



University Correctional HealthCare

December 2009



UCHC: We Care, We Teach, We Heal" Strategic Plan: How We Are Doing?

During this past year we continue to improve the quality and efficiency of our services. Some of our highlights toward us implementing our Strategic Plan include the following:

- Since March 2009, we achieved the 97% threshold for the Objective Performance Indicators, 90.5% of the time
- In September 2009, we achieved the 90% threshold for the key Mental Health Briefing Booklet indicators (Report Card) 95% of the time
- Staffing anticipated to be on budget this year
- Staff turnover is about 15%
- Medical grievances decrease by 10% in 1st 3 months of FY 10 from an average of 341 per month to an average of 302
- Medical grievances in NJDOC is about 42% lower than Massachusetts' DOC
- Mental health grievances dropped an additional 20% in 2009 compared to 2008
- Pharmacy is about 5% below budget FY 09 and 15% below budget in FY 10
- UMDNJ greatly exceeding 40% target blood pressure levels for patients with hypertension; 87.9% BP <140/90
- UMDNJ exceeding NJDOC 40% target for patients with diabetes achieving HgA1C of less than 7 (at 53.6%)
- Controls establish for referrals to medical specialists to assure consults meet medical necessity criteria
- ER trips are comparable to benchmark and down last 2 months by about 1/3 from average
- Repeat AV grafts and shunts reduced by 2/3rds
- Hospital census down by about 4% from prior years
- Drs. Reeves, Lieberman, and Vyas had published an article, "Creation of a Metabolic Monitoring Program for Second Generation (Atypical) Antipsychotics" in the October issue of the Journal of Correctional Health Care
- Drs. DeFilippo, Yuhasz, and Reeves trained mental health staff on the "Impact of Brain Injury" on November 11, 2009
- In 2009 4 psychology intern positions were funded
- 39 PI projects at this year's PI Fair

Additional areas of attention in our Strategic Plan include:

Expand thorough dental cleanings of patients with diabetes

- Medication treatment to address abnormal LDL levels to achieve 35% reduction

- 80% of patients with HIV to achieve an undetectable viral loads after 6 months
- Use IOP at two men's prisons to reduce recidivism to SU, RTU, &/or TCU
- 85% of inmates to obtain a positive changes in the Basis 24
- Introduce standardized and validated MH screening tool at CRAF
- 30% of SN inmates in NJDOC to be enroll in group treatment
- Establish a standardized, cognitive behavioral treatment program for CSL
- Implement 4 pilot health educations programs/health promotion groups
- Ensure psychiatric medications are consistent with their diagnostic indications
- Establish a peer review process for medical services
- Establish chart audit process for CSL
- Expand telemedicine for infectious disease, for post surgical appointment follow-ups, and ER
- St. Francis inpatient discharge summary electronically forwarded to EMR
- Achieve MH patients' mean satisfaction score of 3.8 and Medical patients' satisfaction score of 3.5
- Further reduce mental health patient complaints by 10%, reduce medical complaints by 20%.
- Implement 6 "one hour" educations programs for medical staff and two "three hour" education program for mental health staff.
- Provide opportunities for medical staff to attend Grand Rounds
- Provide training to nursing staff in SBAR
- Provide in-service training on suicide risk factors for mental health staff
- Start a forensic psychiatric fellowship program
- Develop nursing and medical student electives/rotations/preceptorships
- Initiate a study of impact of forced medication on disciplinary charges

I am greatly encouraged by our progress to date in continually working to improve the medical and mental health services we provide.

Thank you!

Jeff Dickert, PhD
Vice President





Ask Mechele



Dear Mechele,

I've been working within corrections for quite a while now and the work itself isn't a problem, in fact, I happen to love my job but I'm seriously considering leaving. Sounds crazy doesn't it? The reason...I don't feel safe here. Nobody's pushing up on me or threatening me, but I'm a pretty observant person and I really question how safe we are in my institution. I'm told that there's always someone watching out for me, but I just don't believe it. We're constantly in areas with lots of inmates without an officer in sight. I think it's only a matter of time before something happens and here, the consequences could be serious. I know you'll probably say that I should talk to someone from custody, but it's been my experience that when you question the officers about their job, they tend to turn on you and basically recommend that you either leave or go work somewhere else. Other than this, I happen to love where I work. I get along well with the staff, inmates and officers. I'm hoping that you can tell me what to do.

Don't Want to Rock the Boat

Dear Don't Want to Rock the Boat,

When I first considered working in corrections, I promised my family that I wouldn't take a job where I didn't feel relatively safe. While I'm not in a facility on a daily basis anymore, when I was, I managed to find a way to cope with the inherent dangers of this unique working environment and felt comfortable enough to do my job. Since you're contemplating leaving, you clearly aren't in that "comfort zone"...and you need to be. Has something happened that's making you more hypervigilant than usual? If I took a poll, I'd bet that most of us have a story or two about being in or around a situation that was potentially dangerous. I was once accidentally locked in a room with a psychotic inmate, even though I informed the floor officer that I was going into the meeting and was supposedly on camera in the booth. I've been caught in a mass movement and looked around to find I was alone with a large group of mentally ill, maximum security inmates...we work in prison and things happen, but back to your question. Are you the only person at your institution with these concerns...probably not. It wouldn't hurt to ask around. If your colleagues agree, bring up the topic at your next staff meeting. Come prepared with specific concerns, i.e., "When we leave at night, we're often alone in the parking lot which has no lights." And even if you're the only one feeling unsafe, you have to say something or nothing will change. Aren't you worth it?

My time locked in the room with that inmate cured me of any hesitancy with regards to my safety. I didn't panic, and when the inmate asked me if I was going to push the panic button, I assured him that I would only do that if I absolutely had to. I also smiled and said, "Don't worry, I promise I won't hurt you." My first inclination in most uncomfortable situations is to lighten the moment. But I admit to having a few choice words for my officers once I got out of that room.

Since you say you get along well with everyone, here's a couple of ways to broach this sensitive topic. Consider the Columbo approach (if you don't know Lt. Columbo, ask somebody). Scratch your head and say, "I'm confused, I thought an officer was supposed to be on the floor while I'm doing group, did I hear that wrong?" Asking a non-threatening question is usually ok, but you're right, anything that hints of accusation is often met with hostility and defensiveness. It's also good to ask advice from one of those "by-the-book" officers who are a wealth of information on how things should be done. On our unit with a mostly female staff, we got in the habit of asking the floor officer for the bathroom key and then just handing it off back and forth throughout the day. When a new relief officer came on board, our way of doing things quickly changed. He told us that the policy stated he alone was the keymaster. If we wanted a room unlocked we had to ask him because he wasn't about to hand over the keys and put his job in jeopardy when we inadvertently took them home (it happened on occasion). We whined, complained and cajoled, but ultimately, the rules won out. He then became my "go to guy" when I had a question about P & P. Knowing how things are supposed to be provides a clear roadmap when questioning how things are being done.

We each have a responsibility for our own personal safety. How about taking this topic on as a PI project? Gather together some concerned colleagues, include Officer "By-the-Book," and focus on something you see that's in need of change. Not only can you solve the problem in a constructive way, you and everyone else will do a better job when they feel more safe and secure. Good luck.





Different Christmas Poem



The embers glowed softly, and in their dim light,
I gazed round the room and I cherished the sight.
My wife was asleep, her head on my chest,
My daughter beside me, angelic in rest.
Outside the snow fell, a blanket of white,
Transforming the yard to a winter delight.

The sparkling lights in the tree I believe,
Completed the magic that was Christmas Eve.
My eyelids were heavy, my breathing was deep,
Secure and surrounded by love I would sleep.
In perfect contentment, or so it would seem,
So I slumbered, perhaps I started to dream.

The sound wasn't loud, and it wasn't too near,
But I opened my eyes when it tickled my ear.
Perhaps just a cough, I didn't quite know, Then the
sure sound of footsteps outside in the snow.
My soul gave a tremble, I struggled to hear,
And I crept to the door just to see who was near.

Standing out in the cold and the dark of the night,
A lone figure stood, his face weary and tight.
A soldier, I puzzled, some twenty years old,
Perhaps a Marine, huddled here in the cold.
Alone in the dark, he looked up and smiled,
Standing watch over me, and my wife and my child.

"What are you doing?" I asked without fear,
"Come in this moment, it's freezing out here!
Put down your pack, brush the snow from your sleeve,
You should be at home on a cold Christmas Eve!"
For barely a moment I saw his eyes shift,
Away from the cold and the snow blown in drifts...

To the window that danced with a warm fire's light
Then he sighed and he said, "It's really all right,
I'm out here by choice. I'm here every night...
"It's my duty to stand at the front of the line,
That separates you from the darkest of times.

No one had to ask or beg or implore me,

I'm proud to stand here like my fathers before me.
My Gramps died at ' Pearl on a day in December,"
Then he sighed, "That's a Christmas 'Gram always remembers." My
dad stood his watch in the jungles of ' Nam ', And now it is my turn
and so, here I am.

I've not seen my own son in more than a while,
But my wife sends me pictures, he's sure got her smile."
Then he bent and he carefully pulled from his bag,
The red, white, and blue... an American flag.
"I can live through the cold and the being alone,
Away from my family, my house and my home.

I can stand at my post through the rain and the sleet,
I can sleep in a foxhole with little to eat.
I can carry the weight of killing another,
Or lay down my life with my sister and brother..
Who stand at the front against any and all,
To ensure for all time that this flag will not fall."

"So go back inside," he said, "harbor no fright,
Your family is waiting and I'll be all right."
"But isn't there something I can do, at the least,
"Give you money," I asked, "or prepare you a feast?
It seems all too little for all that you've done,
For being away from your wife and your son."

Then his eye welled a tear that held no regret,
"Just tell us you love us, and never forget.
To fight for our rights back at home while we're gone,
To stand your own watch, no matter how long...
For when we come home, either standing or dead,
To know you remember we fought and we bled.
Is payment enough, and with that we will trust,
That we mattered to you as you mattered to us."

While there is some question as to the true author of this poem, according to the International War Veterans Poetry Archive (IWVPA) it was penned by Michael Marks in December 2000. What is most important, however, is that we take a moment to reflect on the sacrifices of our US service men and women to whom we owe our right to celebrate this joyful holiday season. We thank them for their service and send heartfelt wishes for their safe return home.



TO: All Faculty & Staff

FROM: Gerard Garcia
Acting Vice President for Human Resources

SUBJECT: YEAR 2010 HOLIDAY SCHEDULE

DATE: October 2, 2009

The holiday schedule for **all faculty, staff and housestaff** for the calendar year 2010 is as follows:

- | | | | |
|----|-------------------|----------|-----------------------------------|
| 1. | January 1, 2010 | Friday | New Year's Day Observance |
| 2. | January 18, 2010 | Monday | Martin Luther King, Jr's Birthday |
| 3. | April 2, 2010 | Friday | Good Friday |
| 4. | May 31, 2010 | Monday | Memorial Day Observance |
| 5. | July 5, 2010 | Monday | Independence Day Observance |
| 6. | September 6, 2010 | Monday | Labor Day |
| 7. | November 25, 2010 | Thursday | Thanksgiving Day |
| 8. | November 26, 2010 | Friday | Day after Thanksgiving |
| 9. | December 24, 2010 | Friday | Christmas Day Observance |

STAFF RECEIVE SIX (6) FLOAT HOLIDAYS AND FACULTY REPRESENTED BY THE AAUP OR NJEA RECEIVE THREE (3) FLOAT HOLIDAYS.

Only full and part-time staff who are in active payroll status as of January 1, 2010, and full-time temporary staff who have been continuously employed for six (6) months as of that date, are eligible for six float holidays.

Staff hired between January 2, 2010 and July 1, 2010 will be credited with three (3) float holidays in July 2010. Staff who are on unpaid leave on January 1, 2010, but return from leave on or before July 1, 2010 will be credited with three (3) float holidays.

Float Holidays must be taken between January 1, 2010, and December 31, 2010, or they are forfeited.

Float Holidays shall be reported on the time sheets as "FH".

Regular part-time staff shall be paid for Float Holidays on a prorated basis in accordance with the length of their workweek.

Float Holidays, except in the case of personal emergencies, must be requested at least one week in advance. Float Holidays may be used for religious holidays.

Supervisors shall only approve a Float Holiday if the staff member's absence does not interfere with University operations.

For staff members on a seven-day workweek schedule, a holiday falling on a Saturday or Sunday is observed on that day. Premium pay will be given only to staff members working the actual holiday.

Premium pay is not given for work performed on the Day after Thanksgiving or on Good Friday for non-exempt staff.



Technology Corner

with Leo Agrillo



We all have the opportunity to use computers in our day to day dealings. How many times have we been asked to enter information and we are not sure what key to press. For example: enter email at umdnj dot edu, enter backslash ubhcorg dot edu or enter HTTP colon slash slash cmhc dot umdnj dot edu slash exchange. See how good you are at matching the symbol with its proper name. Three extra points for getting slash and backslash correct for a perfect score thirty.

Test your knowledge. Match the Character with its name

| | | |
|----|----|---------------------|
| 1 | ' | A. ampersand |
| 2 | - | B. angle brackets |
| 3 | ! | C. apostrophe |
| 4 | " | D. asterisk |
| 5 | # | E. at sign |
| 6 | \$ | F. back quote |
| 7 | % | G. bar |
| 8 | & | H. braces |
| 9 | (| I. caret |
| 10 | * | J. colon |
| 11 | , | K. comma |
| 12 | . | L. dollar sign |
| 13 | / | M. equals sign |
| 14 | : | N. exclamation mark |
| 15 | ; | O. hyphen |
| 16 | ? | P. number sign |
| 17 | @ | Q. parenthesis |
| 18 | [| R. percent sign |
| 19 | ^ | S. period |
| 20 | _ | T. plus sign |
| 21 | ` | U. question mark |
| 22 | { | V. quotation marks |
| 23 | | W. semicolon |
| 24 | ~ | X. slash |
| 25 | + | Y. square brackets |
| 26 | < | Z. tilde |
| 27 | = | AA. underscore |



For alternate names and usage of these characters please see:

<http://dagitablog.blogspot.com/2008/09/know-your-keyboard-symbols.html>

Looking at this web site before taking the quiz is not allowed the answers are given below.

Know your Acroymns:

HTTP - Hypertext Transfer Protocol is an application-level protocol for distributed, collaborative, hypermedia information systems

TCP/IP - Transmission Control Protocol / Internet Protocol is The Internet Protocol Suite

As a follow up to the October 2009 Technology Corner

DON'T: Use these special characters in a file name. \ / : * ? " < > | [] & \$, .

If there is a topic you would like this column to address or have questions regarding technology feel free to email me at: agrille@umdnj.edu



Revised Staff Directory

Updated 10/09



| | Office | Cell | Pager | Email | |
|-------------------------------------|--------------------|--------------|---------------------------|-------------------|----------|
| Central Administration | | | | | |
| 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 Storicks | 609-341-3093 | | | storicjd | |
| Medical Administration | | | | | |
| 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 | 609-229-0690 | solimays | |
| Hesham Soliman: | 609-723-4221 x8229 | 609-238-0513 | 856-223-2262 | solimahe | |
| Jon Hershkowitz: | 973-465-0068 x4677 | 732-570-5727 | 732-206-3157 | hershkje | |
| Johnny Wu | 609-777-3755 | 609-238-0993 | 609-229-0675 | wujo | |
| Mental Health Administration | | | | | |
| Rich Cevasco: | 609-984-6474 | 201-407-3114 | 732-396-6768 | cevascrp | |
| Mitch Abrams | 973-465-0068 x4383 | 917-887-5206 | 732-396-6920 | abramsmi | |
| Marci Masker | 856-459-7223 | 201-407-3097 | 732-396-6767 | mackenma | |
| Harry Green | 609-298-0500 x1272 | 732-512-8846 | 609-229-0688 | greenha | |
| Psychiatry | | | | | |
| Rusty Reeves | 973-465-0068 x4382 | 973-632-3194 | | reevesdo | |
| Anthony Tamburello | 856-459-8239 | 609-410-0266 | 609-324-3215 | tamburac | |
| Nursing Administration | | | | | |
| Magie Conrad: | 609-633-6573 | 908-930-4025 | 732-302-6694 | conradmm | |
| Denise Rahaman | 609-777-0440 | 609-923-1855 | 609-229-0694 | rahamade | |
| Dental Administration | | | | | |
| Man Lee: | 609-777-1366 | 609-218-0697 | | leemp | |
| Thomas Golden | 908-638-6191 x7584 | | | goldentf | |
| Utilization Review | | Email | Training Team | | |
| Christine Bartolomei | 609-292-2353 | bartolch | Mechele Morris: | 609-292-2252 | morrisme |
| Eileen Hooven | 609-984-5848 | hoovenem | Stephanie Turner-Jones | 609-292-2226 | turnerst |
| Dolcie Sawyer | 609-984-5848 | sawyerdo | Denise Gould | 609-292-1340 | goulddj |
| Medical Records | | | Infectious Disease | | |
| Cindy Romano | 609-292-1393 | romanoci | Elliot Famutimi | 609-292-3365 | famutiel |
| Statewide Ombudsperson | | | Telemedicine | | |
| Elizabeth Topol | 609-292-9095 | topolcl | Leo Agrillo | 609-984-1725 | agrille |
| | | | | 609-413-6944 cell | |
| Quality Improvement | | | Scheduler | | |
| Lisa DeBilio: | 609-292-5707 | debilila | Patti Ford | 609-984-1012 | 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 | cozzenna |
| | | | Samantha Pezzella | 856-459-8453 | pezzelss |



PI Fair Presentation 2009

UCHC-NJDOC Partnership: Looking Back & Forward



Looking Back

Just like QI is about learning about best practices in our efforts to improve processes and outcomes, UMDNJ and NJDOC learned from 6 other Dept. of Corrections – Health Science University Partnerships. These included:

1. Texas Department of Criminal Justice partnered with the **University of Texas Medical Branch (UTMB)** at Galveston and **Texas Tech University Health Sciences Center (TTUHSC)** in 1994.
2. Since 1997, the Connecticut Department of Corrections has partnered with the **University of Connecticut's Correctional Managed Health Care**.
3. The Georgia Department of Corrections has affiliated with the **Medical College of Georgia** for the provision of healthcare services to the state correctional facilities since 1999.
4. Contracted by the Louisiana Office of Youth Development with **Louisiana State University's Health Sciences Center** in 2000 for their Juvenile Justice Program.
5. In the fall of 2001, a partnership between **Dartmouth's Department of Psychiatry** and New Hampshire prison system.
6. The Massachusetts Department of Corrections affiliated with the **University of Massachusetts Correctional Health Program** in 2002.

From lessons learned from reviewing these systems through attending conferences and site visits, NJDOC and UMDNJ built a "win-win" mental health and then a health care system for NJDOC and UMDNJ through formulating detailed agreements to start providing mental health services January 2005 and Medical and Dental in October 2008.

This Partnership has benefited NJDOC by:

1. Operate a cost based reimbursement system

- Clinical care decisions are based upon community standards and are not influenced by the appearance of a for profit motive that could negatively impact a DOC
- All expenses can be accounted for by the DOC to state legislatures with no money going toward shareholders of a privately held company
- Jointly operated pharmacy and therapeutic committee led to savings of 10-15%
- For Emergency Room (ER) trips, instituted real time reviews by on-call regional medical directors control utilization
- Instituted peer utilization review process with approximately 5-10% savings

2. Joint bid process for subcontract vendors creating a transparent system

- Onsite dialysis, radiology, orthotics and prosthetics services
- Non-compete clauses will allow for flexibility if and when there is a need for a change in providers
- Hourly reimbursement for specialty clinics instead of procedure-based reimbursement helps reduce costs

3. Benefiting from the Resources from UMDNJ's medical schools and hospital

- Dental School for oral surgery services
- Hospital
- Medical Specialist consults provide independent review to determine medical necessity

4. Applying a community standard of healthcare to inmate health-care to reduce risk of future litigations

- PI Fair was modeled after the UMDNJ Performance Improvement (PI) initiative with the goal of making PI everyone's business
- Patient Satisfaction surveys conducted within the prison setting address possible complaints, which in turn can reduce grievances and litigation risks
 - "Was today's session helpful?"
 - Approach court required care from the perspective of a data-driven, proof-of-compliance, comparison to the community standard of healthcare:
 - Objective performance indicators determine compliance with processes of care such as: timeliness of intake assessments, frequency of medical appointments, completion of treatment plans, chronic care clinics, sick call, dental cleanings, recalls, PPD, etc.
 - Diabetic care
 - HIV- reduce the percentage of inmates with detectable viral loads through a community standard of care
 - Mental health outcome measures
 - Achieving hypertension control

5. UMDNJ staff recruitment system

- Staff turnover cut from about 20 to 25% to about 15% annually
- Able to minimize vacancies between 5-10% at all sites
- Student training sites for the university (many trainees are subsequently hired)

6. Increasing likelihood of grant awards from joint applications



PI Fair Presentation 2009

UCHC-NJDOC Partnership: Looking Back & Forward



As a benefit to UMDNJ

1. Opportunity to serve a vulnerable population

- State health science universities have a public health mission and services to the DOC enables them to further meet this mission
- With various high clusters of chronic and infectious disease, the treatment of such will reduce its spread in the state.

2. Enhance science in the provision of inmate health care

- Existing restrictions on using inmates as human subjects have limited research on their health care treatment
- Opportunities to work jointly with the DOC and university institutional review boards to obtain approval for research
 - Joint project with the University of Pennsylvania testing the effectiveness of Critical Time Intervention for released inmates with psychiatric disorders
 - Benchmarking with community and other prisons on clinical process and outcomes:
 - ◆ Reducing blood pressure to below 140/90 for inmates with hypertension
 - ◆ Percent of inmates with diabetes able to achieve Hg A1C to <7
 - ◆ Percent of inmates with high cholesterol, bring LDL to under 130
 - ◆ Percent of inmates with HIV receiving treatment for > 6 months able to achieve an undetectable viral load
 - ◆ Monitoring and controlling metabolic syndrome for inmates on atypical antipsychotic medications
 - ◆ Addressing effectiveness of forced medication policies to prevent patient/inmate and staff harm
- Developing and implementing health care education modules to improve health care outcomes through better disease management of chronic medical conditions

3. Infectious disease control for the state of NJ as most inmates return to the community

- High rates of HIV and Hepatitis C
- Opportunities to develop a statewide strategy to systematically treat HIV both in prison and in the community through partnerships with Ryan White and other HIV clinics
- Opportunities to develop partnerships with federally qualified health centers to provide ongoing treatment to the most vulnerable population with chronic medical conditions, thereby reducing the burden to community hospitals and ERs

4. Student learning opportunities to further our education mission

- Mental Health
 - Forensic Psychiatric Residents
 - Psychology Internships
 - Social Work Internships
- School of Nursing
 - Affiliations with Nursing Schools
 - ◆ RN
 - ◆ APN
- Faculty Appointments
 - Family Medicine
 - Psychiatry

5. Expansion of telemedicine opportunities to help improve the cost effectiveness of our healthcare system

- Infectious disease
- Tele-psychiatry
- Emergency services
- Medical generalists to medical specialist consults
- Applications built into DOC existing teleconference equipment developed for parole and the courts to minimize costs

6. Cost-based reimbursement system

- Cost-based reimbursement reduces any financial risk to a public health science university
- Focus on the public health science university's commitment to quality and efficiency of health care and not to shareholders need for profit

Looking Forward

Our partnership will reap in time:

1. ***A cost-effective health care system, with improvement in outcome at a lower cost.***
2. ***A focus on state of the art, evidence-based treatment***
3. ***A comprehensive commitment to continuous quality improvement***
 - ***PI Is Becoming Everyone's Business!***
4. ***An increased pool of qualified healthcare professionals***
5. ***Improved access to grant support***
6. ***Superior training opportunities***
7. ***Synergy from collaborating agencies.***

Providing a model to other DOC's on the operating a cost-effective, quality health care system for an inmate population.

To: All University Staff and Faculty
From: Gerard Garcia, Acting Vice President for Human Resources
Subject: A Human Resources Reminder
Vacation Carry Over and Personal Information
Date: November 9, 2009



Vacation Carry Over

Staff members may carry over a maximum of one (1) year of earned vacation accruals into the next calendar year. Vacation accruals above this maximum will be forfeited unless your supervisor justifies an exception to policy based on a business reason(s) and submits it in writing or via e-mail to the Director for Human Resources Services, Margorie Michele, Ph.D., for review and approval. Please use 1326 Liberty Plaza, New Brunswick as the interoffice address and the e-mail address of: michelma@umdnj.edu. Employees not able to use accrued vacation time because of staff shortages and/or project deadlines must not be penalized with forfeiture. **If the carry over is approved, the employee will be permitted to carry over the excess vacation time, however, it must be used by June 30, 2010 or forfeited. There will be no further exceptions beyond this date.**

Faculty members should be governed by the language in the Faculty Handbook regarding carry over and forfeitures: www.umdnj.edu/acadweb/facultyhandbook.

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

Updating Personal Information

Please verify your mailing address shown on your paycheck or direct deposit advice by logging into the my.umdnj.edu portal and selecting the 'Personal Information' link found at the Banner Self Service channel. If your address or telephone number has changed, please update this information online by choosing 'Update Address(es) and Phone(s)', as your W-2 will be mailed to the address in Banner.

If you did not receive your 2009 Total Compensation Statement (which was mailed at the end of September), you may contact your campus Human Resources Benefits Office at one of the following telephone numbers:

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

Communicate changes in your marital status or number of dependents in writing with supporting documentation, i.e., marriage certificate, judgment of divorce, or Social Security cards for new dependents, to your Campus Human Resources Office by December 31, 2009. See contact information below.

Name changes can also be made at the Banner Self Service channel by selecting the 'Personal Information' link and choosing 'Name Change Information'. Please note that you will be required to present a new Social Security card before the change is applied to the system.

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

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

Dorothy Copeland (copeladv@umdnj.edu)
New Brunswick/Piscataway, Liberty Plaza

Mary Martin (martinm4@umdnj.edu)
New Brunswick/Piscataway, Liberty Plaza

General Information



Test your pager on a routine basis - any problems should be reported to Melody Massa at 609-292-1247



ADDRESS

University Correctional HealthCare
c/o NJ Department of Corrections
Bates Building
P.O. Box 863
Whittlesey Road
Trenton, NJ 08625



609-341-3093
609-341-9380 - fax



Ms. Sharon Pluck, LSW, mental health clinician III, passed the New Jersey Board of Social Work Examiners' licensing exam for the LCSW. She is completing her required supervision hours and will soon be fully licensed in New Jersey. Congratulations, Sharon!



2009 UHC Conference

November 11 was a cold, chilly, rainy day. As a state holiday we at UHC pacified ourselves with the knowledge that traffic would be light and at least half the day would be spent in academically stimulating pursuits. The occasion was the Third Annual University Correctional HealthCare Conference and the topic was Brain Injury.

An unanticipated last minute change of venue brought an unexpected twist to the proceedings, as did an unfortunate case of "IT" (a nickname for the nasty upper respiratory infection making the rounds) which felled one of our presenters, Nancy Brunner, PsyD, Forensic Mental Health Clinician, Edna Mahan Correctional Facility for Women. But to workers within the NJDOC, such occurrences only highlight the resiliency of our reserve. I Wing of Albert C. Wagner Youth Correctional Facility became the last minute host of the conference and Flora DeFilippo, PhD, Clinician Supervisor, New Jersey State Prison, graciously agreed to stand in for Dr. Brunner. Rusty Reeves, MD, Director

of Psychiatry and newly minted psychologist James Yuhasz, PsyD, Mental Health Clinician II, Mountainview Youth Correctional Facility, rounded out our diverse group of presenters.

Through humor, varied experiences and professional expertise, we were offered a brief glimpse into the intricacies of brain injury. With approximately 150 staff in attendance, it was standing room only in the morning as significant numbers of PM registrants showed up for the AM session. The majority of feedback was positive regarding the presentations with requests for more information on specific treatment recommendations. The venue was a source of concern (new locales are being considered) and we will consider requests to extend the conference to a full day.

Special thanks go out to our presenters Drs. Brunner, De Filippo, Reeves & Yuhasz and UHC support staff Denise Gould, Tameka Harris and Teresa Marshall. Contact Mechele Morris (morrisme@umdnj.edu) with any recommendations for next year's conference theme.



Submit your articles by January 29th for the February newsletter

Articles submitted for publication in the UHC newsletter may be held for subsequent newsletters at the discretion of the Editorial Board

