all with pride, respect and integrity. When she spoke of her family it was with love. I will remember her smile and laugh. Paula was truly a special person in so many ways. I am heartbroken that she is gone, but I am filled with joy to know that she is in her permanent home with our Lord in heaven without pain or suffering. I pray the special memories that you have will carry you through this difficult time and God will provide peace and comfort. Thank you Paula for the life you lived on earth. You were a blessing to many. You will be missed... rest in peace my dear friend.

Peggy Makon, Former Regional Nurse Manager (AWYCF/GSYCF)

Not only did you open the doors for me in the correctional medical field, but I also had the privilege of having you as both a co-worker and a mentor growing up. The advice, laughter, and the “hmm” (with a smile of course) when you disagreed. I will never forget. You were a strong, loving individual and because of you I am a better person. You’re truly one of a kind. You are greatly missed but I know as you watch over us, you continue to guide us from up above and one day we will see each other again. Rest in peace Paula.

Jennifer Hall, Regional Scheduler (GSYCF)

Compiled by Jennifer VanEmburgh, Staff Assistant
and Jeff Dickert, PhD, Chief Operating Officer
Huge thanks go out to Elaine Scilingo, DCC, MYCF for all of her help covering both ACWYCF and MYCF for the past 4 months. Great job Elaine!

-Dr. Marci MacKenzie
Clinician Administrator

Karen Melendez is now a master practitioner in the Bonny Method of Guided Imagery and Music (GIM). As part of the process Ms. Melendez presented a case study using this music therapy technique with a Special Needs patient she has worked with for several months.

Dr. Deborah Skibbee, Clinician Supervisor, passed the EPPP exam this month and will soon take the NJ Jurisprudence exam which will complete her licensure as a New Jersey clinical psychologist.

Dolores Guida, Regional Nurse Manager (ADTC/EJSP), was off duty and at her Community Pool when she witnessed a man being assisted by a lifeguard. It appeared the gentleman had become unconscious and was under water for an unknown period of time. Once he was lifted out of the water, she assessed he was without a pulse and not breathing. She initiated CPR, instructed onlookers to call 911 and called for an AED. Ms. Guida was assisted by the lifeguard who had pulled the man to safety and a special police officer. After several series of compressions, the man showed signs of breathing and a pulse was detected. Ms. Guida stayed with the patient until paramedics arrived. Excellent job Dolores!

Dr. Magie Conrad
Administrator of Nursing Services

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

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

Shout Out submissions should be:

- Directly related to current work responsibilities
- Achievement in current profession and/or educational area of study (i.e. promotions, conference presentations, licensure, advanced degrees, etc.)
- A Rutgers University, NJDOC, JIC, Parole or other client related event
- An act of heroism or bravery; rendering life-saving aid as a Good Samaritan

Suggestions? Ideas?

Leadership Wants to Know!

The UCHC Leadership Team created ImproveUCHC@ubhc.rutgers.edu as an avenue to communicate with UCHC Central Office Leadership. This electronic communication method is available for you to send your ideas any time of the day or night. All suggestions are forwarded to the UCHC Leadership Team for review, without revealing your identity unless you direct us otherwise.

Your valued input will help us better manage our programs and become better managers ourselves, so we invite you to use this Performance Improvement initiative. We hope to hear from you soon!

UCHC Leadership Team
If your legal name changes, you must notify the UCHC Central Office as well as make the change online at http://my.rbhs.rutgers.edu.

To Resolve Payroll Issues...
1. Contact your payroll timekeeper. In most departments this is the unit support staff.
2. If your payroll timekeeper is unable to assist you, contact your supervisor, or in their absence, the regional manager/administrator.

Steps to Change Your Name/Address on the portal:
1. On the Welcome screen scroll down to the Banner Self-Service box and click on “Employee Services”.
2. In the new window click on the “Personal Information” tab.
3. Find and click on “Name Change Information” or “Update Addresses/Phones”.
4. Follow remaining steps as indicated.

Note: You must notify both the UCHC Central Office AND complete the change online. Notifying one does not update the other.

Educational Assistance Program
The Educational Assistance Program application must be submitted to Campus Human Resources Benefits Services Office after the course is completed. Course pre-approval forms are no longer required.

The application and required documentation for reimbursement for college courses, non-college courses and seminars must be received in the Campus HR Benefits Services Office within 90 business days after the completion of the course(s), seminar(s) or conference(s).

Applications submitted without the required documents will not be accepted. See application for list of required documentation.

Eligibility Criteria:
http://uhr.rutgers.edu/benefits/non-state-benefits-legacy-umdnj-positions/educational-assistance-aa-program

Educational Assistance Application:
http://uhr.rutgers.edu/sites/default/files/form_applications/EducationalAssistanceProgramApplication_0.pdf

Tuition Assistance Policy 60.9.46:
http://policies.rutgers.edu/view-policies/human-resources-hr-%E2%80%93-section-60

Educational Assistance Program Information:
http://uhr.rutgers.edu/benefits/non-state-benefits-legacy-umdnj-positions/educational-assistance-aa-program

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

Problems with UCHC Pagers/Cell Phones
Report all problems to
Lisa Chaszar,
UCHC Central Office,
(609) 292-4036 x5211
or email Lisa.Chaszar@rbhs.rutgers.edu

Remember to check your pager on a routine basis.

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 (Jeff.Dickert@rutgers.edu).

Jeff Dickert, PhD, Chief Operating Officer
### UCHC Central Office Phone Numbers/Extensions

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

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

<table>
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<tr>
<th>Executive Administration Staff:</th>
<th>Office</th>
<th>Cell</th>
<th>Pager</th>
<th>Email</th>
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<tbody>
<tr>
<td>Jeff Dickert</td>
<td>x5242</td>
<td>732-580-1055</td>
<td></td>
<td>dickerje</td>
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<tr>
<td>Shirley Lee</td>
<td>x5228</td>
<td></td>
<td></td>
<td>leesm</td>
</tr>
<tr>
<td>Arthur Brewer</td>
<td>x5224</td>
<td>609-313-4185</td>
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<tr>
<td>Rich Cesvaco</td>
<td>x5241</td>
<td>201-407-3114</td>
<td>732-396-6768</td>
<td>cesvascrp</td>
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<tr>
<td>Magie Conrad</td>
<td>x5229</td>
<td>908-930-4025</td>
<td></td>
<td>conradmm</td>
</tr>
<tr>
<td>Lisa DeBilio</td>
<td>x5223 or 732-235-3356 (Piscataway)</td>
<td></td>
<td></td>
<td>debillia</td>
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<tr>
<td>Tony Hawes</td>
<td>x5237</td>
<td>609-405-7450</td>
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<td>Hal Moeller</td>
<td>x5210</td>
<td>609-503-1684</td>
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<td>Rusty Reeves</td>
<td>973-465-0068 x4241</td>
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<tr>
<td>Andrew Youngblood</td>
<td>x5231</td>
<td>609-218-0697</td>
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<td>VanEmburgh, Jennifer</td>
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**Central Administration Staff: (alpha order)**

**3rd Floor, Overflow Office**

<table>
<thead>
<tr>
<th>Name</th>
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<td>Agrillo, Leo</td>
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<td>LaPenta (Prestien), Christina</td>
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<td>973-281-3467</td>
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<td>McCollough, (Tamika) Monique</td>
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<td>Torres, Jose</td>
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**Psychiatry Administration**

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<tbody>
<tr>
<td>Anthony Tamburello</td>
<td>856-459-7000 x8333</td>
<td>609-410-0266</td>
<td>609-324-3215</td>
<td>tamburac</td>
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**Mental Health Clinician Administrators**

<table>
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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>
<td>x5216</td>
<td>201-407-3097</td>
<td>732-396-6767</td>
<td>macken</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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**Regional Medical Directors**

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<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>solima</td>
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<tr>
<td>William Briglia</td>
<td>856-459-7000 x7221</td>
<td>856-701-6362</td>
<td>856-223-2320</td>
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<tr>
<td>Sharmalie Perera</td>
<td>723-574-2250 x8305</td>
<td>609-238-0993</td>
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**Regional Schedulers**

<table>
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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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</table>
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

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.

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

Please submit articles by September 30th for the Fall Newsletter
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***

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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.