



State of New Jersey

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MEMORANDUM

TO: Honorable Paul A. Sarlo, Chairman
Senate Budget and Appropriations Committee

FROM: John J. Hoffman
Acting Attorney General 

DATE: May 18, 2015

SUBJECT: Senate Budget and Appropriations Committee
Follow-Up Questions and Answers

In accordance with your request, enclosed please find the Department's responses to the Senate Budget and Appropriations Committee Follow-Up Questions. Please contact Jennifer Fradel at 292-9660 if you have any questions.

Enclosures

c: Robert Lougy, Chief of Staff
Deborah R. Edwards, Counsel to the Attorney General
B. Stephan Finkel, Assistant Attorney General, Director, Legislative Affairs
Rebecca Ricigliano, Senior Advisor
Jennifer E. Fradel, Administrator
Peter Traum, Deputy Administrator
William H. Cranford, Director, Budget and Grant Operations
Charlene M. Holzbaur, Director, OMB



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FOLLOW-UP QUESTIONS

Senator Barnes:

- Please describe the composition of the State Police Troopers by minority group. How have each of the recent recruit classes contributed to the minority Trooper membership of the Division of State Police.

Department Response:

State Police: The applicant pool from which the 152nd, 153rd, 154th, and 155th classes were pulled was the most diverse in State Police history. Prior to the graduation of the 152nd class, the State Police had only 414 minorities in its enlisted ranks. Following the graduation of the 155th class, the State Police has 539 minorities in its enlisted ranks. Prior to the graduation of the 152nd class, the total number of minorities within the enlisted ranks at State Police was approximately 17%. Following the graduation of the 152nd class, that number grew to approximately 18%, and continues rising. Following the graduation of the 155th class in February 2015, minorities account for approximately 21% of the State Police enlisted ranks.

- During the meeting you provided an update of the Camden County Police consolidation efforts. Please provide information regarding any formal evaluations being conducted on the consolidation, including any cost benefit analysis that may have been completed or may be in progress.

Department Response:

Camden County: In 2014, the Camden County Police Department made significant strides in crime reduction. For any information on a formal evaluation of the consolidation, including cost benefits analyses that have been completed, we respectfully suggest that the Camden County Freeholders are best situated to answer such an inquiry.

Senator Pou:

- It is the understanding of the Legislators that mental health assessments are conducted for juvenile residents placed on room restriction while in the custody of the Juvenile Justice Commission. Please explain how often these assessments are completed and at what stages the assessments are received during room restriction. Please provide the number of trained and licensed clinicians available to juveniles during their room restriction. Please

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elaborate on the types of trained and licensed clinicians that are providing the mental health assessments. Please explain how juveniles continue to receive education while under room restriction and please include any variables of why education would not be made available.

Department Response:

The Juvenile Justice Commission (JJC) contracts with Rutgers University of Medicine, University Correctional HealthCare (UCHC) to provide mental health services to JJC residents. UCHC provides comprehensive mental health care which includes individual, group, family and crisis intervention services to residents in the custody of JJC, including residents in room restriction. UCHC provides on-call mental health services for JJC residents 24 hours a day – 7 days a week. UCHC services are provided by qualified mental health care professionals, i.e., licensed psychiatrists or psychologists, or other professionals with the requisite education, credentials, and experience to provide mental health assessments and counseling to juveniles.

In addition to the aforementioned UCHC mental health professionals, the JJC's Office of Rehabilitative and Treatment Services employs social workers who meet regularly with residents and play a key role in the continuum of mental health services provided to juveniles committed to the care of the JJC.

JJC mental health services begin at admission when a comprehensive mental health assessment is completed for each JJC resident. This includes the following:

- A comprehensive psychological evaluation within 72 hours of admission
- A PREA (Prison Rape Elimination Act) screening within 4 hours of admission
- A PREA in-depth screening within 72 hours of admission
- The Columbia Suicide Severity Rating Scale within 72 hours of admission.

In addition, UCHC qualified mental health professionals see residents with mental health diagnoses at least once a month. UCHC conducts psychiatric evaluations of all residents who enter JJC on mental health medications within 7 days of admission, and residents are seen monthly by a UCHC psychiatrist if medication continues. Further, JJC regularly requests additional psychological assessment of residents as needed.

Before any resident is placed in room restriction he or she is screened by a medical nurse. If a juvenile is experiencing an acute mental health crisis, the JJC consults with UCHC qualified mental health professionals prior to placement in room restriction and appropriate measures are implemented.

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Juveniles on room restriction receive a daily mental health assessment by an UCHC qualified mental health professional to ensure that residents are not suicidal, homicidal, delusional, or experiencing depression or anxiety. In addition, juveniles on room restriction are visited once a day by their individually assigned social worker who is familiar with the resident's mental health history.

Residents on room restriction may also request to see a qualified mental health care professional at any time.

Currently, UCHC has assigned the following qualified mental health care professionals to the JJC:

1 Psychiatrist
1 Psychiatric Fellow (working on specialization in Psychiatry)
8 Psychologists
2 Masters level Clinicians (Licensed Social Worker and Licensed Professional Counselor)

The JJC works closely with the Department of Education to ensure that all education requirements are met for its residents, regardless of their placement or individualized education program. A student's educational program is continued when the student is not able to attend school for reasons related either to a temporary or chronic health condition, or other compelling safety and/or security circumstances, including room restriction.

When a resident is placed in room restriction, instruction services begin as soon as possible, but no later than 24 hours after the student has been moved. The JJC provides residents in room restriction with instruction either in a small group or one-on-one with a teacher. If the resident's behavior does not permit one-on-one or group instruction, for safety reasons, the student may be provided with an educational packet that continues his or her instructional lessons from their teachers.

- Please provide details on the daily average number of juvenile residents that are removed from the general population and placed on room restriction.

Department Response:

The average daily population in room restriction for the time period February 2014 to March 2015 was 3.6 residents.

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- Senate Bill No. 667 of 2014 was enacted to expand certain licensure requirements for health care services firms. Specifically, the Director of the Division of Consumer Affairs was required to enter into a memorandum of understanding with an accrediting body chosen by the director through appropriate procurement processes authorized to accredit health care services firms. The memorandum of understanding is required to establish standards for accreditation and for reporting the results of audits performed. Please elaborate on the Office of the Attorney General's confidence that the deadlines required in the legislation will be met.

Department Response:

S667 was signed into law on August 1, 2014 and becomes effective on February 1, 2016. The law provides that as a condition of being registered with the Division, a health care service firm must obtain, within 12 months of registration, accreditation from an accrediting body that is recognized by the Commissioner of Human Services. The Act requires the Division to enter into a Memorandum of Understanding (MOU) with each of the accrediting agencies recognized by Human Services. The Division is currently in the process of contacting the agencies in order to negotiate and execute the required MOUs. In addition, the Division is in the process of drafting regulations to implement the accreditation requirement. Specifically, the regulations will address the issue of when currently registered health care service firms must come into compliance with the new statutory requirement. The Division is well aware of its obligations under the legislation and will be able to meet any statutory deadlines.