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## UCHC 2011 In Review

Reflecting back on 2011, UCHC faced many challenges and excelled in many areas.

Multiple unprecedented weather events didn't deter our nursing staff from providing uninterrupted healthcare to our inmate/patients, even while achieving a 6% reduction in nursing overtime.

In 2011 all New Jersey Department of Corrections (NJDOC) sites had their Triennial National Commission on Correctional Health Care (NCCHC) Survey. University Correctional HealthCare (UCHC) achieved full compliance in all but a few standards at each site. The number of noncompliant standards for both essential and important standards significantly dropped when compared to the 2008 Survey. Together, the thirteen sites averaged 2.2 standards (0.9 Essential & 1.3 Important Standards) in 2011 compared to 5.6 standards initially found noncompliant (2.6 Essential & 3.0 Important Standards) in 2008. All Essential and Important Standards have subsequently been addressed.

The new UCHC Forensic Psychiatry Fellowship, under the direction of Clinical Associate Professor of Psychiatry Rusty Reeves, MD, recently received a 5-year accreditation from the Accreditation Council for Graduate Medical Education (ACGME). The 5-year accreditation, the longest interval between accreditation visits that the ACGME confers, is unusual for a new program and reflects their confidence in the organization and educational value of the program.

As a result of the continued economic downturn, NJDOC challenged us to reduce our 2011 budget by approximately \$5.5 million. During the same timeframe the State Treasury Department directed NJDOC to further reduce their healthcare budget by \$3 million. Through a combination of: better contracting, program expansion, overtime reductions, judiciously filling vacancies and better utilization management of inpatient and specialty

medical services, we were able to achieve these financial targets. And this was done while we continued to see improvement in clinical outcomes and processes. Also, while a few staff lay-offs were implemented at the end of 2010, after a brief time all were extended employment opportunities.

Other statistically indicated system improvements include:

- Initiated medical services for the Juvenile Justice Commission (JJC)
- Expanded the telemedicine program to include the following medical clinics: Gynecology, Nephrology, Infectious Disease, General Surgery, Cardiology, Gastroenterology, Urology and Neurology. Telemedicine visits for specialty consults are now averaging over 100 per month
- The percentage of inmates with diabetes' hemoglobin A1C levels at or below 7.0 continues to improve. NJDOC had set a 40% benchmark for inmates with diabetes reaching this level of control. Calendar Year (CY) 2010 averaged 54.3%. In CY 2011 we achieved 55.4%.
- The percentage of inmates with hypertension achieving blood pressure levels below 140/90 also continues to improve. NJDOC had set a 40% benchmark for inmates with hypertension. The Medicaid benchmark is 53.4% and Commercial level is 62.2%. UCHC averaged 88% in CY 2010 and 89% in CY 2011.
- The percentage of inmates with hyperlipidemia achieving LDL levels at or below 130 also continues to improve. NJDOC set a 40% benchmark for inmates. In CY 2010 we averaged 66%. In CY 2011 our average increased to 69%.
- The number of medically related remedy forms

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## Inside This Edition...

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## Ask Mechele...

Dear Mechele,

I recently came across someone from my distant past who now works in my institution. To say I was shocked to see her/him is a huge understatement as I know for a fact that this individual has had more than a few run-ins with the law. Seeing him/her here makes me wonder about the screening that happens before someone is hired. And to top it all off, when this person saw me, they were also shocked and immediately looked the other way. If we worked in any other environment it wouldn't even be an issue, but since we work in a place where safety and security are the most important thing, I feel like I should say something. So my question is...do I say something and if your answer is yes, what exactly do I say and who do I say it to? It's also occurred to me that if I do say something it could come back to bite me. If this individual is still involved in shady enterprises, I could be placing myself in danger if they suspect I'm the one who put their business out there.

Torn

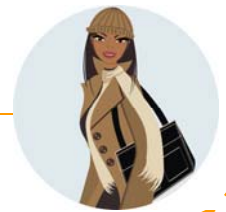
Dear Torn,

Yours is an interesting dilemma, but let's first talk about what you actually know. Run-ins with the law can be nebulous at best. This doesn't necessarily mean that the individual in question has ever been arrested and charged with a criminal offense. Maybe they were just questioned or held for questioning. The surprised look they gave you could simply be the shock of running into someone who knew them during a tumultuous time. If, however, there was some criminal activity, rest assured that the background checks performed by the NJDOC are thorough and concise. What you and I don't know is what the DOC considers to be a deal breaker for those that they choose to employ. But clearly our hiring criteria are not at the same level as those seeking to become correctional officers. I had a colleague who after several years on the job disclosed to me that they had been involved with the criminal justice system prior to their employment. They had disclosed the information on their application and were still hired, so not every offense is deemed sufficient enough to deny someone employment.

As far as your decision in this instance, I can't make the choice for you, but there are anonymous mechanisms for reporting information to both UMDNJ and NJDOC. In a previous column I gave the number to report suspicious activity to the DOC (Anonymous Tip Line 609-530-2500) which should be posted in all facilities statewide. As for UMDNJ, you can always share your concerns with EAP which is completely confidential and they can direct you to the right place to make a report.

But all bets are off if you've observed any criminal behavior within the facility. In such cases I relate back to our duty to warn and protect. Report to your supervisor what you have seen **immediately!**

**Have a dilemma? Send your question to [morrisme@umdnj.edu](mailto:morrisme@umdnj.edu) or fax anonymously to (609) 341-9380, attention "Ask Mechele"**



## UCHC 2011 In Review (Continued from page 1)

- continues to decline: 6,170 in CY 2007; 4,575 in CY 2008; 4,144 in CY 2009; and 4,041 in CY 2010. Those processed through October 2011 would be the equivalent of 3,749 over a 12 month period, or approximately a 7% additional decline from the prior year.
- Medical inpatient utilization data also reflects a decrease from prior years. The average daily census of hospitalized NJDOC inmate/patients was 12.08 in CY 2009 and 12.39 in CY 2010. In CY 2011 the average daily census was down to 10.2, a 17% decrease.
  - The percentage of UCHC inmate/patients infected with HIV with CD4 counts below 200 (Stage 3) continued to decrease. We averaged 12.45% in CY 2009; 10.77% in CY 2010; and 9.39% in CY 2011 through November.
  - Measures of pre/follow-up BASIS 24 scores (measuring mental health symptoms of depression, interpersonal conflicts, self-harm, emotional lability, psychosis and substance) shows that inmates with special mental health needs tend to improve as a result of treatment. 55% report significant improvements; 13% report significant deterioration; 32% report relatively stable scores. UCHC far exceeds the goal of preventing special needs inmates from further deterioration while in prison; and is achieving outcome levels comparable to University Behavioral HealthCare (UBHC).
  - Ann Klein Forensic Center hospitalizations were reduced by 79% (123 annually down to 26) from 2004 to 2011 with no increase in the suicide rate.
  - Objective performance indicators fairly consistently exceed both NJDOC and JJC expected thresholds.
  - The Stanford University Chronic Disease Self Management Program has been initiated in all prisons.
  - Average patient satisfaction scores improved from 3.2 to 3.5 for medical services (3 = good, 4 = very good).
  - Dental visits increased almost two fold from FY04 levels (18,628 in 2004 to 54,216 last year) as per NJDOC Logician Reports.
  - Over 40 Performance Improvement (PI) Projects displayed at the Annual PI Fair in October demonstrated site specific activities that have improved services using the Plan/Design, Measure, Assess, Improve, methodology.
  - UMDNJ-UCHC graduated two forensic psychiatry residents who have taken positions in public psychiatry.
- These highlights exemplify some of our accomplishments and reflect the high quality of care we provide our patients. Thank you for your continued commitment to excellence.

Jeff Dickert, PhD, Unit Vice President





# Technology Corner... Microsoft Office at Home

By Leo Agrillo

For those users with a home computer who would like to be able to work with the latest software, you can get Microsoft Office 2010 at the reduced rate of \$9.95 for the entire suite.

The University's participation in Microsoft's Volume Licensing offers a software benefit program called the Microsoft Home Use Program. Through this offering, employees can purchase a copy of either Microsoft Office Professional Plus 2010 or Microsoft Office 2011 for MAC at the reduced cost of \$9.95. All current UMDNJ staff and faculty are entitled to this program.

If interested, you need to register at [istreg.umdni.edu](http://istreg.umdni.edu). Following registration, you will be instructed to go to a Microsoft site to purchase your software. At that time, you will also have the option to purchase a physical DVD of the software and additional language packs.

My recommendation is to NOT purchase the physical DVD as it not needed. The download will give you everything that you need. Just copy the download to your backup media in the event you need to re-install.

Although NJDOC and UMDNJ use older versions of Microsoft Office, the principals for using the component programs are the same. I would recommend this for all users with a home computer as the cost is minimal and is available for both Windows and MAC.

The other thing to remember is to use the correct program for the job:

- Word is a word processor.
- Publisher is desktop publishing, differing from Microsoft Word in that the emphasis is placed on page layout and design, rather than text composition and proofing.
- Excel is a spreadsheet program. Use this for calculations, what ifs, and small databases. NOTE: Reports and documents should be done in Word not Excel.
- PowerPoint is presentation software.
- Access is a database manager.
- InfoPath is an application to design rich

XML (eXtensible Markup Language) based forms.

- OneNote is note-taking software.
- SharePoint is a browser-based platform that allows for easy, timely and effective documents management.
- Microsoft Outlook (not to be confused with Outlook Express) is an e-mail and personal information manager. (UMDNJ will eventually convert all email accounts to Outlook, however, since we are on the DOC network in our work environment, access to email is via Office Outlook WEB which is slightly different from the Outlook client running on a local PC.) Note: some users already use Outlook. ●

## Computer/Login Issues!!! Who Do I Contact?

**NJDOC Computer issues, Passwords or Log-Ins for Novell, Logician/Centricity, LIVE Inmate Mgmt:**

- Contact the NJDOC help desk: (609) 984-8288, [helpdesk@doc.state.nj.us](mailto:helpdesk@doc.state.nj.us)

**JJC Computer Issues, Passwords or Log-Ins:**

- Contact the JJC help desk: (609) 341-3102, [jjc.helpdesk@nijic.org](mailto:jjc.helpdesk@nijic.org)

**Passwords or Log-Ins for My.UMDNJ.edu and Email:**

- Contact the UMDNJ IST Service Center: (732) 743-3200, [isthelp@umdni.edu](mailto:isthelp@umdni.edu)

**For general trouble-shooting – NOT passwords/logins – contact:**

Leo Agrillo, (609) 292-1615, [agrille@umdni.edu](mailto:agrille@umdni.edu)

**NJDOC staff must log in at least once every 30 days or your account will be disabled. Activation of disabled accounts requires re-submission of paperwork to the UCHC Central Office and may take 2-3 weeks for processing.**



## ImproveUCHC@umdni.edu

In response to employee feedback, the UCHC Leadership Team created [ImproveUCHC@umdni.edu](mailto:ImproveUCHC@umdni.edu) as another avenue to communicate with the Leadership Team. Feel free to seek out or discuss any information you wish, anytime you wish. All suggestions will be forwarded by the UCHC Quality Improvement Team to the UCHC Leadership Team for review, **without revealing your identity unless you direct us to do otherwise.**

Your valued input will help us better manage our programs and become better managers ourselves, so we invite you to use this new Performance Improvement initiative. Thank you.

*The UCHC Leadership Team*

**Reminder!**

## A Q&A on Obesity...with NJ Physician, Jeffrey Levine

...Jeffrey Levine... is a family physician and woman's health specialist at UMDNJ-Robert Wood Johnson Medical School. He also was a contestant on "The Biggest Loser" in 2005. Levine weighed in at more than 400 pounds prior to joining the TV show. He was eliminated in the second to last week of the show, but Levine counts himself the winner. Competing on the show gave him a jumpstart on losing more than 180 pounds. He now weighs between 270 and 275, and still struggles to keep the pounds off. (On January 11, 2012 he spoke) at the "UMDNJ President's Lecture Series: New Jersey's Obesity Epidemic: the Role of the Health Care Professional."... Last year, the Trust for America's Health found New Jersey among the least obese states, had an obesity rate that grew by 90 percent in 15 years. Editorial writer Linda Ocasio spoke with Levine about the battle of the bulge.



### Q. Why are we so fat?

A. We're consuming a greater calorie load, with lots of sugar and without nutrition in terms of protein, and it's our portion size—there is portion distortion. There's less physical activity. Kids don't run around outside anymore, they sit in front of the TV or computer. Forty percent of meals are eaten outside the home, and when you eat out, you eat twice as many calories. All these factors are interrelated. Physical education is often cut when school budgets are tight. That's taken a toll as well.

### Q. How can health professionals help us?

A. You have to address this as a family approach. We treat one patient, but that might be a child or adult who doesn't do the shopping or cooking for the household. You can send a kid to fat camp, but they return to a culture where it's accepted to be overweight. If you single out a child or an adult, someone will undermine that, sometimes unintentionally. You need to look at it as a family health issue. And we need to make this a priority in medical school, train doctors to address this issue. We treat symptoms of obesity, such as painful joints and sleep apnea, but we don't individualize and we don't address emotional triggers of eating. We need to customize our approach for individuals.

### Q. What's your approach?

A. I go through what I learned from the show about myself. For some, weight is not a priority, it doesn't affect them. They're not ready yet. You have to get people to start thinking about their weight. For example, people who have problems with their knees don't tie it to their weight. I come up with a realistic plan. There's no cookie-cutter approach. I don't tell people what their ideal body weight is. That's not realistic, not even for me. I focus on little changes: Lose 10 percent of your body weight and you'll see a decrease in cardiovascular problems and diabetes. Focus on one or two pounds a week. Those who lose steady are more likely to have long-term success.

I tell people to keep a diary of what they eat and record their exercise. It's therapeutic, you're more conscious about what you're eating. Why are you eating when you're not hungry? I'll suggest healthier alternatives, such as low-fat mayonnaise, or 93% lean ground beef vs 80%. If a patient eats at Wendy's every night, I help her look at the cost of that meal, not just in terms of calories.

### Q. What about doctors and others who say some of us are genetically disposed toward obesity?

A. If you have one parent who is obese, that increases your risk of obesity to 50 percent; both parents obese that rises to 80 percent. Both my parents were obese. I have many patients with genetic dispositions to things. You can't pick your parents, but you can significantly modify genetic risk through diet and exercise. I'm not going to wallow in self-pity.

### Q. What is the secret?

A. Eat a good breakfast. Your body is a furnace and you need to give it twigs, not donuts. You have to eat to lose weight. If you don't eat breakfast, you'll make up for it later. People underestimate the power of sleep. If you don't get adequate sleep, your metabolic rate drops and you'll compensate by eating. That's my biggest problem—getting enough sleep.

### Q. What advice can you give our readers?

A. Plan, plan, plan. This is what has helped my family. Pick a day when your family is not busy and make a menu for the week together. My daughters are in every sport. When it's really crazy, my wife will make a chicken salad wrap, which takes five minutes to make. Or she'll heat up a soup that she made earlier in the week. We order out one day a week. The other six days, we cook. It's healthy and we save enough to go away each summer.

### Q. Other strategies?

A. Eat a salad before a party, or bring a healthy dish you like such as turkey chili. And plan family activities that involve physical activity. We plan soccer in our front yard at night and we go whitewater rafting. It's fun and I don't look at it as exercise. I'm still heavier than I should be. But I'm healthier than I was and I feel great. I know what it's like and I understand, and we have to help doctors understand. No one wants to be heavy.●

From *The Star-Ledger*, January 11, 2012.



# Cancer: How to Lower Our Patients' & Our Risks

I recently came across an article in *Nutrition Action* on "Cancer: How to Lower Your Risk." My interest is both personal and professional. Many members of my family have developed and been treated for various forms of cancer and several have died as a result of these diseases. Our utilization data indicates the number of patients we are treating in the prisons for cancer continues to rise, even though the total population has started to decline. The article suggests that the increase in the rate of obesity may result in the reversal of gains made through the reduction in the use of cigarettes and other tobacco products. The rate of obesity has tripled to roughly 34% for adults. Two-thirds of the population are now either overweight or obese. These extra pounds translate into more people developing diabetes, high blood pressure, heart attacks and cancer. This summary of the article in *Nutrition Action* suggests steps that can be taken to reduce the risk of cancer and increase the chances of surviving these diseases.

**Lung Cancer:** Smoking boosts your risk of cancer 20-fold. Cigarettes, cigars and pipes account for 87 percent of lung cancers.

**Breast Cancer:** Excessive weight increases the risk of breast cancer in post-menopausal women. This is because fat cells become the main source of estrogen, which promotes the growth of most breast cancers (J. Natl. Cancer Inst. 90: 1292, 1998). Researchers also suspect that higher insulin levels promote tumors. Physical activity may reduce the risk (J. Natl. Cancer Inst. 101:48, 2009.) In addition, breast cancer patients who are more active and less overweight have better odds of surviving the disease (J. Clin. Oncol. 26: 3958, 2008).

**Colorectal Cancer:** Screening largely explains why incidence of colon and rectal cancers has dropped. Despite the drop in rates, colon and rectal cancers claim more lives than any cancer other than lung cancer. Being overweight or obese is clearly associated with colorectal cancer, and a larger waist circumference also increases the risk. Moderate to vigorous exercise at least five times per week saw an 18% lower risk of colon cancer than those who did little to no exercise (J. Natl. Cancer Inst. 99: 129, 2007).

**Esophageal Cancer:** In a NIH-AARP study which tracked 500,000 men and women for seven years, those who were overweight had a 70% higher risk of esophageal anocarcinoma than those who were normal weight (Eur. J. Cancer 44:465, 2008).

**Ovarian Cancer:** At this time there is not much that women can do to lower their risk of ovarian cancer and it's a hard cancer to screen. Screenings may also be harmful. In the NCI

trial, roughly 5% of the women screened were told that they had cancer ...but did not. In women given a false diagnosis, one out of three had surgery, which caused an infection or other serious complication in one (1) out of 20 (JAMA 305: 2295, 2011). Out of 100 women who test positive, only 1.6 actually have ovarian cancer (Obstet. Gynecol. 113: 775, 2009). Best bet remains to follow guidelines for lowering risks of other cancers, which includes maintaining a healthy body weight, staying physically active and eating mostly a plant-based diet.

***"Our utilization data indicates the number of patients we are treating in the prisons for cancers continues to rise, even though the total population has started to decline."***

**Pancreatic Cancer:** Smoking, getting older, diabetes, obesity and being overweight are risk factors for pancreatic cancer (Arch. Intern. Med. 170: 791, 2010).

**Prostate Cancer:** Most older men have prostate cancer and it's not going to kill them. Older men who regularly engage in vigorous activities like jogging, biking, swimming or tennis had a 70% lower risk of advanced or lethal cancer (Arch. Intern. Med. 165: 1005, 2005). Among men who were diagnosed

with local prostate cancer, those who walked briskly for at least three (3) hours per week were about 40% less likely to have their cancer progress (Cancer Res. 71: 3889, 2011). Though staying lean does not cut the risk of being diagnosed with prostate cancer, it may keep the cancer from killing you (Cancer Rev. Res. 4:486, 2011).

**Uterine Cancer:** Excessive weight is a risk factor for endometrial cancer. The risk was higher if women put on weight in their 20's and 30's instead of their 40's or 50's (Int. J. Cancer 129: 1237, 2011).

The message to us and to our patients:

- Prevention efforts (maintain a healthy body weight, stay physically active, eat mostly a plant-based diet, don't smoke) can reduce our risk of getting cancer and, if acquired, improve our chances of surviving it.
- Don't smoke, and if you do, reduce the amount and if possible, stop.
- Stay active, keep moving.
- Exercise regularly by walking briskly and if possible, engage in more vigorous activities such as jogging (even jogging in place.)
- Eat sensibly and maintain a healthy weight, and if overweight, take steps to reduce your weight by 10%.
- Eat more fruits and vegetables and less process foods. ●

The full article can be found in *Nutrition Action, January/February, 2010, pp 1-7.*

Jeff Dickert, PhD  
Unit Vice President

# Time Management Skills

A message from your Employee Assistance Program  
Piscataway (732) 235-5930, Newark (973) 972-5429, Voorhees (856)770-5750

With the new year in full-swing, now is a great time to take a look at how your time is being managed and assess the common phrase: *where does the time go?* You may feel as though there aren't enough hours in the day to accomplish everything that needs to get done or that "me" time doesn't quite exist anymore. Listed below are some tips to keep in mind when trying to balance the many demands of work, family, friends, home, etc. while still managing to fit in some time for YOU!

- ✓ **Take a step back and evaluate how your time is allocated** – Break down your schedule (monthly/weekly/daily/hourly) to see how you *actually* spend your time. Try to identify if there are times during the day you might reorganize and possibly enhance your individual efficiency. Do you know what to expect of your schedule each day or are you making decisions on how to use your time at the last minute? Would using a planner or calendar help keep your meetings, events, appointments, and responsibilities more organized?
- ✓ **Be Realistic and Prioritize** – Once you have evaluated how your time is spent, reevaluate and identify how you would *like* your time to be allocated. Is there anything that you can let go or say "No" to? Are there activities that are important to you that you would like to find a way to include in your schedule? Recognize it's important to be realistic in your goal-setting to allow for success. Identify reasonable goals and what you will need to do to accomplish them. Break larger goals down to smaller and more manageable ones. Set a time or date to accomplish each goal and strive to meet each deadline. Make a checklist and cross off each task as it's completed. Prioritize your list to allow for the most important/difficult tasks to be completed first or start with the easiest to help you get the ball rolling.
- ✓ **Organize** – Allow enough time (and extra for the unexpected); prepare the night before by choosing clothes for the next day, making lunch, putting bags by the door, etc.; share responsibilities whenever possible; utilize commuting time to make a plan for the day, identify priorities, etc.; plan out meals in advance and/or cook on the weekends to make weekday cooking less time-consuming.
- ✓ **Stay Connected** – Make it a priority to check-in with social supports when possible. Nurturing friendships and staying connected help individuals have a longer and healthier life, stay motivated and energized and can even boost the immune system<sup>1</sup>. Even being in a crowded room with strangers can offer the same benefits as spending time with close friends or a significant other<sup>2</sup>.
- ✓ **Be flexible** – Remember that interruptions and distractions are sometimes unavoidable. If possible, add extra time into your schedule to allow for the unexpected. Multi-task when you can (i.e.: while commuting listen to music or a book on CD, connect with friends using a hands free device, take a few deep breaths).
- ✓ **Utilize your resources** – Learn what resources are available around you. If you are feeling overwhelmed or are having difficulty managing the stress you are encountering, the Employee Assistance Program is just a phone call away.
- ✓ **Take time for YOU** – Even if it's just ten minutes a day, be sure to allow time to take a few deep breaths, evaluate your progress, and take a break. Look for opportunities to connect with your spiritual self and/or to engage in an activity you enjoy. Eating well and sleeping on a regular schedule (or as regular as possible) also promotes well-being. We are most productive when we take care of our individual physical and emotional needs.

If you find that you are having difficulty managing your time or are experiencing any other work or personal stress, please feel free to call the EAP to schedule an appointment; both day and evening appointments are available. The EAP is free and confidential and is also available to any family member residing in your household.

UMDNJ-University Behavioral HealthCare EAP  
Piscataway (732) 235-5930, Newark (973) 972-5429, Voorhees (856)770-5750

\*Adapted from Kuther, T. (2008). *Manage Your Time: Time Management for Graduate Students*. About.com, The New York Times Company.

<sup>1</sup>Pawlik-Kienlan, L. (2007). *6 Ways to be a Good Friend: The health benefits of friendship and a strong support network*. [http://behavioural-psychology.suite101.com/article.cfm/best\\_friends\\_forever](http://behavioural-psychology.suite101.com/article.cfm/best_friends_forever)

<sup>2</sup>Cumberbatch, J. (2000-2009) *Friends with Benefits: How Pals Keep You Healthy*. Your Total Health Website: <http://yourtotalhealth.ivillage.com/friends-with-benefits-friends-keep-you-healthy.html?pageNum=1>.

## Illness Management & Recovery (IMR)

The United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) supports a practice called Illness Management and Recovery (IMR). IMR teaches severely mentally ill individuals, in partnership with professionals and family members, to reduce their symptoms and function at the highest possible level. While commonly used in the community, IMR is applicable to correctional settings as well. A study in 2001 at McNeil Island Corrections Center in Washington found that inmates participating in IMR for at least three months showed the following: fewer symptoms during the program and at the time of release, fewer institutional infractions, fewer transfers to higher levels of care, and better participation in job and school assignments.

University Correctional HealthCare (UCHC) has long been committed to facilitating the mission of the New Jersey Department of Corrections (NJDOC) as it pertains to health care. In light of our mission statement, "We Care, We Heal, We Teach," IMR is clearly consistent with the goals of both of our organizations. And in fact, UCHC is already substantially engaging in IMR on inpatient mental health units at Edna Mahan Correctional Facility for Women (EMCF), New Jersey State Prison (NJSP), Northern State Prison (NSP) and South Woods State Prison (SWSP).

According to SAMHSA, the four components of IMR are: psychoeducation, behavioral tailoring, coping skills and social skills. Psychoeducation groups are available on all UCHC mental health units (i.e., Illness and Recovery group at NSP), managed by therapists and psychiatric nurses. Examples of behavioral tailoring (or modification) include the Shadow Program at SWSP which assigns lower-functioning inmate patients to higher-functioning inmates who work with program participants to better attend to their basic daily needs. Another example is Aggression Replacement Training at NJSP.

The bulk of group programming is focused on the development of coping skills including: Lose the Blues (depression), Self-Help (coping with hearing voices), Think Before You Act (impulse control), Positive Thinking, Chronically Avoidant Engagement (CAVE), for unhealthy avoidance, Dialectical Behavioral Therapy Group (for borderline personality), Anger Management and Stress Break (anxiety). Social Skills training is achieved in occupational therapy (Book Club at EMCF) and recreational therapy groups (Art Therapy at EMCF), which are among the most frequently utilized therapeutic activities on the units. Elements of Social Skills training are also evident in nursing (Socialization Skills group at NJSP), social work and psychology groups.

UCHC programming for the seriously mentally ill includes comprehensive, evidence-based practices of IMR. We intend to continue promoting this practice within our organization, with oversight from and partnership with the NJDOC Health Services Unit (HSU).

*Anthony Tamburello, MD, FAPA*  
*UCHC Statewide Associate Director of Psychiatry*



## W-2 Info

**Paper W-2's were mailed the week of January 30, 2012** to the home address on file for employees who did not choose the paperless option. For **ALL** employees, your paperless 2011 Form W-2 is available for viewing/printing.

To view your W-2, follow the steps below:

1. Log in to the UMDNJ portal at **my.umdni.edu**
2. In the **Banner Self-Service** block select **Employee Services**
3. Select **Tax and Payroll Forms**
4. Select **W-2 Year End Earnings Statement**
5. For **Tax Year 2011**, click the **Display** button

This form also contains a link to the W-2 Notice and Instructions for Employees (which is printed on the reverse side of the paper W-2).

If you wish to print your W-2:

6. On the lower left corner of the page, click the **Printable W-2** button
7. On your menu bar click on the down arrow to the right of the printer icon
8. Select Page Setup
9. Change the Orientation from Portrait to Landscape
10. Click on OK
11. On your menu bar click on the printer icon



**If you have any questions, please contact the Payroll Office at 732-235-9207.**

## I've Been Served!?

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. Rather, supervisors should assist to arrange a meeting with the individual being served a summons or complaint.

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

1) Alert the UCHC Central Office by calling (609) 341-3093. Fax the legal papers, along with the letter template requesting legal representation (see newsletter attachment example), to the attention of Jeff Dickert at (609)-341-9380

2) Contact UMDNJ Risk and Claims at (973) 972-6277.

The UCHC Central Office and/or Risk and Claims will forward the complaint to the UMDNJ Legal Department and inform you which attorney will represent you in the matter.

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 that 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) 341-3093 or e-mail ([dickerje@umdni.edu](mailto:dickerje@umdni.edu)).



## Reimbursement for Continuing Education

The UMDNJ Tuition Assistance Program (TAP) reimburses employees for courses, seminars and workshops. UCHC employees are eligible if they:

- 1) Qualify for benefits
- 2) Have worked continuously for one year
- 3) Have satisfactory work performance

UMDNJ will reimburse all full-time staff members 100% for seminars and courses that are satisfactorily completed (C grade or better) up to a maximum of \$3,000 annually. Part-time staff will be reimbursed at a rate of 50% up to a

maximum of \$1,500 annually. The rates for nurses attending the UMDNJ School of Nursing increased to \$7,000 for those who are full-time and \$3,500 for part-time employees with a year of service, benefits and satisfactory work performance.

To qualify, you need to complete a TAP Form which is available on the UMDNJ Web Site: <http://www.umdni.edu/hrweb/forms/tapapplication.pdf>

Applications and specified documents for reimbursement for college credit courses, special non-college credit courses and seminars must be received

in the Human Resources Office no later than 15 business days prior to the start of the course/ seminar. It is your personal responsibility to insure that the application arrives at HR. In order to receive reimbursement, the remainder of all required documents, including the original grade report, certificate or verifiable copy, must be received in the Campus Human Resources Office within 90 days of completing the course/ seminar. Be sure to keep copies of all submitted documents.

*Magie Conrad, DNP,  
Nursing Administrator*





## “Spotlight”



- **David Maxey, NSP** passed his oral exam for licensure as a psychologist in New Jersey. This final step toward becoming a licensed Clinical Psychologist in the state of New Jersey is no small undertaking. CONGRATULATIONS Dr. Maxey on this huge accomplishment!!!
- **Anthony Tamburello, MD, FAPA, UCHC** Associate Director of Psychiatry, has been appointed Chairman for the American Academy of Psychiatry and the Law Institutional and Correctional Psychiatry Committee. *Congratulations Tony!*

## In Memory of Dr. Lilia Blanco

*June 14, 1943 — January 26, 2012*  
*Edna Mahan Correctional Facility*

### Gone But Not Forgotten

The years we've shared have been full of joy.  
 The memories we've made will go on and on.  
 I haven't stopped crying since you went away,  
 I've asked time and time again why couldn't you stay.  
 You lit up my life, my hopes, and my dreams.  
 You opened my eyes to see what it all means.  
 So now that you're gone how can I forget;  
 Because you were the greatest out of all I have met.

© Cecilia M. Kocher

## HIPAA Training

In order to comply with UMDNJ policy, all staff, faculty and students must complete HIPAA Privacy and Security Update training on an annual basis. This year's training completion deadline for UBHC is **May 30, 2012**. To access the online training, log onto [www.umdny.edu/complweb](http://www.umdny.edu/complweb). Once you've accessed the site, sign in; click on HIPAA on your training dashboard; and launch the course.



**If you have completed HIPAA training since October 3, 2011, you need not retake the updated training.**

Thank you in advance for your adherence to the **May 30<sup>th</sup>** deadline.

## Mileage —

Effective July 1, 2011, the mileage reimbursement rate increased to 55.5 cents per mile.

As of January 1, 2012 the mileage reimbursement rate remains the same.



## Problems with UCHC Pagers/Cell Phones

Report all problems to **Jennifer VanEmburch** at the UCHC Central Office, phone (609) 341-3093, email [storicjd@umdny.edu](mailto:storicjd@umdny.edu). Remember to check your pager on a routine basis.



## If you relocate,

Change your residence, go walk-about, move on up to the east side, or simply decide to live in a different location; don't forget to notify Central Office and also make the change online at [my.umdny.edu](http://my.umdny.edu). By the way, congratulations on your new digs!





# Revised Central Office Directory

\*\*\* Updated 2/2012 \*\*\*



	Office	Cell	Pager	Email
<b>Central Administration</b>				
Jeff Dickert:	609-341-3093	732-580-1055		dickerje
Shirley Lee	609-633-2786			leesm
Melody Massa:	609-292-1247	201-407-3144		massamk
Sharry Berzins	609-984-4599			berzinsh
Jennifer VanEmburch	609-341-3093			storicjd
<b>Medical Administration</b>				
Arthur Brewer	609-292-6878	609-313-4185	609-229-0689	brewerar
Rhonda Lyles	609-777-1660			lylesrc
Yasser Soliman	609-943-4372	609-313-1980		solimays
Hesham Soliman	732-574-2250x8591	609-238-0513	856-223-2262	solimahe
William Briglia	856-459-7221	856-701-6362	856-223-2320	brigliwj
Johnny Wu	609-777-3755	609-238-0993	609-229-0675	wujo
<b>Mental Health Administration</b>				
Rich Cevasco	609-984-6474	201-407-3114	732-396-6768	cevascrp
Mitch Abrams	973-465-0068 x4242	917-887-5206	732-396-6920	abramsmi
Marci Masker	609-292-9131	201-407-3097	732-396-6767	mackenma
Harry Green	609-298-0500 x1272	732-512-8846	609-229-0688	greenha
<b>Psychiatry</b>				
Rusty Reeves	973-465-0068 x4241	973-632-3194		reevesdo
Anthony Tamburello	856-459-8239	609-410-0266	609-324-3215	tamburac
<b>Nursing Administration</b>				
Magie Conrad	609-633-6573	908-930-4025		conradmm
Christina Prestien-LaPenta	609-777-0440	609-668-0892	973-281-3467	presticm
<b>Dental Administration</b>				
Andrew Youngblood	609-777-1366	609-218-0697		youngbam

Utilization Review		Email	Training Team		
Christine Bartolomei	609-292-2353	bartolch	Mechele Morris	609-292-2252	morrisme
Sharese Hackett (Agada)	609-292-1385	agadasm	Carolyn Lewis-Spruill	609-292-3365	lewissca
	609-484-4000 pager		Cassandra Riggins	609-292-1340	rigginca
	609-828-5706 cell				
Dolcie Sawyer	609-292-1393	sawyerdo	<b>Pharmacy</b>		
	609-484-4001 pager		Tamika Monique McCollough	609-292-9095	mccolltm
	201-407-3119 cell				

Medical Records			Infectious Disease		
Cindy Romano	609-943-4373	romanoci	Ellen Shelley	609-292-2226	shelleee

Statewide Ombudsperson			Telemedicine		
Elizabeth Topol (Marci Masker-Acting)	609-292-1385	topolel	Leo Agrillo	609-292-1615 office	agrille
				609-413-6944 cell	

Quality Improvement			Scheduler		
Lisa DeBilio:	609-292-5707	debilila	Patti Ford	609-292-2352	fordpa
Debra Crapella	609-984-5843	crapelda	Jose Torres	609-292-6953	torresj9
Debbie Pavlovsky	609-292-6478	pavolsde	Patti Reed	609-777-1510	reedp1
			Rebecca Cozzens	856-459-8034	cozzenra
			Samantha Pezzella	856-459-8753	pezzelss

# UMDNJ Human Resources

Updated February 2012

## **BENEFITS INFORMATION:**

**JJC employees and anyone hired BEFORE October 2008, direct calls to the New Brunswick Benefits Team:**

**Robin Hynes, Benefits Associate**  
732-235-9415 / [hynesro@umdnj.edu](mailto:hynesro@umdnj.edu)

**Tracey Bacskay, Benefits Associate**  
732-235-9417 / [bacskatl@umdnj.edu](mailto:bacskatl@umdnj.edu)

**For employees hired AFTER October 2008, Benefits processing is split between campuses:**

**Facility: ADTC, EJSP, EMCF, MYCF, NSP**  
Contact representatives on the Newark campus:

**Krystyna Plonski, Benefits Associate**  
973-972-6085 / [plonskk@umdnj.edu](mailto:plonskk@umdnj.edu)

**Lola Vickers, Benefits Associate**  
973-972-6071 / [vickerlm@umdnj.edu](mailto:vickerlm@umdnj.edu)

**Sherol Anderson, Benefits Representative**  
973-972-5314 / [anderss3@umdnj.edu](mailto:anderss3@umdnj.edu)

**Facility: ACW, CRAF, GSYCF, MSCF, NJSP & all JJC sites:**  
Contact representatives on the New Brunswick campus:

**Robin Hynes, Benefits Associate**  
732-235-9415 / [hynesro@umdnj.edu](mailto:hynesro@umdnj.edu)

**Tracey Bacskay, Benefits Associate**  
732-235-9417 / [bacskatl@umdnj.edu](mailto:bacskatl@umdnj.edu)

**Facility: BSP, SSCF, SWSP**  
Contact representatives on the Stratford campus:

**Celeste Rebaro, Benefits Associate**  
856-566-6162 / [rebardce@umdnj.edu](mailto:rebardce@umdnj.edu)

**Tamika Major, Benefits Representative**  
856-566-6168 / [majortl@umdnj.edu](mailto:majortl@umdnj.edu)

## **EMPLOYMENT INFORMATION:**

**(Job postings, Employment/Status Changes, General Information)**

**Tiesha Brown, Human Resource Generalist**  
732-235-9412 / [browntj@umdnj.edu](mailto:browntj@umdnj.edu)

**Handles all non-nursing titles** (includes Physician Specialists, Physician Assistants, Dentists, Optometrists, UCHC Secretary, Mental Health Clinicians, Occupational/Recreational Therapists)

**Christine Beck, Human Resource Generalist**  
732-235-9402 / [tsirikch@umdnj.edu](mailto:tsirikch@umdnj.edu)

**Handles all nursing related titles** (includes RN's, LPN's, UCHC Technician I, II, Medication Aides, Nurse Assts., APN's and Nurse Managers)

**DATA ADMINISTRATION:**  
**(Employment Verifications, Name Changes, Time Accrual Questions)**

**Dorothy Copeland, HR Information Systems Specialist**  
732-235-9418 / [copeladv@umdnj.edu](mailto:copeladv@umdnj.edu)

**Mary Martin, HR Information Systems Specialist**  
732-235-9419 / [martinma@umdnj.edu](mailto:martinma@umdnj.edu)

## **PAYROLL QUESTIONS:**

**All payroll questions should first be directed to the person who handles payroll time-keeping at your site (usually your support staff).** If they are unable to help you, contact your supervisor. Lastly, contact Melody Massa at the UCHC Central Office, (609) 341-3093.

**Visit the HR website for updated news, forms, policies and employment opportunities:**  
<http://www.umdnj.edu/hrweb/>

*Christine Beck, PHR  
Human Resources Generalist  
UMDNJ - Department of Human Resources*





**UMDNJ**  
UNIVERSITY OF MEDICINE &  
DENTISTRY OF NEW JERSEY

**University Correctional HealthCare  
UMDNJ**

c/o NJ Department of Corrections  
Bates Building, 2nd Floor  
Whittlesey Road & Stuyvesant Avenue  
P.O. Box 863  
Trenton, NJ 08625  
Phone: (609) 341-3093  
Fax: (609) 341-9380



**We Care, We Heal, We Teach**

**Don't be shy!**

*If you have ideas for future publications, a one time article or are interested in becoming a regular contributor to the UCHC Newsletter, please let us know!*



*Please email Shirley Lee at leesm@umdnj.edu or Jennifer VanEmburch at storicjd@umdnj.edu. You may also call (609) 341-3093. We'd love to hear from you!*

**Employee Assistance Program**

**1-866-EAP-UBHC (1-866-327-8242)**

**Problem  
With Your  
Paycheck?**

**The following workflow should be used to resolve payroll issues:**

1. Contact your payroll timekeeper. In most departments this is your support staff. If unsure, ask your supervisor.
2. If your payroll timekeeper is unable to assist you, contact your department supervisor, or in their absence, the regional supervisor.
3. If neither your payroll timekeeper nor supervisor are able to assist you, please contact Melody Massa at the UCHC Central Office. Melody's direct number is (609) 292-1247 or you may call the main Central Office number (609) 341-3093.

**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.



**Please submit articles by March 31st  
for the Spring Newsletter**

**Send articles/suggestions to Shirley Lee, leesm@umdnj.edu  
or Jennifer VanEmburch, storicjd@umdnj.edu**







# "NURSING EDUCATION DAY"

All Medical Staff are Invited to Attend

**Monday, February 20, 2012**

*Harris Auditorium*

*NJDOC Central Office Grounds, Trenton*

**Entire Program Repeated Each Session**

Session 1: 8:30am - 12:30pm

Session 2: 1:30pm - 5:30pm

## **Topics**

Care of the Asthmatic Patient

Care of the Diabetic Patient

The Medical/Legal Aspects of Charting

Palliative Care - End of Life Issues in Correctional Nursing



***DUE TO NEW CENTRAL OFFICE GROUNDS VISITOR REGULATIONS:  
Advanced registration is required NO LATER THAN Wednesday February 15h***

*Direct registration/questions to Cassandra Riggins, UCHC Training Dept  
Phone: 609-292-1340 Email: rigginca@umdnj.edu*



University Behavioral HealthCare  
University Correctional HealthCare

Phone: 609-341-3093  
Fax: 609-341-9380

**REQUEST FOR REPRESENTATION**

[ Date ]

Legal Management  
UMDNJ  
Stanley S. Building  
65 Bergen St  
Floor 12 Room 1231  
Newark, NJ 07102

RE: NAME OF CASE:

DOCKET NUMBER:

US District Court  
Civil Action No.

DATE SERVED:

[ Date ]

SERVED VIA:

US District Court

To Whom It May Concern:

On my behalf, please represent me in the above captioned litigation. Please note that this civil action is based upon my employment with University Correctional HealthCare. I can be contacted at:

[ Name ]  
[ Title ]  
University Correctional HealthCare  
[ Site ]  
[ Address ]  
[ contact number ]

Sincerely,

[ Name ]



# UCHC Excellence Award

## Nomination Form

### Guidelines:

1. A University Correctional HealthCare (UCHC) employee may nominate any other employee. (Administrative Staff are not eligible for this award). Individual nominees must have at least met their probationary requirements.
2. Nominees should reflect the values stated in the UCHC mission, demonstrate exceptional customer service to clients, staff and/or vendors, volunteer for things above and beyond their job duties and/or make positive contributions to the overall success of the UCHC team.
3. Six staff will be selected annually for this award (three every six months). One staff member 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:

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Note: If additional space is needed, attach another sheet or send an attachment via e-mail.

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Print Your Name: \_\_\_\_\_

Send this form to Quality Improvement, Attn: Lisa DeBilio

