Discussion Points

DEPARTMENT OF CORRECTIONS

1. During FY 2015, the DOC closed Mid-State Correctional Facility; a 696 bed facility located at Fort Dix, transferred its inmates to other facilities within the State Prison system and began a comprehensive upgrade of the facility. The DOC noted that this is the beginning of a long term plan to upgrade all of the DOC facilities.

- ***Question:*** **What is the current status of the facility upgrade? When does the DOC anticipate that this upgrade will be completed? When will the inmates be transferred back to Mid-State? Has the bed space capacity changed during the renovation? If so, what is the new bed-space capacity? What improvements have been made to the facility to increase operational efficiencies?**

- ***Question:*** **Which facility will the department upgrade next? What is the estimated cost? What is the estimated time frame to completion? How many inmates will be temporarily transferred? To what facilities will they be transferred?**

- ***Question:*** **Is there a comprehensive long-term plan to upgrade all DOC facilities? If so, please provide a copy. What is the time frame and cost of the plan's implementation?**

Response:

The Mid-State Correctional Facility comprehensive upgrade is currently in the design phase of the project. The current projected completion date for this project is November 2016 and upon completion and award of a Certificate of Occupancy, a decision will be made as to when to re-populate the facility. The bed space capacity (696) has not changed during the renovation. We expect the following upgrades will be made to increase the efficiency, security and safety of the Mid-State Correctional Facility:

1. Replace fire alarm control panel and install new fire sprinkler system throughout facility.
2. Remove and replace secure openings such as windows, security doors and security gates.
3. Redesign and install new pitched roof.
4. Replace existing Mailroom/Training trailer to include bathrooms and handicap access ramps.
5. Replace and upgrade HVAC system including units, ductwork and electrical distribution.
6. Removal and remediation of any Hazardous Materials.
7. Installation of a permanent toilet facility in Guard Tower.

The Department of Corrections is currently reviewing the capital construction needs of various facilities to determine the department's next upgrade and does not yet have an estimated cost or timeframe. Once the decision has been made the appropriate estimates will be provided.

Discussion Points (Cont'd)

Similarly, the number of inmates that will be temporarily transferred will depend on the Operational Capacity or total inmate population of the facility chosen and they will be transferred to other facilities that have the appropriate classification and capacity.

The Department's goal is to bring all facilities to a state of good repair. Achievement of this goal is contingent on several factors which include the availability of funds and the timeframe needed to upgrade these facilities properly. Because of the various constraints mentioned above, the Department of Corrections does not have a timeframe and cost estimate at this time.

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2. During the FY 2015 budget process the commissioner stated that the department and its provider, Rutgers University Correctional Health Care (UCHC) "has assisted us in expanding the use of telemedicine which improves inmate healthcare and reduces transportation costs. Additionally, the number of healthcare complaints has dropped by 50 percent since 2008 when UCHC assumed responsibility for the department's healthcare."

• ***Question:*** **What is the status of the department's telemedicine program? How does this program improve inmate healthcare as opposed to face-to-face meetings with physicians? What have been the cost savings of this program? What procedures has UCHC put in to place in order to reduce the number of healthcare complaints?**

Response:

Telemedicine is available in all sites except Edna Mahan Correctional Facility for Women (EMCFW) and Mountainview Youth Correctional Facility (MYCF). At this time there are ongoing discussions with CenturyLink (the northwest NJ area telecom provider) to look at issues of bandwidth and service delivery for these two facilities

All initial visits with an Inmate-patient are face-to-face. Subsequent visits are conducted via telemedicine. In every case, there is a nurse or primary care physician with the patient while the consulting specialist is at our Central Office location.

The primary gains from this program are:
1. Increase access to consulting specialist physicians;
2. Improve the efficiency of service delivery by simply switching camera locations instead of waiting for patients to arrive at an "office;"
3. Reduce transportation of patients from facilities to specialist's office settings

About 23% of all other specialty consults are now being performed via telemedicine. Average monthly teleconference consults increased from an average of 97.8 per month in 2011 to an average of 162 per month in 2014.

According to departmental data, telemedicine has saved in manpower and transportation costs. The data shows $102,718 saved in 2011, $153,160 in 2012 and $129,438 in
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Discussion Points (Cont'd)

2013. For the first eleven months of calendar year 2014, $125,395 in savings was estimated by the DOC Central Transportation Office.

The DOC has in place a computer-based Inmate grievance system that communicates Inmate complaints to the DOC and to UCHC. This system is being further automated with computer terminals (JPay kiosks) that Inmates will be able to access and transmit grievances directly to the NJDOC Grievance Manager as well as UCHC managers. Each healthcare complaint has to be addressed and a response provided to each inmate. To resolve service-delivery deficits and complaints, the NJDOC and UCHC have independent, and combined Quality Assurance Programs which continuously monitor service delivery. There are client-vendor meetings at several levels of management that review and address complaints.

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3. In an effort to reduce the number of inmates who are housed by the Department of Corrections and to reduce overall costs, interest has been shown by the Legislature in the expansion of medical parole eligibility to the number of State Sentenced prison inmates who, due to medical conditions, would no longer pose a danger to the public. Currently, except in certain circumstances medical parole may be awarded to any inmate serving any sentence of imprisonment who has been diagnosed as suffering from a terminal condition, disease or syndrome and is found by the appropriate Board panel to be so debilitated or incapacitated by the terminal condition, disease or syndrome as to be permanently physically incapable of committing a crime if released on parole.

- ***Questions:*** **Please provide the number and the age of inmates, who are not currently eligible for medical parole but are deemed to possess a permanent physical incapacity. What is the average length of time remaining in these inmates' sentences? What is the average annual cost of providing health care to these inmates?**

Response:

The department has a total of 78 beds in the Extended Care Unit of South Wood State Prison that houses long term infirmary cases. It is designed as an in-house nursing care facility. A small number of Inmates confined to the Extended Care Unit might be transient in nature so that Inmates with a permanent physical incapacity will be somewhat smaller than 78. The census is currently 57 and the breakdown by age is as follows:

Under 30	2
Between 30 and 40	9
Between 40 and 50	10
Between 50 and 60	12
Between 60 and 70	12
Between 70 and 80	11
Over 80	1
Total	**57**
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Discussion Points (Cont'd)

Of the 57 inmates currently housed in the extended care unit, 17 have life sentences. Of the remaining 40 inmates, time remaining on their sentences ranges from one (1) to six (6) years.

For FY 2014 the cost for the provision of medical and dental services was $5,103.74 per inmate. The department is unable to isolate inmate healthcare costs associated with specialized groups of inmates, therefore, an average annual cost per inmate is calculated.

Please provide the committee with a description of the process through which medical parole is granted.

The procedure for "Executive Clemency and Medical Parole" is outlined in New Jersey Administrative code sections:
10A: Subchapter 8 [executive clemency and medical parole] and 10A:71-3.53 [medical parole]. The two separate procedures have been treated similarly over the years. Both procedures were written with intent to allow for early release of an Inmate when certain medical conditions are extant.

In general, the Commissioner, an Inmate, a family member, Administrator, physician or other party can petition the State Parole Board through the Office of the Corrections Commissioner for early release of the Inmate if:

1. The inmate has a terminal illness;
2. Death is imminent; or
3. The inmate has become so ill that the inmate is without prospect of recovery.

Once the petition has been made, two physicians must then attest to the condition of the Inmate. In practical terms, the physician written report and clinical findings must reflect that the Inmate has a life expectancy of six months or less. The Health Services Unit then prepares a complete package containing the physician statements and relevant criminal justice information. The package is forwarded to the Commissioner's Office for review and signature; and finally forwarded to the State Parole Board for action.

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4. In an audit report dated July 1, 2012 to June 30, 2014, on the Adult Diagnostic and Treatment Center (ADTC) the State Auditor noted: "Annual cost savings of approximately $1.9 million could be achieved by eliminating the minimum wages requirements for civilly committed sex offenders."
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Discussion Points (Cont'd)

- ***Question:*** **Has the department implemented this recommendation? If so, what savings are expected in FY 2015 and FY 2016, respectively? If not, please state the reason(s) for not doing so.**

Response:

Civilly committed sex offenders are housed in the Special Treatment Unit and are considered residents, not inmates. The DOC is responsible for the security, custody, and care of these residents, but the Department of Human Services (DHS) provides and supervises the sex offender treatment services and as such, DHS, not DOC, has authority over the residents' wages.

The DOC concurs with the projected savings noted in the audit report.

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5. The same audit report indicated that "Stronger controls should be implemented to monitor sick leave." The report continued:

> ADTC has 370 correction officers as of the last pay period of calendar year 2013. Our analysis of calendar year 2013 sick leave usage disclosed the following:
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> The average number of paid sick leave used by the 370 correction officers was 14.7 days. Fifteen days are allotted each year. In addition, 113 correction officers took an average of 22.5 days of leave without pay excluding workers' compensation and disciplinary leave.
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> On average, correction offices have utilized nearly 95 percent of allotted sick time through their career, including 66 officers with over 20 years of state service. Forty-four percent of officers have a zero cumulative sick leave balance at the end of 2013, including 26 officers with over 20 years of service.

The report notes that if each correction officer reduced paid sick leave by only one day, it would save ADTC $75,000 annually in overtime costs.

- ***Question:*** **What controls have been put into place at ADTC and at all other DOC facilities to more strictly monitor sick leave use? How have these controls affected actual sick leave usage and resulting overtime savings by guards?**

Response:

All Supervisors are provided an Early Warning Report which shows each individual employee's time usage. The Supervisor is required to provide attendance letters to those employees who had used more than six (6) sick days. A second attendance letter is provided to employees who had used fifteen (15) sick days. The attendance letter brings to the employee's attention the amount of sick leave consumed as well as
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Discussion Points (Cont'd)

reinforces the positive attributes of good attendance. The Office of Human Resources will monitor and review each facility to ensure compliance with the Attendance Notice process. These controls will afford more direct oversight of sick leave usage enabling supervisors to be more aware of possible sick leave abuses that may require formal corrective action.

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6. The audit report notes "There were 31 correction officers who earned more than $5,000 in outside employment wages during calendar year 2013, but only 13 had submitted the required documentation for that year. During calendar year 2013, these 31 correction officers took up to 320 hours (an average of 125 hours) of sick leave and up to 714 hours (an average of 36 hours) of leave without pay…We recommend that the ADTC enforce the DOC outside employment procedure."

- ***Question:*** **What safeguards are in place at ADTC and at all other DOC facilities to assure that guards with outside employment are not abusing sick leave in order to allow them to pursue outside employment?**

Response:

The Department's EED/Ethics office continues to review all outside activity of new hires and current staff at all facilities. Correction Officers will be advised that they may not, under any circumstances, place any outside employment ahead of their responsibility to the DOC; and that engaging in outside employment in conjunction with sick leave usage is a direct policy violation that will not be tolerated. Any instances of alleged violation of the outside employment policy are investigated and violators are faced with appropriate progressive disciplinary action.

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7. Under N.J.S.A. 2C:47-4.1 the commissioner is required to transfer out of ADTC any offender serving a life sentence without eligibility for parole, any offender not participating in or cooperating with the sex offender treatment provided in the ADTC, and any offender who is determined by the DOC to be no longer amenable to sex offender treatment. The audit report states:

> As of August 2014, there were 17 inmates sentenced to ADTC under the act that had been refusing treatment. We . . . . determined that these 17 inmates had been refusing treatment from 7 months to over 10 years of their incarceration time at the center. For the first time in 15 years, and after our discussion with ADTC management, two inmates were transferred out of ADTC in September 2014 for refusing treatment.

Discussion Points (Cont'd)

- ***Question:*** **Why have these inmates not been transferred out of ADTC? What steps have been taken by the department to identify and transfer these inmates on a timely basis?**

Response:

The ADTC treatment staff provides written notification to the ADTC Administrator of treatment refusals with a recommendation to transfer the inmate to another facility. The Administrator will review the recommendation, and once approved will facilitate the transfer of the inmate to a suitable facility. Currently, there are a total of eight (8) inmates that are considered by the treatment staff as not participating; however, the treatment staff advised against the transfer of these inmates as they are still attending groups regularly. These inmates are closely monitored by treatment staff and reviewed by the Administration for possible transfer. It has been a longstanding belief, if an inmate remains in a facility where treatment is available, the likelihood that he will participate will increase. Conversely, when treatment staff determines the inmate is no longer benefiting or progressing in treatment by allowing him to remain at the ADTC, a recommendation to transfer the inmate out of the facility is presented to the Administrator for review and consideration.

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8. Under the Affordable Care Act, beginning in January, 2014, low income childless individuals, including State prison inmates, became eligible for Medicaid for off-site health care services. Since most inmates had not previously been eligible for Medicaid, they would be considered newly eligible and therefore qualify for federal reimbursement of 100 percent of all costs from 2014 to 2017. After that, states will become responsible for a small share of the costs, increasing to 10 percent by 2020. In addition, at release or upon parole, inmates already enrolled in Medicaid have an immediate source of health care coverage, assuring access to prescriptions drugs and ongoing treatment of serious illness, HIV/AIDS, hepatitis, cancer, and other conditions.

- ***Question:*** **How many inmates' in-patient hospital stays were funded by Medicaid since January 2014? What was the estimated savings? How much has the department collected to date in Medicaid reimbursements?**

Response:

Approximately 1,000 claims for inmate in-patient hospitalizations have been submitted to Medicaid for reimbursement. According to the Department of Human Services, Divison of Medical Assistance and Health Services a reimbursement amount of $2.6 million has been received by the State.

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Discussion Points (Cont'd)

9. The State entered into a contract with JPay Inc. on February 12, 2013 for the provision of inmate money and kiosk services. Money services include electronic deposits to inmate accounts from friends and family members and debit release cards. Kiosk services include video visitation, email and the sale of music through the purchase of an MP3 player and subsequent downloads through the kiosk. A variety of other applications can be provided to the inmate population through the kiosk including information pertaining to the inmate's account, educational materials, automated remedy forms, commissary ordering, etc.

The DOC started accepting money through JPay on December 2, 2013. The DOC plans to initiate the debit release card program by the end of April 2014 and to begin installing kiosks in each of the DOC facilities during the late Fall of 2014. Revenues generated from the program currently include a 50 cent charge for every electronic deposit through JPay totaling about $60,000 per year. The DOC receives no commission for money orders mailed to JPay nor will it receive any commissions on the debit cards. FY 2015 budget language permits the DOC to use any commissions earned from inmate kiosks to offset costs associated with the provision of this service to State sentenced inmates.

- ***Question:*** **What progress has the department made in installing kiosks in each of the DOC's facilities? What services are currently offered through these kiosks? What are the fees charged for each of these services? What new services does the department intend to offer through these kiosks in the future?**

Response:

The installation of Kiosks started in January 2015. The DOC currently has two facilities where the kiosks are installed, but full connectivity and activation is not yet completed. All sites are tentatively scheduled to have kiosks installed by the end of CY15. This schedule may change as we begin our installations and gain experience with the issues involved.

Once activated, the kiosks will have an electronic grievance/remedy form for the inmate to complete, their inmate trust account balance, a secured email system through JPay's closed system, music and eBooks purchases and MP3 player purchases. No new or additional services have been determined at this time.

There is no fee charged for the grievance/remedy system or for the inmate to check his/her Inmate Trust account balance. The inmates will be charged for the purchase of e-stamps for email and for the purchase of an MP3 player and any music they load onto the MP3 Player.

Fee Structure
Email/secure messaging - $0.40
Purchase Music (per song) - $1.95
MP3 Player - $49.95
eBooks - $1.99 - $25.99

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Discussion Points (Cont'd)

10. The FY 2016 budget recommendation (Budget Page D-63) indicates that the number of weapon discoveries has increased from 22 in FY 2014 to 45 in FY 2015; the number of drug paraphernalia discoveries totaled 12 in FY 2014 and 11 in FY 2015; and the number of inmate disciplines was 817 in FY 2014 and 975 in FY 2015.

- ***Question:*** **What types of weapons are generally found and confiscated within the DOC facilities? What steps has the department taken in order to reduce weapons and drugs within its facilities? What types of infractions warrant inmate discipline? What steps has the department taken in an effort to reduce these infractions and the need for discipline?**

Response:

The types of weapons that are generally discovered and confiscated within the secured perimeter of our facilities are usually inmate manufactured sharpened instruments made from metal, plastic, or wood. Inmates are adept at turning otherwise innocuous items and fashioning these items into weapons. Some examples are a broken ruler wrapped in cloth, a piece of glass from a broken window wrapped in cloth, a plastic pen melted and sharpened. Inmates also have been known to place a combination padlock in a sock to be used as a blunt force trauma weapon. Shaving razors utilized by inmates, even those designed with additional security features, and marketed as security razors designed specifically for correctional facilities, can be altered and utilized as weapons.

The Department is continuing its commitment to deterring the introduction of these items. Random, unannounced searches of inmate housing areas, common areas, recreation areas, work and school areas are performed by institutional custody staff as well as specialized units within the Special Operations Group (SOG). These units include the Canine Unit, trained to detect narcotics, tobacco and cell phones, as well as the Special Operations Response Team (SORT) and Special Search Team (SST) units who are trained in tactical search techniques. The Department has recently performed an audit of metal detection equipment at all institutions and has begun to replace dated equipment with new, state of the art detection equipment. The Department continues to search and screen all persons and packages entering the secured perimeter.

There are ninety-eight (98) prohibited acts specified in N.J.A.C. 10A 4-4.1. These acts range from the most serious including: Assaulting any person, assaulting any person with a weapon, escape or attempting escape, throwing bodily fluid at any person, setting a fire, possession or introduction of drugs or intoxicants, possession or introduction of a weapon, possession of keys or security equipment; to lesser infractions such as: possession of property belonging to another person, failure to comply with a written rule or regulation, being unsanitary, refusing to work or accept a housing or program assignment.

There are numerous educational, vocational, behavior modification, recreation and social service opportunities available for inmates who refrain from committing infractions. Other incentives for inmates that exhibit positive behavior include increased commissary privileges and contact visits with family and friends.

Discussion Points (Cont'd)

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11. The FY 2016 budget recommendation (Budget page D-64) indicates that in FY 2014 a total of 68 substance use disorder program completions were awarded. The number of completions totaled 65 in FY 2015 and the number of completions is anticipated to total 65 in FY 2016.

- ***Question:*** **Are there sufficient opportunities for inmates to participate in substance use disorder programs? Are these programs available in all facilities? Please list the facilities in which programs are not available. What percentage of inmates participating in substance use order programs complete the programs? What are the impediments to increased program completions? What steps is the department taking to increase the number of program participants and the number successfully completing the program?**

Response:

The Key Performance Indicator for substance use disorder program completions is a monthly target. The total number of completions for FY2014 was 820.

The DOC offers an array of substance use disorder programs. The 12 step Programming and the Living in Balance Program is available in all facilities. The Engaging the Family program is offered at various locations defined by the supporting grant. The Residential Therapeutic Community program offers over 1,300 beds in half of the facilities and another 1,300 beds are available in the Residential Community Release Programs (halfway houses).

There are currently no facilities that do not provide substance use disorder programs.

While the overall percentage of inmates completing the substance use disorder programs is estimated to be below 50, this figure is consistent with community substance use disorder program completion rates across the nation.

By virtue of the nature of the addiction disorder, program failures are inherently seen in all treatment programs. The impediments to increased program completions are multifactorial. First, drug treatment is an ongoing process, therefore, many of the programs, such as AA and NA do not have a specific completion date. Additionally, all addiction treatment inherently has a high withdrawal rate. Correctional settings are further limited as all programs are voluntary and penalizing an inmate for declining a voluntary health care program is unsupported on both ethical and legal grounds. Additionally, community incentives to increase completion rates are not available in the correctional setting, such as home/family visits, employer sponsored financial benefits and stress reducing day trips. These impediments have not deterred the Department from taking several steps to increase the number of program participants and the number successfully completing the program.
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Discussion Points (Cont'd)

The DOC is in preliminary discussions with the NJ Department of Mental Health and Addictions Services to seek licensing of the Substance abuse program allowing inmates to receive state and federal monies upon release for having completed a licensed substance use disorder treatment program.

Additionally, our federal grant funded program is forecast to be state funded in the upcoming year which will free the department from federal restrictions and allow for the expansion of inmates who may qualify. DOC also has been exploring ways to reduce the time needed to complete residential treatment without jeopardizing the content or time needed to qualify as a licensed program.

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12. The FY 2016 budget recommends a new appropriation of $123,000 for the Edna Mahan Visitation program (Budget page D-71).

- ***Question:*** **Please provide a description of the program. Is this a new program, or is state funding needed to replace a previous source of funding in order to continue the program? What are the program's cost components? How many inmates are anticipated to participate?**

Response:

This is not a new program, but a continuation of a program previously funded from the federal Social Services Block Grant (SSBG). In order to achieve efficiencies with administering the federal grant and consolidating reporting requirements, all federal SSBG funds have been moved to the Department of Children and Families (DCF), beginning in fiscal year 2016. As a result, a like amount of DCFs state funding was reallocated to DOC in order to continue the program's operations. The program's cost components include salary to fund one Social Worker, contracted transportation services, staff training and supplies.

The Mother/Child Visitation Program consists of three (3) programs in one (1):

The Mother/Child Visitation Program consists of a special visitation program for children of incarcerated mothers. The program operates three (3) days per week during the months of February through October. Children are picked up from various locations throughout NJ and transported to EMCFW for a special afternoon visit with their mother.

Annual Children's Holiday Celebration is held annually the first week in December. Each county is assigned a specific day for the children of that county to participate in the holiday celebration with their mother. Each child receives a gift from their mother, a family picture with Santa Claus and the opportunity to share a holiday luncheon. The majority of the gifts are donated by local churches.

Project Story Book provides the incarcerated mother the opportunity to record herself reading a story to her child. The story is recorded via supervised volunteer staff and the
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Discussion Points (Cont'd)

tape cassette or CD is mailed to the child. While books are often donated, appropriated funds will be utilized to purchase age and content appropriate story books, high resolution cassette tapes and CDs, mailing packages and postage.

For FY 16 it is estimated that 300 women and 605 children will be served this project year.

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13. Union County has been appropriated $2.5 million annually for several years, including both FY 2014 and FY 2015, for Inmate Rehabilitation Services, and is recommended to receive $2.5 million again in FY 2016. The Budget recommendation (page D-73) indicates that in FY 2014 the program spent only $1.183 million, $1.317 million less than the amount appropriated. A report on proposed FY 2015 lapses provided by the State Treasurer indicates that $1 million of the FY 2015 appropriation will remain unspent and be lapsed at the end of FY 2015.

Question: **Why has Union County been unable to spend its full appropriation during FY 2014 and FY 2015? If the county is under-spending its appropriation, why has the FY 2016 recommended appropriation not been reduced? Has the department considered reallocating the funding not used by Union County to address the need for inmate rehabilitation services in other counties?**

Response:

The FY 2016 appropriation is continuation of State Aid funding provided in FY 2015 for treatment services provided to County inmates. The appropriation is based on a projected number of inmates requiring treatment services. Although for the past 2 years the County has been unable to fill all of the treatment beds to capacity, there have been years when this capacity was met. Having this appropriation will allow inmates to get the necessary treatment they require.

The Department has not considered reallocating the funding. If the population trend continues, Union County jail management will reevaluate the criteria for treatment services in order to expand the pool of eligible inmates.

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14. The FY 2016 budget recommends a new appropriation of $5 million in Grant-in-Aid funding for the Essex County Recidivism Pilot Program. No additional information on this proposal was included in the Budget or the Budget Summary.

Discussion Points (Cont'd)

- ***Question:*** **Please provide a description of the proposed Essex County Recidivism Pilot Program. Is the funding intended to cover multiple years, or will additional funding be sought in FY 2017 to complete the program? Has the program been designed by the county? Did the department participate in the program's design? What goals will the pilot program seek achieve? What are the funding implications for future fiscal years if the pilot program meets its goals?**

Response:

The Essex County Re-Entry Pilot Program: "Staying Connected" is a county designed program to assist soon to be released State inmates with coordinated services to assist their reintegration into the community. This program will provide a myriad of integrated services from various agencies and departments including: needs assessment, educational services, employment referrals, healthcare, identification, housing referrals, anger management and life skills training. The goal of the program is to eliminate barriers that prevent ex-offenders from successfully transitioning back in their communities upon release and reducing recidivism. The details of the program are being finalized and is scheduled to begin July 1, 2015.

As noted, this is a pilot program. The appropriation of $5 million dollars is intended to cover the one year period and funds an average of 125 inmates at the cost of $110 per day. The program will be reviewed ninety (90) days prior to the end of the fiscal year, and if a decision is made to continue the program, continuation of the FY 2016 appropriation will be requested in FY 2017.