



STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS

FEBRUARY 2026

Healthcare Delivery & Outcomes

Annual Report

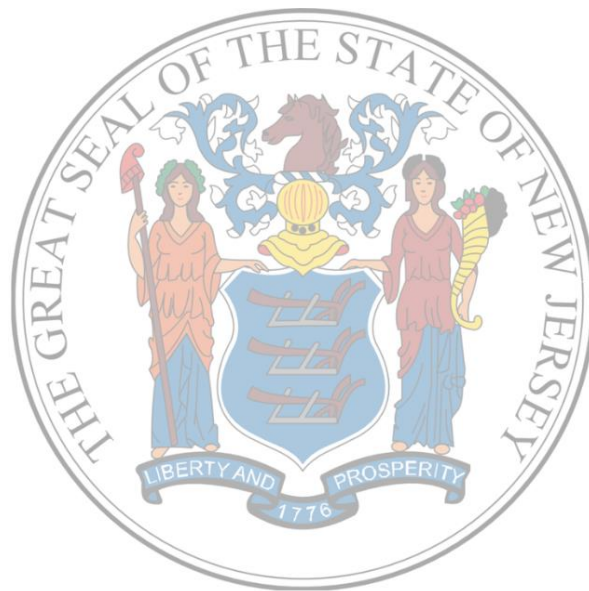


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Executive Summary: Healthcare Delivery & Outcomes

The New Jersey Department of Corrections (“NJDOC” or “Department”) manages a comprehensive healthcare delivery system. This includes primary and specialty services contracted through Rutgers University Correctional Health Care (UCHC), bolstered by rigorous internal oversight and continuous quality improvement (CQI) via the Healthcare Compliance Unit.

The department faces increasing clinical complexity due to longer average sentence lengths and a rapidly aging incarcerated population. These factors contribute to a higher prevalence of chronic and multi-morbid conditions.

Clinical outcomes are rigorously measured against community standards. Current objective metrics demonstrate that the quality of care provided to incarcerated persons (IPs) is comparable to, and in several key indicators exceeds, the care available in the general community.

Mortality rates and primary causes of death within NJDOC facilities remain consistent with broader public health trends in both the State of New Jersey and the United States at large.

The DOC’s clinical responsibility extends beyond the facility; integrated healthcare and social support services are prioritized during the reentry process to ensure a stable transition back into the community.

New Jersey Department of Corrections – Agency Mission

The mission of the New Jersey Department of Corrections is to advance public safety and promote successful reintegration in a dignified, safe, secure, gender-informed, and rehabilitative environment supported by a professional, trained, and diverse workforce enhanced by community engagement.

The NJDOC is responsible for nine institutions: eight adult male correctional facilities and one female correctional institution. These facilities collectively house incarcerated persons at minimum, medium, and maximum-security levels. In addition, the Department contracts with community based-nonprofit providers of Residential Community Reintegration Programs that offer structured, supportive environments to help individuals prepare transitioning back into their communities.

Healthcare Compliance Unit (HCU)

The NJDOC mandates that healthcare staff develop, implement and maintain a set of procedures on the administration and governance of healthcare services to help ensure that all incarcerated persons under the jurisdiction of the NJDOC are provided with sufficient healthcare services. The NJDOC is dedicated to providing comprehensive medical, dental, and mental health services rooted in evidence-based practices for all incarcerated individuals.

The Healthcare Compliance Unit (HCU) is a group of healthcare professionals within the Division of Operations. The unit’s goals are to carry out the health care mission of the New Jersey Department of Corrections, which is to provide medical, dental and mental health services that are consistent with evidence-based medicine to all incarcerated persons under its custody and control, regardless of custody status or financial means, in an efficient and financially responsible manner.

The HCU achieves its objectives by implementing evidence-based medical practices aligned with premier industry standards. Central to this mission is a service delivery system that has maintained accreditation by the National Commission on Correctional Health Care (NCCCHC) for over a decade, supplemented by American Correctional Association (ACA) standards to ensure comprehensive coverage across all operational processes.

The HCU monitors UCHC's performance in a continuous and ongoing effort to ensure that all requirements set forth by contract and by policy are met. This is accomplished in part by repeating periodic audits completed by HCU staff. Each audit evaluates certain indicators, which vary depending on the aspect of healthcare being monitored, and what corrective actions are needed to improve outcomes.

Healthcare Delivery Model

NJDOC contracts with Rutgers University Correctional Health Care (UCHC) all healthcare services provided to the incarcerated persons (IP) population. Those healthcare services cover the entire range of healthcare from dental, medical, optometry, mental health and addiction services. Rutgers is the statutorily mandated (N.J.S.A. 18A:65-94) provider of mental health and all other healthcare services to the New Jersey Department of Corrections.

Specifically, UCHC employs over 600 staff in New Jersey to provide medical, behavioral, and dental services to the incarcerated population. These services include intake assessments and screenings, acute and chronic care (including infectious disease), emergency response, and extended care services. In addition, UCHC partners with various community-based health systems and provider groups to coordinate specialty care as needed. These services include most medical and surgical specialties. Some specialties are provided via telehealth, a technology forward approach to healthcare, in addition to in-person consultation. UCHC has arranged out-of-state services when care within NJ's borders is unavailable.

Breakdown of certain UCHC providers:

<ul style="list-style-type: none"> • 30 FTE MD/DO (include Psychiatry) • 22 APP (APN, PA-C) • 12 Dentists • 37 Licensed Psychologists 	<ul style="list-style-type: none"> • 70 Mental Health Clinicians • 3-4 Optometrists • 2 Physical Therapists
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In addition, UCHC standing specialty clinics with outside consultants (in-person and telemedicine) include:

<ul style="list-style-type: none"> • Gastroenterology • Cardiology • Electrophysiology • General Surgery • Oncology • Orthopedics • Urology 	<ul style="list-style-type: none"> • Endocrinology • Ophthalmology • Neurology • Neurological Surgery • Pain • Rheumatology • Interventional Radiology
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Report Methodology and Limitations

- Population characteristics were derived from the Department's 2025 Population Characteristics Report. Race categories are defined as Black/African American, White, and Other. The *Other* race category includes Asian, Native Hawaiian or Pacific Islander, and Alaskan Natives. All proportions related to these demographic factors are a direct reflection of the data as self-reported by the individuals.
- Data regarding deaths of all incarcerated persons within the custody of NJDOC includes individuals participating in Residential Community Reintegration Programs (RCRPs), incarcerated individuals of other state jurisdictions housed in NJDOC, and violators of parole when they are admitted to outside hospitals and NJDOC has assumed custody. Cause and manner of death information is replicated exactly from autopsy or external examination reports received from the Offices of the Medical Examiner. Causes of death were categorized by matching the cause of death listed by the

Medical Examiner to the closest International Classification of Diseases, 10th Revision (ICD-10) code. Categorized causes of death were then ranked per CDC guidelines. National and New Jersey State community data for comparisons were sourced from the CDC WONDER Online Database.

- In general, there are some limitations in the acquisition, analysis and reporting of the data on deaths. Due to multiple input sources, including those external to NJDOC HCU, data information presented here is accurate to the day it has been received. Because Medical Examiner findings can take six months or longer to finalize, this report is limited to deaths occurring in the first and second quarters of 2025. Data for the remainder of the 2025 year is currently unavailable.
- General data presented in this report is at times inconsistent in the time periods being presented with certain data points only available in fiscal year notation, with other data available in calendar year. Every attempt has been made to receive and report data in calendar years. Where only fiscal year data are available, this is noted.

Population Characteristics

Since 2020, the Department has experienced a decrease in its incarcerated population, dropping from approximately 19,000 individuals, stabilizing over the last three years to an average of approximately 13,000 incarcerated persons. As of January 1, 2025, there were 12,856 IPs under the custody of the New Jersey Department of Corrections. Of this population, 61% were African American, 23% Caucasian, and 1% Asian, with 19% identifying as Hispanic/Latino. Following significant reductions in census between 2019 and 2021, the population has remained relatively consistent since then.

Increased Average Sentence Length and Aging Population

Between 2024 and 2025, the NJDOC's median term for incarceration has remained stable at an average of 7 years. In calendar year 2025, majority of the population (78%) were serving sentences of 5 years or more. The total population serving a term of 10+ years is 46%. Out of this population, the total population serving a term of 10+ years who are 50+ or older is 33%. Further, the total population serving 20+ years is 27%. Of this population, those serving 20+ years who are 50+ or older was 42%. Longer sentences contribute to a corresponding increase in the average age of the population, necessitating more specialized needs and healthcare resources. According to the CY 2025 Pop. Report, 2,769 IPs (21%) were 50 years or older as of January 1, 2025. Based on this data, the need to concentrate on healthcare for aging individuals, especially chronic diseases, is key.

Medical, Dental and Mental Health Services and Metrics

The total Population in carceral care as of January 12, 2026 is (12,470) – 25% on Mental Health Special Needs Roster (MHSNR).

- Males (2,641 of 12,176) – 21.69% on MHSNR
- Females (294 of 395) – 74% on MHSNR

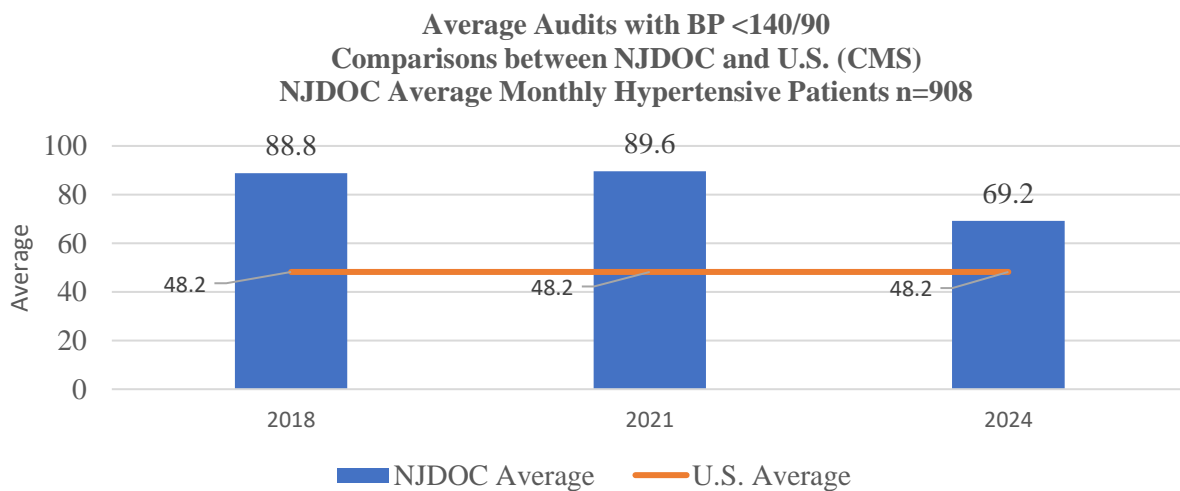
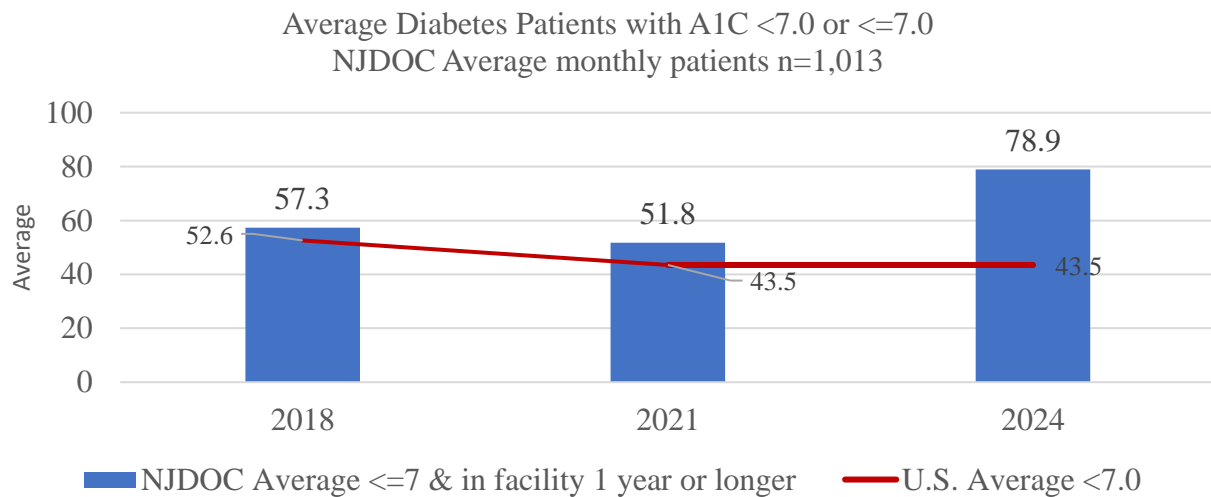
Medical Care

The DOC mandates that all incarcerated individuals under its jurisdiction have access to comprehensive medical care. Medical care services are provided through contracted health care providers (UCHC). The following medical services are available to IPs:

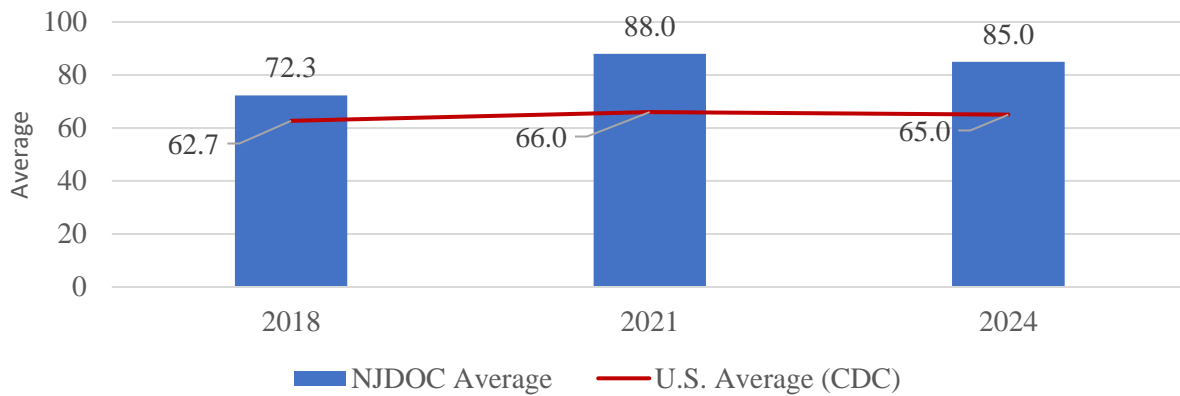
- Comprehensive intake assessment to screen for chronic disorders and infectious diseases;
- Emergency and life-threatening/limb-threatening conditions;
- Accidental or traumatic injuries occurring while incarcerated;
- Acute illness;
- Chronic conditions which are considered life-threatening or, if untreated, would likely lead to a significant loss of function;

- Any other medical condition which the treating physician believes will cause the deterioration of the incarcerated person's health or uncontrolled suffering.

Quality metrics for chronic conditions are used, both in the community, as well as within the NJDOC carceral system, to assess the quality of care provided to the incarcerated population. Three of the top metrics to assess the control of chronic diseases are in Diabetes (HbA1C level), Hypertension (Blood pressure control) and HIV Treatment (viral load on therapy). Below is the comparison of these metrics in the carceral healthcare system, compared with the community:



**Average HIV Patients with Undetected Viral Load <75
Comparisons between UCHC and U.S. (CDC)
UCHC Average Monthly HIV patients n=64**



As evidenced by the metrics above, clinical outcomes for chronic condition management—specifically HbA1C levels, blood pressure control, and viral load suppression—consistently outperform community benchmarks. These superior results underscore the high quality of care provided to the incarcerated population and demonstrate the effectiveness of the DOC’s clinical interventions.

Dental Care

The NJDOC delivers comprehensive dental services—including preventative, routine, and emergency care—grounded in evidence-based practices. By integrating oral health into our broader wellness framework, we ensure that dental services are not only clinically sound and legally compliant but also delivered with the respect and timeliness essential to correctional rehabilitation.

Preventative oral health care is available at all facilities. These preventative services include an initial dental exam, prophylaxis (cleaning), oral cancer screening, smoking cessation and oral hygiene instructions, radiographs (x-rays) and an individualized treatment plan.

Patients have access to comprehensive dental care, which includes preventive services like cleanings (prophylaxis), as well as restorative treatments such as fillings, extractions, and removable prosthetics like partials and dentures. For urgent dental concerns, patients can use the sick call system to ensure their needs are addressed promptly.

Dental Report 2025:

<u>Sick Calls</u>								
<u>Seen</u>	<u>Intake</u>	<u>Extraction</u>	<u>Filling</u>	<u>Prosthetic</u>	<u>Prophy</u>	<u>Endodontics</u>	<u>Misc.*</u>	<u>TOTAL</u>
14,264	4,812	4,979	2,799	479	6,085	35	1,255	34,708

Mental Health

The NJDOC mandates universal access to comprehensive mental health services for all individuals under its jurisdiction. These services are delivered by licensed and certified practitioners who maintain full compliance with state and federal regulatory and registration requirements. The following mental health services are available to the incarcerated population:

- Comprehensive intake assessment to screen for all psychiatric disorders
- Psychiatric care includes provision of psychotropic medications to treat diagnosed psychiatric conditions.
- Individual and group psychotherapy sessions
- Creative Arts therapy
- Preventative care services such as access to psychoeducational information
- Mental health services as outlined in the individual treatment plan, continues to be provided continue while an IP in in a Restorative Housing Unit [RHU] or Close Custody Unit [CCU].
- Every IP in RHU or CCU is periodically assessed to ensure they are referred to a mental health unit when they are noted to be decompensating.

The NJDOC mental health model prioritizes clinical transparency, ensuring incarcerated patients understand their diagnostic conditions as a foundation for treatment. A significant barrier to care is the pervasive stigma surrounding mental illness, which is often amplified in a correctional environment where perceived "weakness" can lead to victimization.

To mitigate these challenges and encourage treatment-seeking behavior, the NJDOC has implemented the following strategic measures:

- **Barrier-Free Access:** To ensure the most comprehensive access to care, all mental health services and related medications are provided without co-pays.
- **Clinical Oversight in Discipline:** For individuals actively receiving mental health services, the NJDOC provides critical safeguards during the disciplinary process.
- **Psychological Assessments:** Prior to any disciplinary sanctioning, a psychological assessment is conducted to:
 - Evaluate the individual's capacity to understand the proceedings.
 - Determine if the behavior in question was a manifestation of their mental illness.
 - Assess clinical tolerance for disciplinary sanctions or if a higher level of care, such as admission to a mental health unit, is required.

Women's Health:

NJ DOC and UCHC have a robust program for the female incarcerated persons. The program includes:

- Mammography screenings – The NJ DOC policy aligns with the American College of Radiology (ACR) recommendations, which advise annual mammography screenings beginning at age 40 for individuals of average risk, including females as well as transgender men and transgender women receiving hormone therapy, with continued annual screening throughout life.
- Pap Smears - Based on the United States Preventive Services Task Force's (USPSTF) recommendations for cervical cancer screenings, "A cervical pap smear will be done on all females within 30 days of intake and every 3 years from the age of 21 until the age of 65. For IPs 65 and older, if prior screening has been adequate and the IP isn't at high risk for cervical cancer, no evaluation is indicated."
- Gyn Consults – UCHC provides standard gynecological physicals. If any issues need to be addressed with a gynecologist, patients are referred off-site for consultations and should be completed within ninety (90) days of the referral.

Continuity of Care and Community Reintegration

Successful community reintegration is predicated on a seamless transition to community-based providers. The NJDOC ensures this continuity by addressing both the clinical and social determinants of health:

- Prior to release, every patient is scheduled for follow-up appointments with community providers for medical, dental, mental health, and substance use disorder (SUD) services.

- To address social determinants such as housing and employment, the NJDOC maintains a cost-sharing partnership with the Department of Human Services. This collaboration facilitates the placement of Peer Navigators for individuals with addictions and co-occurring mental health conditions.
- Central to this strategy is the Intensive Recovery Treatment Support (IRTS) program, which offers a "one-stop" centralized service model. Upon release, participants can access primary care, nursing, addiction services, and social work in a single location. The program is strategically distributed across three regional IRTS centers to ensure statewide coverage.

Time frames for these services are as follows:

- Six months prior to release and up to 12 months after release
- Assist in recovery-focused transition to the community, including:
 - Follow-up healthcare
 - Transportation
 - Housing
 - Employment

Healthcare Services Provided

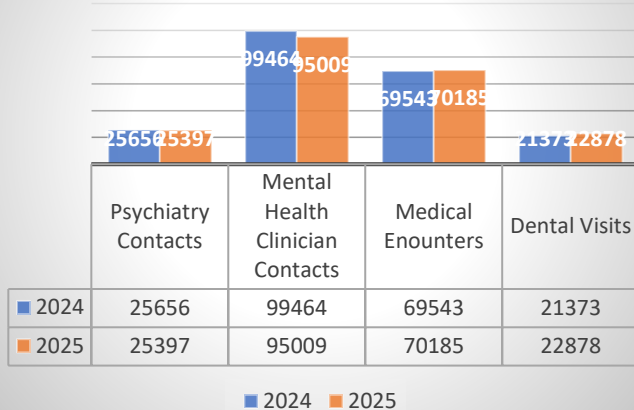
On-Site Contacts:

- Total Psychiatry Contacts (including Telepsychiatry) for CY 2025 is 25,397. This is on trend with CY 2024 when 25,656 contacts occurred.
- Total Mental Health Clinician Contacts for CY 2025 is 95,009. There was a 4.5% reduction of visits from CY 2024 which had 99,464 contacts.
- Total Medical Encounters for CY 2025 were 70,185 which is a 1% increase from 2024 when there were 69,543.
- Dental visits for CY 2025 were 22,878 which represents a 7% increase from 2024 when 21,373 occurred.
- In 2025 a total of 399,359 prescriptions were filled. This represents a 2% decrease from 2024 when 407,293 prescriptions were filled. The number of RX filled is spread consistently throughout the year with no trends noted.

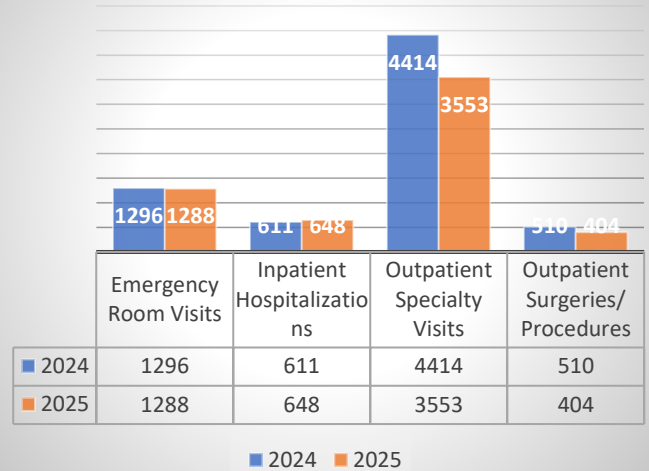
Off-Site Contacts:

- In CY 2025 there were a total of 1288 Emergency room visits. This is on trend with 2024 when 1296 ER trips went out.
- In CY 2025 there were a total of 648 inpatient hospital admissions. This is a 6% increase from 2024 when 611 admissions occurred.
- In CY 2025 3,553 outpatient specialty visits are confirmed to have occurred. In 2024, 4,414 visits are confirmed to have occurred.
- In CY 2025 a total of 404 outpatient surgeries and procedures occurred. 200 out of 404 were either colonoscopies or endoscopies. Limitations for reporting are the same as identified for Specialty Provider visits. In 2024 a total of 510 surgeries or procedures occurred.

Institutional (On-Site) Clinical Contacts



Community Services



Medical Call Activity and Triage:

- In CY 2025 a total of 72,539 calls were received through the medical line.
- Calls include medical questions, pharmacy refills, request to be seen by healthcare provider, general questions about health, etc.
- 71% of these calls were ultimately triaged to require an encounter with a nurse or other healthcare provider. The rest were fulfilled through pharmacy refills, education, etc.

Deaths in Custody

- In the first two quarters of calendar year 2025, sixteen (16) deaths occurred while the individual was under the custody of NJDOC. Most (12) of these deaths were natural. The manner of death was undetermined for one case. One death was a drug-related accident. Medical Examiner reports are pending for two cases. Definitions of manners of death are included in the Appendix.
- Three quarters of the individuals who died in Q1 and Q2 of 2025 were older than 55. Ten (10) individuals who died in the first two quarters of 2025 were African American, 4 were Caucasian, and 2 were Other. Four (4) individuals identified as Hispanic/Latino, 11 were not Hispanic/Latino, and one was Unknown or Uncoded.
- Most (10) individuals who died in the first two quarters of 2025 were admitted to outside hospitals in the community. Two individuals died at outside Long-Term-Acute Care Hospitals (LTACHs). Four individuals died within NJDOC facilities and were not housed in a specialized disciplinary or healthcare setting. In the first two quarters of 2025, no deaths occurred in facility infirmaries, the Extended Care Unit at SWSP, facility inpatient mental health units, close custody units, or RCRPs.
- From 2018 through 2024, the majority of all deaths in NJDOC custody (84%) were natural. Most unnatural deaths were categorized by Medical Examiners as accidents (28 total, 22 of which were drug-related accidents). There were 6 homicides and 13 suicides. Medical Examiners categorized the manner of death for 7 cases as undetermined.
- From 2018 through 2024, 162 individuals who died were African American, 131 were Caucasian, 3 were Asian, and 40 were Other. Forty-two (42) individuals identified as Hispanic/Latino, 277 were not Hispanic/Latino, and 17 were Unknown or Uncoded.
- For both National and New Jersey populations, the top three causes of death (with the notable exception of COVID-19 in 2020 and 2021) are heart disease, cancer, and accidents. Deaths in NJDOC custody follow this same trend.

Narcan

All correctional officers and medical staff are trained to administer Narcan. Narcan is also distributed upon release to any incarcerated individual diagnosed with a substance use disorder or is prescribed opioid pain medication.

In CY 2024, Narcan was administered to incarcerated patients in 544 separate incidents. In CY 2025, Narcan was administered in 406 separate incidents.

Please note that the number of incidents of Narcan administration cannot be equated to the number of drug overdoses. Administration of Narcan is based on clinical presentation. Symptoms similar to intoxication may not necessarily be drug-related, but the result of other medical conditions. Staff have been trained to provide Narcan in emergencies as it has no significant harmful side effects.

New Initiatives:

On August 4, 2025, a pilot program focused on enhanced suicide prevention efforts was established. The pilot includes the development of a Peer Support/Companion Program for incarcerated persons placed on mental health watch. Inmate companions are intended to supplement, not replace, watches conducted by staff. Staff remain responsible for assigning and supervising inmate companions. The program is designed to strengthen peer support during suicide watch, increase positive interpersonal interaction, and reduce the frequency and duration of watch placements. UCHC will assess the pilot program to determine whether to expand it statewide or discontinue it.