

State of New Jersey



Office of the Corrections Ombudsperson

2020 – SPECIAL TREATMENT UNIT
ANNUAL REPORT

State of New Jersey

OFFICE OF THE CORRECTIONS OMBUDSPERSON

SPECIAL TREATMENT UNIT ANNUAL REPORT

10/1/2019-9/30/2020

<i>Introduction, Historical Perspective, and Physical Plant.....</i>	<i>3</i>
<i>Treatment.....</i>	<i>4</i>
<i>Contacts Received.....</i>	<i>5</i>
<i>Findings</i>	<i>6</i>
<i>Prison Rape Elimination Act (P.R.E.A).....</i>	<i>7</i>
<i>Matters of Concern.....</i>	<i>7</i>
<i>Modified Activities Program (M.A.P.) 2019 Review.....</i>	<i>7</i>

State of New Jersey

OFFICE OF THE CORRECTIONS OMBUDSPERSON

SPECIAL TREATMENT UNIT ANNUAL REPORT 10/1/2019-9/30/2020

Introduction and Historical Perspective

The State of New Jersey has been civilly committing sex offenders since 1988 as legislated under the Sexually Violent Predators Act (S.V.P.A.). The S.V.P.A. expanded the civil definition of dangerousness to include sex offenders who, based on the opinions of mental health professionals, are believed to be at risk to sexually reoffend. The S.V.P.A. required the establishment of a treatment facility and appointed the Department of Corrections to provide custody and care, and the Department of Human Services to provide treatment (The responsibility for treatment has since been transferred to the Department of Health). The facility was originally opened in Kearney, New Jersey, but was later transferred to the vacant Administrative Close Supervision Unit adjacent to the East Jersey State Prison. The Administrative Close Supervision Unit and its associated buildings are known as the Special Treatment Unit (S.T.U.). The Adult Diagnostic and Treatment Center is the “parent” institution, servicing the custodial and administrative needs of the S.T.U. The Department of Health (D.O.H.) has independent offices. Those committed under the S.V.P.A. are known as “residents.”

Physical Plant

The S.T.U. is comprised of 2 general housing areas. The first, referred to as “The Main,” is made up of 4 cement and iron correctional housing units in the shape of a square. Each has 3 vertical tiers running along 3 sides of the square, surrounding and overlooking a large open day space. Each unit has a Control Booth located above and separated from the activities within the unit. The Officers’ area and treatment rooms abut the 4th side of the square. Located in The Main are the North, South, East and West Housing Units. Residents with learning disabilities and other developmental disabilities are located in the East Unit. South Unit is reserved for residents that refuse to participate in treatment, and/or are deemed not ready to participate in treatment and/or are residents that have violated the rules of the program. Residents that have violated rules are placed on Modified Activities Program (M.A.P.) status and are required to participate in group therapy until deemed to have processed their infraction to the satisfaction of treatment staff.

The “Annex” is a dormitory setting with 4 wings, A, B, C and D. A, B and C wings let out into a small day space which then connects to a larger day space via a short hallway. The Control Booth runs down the length of the hallway and is separated from the residents. The largest day space is where meals are served and is also used for professional interviews and passive recreational activities. C Wing houses the Therapeutic Community (T.C.) which is modeled on a substance abuse T.C. and is for Residents considered advanced in treatment. D Wing is a dedicated infirmary unit located adjacent to the clinic and is separate from A, B and C wings. Treatment rooms are located in a separate wing radiating off the largest day space.

State of New Jersey

OFFICE OF THE CORRECTIONS OMBUDSPERSON

SPECIAL TREATMENT UNIT ANNUAL REPORT 10/1/2019-9/30/2020

Treatment

Residents progress through treatment via “Phases.” New residents are assigned to Phase 1, residents ready for release are assigned to Phase 5. Progress in treatment is determined by a treatment team which bases its evaluation on treatment participation and other criteria.

Every Resident is assigned to a Process Group that meets year-round and remains unchanged unless the resident is reassigned by treatment staff. Residents are also assigned to Modules, which change in cycles of 16 weeks. Modules are groups dedicated to specific treatment topics such as Victim Empathy, Relapse Prevention, Substance Abuse, etc. Modules can be repeated indefinitely. Vocational, educational and recreational programs are also available.

Every six months, treatment plans are updated by treatment teams and are then presented to the residents. Yearly, every resident is required to appear before a judge in order to review treatment progress. Public Defenders represent the residents, the Attorney General’s Office represents the State. The judge has the option to order continued civil commitment, release preparation and/or release. In advance of this court appearance, each Resident is interviewed by the Treatment Progress Review Committee (T.P.R.C.) and a report is generated for the court. The report summarizes the resident’s history and current performance in therapy.

For residents that refuse to participate in treatment, or are perceived to be underperforming, Treatment Probation and Treatment Refusal are utilized. Treatment Probation is a probationary period of usually 1 month’s duration wherein residents are required to improve performance based on guidelines established by their treatment team. Treatment Refusal results when residents do not meet the established guidelines. Treatment Refusal comes with reduction in Phase, reduced privileges and assignment to an “Orientation” group which is the basic, beginners level Process Group.

Contacts Received During This Reporting Period

State of New Jersey

OFFICE OF THE CORRECTIONS OMBUDSPERSON

SPECIAL TREATMENT UNIT ANNUAL REPORT 10/1/2019-9/30/2020

Category	Category Description	Total Number of Contacts	Percentage of Total Contacts
Medical	Inquiries pertained to dissatisfaction with medical treatment, delays with processing medication, delays in referrals for outside consultations, discrepancy with medical co-pays and allegations of poor treatment received from Medical Staff.	124	19%
Legal Matters	Contacts pertain to court decisions, legislation, and legal actions.	70	11%
Program	Contacts related to release, lack of treatment, recreation, visitation, GED testing, and library.	64	10%
Inadequate Living Conditions	Contacts pertained to temperatures in cells and/or housing units, blankets, mattresses, pillows, food service, clothing, hygiene items, and cell maintenance issues.	56	9%
Records	Contacts related to Department of Health treatment records, Public Defender records, and healthcare records.	46	7%
Resident Accounts	Common concerns pertained to the posting of inmate wages, deductions for fines and penalties, canteen order refunds, and balance transfers.	40	6%
Process Group	Contacts related to the Department of Health's clinical treatment component that assigns residents to a primary, long term therapy group that is the basis of treatment.	37	6%
Miscellaneous		30	5%
Property	Most common contacts pertained to property transfers, lost, damaged, missing, or stolen property and/or the property claim process.	29	4%
Treatment and Probation Refusals		20	3%
Allegations of Sexual Harassment by Resident		18	3%
Mail		16	2%
Job		15	2%
Allegations of Harassment by Resident		13	2%
Property Claims		13	2%

State of New Jersey

OFFICE OF THE CORRECTIONS OMBUDSPERSON

SPECIAL TREATMENT UNIT ANNUAL REPORT 10/1/2019-9/30/2020

Allegations of Harassment by State Employees	Contacts pertain to allegations of mistreatment by state employees.	12	2%
MAP		11	2%
Allegations of Assault by State Employee		5	1%
Allegations of Sexual Assault by Resident		4	1%
Phase		4	1%
Telephone Issues	Inquiries pertain to processing and/or receipt of IPIN list, Add/Delete Requests, and GTL Telephone Discrepancy Forms.	4	1%
Polygraph		3	0%
Allegations of Assault by Resident		2	0%
Disciplinary		2	0%
JPAY	Concerns pertained to receipt of tablets, access to kiosks, inoperable applications/games, and kiosks in need of repair.	2	0%
Modules		2	0%
Treatment Plan		2	0%
Treatment Team		2	0%
Allegations of Sexual Assault by State Employee		1	0%
Mental Health		1	0%
Allegations of Harassment by Contract Staff		0	0%
Allegations of Sexual Assault by Contract Staff		0	0%
Allegations of Sexual Harassment by Contract Staff		0	0%
Allegations of Sexual Harassment by State Employees		0	0%
Dental		0	0%
Housing Unit Transfers		0	0%
TOTAL		648	100.000%

State of New Jersey

OFFICE OF THE CORRECTIONS OMBUDSPERSON

SPECIAL TREATMENT UNIT ANNUAL REPORT 10/1/2019-9/30/2020

Method of Resident Contact	Total Number of Contacts	Percentage of Total Contacts
On-The-Spot Interview	380	59%
Telephone	185	29%
Correspondence	40	6%
Referrals	36	6%
Other	7	1%
TOTAL	648	100.000%

Findings

Treatment issues identified as possibly problematic due to the number of referrals:

- Process Group
- Treatment Probation and Treatment Refusal status

Non treatment related issue identified as possibly problematic due to the number of referrals:

- Healthcare
- Living Conditions
- Property
- Trust Account

Prison Rape Elimination Act (P.R.E.A.)

Civil Commitment Units do not fall under the auspices of P.R.E.A.

Matters of Concern

This office received numerous complaints from 4 residents via Susan Silver of the Public Defender's Office, alleging harassment and intimidation from a 5th resident. The 5th resident was alleged to have sexually assaulted residents on the South Unit of the Main Complex. The allegations were not substantiated. The intimidation was immediately reported by this office to the A.D.T.C. Administration and the Department of Corrections Special Investigations Unit.

State issued clothing is not being provided regularly to indigent STU residents and/or STU residents who opt not to purchase their own clothing.

There have been reports that the demand for disinfecting cleaning supplies is surpassing the supply.

State of New Jersey

OFFICE OF THE CORRECTIONS OMBUDSPERSON

SPECIAL TREATMENT UNIT ANNUAL REPORT 10/1/2019-9/30/2020

The resumption of treatment has been slow since treatment staff have returned to the facility for in person contacts.

Although offering G.E.D. classes to the resident population, no G.E.D. testing is available.

D.O.H. staff declined to assist residents with obtaining voter registration and census forms. D.O.H. staff have assisted with distributing applications for C.A.R.E.S. Act subsidies.

Policies and procedures which would standardize treatment and program decisions are lacking.

Modified Activities Program (M.A.P.) 2020 Review

From the May 2, 2019 edition of the S.T.U. Resident Guide:

“The Modified Activities Program is a component of the clinical treatment at the S.T.U. that focuses on stabilizing and enhancing control of disruptive or dangerous behaviors. M.A.P. consists of four distinct levels: Room, Tier, Wing, and Program. Room, Tier, and Wing restrict the unescorted movement of a Resident to those respective areas. Such restrictions are implemented subsequent to behaviors that pose a danger to self or others. The degree of restrictions of unescorted movement will be commensurate with the apparent danger. The levels of M.A.P. represent increasing return of privileges culminating in return to the general S.T.U. population with all privileges reinstated.”

Staff were unable to complete this year's report studying the racial impact of the M.A.P. program due to the reduced amount of visits to the S.T.U. In prior years, the M.A.P. studies appear to demonstrate the program as having a disparate impact on minorities.

Respectfully Submitted by

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