



# State of New Jersey

DEPARTMENT OF CORRECTIONS

WHITTLESEY ROAD

PO BOX 863

TRENTON NJ 08625-0863

PHILIP D. MURPHY  
*Governor*

TAHESHA L. WAY  
*Lt. Governor*

VICTORIA L. KUHN, ESQ.  
*Commissioner*

December 17, 2025

Terry Schuster, Corrections Ombudsperson  
Office of the Corrections Ombudsperson  
PO Box 855  
Trenton, NJ 08625-0855

Dear Mr. Schuster,

The New Jersey Department of Corrections ("NJDOC") is in receipt of the document titled "Deaths In Custody, New Jersey State Prisons, 2018-2024" dated December 2025 and will take under advisement for consideration the discussion and recommendations contained therein.

As we have discussed, it is important to note that individuals entering NJDOC custody frequently present with a range of pre-existing health conditions. These conditions may have been untreated or inadequately managed prior to incarceration. Furthermore, an incarcerated person must voluntarily consent to treatment within NJDOC custody. These factors can significantly influence the management of complex medical issues, and impacts the analysis of health-related data, including the data set forth in the Office of the Corrections Ombudsman (OCO) report.

In that regard, and as we discussed, there are several additional and important data points for contextualizing health outcomes within the incarcerated population.

NJDOC Population Trends - To accurately interpret data concerning deaths in custody, it is essential to first establish a clear understanding of the NJDOC incarcerated persons population.

The NJDOC experienced a decrease in its incarcerated population following 2020, decreasing from approximately 19,000 individuals to stabilizing over the last three years at an average of approximately 13,000 incarcerated persons.

Despite the overall reduction in the population size, two key demographic trends have emerged:

- **Increased Average Sentence Length:** The average length of sentence being served has demonstrably increased. As shown in Chart B in the attachment, the median term for a male offender in 2023 is 7 years. Furthermore, 64% of the current population are serving longer than 5 years and 46% are serving terms greater than ten years. Longer sentences create an older incarcerated population with more specialized needs. Additionally, as demonstrated in Chart C in the attachment, 22% of the NJDOC population is over the age of 50, a 7% increase from a decade ago.
- **Aging Population:** Longer sentences contribute to a corresponding increase in the average age of the population, which necessitates more specialized needs and healthcare resources. Chart C illustrates that 22% of the NJDOC population is now over the age of 50, representing a 7% increase over the past decade.

The analysis of the NJDOC population reveals that while the overall number of incarcerated individuals has decreased and stabilized since 2020, the demographic profile has shifted significantly towards an older population serving longer sentences. These established trends underscore a heightened need for specialized, complex health resources. Understanding this evolving and aging population is critical for accurately interpreting all health and mortality data and for developing effective custodial health management strategies moving forward.

**Medical Services** - The New Jersey Department of Corrections makes medical, mental health, vision, and dental care available to the incarcerated population through contracted services with Rutgers University Correctional Health Care ("UCHC") as required under P.L.2012, c.45 (C.18A:65-94). The healthcare contract provides for all appropriate and necessary medical services, following appropriate community standards of care.

The incarcerated population are frequently treated within the facilities and, when medically necessary, treat with providers in the community or are transported to outside hospitals. While in-person treatment/services are the primary method of treatment, the use of telehealth has expanded since 2020 and NJDOC continues to evaluate further expansion of telehealth services.

The following information is being provided to highlight the approximate number of services utilized by the incarcerated population. For fiscal years 2024 and 2025, the following services were provided to the incarcerated population:

#### **Summary of Healthcare Services – FY 24 and FY25**

<b>Total On-Site /Facility Clinical Contacts</b>		
	<b>FY 24</b>	<b>FY 25</b>
Psychiatry contacts (including telepsychiatry)	25,761	38,356
Mental Health contacts	80,671	90,431
Medical provider encounters (chronic care, sick call, physicals, etc.)	69,787	72,030
Dental contacts	22,490	21,391
Prescriptions filled	407,318	399,014



<b>Sick Call Activity (Medical + Dental + Residential Community Reintegration Program)</b>		
	<b>FY 24</b>	<b>FY 25</b>
Sick call requests received	61,484	66,241
Sick calls seen	46,233	46,416

<b>Outside of Facility Services</b>		
	<b>FY 24</b>	<b>FY 25</b>
Emergency Room trips	1,357	1,329
Inpatient hospitalizations	559	637
Completed outpatient specialty visits (non-ER)	4,585	6,298
Completed outpatient surgeries/procedures	302	230

In addition, as noted in the OCO report, the top 2 of 4 causes of death in NJ Prisons are Cardiac/heart disease and Cancer. This data is consistent with community non-prison data, and correlates with CDC data which shows heart disease and cancer as the top 2 leading causes of death in the US<sup>1</sup>.

The NJDOC fiscal year 2023 through 2025 budgets reflect the following costs for the aforementioned services:

	<b>Medical/Dental</b>	<b>Mental Health</b>	<b>Total</b>
FY 2023 Expended	\$131,660,000	\$36,806,000	\$168,466,000
FY 2024 Expended	\$136,196,000	\$41,290,000	\$177,486,000
FY 2025 Projected	\$137,231,000	\$44,802,000	\$182,033,000

In addition, to the medical services provided through UCHC, the Department through its internal Health Compliance Unit conducts routine audits to ensure contract compliance and accountability for services provided and outcomes for the population. The Department and UCHC collaborate to continuously evaluate ways to improve and provide greater access to care, including encouraging preventative care, providing access pop-up health clinics, and ensuring that every individual entering the custody of the Department receives a comprehensive medical screening immediately upon intake. At all times, it is the mission to provide care that is in line with accepted community standards.

Notwithstanding the decrease in the incarcerated population since 2020, medical service utilization and associated expenditures remain high, consistent with the detailed demographic shifts. Specifically, the provision of medical services through the contracted provider, UCHC, is being delivered at a consistently elevated rate, resulting in a continued increase in financial resources expended for these services. This trend is directly attributable to the aging population and the prevalence of longer sentences, which necessitate more intensive and specialized medical care.

<sup>1</sup> [FastStats - Deaths and Mortality](#)

Self – Harm Prevention - The New Jersey Department of Corrections prioritizes the safety and security of all incarcerated persons, including their mental and physical well-being. As depicted above, the State, via UCHC contracted services, has robust mental health services to ensure that incarcerated persons receive appropriate and the necessary care.

The Department routinely collaborates with UCHC and other services to continue to review, provide an enhance resources. For example, in March 2023, the Department created a Prevention of Self-Harm Task Force, comprised of several divisions as well as UCHC and the OCO to review services, best practices, and provide recommendations for the prevention of self-injurious behavior and suicide prevention for both the incarcerated population and staff.

In furtherance of innovating new and supportive services, in 2025 the Department initiated an Incarcerated Person Companion Program whereby specially trained incarcerated persons assist in self-harm reduction and prevention. These trained incarcerated persons supplement face-to-face supervision by custody and mental health staff of other incarcerated persons who have been placed on enhanced or constant watch status due to self-directed violence or ideation. Incarcerated Person Companions communicate regularly and work alongside professionals from custody, healthcare and clinical teams.

Reporting Recommendation – As discussed, the Department will begin publishing an annual healthcare report, including in-custody deaths, beginning with CY 2025 data.

Respectfully,



Victoria L. Kuhn, Esq.  
Commissioner

cc: Erin Nardelli, Deputy Commissioner  
Kristina Chubenko, Chief of Staff  
Daniel Sperrazza, Executive Director

# ATTACHMENT

Chart A

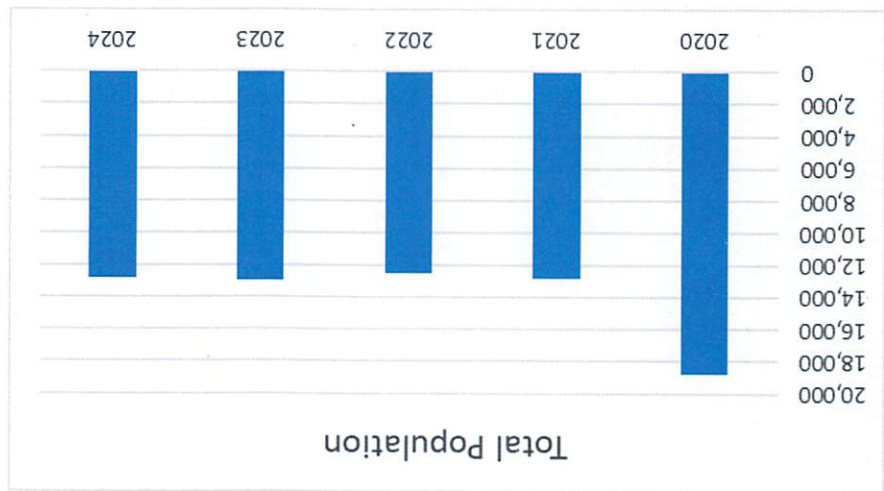


Chart B

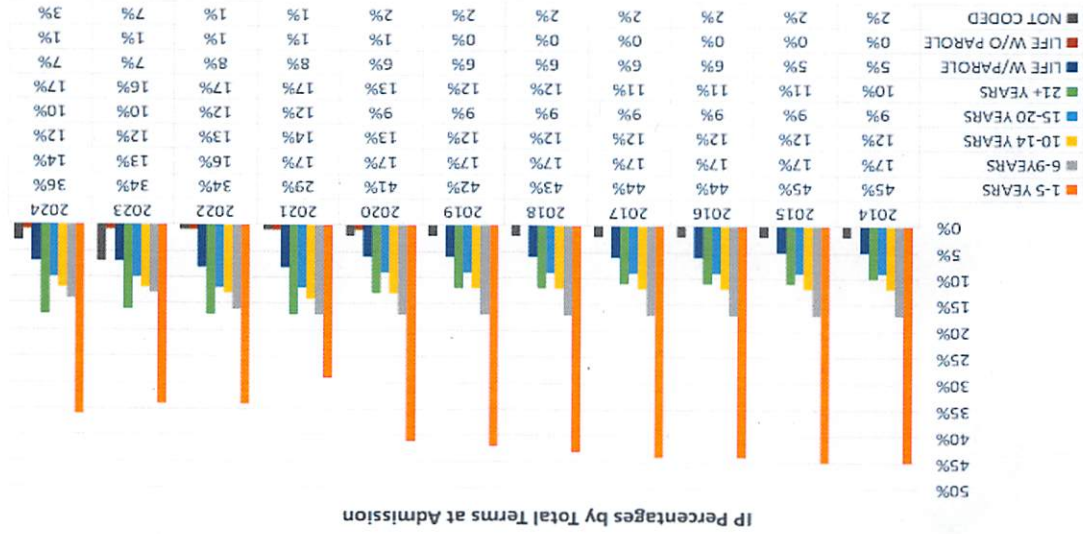




Chart C

