EXHIBIT B

MODEL FOR ENHANCED MENTAL HEALTH SYSTEM

A. SCOPE OF ENHANCED MENTAL HEALTH SERVICES:

This Plan is a comprehensive program developed to address the mental health needs of incarcerated individuals who fall under the auspices of the New Jersey Department of Corrections ("DOC"). This Plan, including the new units, will be designed to accommodate all types of mentally ill inmates, including the subset of mentally ill inmates who exhibit aggressive tendencies. The Plan has seven major components:

(1) Reception Evaluations

(2) Stabilization Units, (SU)

(3) Residential Treatment Units, (RTU)

(4) Transitional Care Units, (TCU)

(5) Outpatient Care,

(6) Inpatient psychiatric care, and

(7) Construction

The DOC has in place at all of its facilities a policy on the Involuntary Administration of Psychotropic Medication. This policy, combined with the establishment of Stabilization Units, Residential Treatment Units and Transition Care Units places the DOC in a position to more effectively manage and treat those inmates who suffer from mental illness.

1. RECEPTION EVALUATIONS

One important factor is how the DOC will track inmates with mental illness to ensure that they receive the mental health services they need. This also includes discharge planning upon release from the DOC. An important aspect of this tracking system is the early identification and intervention of those inmates who suffer from mental illness. Enhanced evaluation services for the early identification of mental illness and suicidal behavior with quick access to intervention is necessary.

Reception evaluations will be psychological evaluations that will address the DOC's needs in two ways. The first goal of these evaluations will be to provide a comprehensive history of the inmate's mental health along with treatment recommendations. The second goal of these evaluations will be to provide the Classification Committee with useful information regarding the inmate's appropriateness for custody status and any specialized treatment that would benefit the inmate while incarcerated.

These reception evaluations will be completed within 72 hours of the inmate arriving at a reception facility. It is noted that nursing will be required to complete a nursing assessment, which will include a brief mental health assessment, to be conducted immediately upon arrival (in no cases longer than 4 hours after arrival) at a reception facility. When nursing identifies an inmate with a history of mental illness or suicidal intention, an immediate referral will be made to mental health. This referral will include a written assessment along with verbal communication

to the lead psychologist. If the nursing assessment is conducted after hours, the on-call psychiatrist will be contacted.

If placement on a SU or RTU is warranted, nursing and mental health will make the necessary arrangements to effectuate a transfer to an appropriate unit. When an inmate who has been identified at Central Reception & Assignment Facility ("CRAF") as being a "Special Needs" inmate is transferred to his parent institution, the lead psychologist at CRAF will contact the lead psychologist at the receiving institution and inform the psychologist of the transfer. This will ensure continuity of care.

Reception Staff

Staff to complete evaluations should be sufficient enough so that the mental health staff (psychologists) are not completing more than 15 evaluations per eight hour day. Additional Social Worker staff will be needed to provide the on-going treatment needs of inmates housed in reception facilities.

2. STABILIZATION UNITS

Stabilization Units (SU) for psychiatric/psychological emergencies will be established at Northern State Prison ("NSP"), New Jersey State Prison ("NJSP"), and Edna Mahan Correctional Facility for Women ("EMCFW"). These units will be regionalized to provide coverage for all 14 DOC facilities.

The goal of these units will be to provide short term (3 - 10 days), intensive mental health care to reduce acute symptoms,

stabilize the inmate or transfer the inmate to the Forensic Psychiatric Hospital ("FPH"). These units will be established so as to provide 24 hour nursing coverage. Psychiatric coverage will be on call 24 hours a day.

Suicide Watch Procedures will happen on these units when it is deemed that the inmate cannot be managed on his/her regular housing unit.

A. Bed Space

Bed space allocated for Stabilization Units will need to be fluid and flexible enough to expand and collapse as inmate needs vary. The institutions outlined below offer the most flexibility with regard to housing space availability.

I. New Jersey State Prison

NJSP will have access to 16 beds for females and 48 beds for males. Female inmates will be housed on 1GG, which has 16 beds available. It is likely that not all of these beds will be utilized at the same time. Bed space that is not being utilized for SU beds will be used as transitional housing for discharge from the SU.

Male inmates will be housed in the South Compound at NSJP. These housing units are set up in 48 bed units that can be separated into two 24 bed units. This flexibility will allow the DOC to designate one of these 24 bed units as a SU and the other to

serve as an overflow unit if needed. It will also make expansion of SU easier in the future.

II. Northern State Prison

NSP has a 30 bed unit adjacent to the hospital area that will be designated as an SU. It is a two-tiered unit that will also afford flexible housing. It is reasonable to assume that at least 15 of these beds will be utilized at any one time. The cells on the first tier would be designated as SU cells. The cells on the second tier would be used for either SU cells or transitional housing cells for mentally ill offenders.

III. Edna Mahan Correctional Facility

EMCFW will need to establish a small SU or two or three cells. These cells would be holding cells used prior to the inmate being transferred to NJSP's SU for females.

B. Treatment Review Committee

Each SU will establish a Treatment Review Committee which will be comprised of the treating psychiatrist, treating psychologist, nurse for the unit and correction officer representative. This committee will be responsible for directing an inmate's treatment while on the unit and discharge from the unit.

C. Criteria for Admission to a SU

(1) Suicidal thought or other indicators of imminent self injurious behavior;

(2) Exhibition of signs of emotional instability;

(3) Abrupt behavioral changes in behavior that require close monitoring;

(4) Exhibition of behavior that is not appropriate for the inmate's regular housing unit which may be an indication of underlying emotional disturbance;

(5) Psychological/Psychiatric decompensation due to medication non-compliance;

(6) Inmate is in need of Suicide Watch and it would best be accomplished on a SU rather than the inmate's regular housing unit.

Professional staff will clinically drive admission to a SU. All inter-institutional transfers into a SU will have the inmate's Medical/Dental record accompany the inmate to the SU. A nursing evaluation will be completed within 1 hour of placement of a SU. Nursing assessment will include relevant medical, mental health and medication issues. After placement on the SU, the RN assigned to the SU will contact the psychiatrist and obtain all necessary orders for medications, clothing articles, etc. The order will be documented in the inmate's Medical/Dental record.

A psychiatric evaluation will be completed within 24 hours of placement on a SU. A comprehensive treatment plan will be formulated and documented within 48 hours of placement on the SU.

This treatment plan will clearly outline relevant clinical issues and proposed treatment modalities to ameliorate the current crisis.

After hours placements will be done with the approval of the on-call Administrator.

D. Treatment Services While on the SU

Nursing coverage will be 24 hours a day. At a minimum, while on the SU, the inmate will be seen daily by the psychiatrist and the psychologist (Monday - Saturday). Treatment will center on those issues generated by the treatment plan. The primary mode of treatment will be individual psychotherapy. Mental health coverage will be Monday - Friday, 9 a.m. - 8 p.m. Saturday coverage will include 8 hours by mental health staff.

E. Discharge from a SU

The Treatment Review Committee will determine when the inmate is sufficiently stabilized to be either returned to his/her regular housing unit or a Residential Treatment Unit. Upon discharge, the Treatment Review Committee will outline additional mental health or medical services that are to be provided to the inmate upon discharge from the SU. These finding will be documented in the inmate's Medical/Dental record. The Treatment Review Committee chairperson will be responsible for notifying the lead mental health staff person of the facility where the inmate is to be transferred of the relevant clinical issues.

Inmates returned from FPH will be placed on a SU and then discharged to a Residential Treatment Unit when clinically appropriate.

F. Staff

Psychiatrists 1 (FTE): 35 inmates

Psychologists 1 (FTE): 50 inmates

Licensed Clinical Social Worker 1 (FTE): 25 inmates

Psychiatric nurse per unit: One nurse first shift (7 days per week)

Two Psychiatric nurses on second shift Monday - Friday

One Psychiatric nurse on second shift for both Saturday and Sunday

RN nursing staff coverage per unit (1 FTE) for third shift when psychiatric nurses are relieved.

Total possible beds: 97

3. RESIDENTIAL TREATMENT UNITS AND TRANSITIONAL CARE UNITS

The Residential Treatment Units and Transitional Care Units (step-down) share similar goals. Their objective is to stabilize, support and ensure positive reintegration of the inmate into a regular housing unit. On these units, there will be intensive, multi disciplinary programming available to the inmates. Admission

to and discharge from these units will be based on clinical decisions, supported by documentation in the medical record.

A. Goals of Residential Treatment Units (RTU)

The Residential Treatment Units will have two main objectives: (1) further stabilization of the inmate after the "crisis" has passed, and (2) provide meaningful programming aimed at aiding the inmate's adjustment to general population housing. It is reasonable to expect that some of these inmates may never develop the coping skills necessary to adjust to general population and, therefore, may never transfer out of an RTU.

B. Goals of Transitional Care Unit (TCU)

TCU will be a designation utilized for those inmates who are higher functioning and who have the potential to adjust to the general population housing. This unit will allow these inmates to make a gradual adjustment to general population.

C. Criteria for Admission to an RTU or TCU

Admissions determinations will be directed by mental health staff using the following criteria.

(1) Discharge from a SU

(2) Chronic mental illness with a poor adjustment to general population

(3) Abrupt behavioral change, but not severe enough to warrant Suicide Watch Procedures

(4) Vague suicidal ideation (not actively self-injurious)

D. Programming Services

Within 24 hours of placement on an RTU, nursing staff will complete a nursing assessment, documenting relevant findings on the inmate's Mental/Dental record. Within 48 hours of placement on an RTU, the inmate will be interviewed by the psychiatrist and psychologist and have a treatment plan developed outlining short-term and long-term treatment goals. The treatment plan will also recommend appropriate programming. A day treatment program model will be utilized. The program staff will be multi disciplinary in nature (psychiatric nurses, teachers, recreation staff and occupational therapists). Program will be provided 8 a.m. - 8 p.m. Monday through Friday and 8 hours on Saturday and Sunday. Staff should be scheduled in such a way as to provide on site coverage by at least one mental health worker per unit, seven days a week. The inmate assigned to one of these units will be programmed with as much out of cell time as is clinically directed by the treatment plan.

E. Location of Units

1. New Jersey State Prison: NJSP will have two 48 bed units dedicated as an RTU. These units will ideally be in the South Compound and as close to the SU as is possible.

2. Northern State Prison: NSP will have two 40 bed units.

3. Southwoods State Prison: SWSP will house 127 inmates. These beds will be utilized by "higher functioning" inmates with mental illness who are programming at a higher level and who are more capable of making a suitable adjustment to general population. It is likely that due to the size of this unit there will be a mixture of inmates with regard to their stability. SWSP's program will be somewhat more flexible than NSP's or NSJP's because SWSP is classified as a Medium Security facility.

4. Edna Mahan Correctional Facility: EMCFW will have 15 beds designated as a RTU. These beds will be utilized for inmates who can be managed at EMCFW. Those inmates who cannot be managed within the confines of EMCFW will be transferred to NJSP for assignment in their RTU.

F. Staff

Psychiatrists 1 (FTE): 75 inmates

Psychologists 1 (FTE): 30 inmates

Licensed Clinical Social Worker 1 (FTE): 25 inmates

Occupational Therapists 1 (FTE): 30 inmates

Psychiatric nurse per unit: One nurse first shift (7 days per week)

Two Psychiatric nurses on second shift Monday - Friday

One Psychiatric nurse on second shift for both Saturday and Sunday

RN nursing staff coverage per unit (1 FTE) for third shift when psychiatric nurses are relieved.

In addition, SWSP will add an extra RN on each shift (7 days per week) due to the population of this unit.

Total possible beds: 318

G. Discharge Procedures

Every inmate on an RTU or TCU will be reviewed by the Treatment Review Committee at least monthly to document the inmate's progress towards treatment plan goals. These reviews will be documented in the inmate's Medical/Dental record. When the committee feels that the inmate has maximized treatment benefit a recommendation will be made to have the inmate returned to a regular housing population unit.

Once discharged from this unit, the chairperson of the Treatment Review Committee will be responsible for contacting the lead psychologist of the institution the inmate will be transferred to so as to ensure continuity of care.

4. OUTPATIENT SERVICES

Out patient services need to be sufficient enough so that inmates discharged from RTU's will have ample programming available to them in general population, as well as having enough staff available to provide mental health services to the rest of the

general population of inmates who may not suffer from a diagnosable mental illness. The ratios below reflect this intention. This will include mental health rounds in the Administrative Segregation Units. These rounds will be scheduled to ensure that every inmate in Administrative Segregation is seen at least once every 10 days by a mental health professional.

The staff below does not include psychological staff to complete Psychological Evaluations for the N.J. State Parole Board or for the Institutional Classification Committees.

A. Staff

1 FTE Psychiatry: 125 inmates on case load

1 FTE Psychologist or Licensed Social Worker: 50 inmates on case load

5. INPATIENT SERVICES

Inpatient Psychiatric Care will continued to be provided through the civil commitment process at FPH.

6. TRAINING

A. Correction Officer Training

Correction Officer staff will need enhanced training. This will involve 2 different focuses. The first will be to train every officer on the early warning signs of mental illness and how it can be manifested in a correctional environment. This will be very similar to what the recruits receive at the Correction Officer

Training Academy. Every Officer should have yearly training as a refresher on mental health issues. It is conceivable that a 3 or 4 year cycle of training can be established so that it is not repetitive.

The second focus involves those officer and supervisory staff who will be responsible for working on the SU and RTU housing units. This training will need to be more involved and extensive than that given to the corrections officer who is not working on one of these units. Training components will be: understanding mental illness, the different types of mental illness, how to manage a mentally ill inmate, disciplinary procedures for mentally ill inmates when they are housed on SU and RTU, crisis intervention strategies, early warning signs of suicide, stress management and training on new policies and procedures that will be generated due to the creation of these units.

At a minimum, all corrections officers should receive 4 - 7 hours of mental health training per year. An additional 7 hours is appropriate for those officers who are working on the SU and RTU.

B. Other Staff Training

Internal Affairs investigators will need training similar to correction officer training with a special focus on investigating a charge or other serious incident given an inmate's mental illness.

Disciplinary Hearing Officers will need additional and on-going training.

Administrators and their staff will also need on-going training on managing the mentally ill inmate.

The extensiveness of this training is justifiable because the literature in this area indicates that these types of units ultimately reduce disciplinary problems and staff assaults. There are also less emergencies because staff have a better awareness of inmates' problems and are able to step in quicker to resolve potential problems. Better-trained staff should translate into quicker identification of potential problems and therefore quicker intervention by mental health staff.

7. CONSTRUCTION

Renovations to EMCFW's C Cottage may be necessary. Anticipated renovations include security to allow programming in the basement of C Cottage along with new windows in this cottage to allow for better airflow. Modifications to existing beds will also be necessary to prevent suicide attempts. New security doors, cameras and additional correction officer staff may be needed to ensure an adequate treatment program.

NSP could benefit from some modification to the SU. It would make sense to convert 2 cells in this unit to be able to handle Close Watch cases. These modifications can include cameras, and cell modification in minimize suicidal acting out. Minor modifications to existing space to make it more user friendly to treatment staff is also needed. On the RTU, some additional caging

may be needed to allow more programming opportunities for inmates on these units.

SWSP may need to convert 2 to 3 cells on the first tier to be able to provide for inmates on Close Watch Procedures on the RTU.

NJSP and SWSP could benefit from caged areas to allow for more program space. It is not believed that there will be major construction issues at these 2 facilities.

The DOC will provide facilities for confidential mental health treatment of inmates who require such services. Confidential settings for mental health treatment will be created in administrative segregation units, stabilization units, residential treatment units and transitional care units.