

REENTRY:

From Prison to the Streets *Making it Work*

**NJ** REENTRY
CORPORATION
SEPTEMBER 2017

A report to the Governor,
State Legislature, and the
NJRC Board of Governors

**“To proclaim liberty to the captives
and the opening of the prison to those
who are bound”**

—Isaiah 61:1

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The background of the entire page is a photograph of two men walking away from the camera on a tennis court. They are silhouetted against the bright, sunlit court surface. The man on the left is wearing a dark jacket, and the man on the right is wearing a dark jacket and a hat. The court lines are visible on the ground.

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REPORT SUMMARY

Efforts to improve reentry outcomes are imperative to community well-being and cost-efficiency. Among those released from prisons in New Jersey today, about 53 percent will be rearrested and 31 percent will be reincarcerated within three years. When individuals returning from prison receive no support, studies reveal that the results include unemployment, homelessness, increased drug use, and an increase in violence. With the average annual cost of incarceration for an individual in New Jersey at \$53,681, the state loses significant resources with every rearrest or reincarceration.

This report outlines four steps that can be taken in order to improve these conditions for reentry clients and reduce costs:

1. Education, Training, and Employment:

Specialized, high-level educational outcomes and long term employment have been shown to reduce recidivism considerably. The NJRC poses a three-year pilot program linking vocational technical schools in six NJ counties to businesses to provide tangible credentials and career opportunities.

2. Healthcare Access: The reentry population has high rates of mental and physical health conditions, often resulting in overuse of costly emergency resources. The NJRC proposes a healthcare pilot, which will provide linkage to primary care and continued support.

3. Integration of Corrections, Reentry, and Parole: Given the unique position of the corrections system to provide services to the incarcerated and reentering populations, it must partner with the proposed pilot programs as well as with existing reentry service providers. This will foster a larger focus on post-release care and improve effectiveness.

4. Governor's Reentry Commission: The efforts of individual agencies and service providers are too often disjointed, inefficient, and short-lived. Thus, the NJRC recommends the creation of an interagency council, based in the Governor's office and comprised of current and former governors, and representatives from departments responsible for the services needed. The Commission will partner with businesses and work to provide steady, long-term employment.



REENTRY: From Prison to the Streets *Making it Work*

Introduction

Tragically, America has an irrational overreliance on prisons. With the highest incarceration rate in the world, the United States is home to **five percent of the total world population but 25 percent of the world's prisoners. Further, the vast majority of prisoners, including at least 95 percent of state prisoners, will eventually be released** (Bureau of Justice Statistics, 2004). After months or years behind bars, freedom can be disorienting, confusing and particularly frightening.

The New Jersey Reentry Corporation (NJRC) was designed to provide supportive services to ease this transition back into the community. The NJRC aims to provide seven critical services to our clients:

1. Addiction treatment
2. Sober transitional housing

3. Training and employment
4. Medicaid registration and linkage to healthcare through Federally Qualified Healthcare Centers and hospitals
5. Motor Vehicle Commission identification
6. Legal services working through the New Jersey State Bar Association, Young Lawyers Division
7. Mentoring working with faith-based and professional associations

Compared to the average American, a reentering individual tends to be less educated, less likely to be gainfully employed, and more likely to have a history of mental illness or substance abuse, all of which increase risk of recidivism (James, 2015). According to a report from the National Center on Addiction

and Substance Abuse at Columbia University (CASAColumbia), 78 percent of inmates incarcerated for violent crimes were involved with alcohol or drugs, as were 83 percent of those incarcerated for property crimes and 77 percent of those incarcerated for public order, immigration, or weapons offenses (CASAColumbia, 2010).

The New Jersey Reentry Corporation, with support from Governor Christie, Senate President Sweeney, and Speaker Prieto, developed a comprehensive social service model to provide for critically needed services to returning persons. The above cited services are presently being provided in Jersey City, Hudson County; Newark, Essex County; Paterson, Passaic County; Toms River, Ocean County; and Kearny, Hudson County at the NJRC Community Resource

Center, where parolees are served. The success of the program is best documented in the **19.7 percent recidivism rate and the 62 percent employment rate** of our clients. Most recently, the State, through the leadership of the Office of the Governor, the Department of Community Affairs, and the Attorney General's Office, has expanded the targeted network of NJRC services to include Bergen, Middlesex/Somerset, Monmouth, and Union Counties.

As the NJRC continues to grow beyond our 1,600 client caseload, it is incumbent upon the State to increase coordination with available programming, as well as to identify necessary linkages and resources to maximize the health, employability, and long-term success of reentering persons. While the [Manhattan Institute recently recognized the NJRC](#) model as a national best practice, the essential need to develop "work-ready" clients is necessary as we expand and require more vigorous and expanded partnerships with the business community. This report provides a snapshot as to the status of NJRC activities, successes, and areas for improvement. The report then quantifies the benefits accrued to returning persons through enhanced linkages to education and training, healthcare access, and integration; our focus in this next generation of reentry services is to ensure that our clients are properly trained and ready to work for the benefit of the private sector and our society.

Background

Shortcomings of Incarceration and Recidivism on the State and National Levels

As of 2013, 2,220,300 US citizens were incarcerated on federal, state, and local levels. That means that with around 700 prisoners in every 100,000 citizens, we have the highest incarceration rate of any country in the world.

New Jersey is no exception to the national narrative of incarceration. According to a report by the Prison Policy Initiative, there are **41,000 individuals currently behind bars in federal, state, or local jails and prisons throughout the state** (Prison Policy Initiative, 2017). Further, African Americans are grossly overrepresented in New Jersey prisons: **at a ratio of 12.2 to 1, the racial disparity between incarcerated African Americans and Whites in the state is the highest in the nation, and over twice the national average of 5 to 1** (The Sentencing Project, 2016). However, this reliance on prison does not yield effective results: despite the over \$1 billion poured into corrections in New Jersey every year, the statewide three-year rearrest rate remains over 50 percent, and the average state crime rate is 1,889 crimes for every 100,000 people (Federal Bureau of Investigation, 2015).

This costly and inefficient recidivism cycle is largely unsurprising, given the barriers to reintegration and lack of support provided. In New Jersey, 37.2 percent of released prisoners have not completed

high school, and 92.3 percent have no college education (NJDOC et al., 2016). At least 10 percent of incarcerated individuals nationally report being homeless before arrest (Roman & Travis, 2004). More than a third of all formerly incarcerated persons are reported to have a physical or mental disability (U.S. Department of Labor, 2007). Most often, individuals in reentry have multiple outstanding municipal court issues such as traffic violations, and family court issues such as child support orders that are predicated on outdated income information. Due to any and all of these issues, only the smallest minority of returning prisoners can find any employment, much less steady employment.

Exacerbating these problems are federal and state regulations and statutes which bar individuals with certain convictions from receiving the services they need. For example, individuals convicted of the distribution of controlled dangerous substances (CDS) are barred from all cash assistance unless they have completed an expensive drug treatment program designated by the state (N.J.S. 1997), which those who are in need of benefits are unable to afford. Although the state has opted out of regulations on food stamps for CDS charges, it has not opted out of cash benefit program regulation. Most public housing options are also unavailable to those with CDS charges, leaving these individuals with no opportunity for stability. Because of this, many returning citizens again resort to the criminal behaviors



The abuse of opioids in New Jersey rose 214 percent between 2010 and 2015. In 2015, there were 1,587 deaths caused by opioid overdose.

that led to incarceration in the first place, only worsening drug distribution problems and increasing recidivism rates.

It is essential to recognize that recidivism cannot simply be evaluated on the basis of violent versus nonviolent crime. Individual crimes have recidivism rates that are unique to the offender profile. For example, an article from The Marshall Project reveals findings from a study, stating, **“One percent of released killers ever murder a second time,** while over 70 percent of robbers and burglars commit the same crimes over and over.” (Goldstein, 2014).

Moreover, due to the ongoing opioid epidemic, the characteristics, and accordingly the needs, of those within and returning from prison are changing. According to the National Center on Addiction

and Substance Abuse (2010), **85 percent of all incarcerated persons are substance-involved, but only 11 percent of addicted inmates receive treatment during incarceration.** Overall, the abuse of opioids in New Jersey rose 214 percent between 2010 and 2015, and in 2015, there were 1,587 deaths caused by opioid overdose. Of those overdoses, nearly three quarters involved prescription drugs such as oxycodone.

Especially in the last decade, doctors have been increasingly prescribing opioid medication in the United States—often for conditions which could be treated with non-opioids or non-pharmaceutical methods—frequently leading to a rapid tolerance and ultimate addiction to opioids. This is especially true in New Jersey. A study in 2003 reported that New Jersey has the highest proportion of incarcerated drug offenders in the country (Schiraldi & Zeidenberg, 2003), and since then, these trends have continued to rise. Given that New Jersey also has the highest sentencing disparity between African Americans and Whites, the implications of the opioid epidemic on already disenfranchised communities has become ever more alarming. Opioids are some of the most addictive drugs and have one of the highest relapse rates, so that more substantial support is needed to achieve and maintain sobriety. This kind of assistance is simply not available to those returning from prison, so it is little surprise that addicted individuals have the highest recidivism rate.

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One percent of released killers ever murder a second time.”

— THE MARSHALL PROJECT

Costs of Recidivism

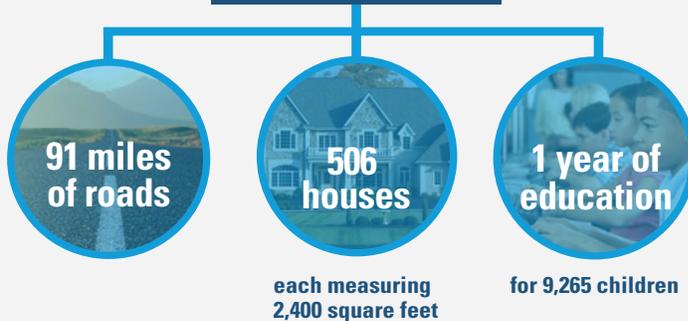
It currently costs the State of New Jersey **\$53,681 to incarcerate one individual for one year** (extrapolated from the FY2018 Department of Corrections budget 2017 Adjusted Appropriations and the number of inmates reported in the Department of Corrections Offender Statistics Report 2017). According to the 2016 Release Outcome Report of the New Jersey Department of Corrections (NJDOC), the State Parole Board, and the Juvenile Justice Commission, 10,835 prisoners were released from New Jersey correctional facilities in 2011, and of these, within three years, 52.7 percent were rearrested, 39.8 percent were reconvicted, and 31.3 percent were reincarcerated. Not counting the arrest costs and court costs, **the state is now spending \$182,051,328 per year on incarceration costs for prisoners released in 2011 who had been reincarcerated by 2014. To put this number in perspective, in New Jersey, \$182,051,328 could lay 91 miles of road, build 506 houses each 2,400 square feet, or educate 9,265 children for one year.** This projection is based solely on incarceration costs for those released in 2011 who were

THE HIGH COST OF INCARCERATION IN NEW JERSEY



\$53,681 → **\$182,051,328**
 incarceration costs for one individual, for one year, in NJ
 annual incarceration costs for prisoners released in 2011, who were reincarcerated by 2014

In New Jersey, \$182,051,328 can pay for the following:



reincarcerated by 2014. It does not take into consideration any individuals released in 2011 who returned to prison after 2014, any who were released before or after 2011, or any who were arrested or convicted after release but not reincarcerated.

Beyond these substantial fiscal considerations, when individuals fail to successfully reintegrate, the consequences affect the rest of society. Problems of access to services have an effect on public health, public safety, workforce development, and overall community well-being. Often, the communities to which formerly incarcerated persons return are already crippled by crime and poverty, and studies have shown that failure to find legitimate housing and employment leads to an increase in gangs and violence (Petersilia, 2000). The reentry population also often makes up a significant

percentage of “over-utilizers,” frequently using costly emergency health services rather than primary care or other intermediary resources.

These exorbitant costs to the corrections system and communities are preventable. Had these individuals successfully reintegrated upon their original release, not only would they spare the state these costs, they would be productive taxpayers and workers, contributing to society. Among the most in-demand careers for the reentry population, the average expected salary is \$40,000 annually. At this income level, the tax rate is 5.53 percent. Going back to the 2016 Release Outcome Report and factoring the 31.3 percent of released individuals who recidivated within three years, this results in a tax loss of \$71,218,455.

Moreover, there is no lack of evidence for best practices and solutions: reentry practices have real effects on crime and recidivism. What remains is the successful implementation of proven strategies to professionalize reentry and ensure access to all services for all reentering individuals.

Accomplishments to Date

Under the leadership of Governor Chris Christie, reentry efforts in New Jersey have made significant progress over the last decade.

The NJRC was created by the Christie administration in order to address the ongoing problems in reentry in the state. Since its inception in 2015:

- Over **1,600 clients** have received comprehensive services
- **62 percent** of those enrolled in the employment placement program have found jobs
- **Over 2,000 individuals** have been referred to Integrity House for addiction treatment
- Only **19.7 percent** of NJRC clients have been rearrested within six months of completing the program

Additionally, Governor Christie’s legislative successes with regard to the addiction and opioid crisis have had significant effects on the reentry and prison populations. His expansion of drug court as well as legislation improving health care and



Governor Chris Christie shakes hands with Rich, an NJRC client from Ocean County, during a press conference for National Recovery Month in Trenton on September 27, 2016.

works one-on-one with the client to provide access to permanent housing, Medicaid, official identification, pro bono legal assistance through the NJRC partnership with the New Jersey State Bar Association and its relationship to state and federal courts, and mentoring. This model has seen considerably improved results, and has a recidivism rate of 19.7 percent, based on a six-month re-arrest benchmark, tracking clients who were re-arrested within six months of their enrollment in the NJRC program.

Medicaid eligibility for addicted individuals has improved access to addiction treatment considerably.

- This year, Governor Christie signed a law **limiting the prescription of opioids to five days** for an initial prescription, the strongest limitation in the country (N.J.S.A. 24:21-15.2).
- In 2016, the Governor called for a **strengthening of drug treatment within prison**. The former Mid-State Correctional Facility has accordingly reopened as a drug treatment facility for the incarcerated.
- In February 2017, the Governor signed legislation providing for guaranteed **insurance coverage for six months of addiction treatment**.
- The launch of **REACHNJ** this year provides a one-stop website and

helpline for those struggling with addiction and their family members to receive support and linkage to treatment.

New Jersey Reentry Corporation Model

New Jersey Reentry Corporation was opened in 2015 to address the issues of recidivism and failure to reintegrate post-release ([NJRC Annual Report](#)). The model focuses on the seven main components of reentry services mentioned above. The program begins with a week-long orientation program, during which clients are provided employment skills, health care access, an evaluation by a licensed social worker (LSW), legal aid, and other services. After completion of the orientation, individuals receive access to addiction treatment, through the NJRC’s partner Integrity House, and sober transitional housing, as necessary. Clients are then assigned a case worker, who

“The NJRC model, as well as others like it across the state and country, shows that with the proper personalized treatment and support, reentering individuals can successfully reintegrate, improving public safety, cost

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The NJRC model... shows that with the proper personalized treatment and support, reentering individuals can successfully reintegrate, improving public safety, cost efficiency, and overall community well-being.”

— DR. MARY GATTA, ASSOCIATE PROFESSOR, SOCIOLOGY, CUNY-GUTTMAN



Candido, a former NJRC client, prepares dinner during his job as a cook at the Light Rail Café in Jersey City. The implementation of best practices in job training and workforce development for the reentry population will improve reentry outcomes, narrow the skill gap, and strengthen the local economy. Candido is an example of this.

efficiency, and overall community well-being,” said Dr. Mary Gatta, Associate Professor of Sociology at CUNY-Guttman. The NJRC has additionally evidenced the most effective means of preventing recidivism, and highlights the next steps necessary in order to continue the effort of improving reentry outcomes. First, specialized training and linkage to employers for long-term, stable careers must be strengthened. Second, there must be a renewed focus on healthcare, and a targeting of healthcare efforts toward the most high-risk individuals in reentry. Third, access to reentry providers and services through the corrections system must improve. Fourth, an interagency reentry commission must be developed and facilitated through the governor’s office, in order to close gaps between services and address the cross-cutting nature of reentry needs.

RECOMMENDATION I: Education, Training, and Employment

The problems of reentry have long been considered criminal justice issues alone. However, because of the far-reaching effects and outcomes of recidivism, reentry efforts cannot be isolated solely in the justice system. Especially in regard to the workforce, individuals who fail to reintegrate make up a significant percentage of the population failing to support the economy and the communities to which they return.

The implementation of best practices in job training and workforce development for the reentry population will improve reentry outcomes, narrow the skill gap, and strengthen the local economy.

With this in mind the NJRC proposes a pilot program to improve vocational training and linkage to business for the

reentry population, designed to implement evidence-based practices in education, vocational training, and job placement.

Needs

1. Education

According to a recent study, **among 16- to 24-year-olds, high school dropouts are over six times more likely to be incarcerated than high school graduates, and up to 63 times more likely to be incarcerated than those who have completed a bachelor’s degree.** The vast majority of the incarcerated population is male. However, the percentage of male dropouts who are arrested is 9.4 percent, while the percentage of male graduates who are arrested is only 1.5 percent (Khatiwada, McLaughlin, Palma, & Sum, 2009).

These educational disparities exist across racial and ethnic groups: in every racial group, dropouts are significantly more likely to

NEW JERSEY'S INCARCERATION DISPARITY

The problems of reentry have long been considered criminal justice issues alone. The implementation of best practices with regard to job training and workforce development for the reentry population will improve reentry outcomes, narrow the skills gap, and strengthen the local economy. Improving the quality of education is one of the ways in which recidivism can be prevented.

Youth aged 16 to 24 who have dropped out of school, particularly males of color, are most vulnerable to arrest. There is a positive correlation between quality of education and arrest rates.

16- to 24-Year-Old Dropouts Are:

6X more likely to be incarcerated than other high school graduates

63X more likely to be incarcerated than those with a bachelor's degree

Male Arrest Rates:

High School Dropouts

9.4 percent

High School Graduates

1.5 percent

African American Dropouts

22.9 percent

White, Hispanic, and Asian Dropouts

6-7 percent

New Jersey has the highest disparity in incarceration between African Americans and Whites of any state in the U.S. This can be attributed to disparity in education levels.

Incarceration Ratios: African Americans and Hispanics, Compared to Whites

	African Americans	Hispanics
USA	5 to 1	1.4 to 1
NEW JERSEY	12.2 to 1	2.2 to 1



Graduation Rates in New Jersey:

African Americans	81.5 percent
Hispanics	82.8 percent
Whites	94 percent

Sources: Khatiwada, McLaughlin, Palma, & Sum, 2009; National Center for Education Statistics Common Core of Data; The Sentencing Project, 2016

be arrested than graduates. There are, however, significant discrepancies among dropouts of different racial groups, especially between African Americans and other racial groups. Approximately 22.9 percent of African American male dropouts are incarcerated, compared to 6 to 7 percent of White, Hispanic, or Asian male dropouts, and 9.4 percent of male dropouts overall (Khatiwida et al., 2009).

Moreover, New Jersey has the highest disparity in incarceration between African Americans and Whites of any state in the country, and this can largely be attributed to disparity in education levels. **The national ratio of African Americans to Whites in prison is five to one, but New Jersey's ratio is more than twice that at 12.2 to one. The same is true of the Hispanic to White ratio: the national ratio is 1.4 to one, but the New Jersey ratio is 2.2 to one** (The Sentencing Project, 2016). These disparities are strongly linked to disparities in education level by racial group. For example, according to the National Center for Education Statistics Common Core of Data (NCES CCD), the **high school graduation rate of Whites in New Jersey is 94.0 percent, but that of African Americans is 81.5 percent and that of Hispanics is 82.8 percent. This correlation between lower graduation rates and higher arrest rates indicates that a higher investment in education and job training especially in low income neighborhoods would yield a lower disparity in incarceration between African Americans and whites.**

There is no question that education levels and outcomes

are closely linked to incarceration rates. As a report prepared for the Office of the Attorney General by the State Employment and Training Commission says, "At their core, quality education programs promote the development of strong academic, cognitive, and vocational skills, which, in turn, help expand employment opportunities that are essential in preparing individuals to meet the challenges of everyday living" (State Employment and Training Commission, 2009). Additionally, it has been shown that education programs within prison and upon release significantly reduce recidivism and break the cycle of incarceration. For example, according to a recent meta-analysis study conducted by the Rand Corporation, **participation in a prison education program yields an approximately 43 percent lower chance of recidivism** (Davis, Bozick, Steele, Saunders, & Miles, 2013).

More and more states and organizations around the country are recognizing the necessity and effectiveness of technical education and vocational training. For example, West Virginia has been gaining national recognition for their recent focus on vocational high schools. Instead of making vocational education a last resort, the state has begun investing in large-scale vocational schools which simulate work environments and are designed for students of all levels. Many students are propelled from the new programs to further post-secondary education, demonstrating that vocational education can

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The national ratio of African Americans to Whites in prison is five to one, but New Jersey's ratio is more than twice that at 12.2 to one. The same is true of the Hispanic to White ratio: the national ratio is 1.4 to one, but the New Jersey ratio is 2.2 to one.”

— THE SENTENCING PROJECT

improve educational opportunity and outcomes as well as begin careers.

The North Carolina Advanced Manufacturing Alliance (NCAMA) is a statewide program funded by a U.S. Department of Labor Grant. It is a consortium of 10 community colleges which provides training in advanced manufacturing with state-of-the-art equipment and technology, especially to high-risk students. It partners with industry leaders in order to work for the collective benefit of employers and individuals, and implements the evidence-based 3-and-1 model of three years of training followed by a year of apprenticeship. This model has been shown to be an effective means of diverting individuals from incarceration or reincarceration, because it provides the post-secondary credentials and relationships

with businesses necessary for long-term success in employment and stability.

In California, Homeboy Industries provides a similar training and job program to young men and women involved in gangs and violence in the Los Angeles area. Started in the late '80s, the program has now worked with 120,000 individuals to divert them from incarceration through training and employment.

2. Employment

Employment provides both the monetary resources necessary for basic self-sufficiency and a daily routine which creates and maintains greater stability ([NJRC Summer Report](#)). Many employers will not consider hiring formerly incarcerated individuals, especially those without a driver's license or high school diploma, and so many individuals with a criminal record face barriers to finding work long after they have completed their entire sentences. Further, many jobs which would otherwise be available to the reentry population are restricted by inability to acquire licenses. For example, the Security Officer Registration Act (SORA) license cannot be issued to anyone "convicted, as indicated by a criminal history record background check...of: a crime of the first, second, third, or fourth degree; any offense involving the unlawful use, possession or sale of a controlled dangerous substance as defined in N.J.S.2C:35-2; or any offense where the registration of the individual would be contrary to the public interest, as determined by the

Superintendent." Similarly, the Transportation Worker Identification Card (TWIC) is necessary to work for the U.S. Coast Guard or at any ports, including at any Transportation, Distribution, and Logistics (TDL) jobs available at ports, which are generally very background friendly. However, most individuals with a criminal history are immediately disqualified from applying for a TWIC card, the lack of which bars them from working. Many similar entry-level positions are all that are available to reentering individuals, and further restrictions often leave them with no options for employment.

Studies have shown that employment is one of the highest predictors of recidivism. For instance, a 2015 study released by the Manhattan Institute found that **among non-violent offenders, those who found employment post-release exhibited a 20 percent reduction in recidivism compared to a control group**. It also found that the time between release and employment had an impact on recidivism—finding employment quickly has a significant positive impact on success of reintegration (Yelowitz & Bollinger, 2015). Another study released by the Ohio Department of Rehabilitation and Correction found that **employment within prison also reduced recidivism by nearly 20 percent, and that high skill level employment in prison yielded a near 50 percent decrease in recidivism** (Wilkinson & Stickrath, 1995).

For example, [Jeff Henderson](#) was incarcerated in 1996 for



A 2015 study released by the Manhattan Institute found that among non-violent offenders, those who found employment post-release exhibited a 20 percent reduction in recidivism compared to a control group.

nearly a decade. While in prison, he discovered his passion for cooking as a chef for the prison. After release, he became the first African American Chef de Cuisine at Caesar's Palace on the Las Vegas Strip, and was executive chef at Café Bellagio and other top restaurants. He now hosts a number of television shows on the Food Network and has published numerous books including his biography *Cooked: My Journey from the Streets to the Stove*. Chef Jeff also advocates for the importance of employment, and is living proof that linkage to employment yields successful results.

The specialized training and employment of the reentry population will benefit employers and communities as well. Charles Rosen is the CEO of New Ark Farms, an agricultural organization in Newark that focuses on urban renewal and workforce development. Rosen is committed to hiring from underemployed populations,

A NEED FOR MORE INVESTMENT IN EDUCATION AND JOB TRAINING

Education, employment, and training programs within prison and upon release have been shown to reduce recidivism and break the cycle of incarceration.



Education vs. Incarceration in the State of New Jersey



\$19,648
educating
one student
for one year

vs.

\$53,681
incarcerating
one person
for one year



**EDUCATION
SAVES
\$34,033**

Employment and Training

Employment training is crucial to a successful reintegration. This helps individuals to quickly secure a job, which reduces the recidivism rate.



Recidivism rate for individuals employed post-release:

↓ ≈ 20%



Recidivism rate for individuals employed within prison:

↓ ≈ 20%



Recidivism rate for individuals with high skill level employment in prison:

↓ 50%

Sources: Manhattan Institute, 2015; New Jersey Department of Education, 2016; Ohio Department of Rehabilitation and Correction, 1995; Wilkinson & Stickrath, 1995; Yelowitz & Bollinger, 2015



Chef Jeff Henderson was a keynote speaker at the New Jersey Reentry Corporation's 2017 Prisoner Reentry Conference in Jersey City. Previously incarcerated for nearly a decade, it was during Henderson's job as a prison chef that he discovered his passion for cooking. He went on to become the first African American Chef de Cuisine at Caesar's Palace on the Las Vegas Strip, and was executive chef at Café Bellagio. Additionally, he founded "Felon University," a pop-up reentry school to educate and inspire formerly incarcerated persons.

specifically the reentry population. As the company website says, the mission of New Ark Farms is as much one of employer benefit as of employee rehabilitation: "The New Ark Farms mission is to help rekindle the once powerful Newark economy by actualizing the potential of a lost generation of workers."

The expanding skills gap is making specialized workforce training more and more necessary for businesses. A 2012 study by the American Society for Training and Development (ASTD) found that 84 percent of surveyed members reported a skills gap in their organization. This was up from 79 percent in a 2009 survey, indicating that the skills gap is rapidly widening (American Society for Training and Development, 2012). A similar report by the McKinsey

Global Institute (MGI) projected that by 2020 the supply of high- and medium-skilled workers will have a deficit of 13 and 15 percent respectively to their demand, while the supply of low-skill workers will have a surplus of 11 percent (Dobbs, Madgavkar, Barton, Labaye, Manyika, Roxburgh, Lund, & Madhav, 2012).

There are many organizations now capitalizing on this need to find innovative ways to advance industry. For example, Industry City is an "innovation ecosystem" in Brooklyn, NY. It creates collaboration between its over 400 tenant organizations, in order to foster cross-industry dialogue and advancement. Industry City employs a now widely accepted method of innovation, and its model is being implemented across the country in order to advance industry and business in the face of the skills gap.

Similarly, cross-industry training and collaboration among the reentering population will significantly benefit business. With such a large portion of the workforce eliminated from consideration, the lack of skilled employees only increases. If efforts are put into the training of this population to meet employers' needs across industries, the skills gap in New Jersey will dramatically decrease, and businesses will reap the benefits.

Best Practices

Studies, professionals, and other programs designed to address these needs and to improve workforce development outcomes provide accounts of best practices. A recent study released by the national centrist think tank Third Way outlines seven practices which the most successful programs across the country have used in order to achieve positive and lasting economic growth: "actively engage local business, use labor market data to drive decisions, treat education like a job, connect people to careers, provide wrap-around student services, tap innovative funding sources, embrace evaluation" (Mazzara and Horwitz, 2014).

The same practices have been observed to be most successful and necessary by experts and organizations in the workforce and reentry fields. For example, the Colorado Department of Corrections (CDOC) partnered with Cisco in 2010 to train incarcerated women in information and communication technology (ICT) skills which are in high demand in the workforce. The pilot program trained students with real world job



Construction Industry Career Day was an excellent opportunity for the Carpenters' and Building Trades to provide training opportunities to young New Jersey men and women to develop the skills necessary for the building trade employment opportunities. JCETP Board Member Lizette Delgado assisted in ensuring a tremendous response from YouthBuild, Project IMPACT, NJRC and JCETP clients, and high school students.

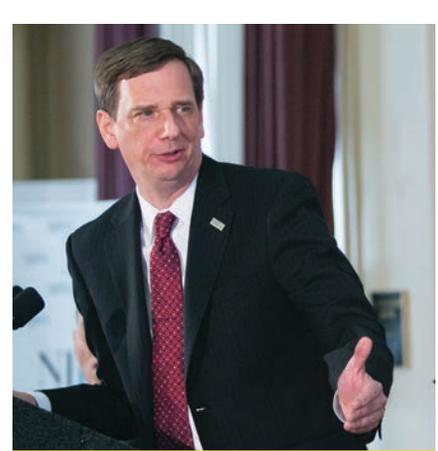
skills and provided them with a certification for work in the field. It was so successful that a Second Chance Act Grant was given to the CDOC in order to open Cisco classrooms in seven more sites for both men and women.

Commissioner Aaron Fichtner of the New Jersey Department of Labor and Workforce Development reiterates that it is not enough to place reentering individuals in low wage entry-level positions with no opportunity for advancement. Instead, these programs must create pathways to better careers through specialized training and post-secondary credentials. In order to do so, they must include a "blending of a variety of resources to be able to have literacy training, industry training, mentoring, and paid work experience."

Vocational Pilot Program

In order to accomplish these goals in education and employment, the NJRC proposes a three-year pilot vocational education program connecting educators to businesses in order to provide tangible credentials and career paths to this population. The pilot will aim to partner with vocational technical school districts to open vocational training sites in six counties—Hudson, Essex, Camden, Gloucester, Middlesex and Union—and will target all reentering individuals who have no post-secondary certifications.

Each pilot will consist of 35 students, and will include training by licensed teachers and professionals in the field and close work with businesses including on-the-job training



These programs must include a "blending of a variety of resources to be able to have literacy training, industry training, mentoring, and paid work experience."

—AARON FICHTNER,
COMMISSIONER,
N.J. DEPT. OF LABOR AND
WORKFORCE DEVELOPMENT

and apprenticeship programming. NJRC will maintain an active role in the program by continuing to provide wrap-around services at each of its sites in Hudson, Essex, Middlesex, and Union Counties. We will further aim to partner with the Volunteers of America (VOA), who provide reentry services in Camden and Gloucester Counties.

The betterment of business and the local economy are key goals of the program. Accordingly, the program will partner with local businesses for further long-term funding. This will additionally



The NJRC's and Jersey City Employment and Training Program's (JCETP) clients have been receiving extensive training to become laborers through classes held at the Bethune Center of Jersey City. They receive hands-on construction training in the 20,000 square foot facility located in Jamesburg, New Jersey. Mike Cackowski, New Jersey State Training Director, LiUNA, has been a tremendous partner in providing skill-based training for our clients.

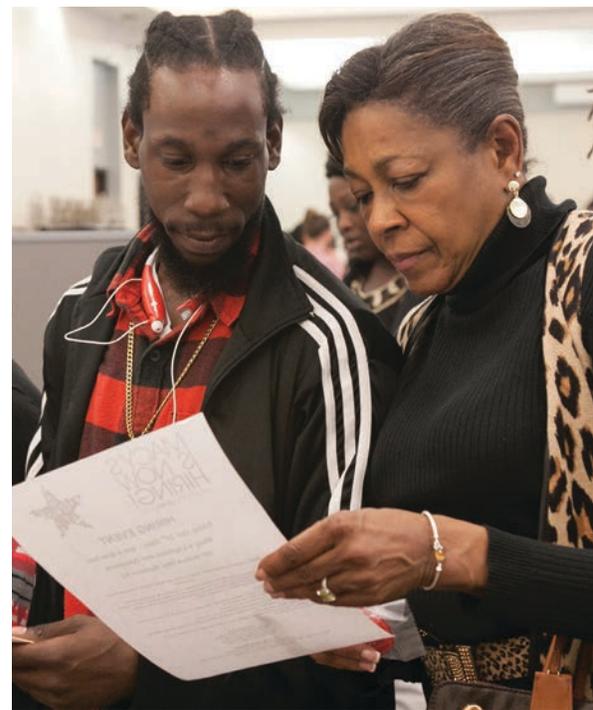
allow for businesses who will eventually hire from the pilot to play a role in the specialization of training. There are a number of economic clusters which are ideal to involve in the training of the reentry population, such as:

1. Pharmaceuticals
2. Banking
3. Insurance
4. Agriculture/Landscaping
5. Mechatronics
6. Building Trades/ Construction
7. Hospitality
8. Food Services
9. Recycling/Waste Management
10. Warehousing
11. Social Services
12. Auto Industry
13. Supply Chain Management

All these fields are to varying degrees already benefited by the work of the reentry population. Since they are centered in the local economy and require low general education levels provided that employees obtain on-the-job training and certification, they are particularly situated to hire from the reentry population. By creating a pipeline from corrections to businesses in these fields, New Jersey can both eliminate many of the barriers that reentering individuals face to employment and successful reentry, and aid businesses and communities.

The pilot program will consist of four phases: training, enrollment/assessment, implementation, and evaluation.

1. Training: Through partnership with the vocational technical schools of the six counties involved, teachers



Senator Sandra Cunningham helps an attendee during the NJRC and JCETP job fair on October 18, 2016. A great supporter of NJRC's and JCETP's programs, Senator Cunningham has played an active role in expungement law reform, which will assist reentry clients seeking employment.

qualified to instruct in the vocational tracks offered will be hired at each site. Teachers will be trained to work with the reentry population through a series of workshops. With the aid of partnered local businesses and professionals, a curriculum appropriate to each field will be developed, and teachers will be trained accordingly.

2. Enrollment/Assessment: Students will be directed to the program through reentry sites, parole, and the Joint Comprehensive Assessment Plan (J-CAP)—a release plan administered to individuals released without supervision. Individuals will be screened for ability and need for the pilot. Each individual will go through an assessment and placed in the vocational track most applicable to his or her needs.

3. Implementation: The three year program will include classroom training, on-the-job training, and apprenticeship opportunities. At the program's completion, each graduating participant will receive certification for work in the field in which he or she was trained, as well as a GED certificate.

4. Evaluation: Throughout the duration of the program, the pilot will be subject to routine evaluation based on benchmarks of educational achievement, career path development, cost effectiveness, and recidivism rates. We will further follow participants for three years post-graduation in order to assess job retention rates and career advancement. Success of the program will be defined as statistically significant increase in these categories for those enrolled in the program compared to unenrolled NJRC clients.

The pilot program requests \$11,000 per student annually for a three year program. Each pilot expects to enroll 35 students, yielding a total of 210. Thus, the program requests a total of \$2,310,000 annually in order to fund adult vocational education and training. Given the program's heavy focus on employment and vocational training, we request that funds come to the Department of Labor and Workforce Development, and be provided directly to the vocational technical school districts housing the pilot.

This program will pave the way for continued education among the reentry population. The education will be the equivalent of a vocational high school education, so that after graduating

the program, students can be referred to community colleges to complete higher education programs. Many of this population will be eligible for FAFSA grants to fund additional education.

The program will address financial losses incurred by incarceration due to low education. **The education system already invests \$19,648 a year on each student** (NJDOE, 2016), but under the current system, if an individual drops out and is incarcerated, the funds allocated for his or her education stay in the county. **In the 2015-2016 school year, 7,991 students dropped out of the public school system, meaning that \$157,007,168 per year is saved by the counties in which these students would otherwise be enrolled.** Instead, funds should follow the individual for supportive programming post-release. The same funds saved by the counties when a student drops out can be reallocated to the Department of Labor to fund his or her vocational training. The proposed program, requesting only \$11 thousand per student for 210 students, will cost even less than his or her original education would have.

Further, diversion from reincarceration through this program will save considerable funds. The cost of the program is only \$11,000 per student yearly and the cost of incarceration is \$53,681 per individual yearly. Thus the full three year program for one individual costs \$20,681 less than only one year of incarceration. According to a recent national study, **an average of 6.3 percent of high school dropouts are incarcerated every year** (Khatiwada, McLaughlin,

“

In the 2015-2016 school year, 7,991 students dropped out of the public school system, meaning that \$157,007,168 per year is saved by the counties in which these students would otherwise be enrolled. Instead, funds should follow the individual for supportive programming post-release.



Mazzeratti, an NJRC/JCETP client, meets with Pat Kelleher, President, Hudson County Building Trades, and Freeholder Bill O’Dea during the Construction Trades Job Fair in Jersey City on September 20, 2016. The event was presented by the City of Jersey City, the Hudson County Building Trades, Project IMPACT, and the Jersey City Employment and Training Program.

Vocational Pilot Program

Program Goals



Strengthen businesses and the local economy



Provide certifications for in-demand fields



Create networking opportunities and a pipeline from corrections to businesses

Program Outline

Three-year program



Followed by an apprenticeship

Provides 13 subject area concentrations



Pharmaceuticals



Banking



Insurance



Agriculture/
Landscaping



Mechatronics



Building Trades/
Construction



Hospitality



Food Services



Recycling/Waste
Management



Warehousing



Social Services



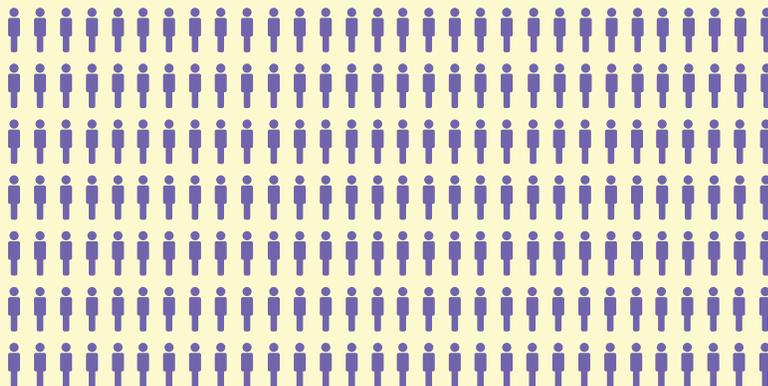
Auto Industry



Supply Chain
Management

Available in six counties

Enrollment of 210 students



Hudson • Essex • Camden
Gloucester • Middlesex • Union

Four Phases



Training

Training of licensed teachers and professionals in the field



Enrollment/Assessment

Referrals from reentry sites, parole, and the Joint Comprehensive Assessment Plan



Implementation

On-the-job training, apprenticeships, and the opportunity to earn a GED



Evaluation

Evaluations based on achievement, cost effectiveness, and recidivism throughout the program

Cost Effective

Costs of a Nine-Month Education in New Jersey

SECONDARY EDUCATION



Dropouts, 2015-16:

7,991
students

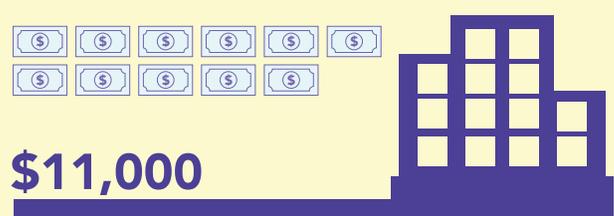
Dropouts resulted in:

\$157,007,168

in educational costs. This is returned to the counties every year and saves them money.

VS.

VOCATIONAL TRAINING



A Better Alternative:

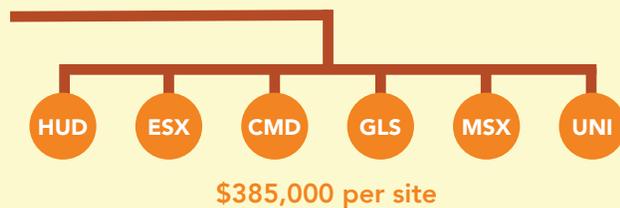
The \$157 million can be reallocated to the Department of Labor and Workforce Development to fund vocational training programs, which save money for the State of New Jersey.

Program Requests



\$2,310,000

NJRC requests that the funds come from the Department of Labor, to be split among six vocational sites.



Palma, & Sum, 2009). Given that 7,991 students dropped out of school systems in New Jersey in the 2015-2016 academic year (NJDOE, 2016), this means that about 503 of these were incarcerated. With a cost of \$53,681 per inmate per year, \$27,024,787 per year is now being spent on those who dropped out of school in New Jersey in 2015-2016. This is over 11 times the amount the proposed pilot program costs.

This program will thus be a cost effective way to reduce recidivism significantly, save considerable state funds, improve local economies by strengthening the workforce, and benefit businesses across the state.

RECOMMENDATION II: Healthcare Access

As in workforce development, those in reentry are often the most taxing to the healthcare system. There have recently been pilot programs around the country designed to target the neediest individuals. The same must be done specifically targeting the reentry population in order to improve access to care for the population, and to make healthcare more efficient. We thus propose a second pilot program, with the goals of aligning healthcare services for the reentry population and improving healthcare outcomes.

Needs

Individuals in the justice system have historically much higher rates of substance abuse, mental health, and physical health issues than the general population, and the ongoing opioid epidemic is increasing

these disparities. **Nationally, it has been shown that over three quarters of formerly incarcerated persons have substance abuse issues and more than a third have mental or physical disabilities** (U.S. Department of Labor, 2007). A number of studies have linked health and addiction issues with recidivism. One study in the *American Journal of Psychiatry* found that the creation of Mental Health Courts resulted in longer periods of time without a second conviction for participants, and an overall reduction in recidivism among non-violent offenders (McNeil & Binder, 2007). Another study reported that people who are homeless and have mental health disorders account for a large percentage of arrested and incarcerated persons, and often serve longer times in prison than others with similar offenses (McNeil, Binder, & Robinson, 2005).

There is data to suggest that **at least half of state and federal prisoners have or have had a chronic medical condition** (Bureau of Justice Statistics, 2015). Among this population, rates of chronic physical health conditions are significantly higher than those of the general population: diabetes is at 9.0 percent compared to 6.5 percent in the general population, asthma is at 14.9 percent compared to 10.2 percent in the general population, high blood pressure is at 30.2 percent compared to 18.1 percent in the general population, cirrhosis is at 1.8 percent compared to 0.2 percent in the general population, and many others. The same is true of infectious diseases. The rate of ever having had an



Data suggests that at least half of state and federal prisoners have or have had a chronic medical condition. Among this population, rates of chronic physical health conditions are significantly higher than in the general population.

infectious disease is 21.0 percent in the state and federal prison population, compared to 4.8 percent in those of the general population. HIV/AIDS is at 3.4 percent compared to 1.4 percent in the general population, Hepatitis is at 10.9 percent compared to 1.1 percent in the general population, and all sexually transmitted diseases (excluding HIV/AIDS) is at 1.3 percent compared to 0.4 percent in the general population (Bureau of Justice Statistics, 2015).

A study released by the Justice Policy Center of the Urban Institute brings important aspects about this burden of disease into sharp relief. In the study, researchers conducted a series of in-depth interviews with over 1,100 returning prisoners before and after their release. **They found that nearly**

“

Between one-third and one-half of individuals do not receive treatment for their chronic conditions while incarcerated. The absence of treatment is particularly striking for those suffering from opioid abuse and addiction.

all members of the reentry population – roughly 8 out of 10 men and 9 out of 10 women – had chronic medical conditions (Mallik-Kane & Visher, 2008).

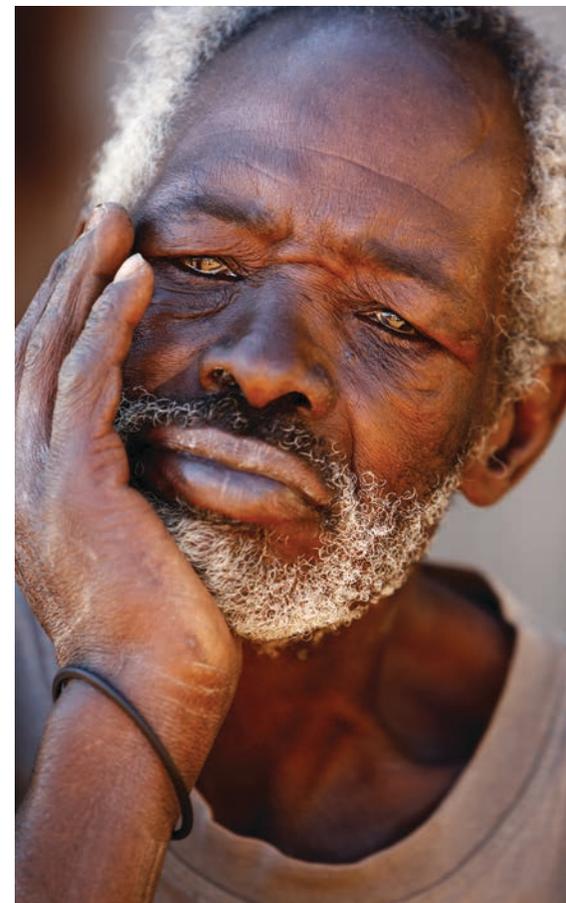
Access to robust and coordinated care for this population often becomes a challenge from the moment of incarceration. **Between one-third and one-half of individuals do not receive treatment for their chronic conditions while incarcerated.** The absence of treatment is particularly striking for those suffering from opioid abuse and addiction. The standard of care for these patients now includes medication-assisted treatment (MAT), which combines medications such as methadone, buprenorphine, naloxone, and naltrexone with counseling and support services to minimize the risk for relapse. Rigorously designed randomized control trials suggest that MAT at least doubles the rate of opioid abstinence in those with

psychological dependence on opioids (Connery, 2015). However, an individual’s MAT is routinely held upon incarceration. As the *New York Times* recently uncovered, **only 31 out of the over 5,100 prisons in the United States provide prisoners with access to MAT** (Williams, 2017).

Barriers to care continue to increase after release. The same Urban Institute study found that **70 percent of men and 60 percent of women no longer had health insurance eight months after release. Even for those who still had insurance, their rates of treatment decreased after release** (Mallik-Kane and Visher, 2008). The reasons for this are likely multifactorial. For example, understanding how to use insurance, scheduling a doctor’s visit, and navigating the healthcare system, among other basic steps to secure long-term preventative healthcare, require a level of health literacy that many in the reentry community lack. Moreover, the historically fraught relationship between healthcare providers and the incarcerated population often leave reentry clients reluctant to seek care. The result is that reentering individuals receive discontinuous and episodic care with frequent emergency room visits and hospitalizations for acute exacerbations (e.g. an asthma flare, a diabetic coma, a schizophrenic break, a drug overdose) that could have been avoided if recognized and treated earlier (Mallik-Kane and Visher, 2008).

Further, the discontinuous and fragmented nature of care received, if any, can often destabilize an already tenuous

state of affairs for reentry clients, precipitating a downward spiral that can culminate in recidivism. A recent study published by the *Journal of the American Medical Association* examined the impact of taking prescribed psychiatric medications on the rate of violent crimes committed by individuals released from prison (Chang et al, 2016). The study reports that several classes of psychiatric medications were associated with markedly lower rates of violent re-offense. **Individuals taking their prescribed antipsychotics or their**



Nationally, over three quarters of formerly incarcerated persons have substance abuse issues and more than a third have mental or physical disabilities. A number of studies have linked health and addiction issues with recidivism.

prescribed addiction treatment medications, for instance, were about 35 percent and 44 percent respectively less likely to commit a violent re-offense that those who were not taking their prescribed medications (Chang et al., 2016). Thus, especially for those suffering from mental health and substance abuse disorders, lack of access to robust and coordinated care increases recidivism considerably. Providing this population with comprehensive, ongoing care will improve health, reentry outcomes, and cost effectiveness.

Best Practices and Camden Coalition Model

Over the past decade and a half, the Camden Coalition of Healthcare Providers (CCHP) has refined a model to effectively address gaps in continuous care for populations whose needs are medically and socially complex. Its approach is based on identifying patients with frequent but avoidable emergency room visits and hospitalizations, and then helping meet their needs through an intensive, multidisciplinary, team-based intervention (Camden Health, 2017).

Specifically, the team-based intervention consists of a registered nurse, a social worker, and a community health worker who work closely with an individual to better understand his or her health needs and the barriers faced in meeting them. They build a relationship with the individual and, over time, develop a care plan that allows him or her to better manage his or her chronic conditions. The optimal result is flexible but

intensive case management, in which care team members routinely conduct home visits and accompany patients to critical doctor's appointments, that prevents costly and unnecessary emergency room visits and hospitalizations, thus improving health outcomes while lowering healthcare costs (the vast majority of which for all of their patients are borne by Medicaid).

The CCHP's patient population has similarly complex needs and face similarly complex challenges as those of the reentry community. Several of its best practices are thus likely to benefit the reentry population. Three such best practices include: 1) motivational interviewing, 2) trauma informed care, and 3) harm reduction.

Motivational interviewing is a conversational technique predicated on understanding a patient's motivations to change. Care teams employ open-ended questions to identify what is most important to a given individual and frame behavioral change in a way most consistent with the patient's motivations. Through motivational interviewing, for instance, a care team may learn that it is important to a patient suffering from substance abuse that he spend time with his grandchildren. It may then go on to highlight how taking small, tangible steps to treat his substance abuse could result in more frequent and meaningful interactions with his grandchildren. Motivational interviewing has been studied extensively, including nearly 60 randomized controlled

trials examining its ability to treat substance abuse (Smedslund et al, 2011), and found to be an effective tool for behavior change.

Trauma informed care is rooted in the understanding that significant trauma such as sexual abuse, physical abuse, or exposure to violence, often in the form of adverse childhood events, can result in maladaptive behaviors that exacerbate chronic conditions. Care teams must be trained in how to interact with patients who have endured physical and psychological abuse, recognize the ways in which it contributes to an individual's behavior, and seek ways to avoid re-traumatization. There is growing recognition of the importance of trauma informed care, especially for those suffering from mental health and substance abuse disorders and particularly for reentry clients for whom trauma is likely to be exacerbated during incarceration.

Harm reduction is a set of strategies based on the belief that behavior change is difficult and best approached by seeking to minimize the short-term negative impact of a problematic behavior, most commonly substance abuse. Often, a care team working within a harm reduction framework may prioritize small, tangible changes that promote a patient's health but may not immediately reduce their problematic behavior (e.g. substance abuse). Care teams may, for instance, learn that a patient's drug relapse was precipitated by the loss of his mother and arrange for grief counseling



The Camden Coalition Model has a team-based intervention consisting of a registered nurse, a social worker, and a community health worker who work closely with an individual to better understand his or her health needs and the barriers faced in meeting them. They build a relationship with the individual and, over time, develop a care plan that allows him or her to better manage his or her chronic conditions.

instead of immediately pressing for drug abstinence.

Collectively, these best practices—each rooted in a strong base of evidence—represent a set of operating principles that ought to inform interventions aimed providing robust, coordinated, field-based care for the reentry population.

Healthcare Pilot Program

Based on these insights, we propose a pilot program designed to deliver robust, coordinated, field-based healthcare to reentering individuals throughout the state. Recognizing the need of all reentering individuals for comprehensive services, the program will focus on the 210 individuals already enrolled in the education pilot program, and will operate out of the six sites of the vocational pilot program (Hudson, Essex,

Camden, Gloucester, Middlesex and Union Counties). It will assign a multidisciplinary team of a licensed social worker (LSW), a registered nurse (RN), and a case manager to each site in order to work with each individual on personal health barriers. The program will consist of four phases: training, enrollment/assessment, implementation, and evaluation.

1. Training: A team of an RN, an LSW, and a case manager will be hired at each location. They will then undergo a series of workshops to familiarize themselves with both the challenges of working with the reentry community and best practices in motivational interviewing, trauma informed care, and harm reduction.

2. Enrollment/Assessment: All individuals participating in the vocational pilot will be enrolled in the program. Each will be screened to assess

mental, physical, and substance abuse health needs. The team assigned to the relevant site will meet with each individual to gauge their needs and abilities.

3. Implementation: Over the next year, those enrolled in the pilot project will receive intensive case management by the team at their site. They will receive home visits and be accompanied to doctor's visits, as well as receiving individualized care and support. The team would seek to empower reentering individuals with the tools needed to manage his or her chronic conditions.

4. Evaluation: Primary outcome measures such as the number of avoidable emergency department visits and hospitalizations, healthcare costs, adverse health events, and recidivism for those receiving intensive case management would be evaluated against those of NJRC clients not enrolled in the pilot program. Evaluations will be made quarterly, and, as possible, results will be monitored in real time. Secondary outcome measures will include adherence to medication, number of outpatient appointments, substance abuse, and gainful employment, among others. An evaluation of the project will be published one year after its launch. Success of the program will be defined as a statistically significant decrease in avoidable emergency department visits and hospitalizations, healthcare costs, adverse health events, and recidivism. Success of the pilot program will be further contoured by statistically significant differences in

Healthcare Pilot Program

Program Goals

Encourage healthy habits



Prevent the overutilization of emergency services



Schedule annual medical appointments for preventative care



Adhere to prescription medications

Program Outline

All 210 students are assigned to healthcare teams at the pilot program locations



Social Worker



Case Manager



Registered Nurse

Each healthcare team works with clients directly to help them apply for or obtain the following:



Health Insurance



General Healthcare: home visits, doctor appointments, etc.



Evaluations and progress Monitoring

Outcomes

This pilot program will:



Reduce healthcare costs



Improve community health



Reduce recidivism

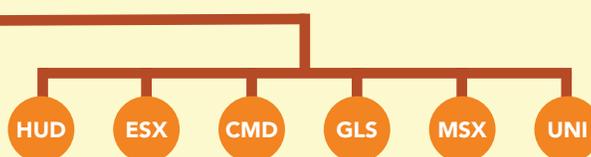


Promote gainful employment

Program Requests

\$1,200,000

This includes salaries, equipment, and administrative costs.



\$200,000 per site

medication adherence, number of outpatient appointments, substance abuse, and gainful employment, among other indicators.

In order to best access the individuals in the program, there will be one team for each pilot location available to the 35 clients there. To provide for team salaries and equipment and administrative costs, we request \$200,000 for each site, and a total of \$1,200,000 across all six sites. All these clients will be Medicaid eligible, so savings in Medicaid costs can be rerouted to fund the program.

Medicaid disproportionately bears the burden of super-utilizers. A report by the Center for Medicaid and CHIP Services (2013) says that **only five percent of Medicaid beneficiaries nationally account for 54 percent of total Medicaid expenditures; and one percent of beneficiaries account for 24 percent of total expenditures.** Targeted supportive services like those offered by the Camden Coalition, and in the proposed pilot program, have been shown to be effective in dramatically decreasing these costs; and as has been shown above, evidence suggests that reentering individuals are likely to be super-utilizers, so these programs will be effective in targeting their needs.

Further funds may be saved in the prevention of recidivism. The total proposal will cost only **\$5,714 per participant, nearly one tenth the cost of a year of incarceration.** Given the evidence that good health and primary care access promotes self-sufficiency and lowers

recidivism, the pilot will save significant state funding.

The NJRC will partner with healthcare providers in order to provide links to quality healthcare. Strong partnerships will need to be implemented with a Medicaid management care organization (MCO) and major healthcare systems, including those who provide medical services to individuals during incarceration. This will ensure continuity of care and effective communication.

This program will reduce healthcare costs, reduce recidivism, and improve community health. Partnered with reentry and the education pilot, the program will be particularly situated to access those who are most costly to the system, and to include significantly improved health care in reentry efforts.

RECOMMENDATION III: Integration of Corrections, Parole, and Reentry

In order to facilitate collaboration with the proposed pilot programs, as well as with all existing reentry programs, the Department of Corrections must collaborate with reentry service providers and provide a larger focus on post-release care ([NJRC Report: Improving Upon Corrections in New Jersey to Reduce Recidivism and Promote a Successful Reintegration](#)). The prison system is uniquely poised to provide incarcerated individuals with the services they need to successfully reintegrate. Thus, linking individuals to reentry services while still under the supervision

of corrections is the most efficient way to improve reentry outcomes and the cost-effectiveness of the corrections system. There are three steps which corrections can take in order to decrease recidivism and increase cost effectiveness.

1. Decrease Max-Outs and Increase Parole

Parole usage must increase by at least 20 percent. In New Jersey and across the United States, a growing number of prisoners are being released to face the barriers to reintegration with no supportive services. **Nationally, from 1990 to 2012, the number of max-outs—prisoners who serve their entire sentences incarcerated and are released entirely unsupervised—increased by 119 percent, so that the current max out rate is 22 percent** (Pew Charitable Trusts, 2014). **New Jersey is at the forefront of this trend, with a max out rate of 41 percent: nearly twice the national rate and one of the highest state rates in the country** (Pew Charitable Trusts, 2013).

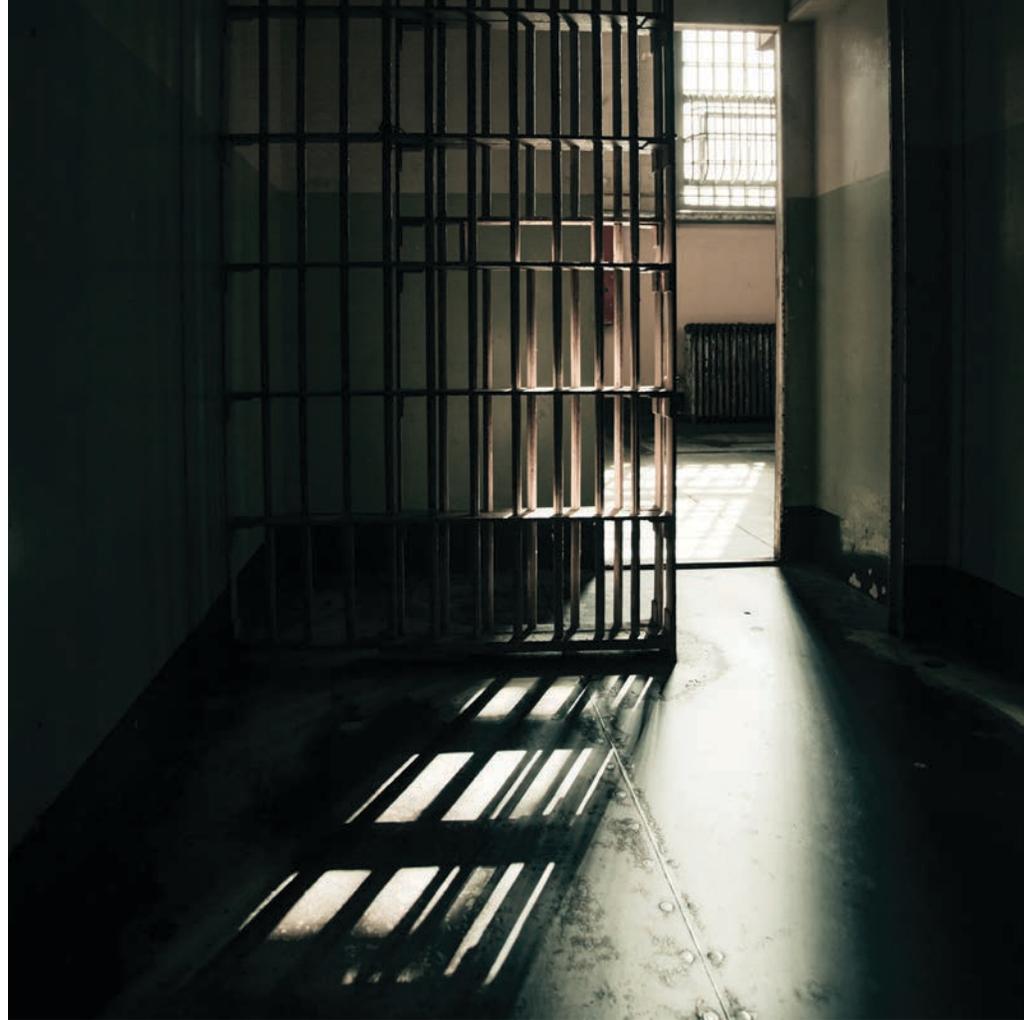
There is a large body of evidence, however, that parole and other supervision post-release dramatically decreases recidivism and rearrest rates. A statistically significant higher percentage of unsupervised releases than supervised are rearrested within the first year post-release, and supervised releases across the board spend more time in the community without any violations. Additionally, nearly half of parolee arrests occur after supervision has ended, suggesting that supervision significantly affects criminal activity. Further, the crime rate

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It would be more cost effective to release all incarcerated individuals early on supervision than to leave them in prison for the duration of their sentences.”

and rearrest rate of max-outs is considerably higher than those of parolees, so an increase in parole usage would have a large positive effect on public safety (Pew 2013). For example, **among those released from prison in 2008, parolees were 36 percent less likely than max-outs to be incarcerated for a new crime** (Pew 2014).

Moreover, an increase in parole usage would yield large cost savings. In fact, according to a recent report, it would be more cost effective to release all incarcerated individuals early on supervision than to leave them in prison for the duration of their sentences (Pew 2013). **The yearly cost of parole for an individual is only \$6,349, close to only one tenth the cost of incarceration (\$53,681).** Thus, a shorter sentence followed by parole not only reduces costs incurred by recidivism but reduces the cost even of the primary sentence. The result



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would be savings of \$47,332 yearly during the period of incarceration under the original sentence which could be converted into time under supervision, in addition to \$53,681 yearly in the likely event of reincarceration.

In 2011, Kentucky had a max-out rate similar to New Jersey’s present rate, when a bill was passed including a mandate for a period of post-release supervision for all incarcerated individuals. By 2014, new offense rates were down by 30 percent, approximately 872 prison beds were saved yearly, and more than \$29 million were saved in correction costs (Pew 2014). With

the proposed increase in parole usage, New Jersey will likely see similar improvements.

2. Link All Returning Citizens to Services

a. Parolees

Having increased supervision, corrections must also connect parolees to reentry services by including reentry referral among parole requirements. Parole is, again, in a unique position to impact the reentering population. It must provide direct linkage to services: without direct referral, most individuals will not be

INTEGRATION OF CORRECTIONS, PAROLE, AND REENTRY

Decrease Max-Outs, Increase Parole



MAX-OUTS VS. PAROLEES



- More likely to be rearrested within the first five years post-release **-**
- Higher criminal arrest rate **-**
- One year of incarceration costs \$53,681 **-**
- Spend more time in the community without any violation **+**
- Nearly half of parolee arrests occur after supervision has ended **+**
- 36 percent less likely than max-outs to be incarcerated for a new crime **+**
- Cost effective: parole costs \$6,349 per individual per year, which saves \$47,332 per year. **+**

Link All Returning Citizens to Services

- Begin the connection to reentry while incarcerated
- Corrections must improve upon the Joint Comprehensive Assessment Plan (J-CAP), which is a referral to reentry services upon release. J-CAP needs to be more rigorous in providing tangible linkage to reentry services.

connected to any services at all, and will return post-release to the same conditions which led to their arrests. In order to be most effective, the State Parole Board must require that all supervised individuals receive services and connect to providers.

b. Max-Outs

Secondly, all those who max out must have access to reentry agencies as well, especially given that they have the least support. Since they are not supervised after release, their connection to reentry must begin while incarcerated. In order to

ensure access, corrections must include a referral to reentry services to be completed upon release in the Joint Comprehensive Assessment Plan (J-CAP).

The J-CAP process is a four step assessment beginning when an individual enters a facility and continuing

through release. The four steps are: Intake Assessment, Progress Review, Pre-Release Interview, and Discharge Plan. The final two steps are only applicable to individuals who complete their sentences in prison (as opposed to those who are released early to parole), so they are situated to provide an ideal opportunity for reentry referral for max-outs. The Pre-Release Interview takes place six months before release and the Discharge Plan one month before release. During these processes, social workers meet one-on-one with incarcerated individuals to assess needs and develop a plan to address them post-release. Since the corrections system does not directly link individuals to service providers, however, these efforts are often ineffective. Too often, after release, individuals have no direct access to the services they know they need, and so cannot find or make appointments with providers. To prevent this, social workers must make concrete appointments and referrals to agencies immediately after release.

3. Bolster Community Resource Centers

There are currently a number of Community Resource Centers (CRCs) throughout New Jersey. These centers aim to reduce criminal behavior through cognitive behavior therapy, relapse prevention, and personalized behavioral and employment-focused services.



NJRC celebrates the renovation of its new Community Resource Center on August 11, 2017. Pictured from left: Bolivar Flores, Case Manager, Latino Outreach, JCETP; Jim McGreevey, Chairman, NJRC; Samuel J. Plumeri, Jr., Vice-Chairman, New Jersey State Parole Board (NJSPB); James T. Plousis, Chairman, NJSPB; Roger Jones, Chairman, JCETP; John Koufos, Executive Director, NJRC; and Helena Muhammad, Reentry Specialist, JCETP.

Individuals released on parole are assigned to programming at CRCs as part of parole requirements. They are designed to meet the needs of the reentry population from within their communities, and are situated to be best accessible to them. Currently, however, most CRCs are not equipped to offer the rigorous services demanded by reentry individuals.

A recent study evaluated the outcomes of parolees enrolled in CRCs throughout New Jersey as compared to Phase 1 parolees. **In a short term 90-day analysis, there were no significant differences between the two groups' arrest and conviction rates.** Of the arrests reported, however, those in CRCs were more often convicted for a new offense rather than for a parole violation. In six- and 12-month follow-up analyses, there remained no significant differences in arrests or convictions (Boyle, Raguso-Salerno, Letterman, & Marcus, 2013).

This data indicates that on average, New Jersey CRCs do not in fact reduce recidivism or criminal behavior at all. On the contrary, **a CRC opened in 2015 by the New Jersey Reentry Corporation reports only a 6.66 percent rearrest rate during its 90-day programming.** Thus, the model of CRCs has the potential to be effective in reducing crime and reincarceration when implemented successfully.

CRCs must provide rigorous programming, implement evidence based methods of training, and employ licensed social workers and other professional level staff, as the NJRC does. Without structure and rigor, CRCs quickly devolve into little more than babysitting services which do not yield hard results. These centers are situated to be accessible and effective; New Jersey must begin to take advantage of their position to see significant reduction of crime among the parole population.



RECOMMENDATION IV: Governor’s Reentry Commission

Given the shortcomings in reentry programming in workforce development, housing, parole usage, and other service areas, the state must rethink its administrative structure in regard to reentry. The ultimate goal of all reentry efforts must be effective, long-term employment and a stable career path. In order to improve outcomes of the criminal justice system, maintain strong reentry programming, and strengthen

the vocational and healthcare programs suggested above, it is necessary to create a centralized council, based in the governor’s offices, with the goal of aligning services, creating access, and improving communication among the various agencies and individuals working towards the goal of effective employment. This council is an absolute necessity to the success of statewide reentry efforts, for without interagency cooperation and facilitation, the efforts of individual agencies and service providers are too often disjointed, inefficient, and short-lived.

Process

Considering the variety of services needed for successful reintegration and maintenance of employment, one of the main difficulties that returning citizens face upon release is accessibility. It has been shown on all levels that, because of the monetary benefits and personal stability it ensures, the obtainment and retention of gainful employment is the most effective way to improve reentry outcomes (Laub & Sampson, 2003; Stahler, Mennis, Belenko, Welsh,

Hiller, & Zajac, 2013; Uggen, 2000; Western, Kling, Weiman, 2001). The reentry population, however, faces a long list of barriers to steady employment, often including addiction, health issues, license restrictions, and lack of a permanent address. All of these issues are most often co-occurring and feed into one another, so that programs which focus only on one cannot alone succeed in securing stability or employment.

Thus, a need for coordination of services and accessibility has been recognized. A recent report by the National Governor’s Association said, “Given the cross cutting nature of prisoner reentry, some form of interagency partnership, possibly even a formal governance structure, is necessary to develop and implement improvement strategies.” In accordance with this ideology, 20 federal agencies came together in 2011 under the leadership of former Attorney General Eric Holder to form the Federal Interagency Reentry Council. Their mission is to collaborate on reentry issues, reduce recidivism, and improve cost effectiveness of the criminal justice system. Their recent report summarizes their successes and goals, demonstrating the effectiveness of this approach (Federal Interagency Reentry Council, 2016).

Koch Industries, one of the largest corporations in the country, has also expressed its support for the NJRC mission and has committed to the vision that interagency collaboration is the most effective way to reduce recidivism. Mark Holden,



Gary Lanigan, Commissioner, New Jersey Department of Corrections, with John Koufos, Executive Director, NJRC; Madeline Cox Arleo, U.S. District Judge, District of New Jersey; and Jim McGreevey, Chairman, NJRC.

General Counsel of Koch Industries says, “At Koch Industries we have advocated for common-sense criminal justice reform for over a decade. Our criminal justice systems lock up too many people, for too long, at far too high a cost. The vast majority of those people are going to return to our communities, and recidivism rates remain stubbornly high. Private industry, government, and the non-profit sector all need to work towards solutions to reduce recidivism and provide meaningful second chances. The New Jersey Reentry Corporation...has been an incredible leader on these issues.”

An interagency partnership of this kind is necessary on the state level. Specifically, the Department of Corrections must coordinate with departments providing post-release services as well as independent reentry service providers to improve access to support beginning during incarceration and immediately following release. The services which require integration are various, including education and vocational training, housing, healthcare, drug and addiction treatment, licensing, and legal aid. As such, communication among the many agencies responsible for these services must be cultivated, centralized, and maintained. As has been demonstrated by the federal model, an interagency council is the most effective and cost efficient way to facilitate this communication.

An analogous program was implemented in the city of Boston in the early 2000s: the

Boston Reentry Initiative, linking 10 agencies including the Suffolk County House of Corrections and Massachusetts Departments of Parole and Probation. A study done on the Initiative in 2009 shows that their comprehensive approach reduced recidivism by approximately 30 percent (Braga, Piehl & Hureau, 2009). Given the steep costs of reincarceration, not only does this reduction improve public safety, but it also significantly increases cost-effectiveness of the prison system.

Moreover, this type of commission has not been unconsidered in New Jersey. A 2009 report from the State Employment and Training Commission suggested that a similar council be created for the creation and maintenance of educational opportunities: “We recommend the creation, by statute, of a high-level, blue-ribbon commission that reports directly to the Governor and legislature...this Commission will be responsible for overseeing the full implementation of all policy changes adopted by the Governor...” (State Employment and Training Commission, 2009). The model of a high-level interagency council is the most effective method for implementing reforms, and must be utilized by the state.

This reentry council must consist of current and former governors, as well as cabinet members or their designates from departments responsible for the services necessary for successful reentry:

1. Department of Corrections
2. New Jersey State Parole



“

The New Jersey Reentry Corporation... has been an incredible leader on these issues.”

—MARK HOLDEN,
GENERAL COUNSEL,
KOCH INDUSTRIES

Board

3. Juvenile Justice Commission
4. Office of the Attorney General
5. Department of Labor
6. Department of Community Affairs
7. Department of Health
8. Department of Human Services
9. Department of Transportation
10. New Jersey State Bar Association
11. Chamber of Commerce

The collaboration of these agencies will eliminate red tape barriers to employment,

improve communication and access to services, and combine reentry efforts to create a more effective and cost-efficient criminal justice system.

Further, because the final goal of the council must be steady employment of reentry individuals, representatives from the prominent New Jersey business fields must be included in the discussion. To that end, the Commission must partner with the New Jersey Business and Industry Association (NJBIA), as well as business leaders in fields such as:

1. Pharmaceuticals
2. Banking
3. Insurance
4. Agriculture/Landscaping
5. Mechatronics
6. Building Trades/Construction
7. Hospitality
8. Food Services
9. Recycling/Waste Management
10. Warehousing
11. Social Services
12. Auto Industry
13. Supply Chain Management

There are a growing number of organizations across the country now committed to employing reentering individuals, and their message is the same: partnership with businesses is the key to long-lasting employment placement and successful reintegration. For example, 70 Million Jobs is the first online job site devoted to formerly incarcerated persons and companies that hire them.

It was begun in 2016 by Richard Bronson, a former partner and owner of an asset management firm and a formerly incarcerated person. The two White House staffers who ran President Obama's Fair Chance Business Pledge are now working with 70 Million Jobs, a testament to the effectiveness of the startup's mission. Other states have also recognized this need for active employer involvement in reentry. The Governor of New York State, Andrew Cuomo, recently launched a campaign—The Work for Success Pledge—to encourage businesses to actively hire reentry individuals.

Similarly, the Governor's Reentry Commission must partner with businesses to improve outcomes and to place reentering individuals on steady career paths.

Services Requiring Integration to Provide for Enhanced Employment Opportunities

1. Education, Training, and Employment

According to the NJDOC, **37.2 percent of released prisoners have not completed high school, and 92.3 percent have no college education** (NJDOC et al., 2016). However, largely because of increased employment opportunities, a number of recent studies demonstrate that post-secondary education has a significant positive impact on recidivism (Chappell, 2004; Stevens & Ward, 1997; Visian, Burke, & Vivian, 2001).

As the vocational pilot proposal in this report highlights, specialized education is

essential to the success of employment efforts. The restrictions on employment of convicted persons, as well as the growing necessity for specialized licenses in fields open to the reentry population only reinforces the need for intensive employment-focused education programs.

2. Mental and Physical Health

Health conditions are linked to both recidivism and unemployment. Absenteeism due to untreated conditions often leaves already disenfranchised individuals continuously unemployed. Due to the nature of illnesses that the population disproportionately experiences, a break in medication can lead to devastating consequences, including hospitalization, suicide, harm to others, recidivism, and a complete lack of self-care or ability to self-sustain. Heart disease, asthma, diabetes, HIV, and mental illness, among others, are chronic conditions that require ongoing care. Yet typically individuals in reentry only have seven days of prescription medication upon release from prison or jail, so it is critical that they be linked to health insurance and care immediately to ensure continuity of care and no gaps in medication.

3. Addiction and Substance Abuse

According to the National Center on Addiction and Substance Abuse (2010), 85 percent of the incarcerated population is substance-involved, and substance-involved individuals have the

highest rates of recidivism of all formerly incarcerated individuals. **The National Association of Drug Court Professionals (2017) has recently found that 60-80 percent of drug abusers commit a new crime after release.** The provision of drug and addiction treatment, however, has failed to keep up with the growing need for services. The National Center on Addiction and Substance Abuse found that only 11 percent of addicted inmates received any treatment during their incarceration, and only one percent of the funds used on addicted court-involved individuals on national, state, and regional levels were used for addiction treatment.

This lack of care, however, is not due to lack of evidence for effective practices. On the contrary, there have been numerous trials, studies, and programs which demonstrate best practices. For example, Chatham County in Georgia has instituted a drug court program consisting of 24 months of counseling and treatment towards sober living, similar to drug courts operating around the country. The results show that the program decreased criminal activity, and increased public safety and cost efficiency. Graduates of the program since 2010 have a comprehensive rearrest rate of only 18.75 percent, and the cost of treatment is less than a third the cost of incarceration (Chatham County Courts, 2017). Drug court emphasizes intensive treatment for participants, urine monitoring, regular court appearances, and other components meant to

ensure compliance until sobriety becomes a habit.

In New Jersey especially, the opioid epidemic has impacted both the prison population and public health overall. Since the beginning of the epidemic, drug use has increased dramatically. In fact, as of 2011, drug related deaths in New Jersey reached over 1,000 annually, triple the national average. As of 2015, 1,587 individuals died of a drug overdose, indicating the trend is continuing to rise. As always, prisons and jails continue to have a constant influx of illegal drugs, so incarceration is no quick fix for addiction, and treatment is of the highest necessity upon release.

4. Housing

Homelessness, halfway houses, and transitional housing each present their own unique challenges to the returning person. A number of studies have recently reported strong links between homelessness and incarceration. According to a report by the Urban Institute, **approximately 10 percent of prisoners were homeless before arrest (Roman & Travis, 2004), compared to only about 0.2% of the general U.S. population** (U.S. Department of Housing and Urban Development, 2016). A 2005 study done on individuals entering the San Francisco County Jail system found that 16 percent were homeless prior to incarceration, and 30 percent of those who were homeless had a co-occurring mental health problem (McNeil, Binder & Robinson, 2005). This is no surprise given that the homeless population most often has no access to

employment, food, medical care, or other basic needs.

After release, most individuals who were homeless before incarceration still have no place to stay, and some who had stable housing before arrest lose it while incarcerated. Accordingly, at least 10 percent and often more of the released population has no housing at all. Moreover, a number of restrictions further precludes the released population from securing housing. Drug charges and parole mandates, among other things, can significantly reduce or eliminate eligibility for public housing options and even access to shelters.

Homelessness and halfway houses have been known to significantly limit access to employment, as well as to other necessary services such as welfare, food stamps, medical care, or identification; this often leads to a landslide resulting in rearrest. In fact, inappropriate housing affords such a traumatic experience that many individuals deliberately reoffend to have access to food and shelter. In order to prevent unemployment and rearrest due to housing status, alternatives must be provided and made accessible to high risk individuals, especially those with few or no options for sober housing, such as individuals convicted of sex offenses or of some drug offenses.

5. Legal Counsel

Outstanding legal issues are another significant cause of stress, financial strain, and ultimately recidivism. Typically, individuals in reentry have multiple outstanding municipal

SERVICES REQUIRING INTEGRATION FOR EMPLOYMENT

1

EDUCATION, TRAINING, AND EMPLOYMENT



37.2% of released New Jersey prisoners have not completed high school, and 92.3% have no college education. Unemployment also has a strong link to recidivism.

2

MENTAL AND PHYSICAL HEALTH



More than **one third** of all formerly incarcerated persons have mental or physical disabilities.

3

ADDICTION AND SUBSTANCE ABUSE



85% of the incarcerated population is substance-involved, and only 11% of addicted inmates receive any treatment during incarceration.

4

HOUSING



Approximately **10%** of prisoners were homeless before their arrest, compared to about **0.2%** of the general U.S. population.

5

LEGAL COUNSEL



Individuals returning from prison often need help with outstanding legal issues, such as traffic violations and child support orders, which are often predicated on outdated income information.

court issues such as traffic violations, and family court issues such as child support orders that are predicated on outdated income information. Additionally, child support obligations are often not waived or even reduced during the period of incarceration or reentry. With no source of income, returning prisoners may have accrued an outstanding amount of debt and a number of legal violations. These matters have serious

consequences for individuals in reentry who often cannot afford to pay an attorney or the cost of their fines. Further, a missed court date, even due to incarceration at the time of the trial or an incorrect post-release address, leads to the issuance of a bench warrant. A visit to the Motor Vehicle Commission (MVC) to obtain a state ID could result in arrest. Often, these individuals are taken to the county where the bench warrant originates, completely halting

the reintegration process and many times resulting in reincarceration. This creates a self-perpetuating cycle of fines and violations that is nearly impossible to escape.

Additionally, the process of obtaining a government issued ID or driver's license poses significant difficulty for the reentering population. Oftentimes, licenses are suspended during incarceration, and significant



Barbara, a Same Sky artisan and NJRC client, helps a customer at the Same Sky kiosk on Tuesday morning, December 15, 2016, at Terminal B of the Newark Liberty International Airport. Francine LeFrak of Same Sky partners with NJRC to provide women in reentry with opportunities to make jewelry for profit after they return home from incarceration, which helps them to acclimate back into society and establish their futures.

finances and surcharges are levied against the license post-release. If fines or fees are not paid because of incarceration, the result may be a municipal court date, a bench warrant, or an ongoing license suspension.

A lack of transportation and identification causes many difficulties, including the inability to apply for many jobs, to obtain medical or psychiatric care, and to ensure housing, food stamps, and other requirements of daily living. This legal quagmire of fines and fees ends only in continued unemployment, leaving no method for paying off the fines necessary to escape the cycle.

Importance of Integration

There are a number private organizations, nonprofits, and government entities across the state which provide one or a few of these services, but there are currently no mechanisms for

addressing all of them, or their detrimental interactions. The self-perpetuating nature of these barriers to employment often leave reentering individuals with no opportunity even to begin the process of becoming self-sufficient. The impediments to reintegration can only be addressed comprehensively and effectively through interagency partnership and collaboration.

Conclusion

The reinforcement of reentry practices for facilitation of long-term employment will improve outcomes of the corrections system, save state funds, strengthen communities, and place New Jersey on the national map as a model for criminal justice reform. Recidivism is a self-perpetuated drain on both state resources and on community well-being, and the obtainment and maintenance of steady employment has been shown to be most successful in bettering

communities and reducing costs. The bolstering of employment efforts will improve outcomes across the board.

The creation of pilot education and healthcare programs based in the local community, the integration of corrections and parole with reentry, and the establishment of an interagency commission to connect reentry across services, will improve long-term employment outcomes, and will therefore reduce costs and improve public safety. Ultimately, all involved in criminal justice work for the common goals of improved public safety and strengthened communities. The improvement of career path options through the efforts recommended here will move towards the accomplishment of those goals, so that reentering individuals can become contributing members of their communities and families.

Resources

- American Society for Training and Development (2012). Help Wanted, Skills Lacking: Why the Mismatch in Today's Economy? *Bridging the Skills Gap*.
- Boyle, D.J., Ragusa-Salerno, L.M., Lanterman, J.L., & Marcus, A.F. (2013). An Evaluation of Day Reporting Centers for Parolees: Outcomes of a Randomized Trial. *Criminology & Public Policy* 12.1, 119-143.
- Braga, A., Piehl, A., & Hureau, D. (2009). Controlling Violent Offenders Released to the Community: An Evaluation of the Boston Reentry Initiative. *Journal of Research in Crime and Delinquency*, 46(4), 411-436.
- Camden Coalition of Healthcare Providers (2017). Better health care at a lower cost in Camden, NJ: Welcome to the Camden Coalition of Healthcare Providers.
- Chappell, C. (2004). Post-Secondary Correctional Education and Recidivism: A Meta-Analysis of Research Conducted 1990-1999. *Journal of Correctional Education*, 55(2), 148-169.
- Chatham County Courts (2017). Superior Court Drug Court Program: Drug Court Statistics. Eastern Judicial Circuit of Georgia.
- Chang, Z, & Lichtenstein, P. (2016). Association Between Prescription of major Psychotropic Medications and Violent Reoffending After Prison Release. *Journal of the American Medical Association*. American Medical Association.
- Connery, H.S. (2015). Medication-assisted treatment of opioid use disorder: review of the evidence and future directions. *Harvard Review of Psychiatry*. 23(2):63-75.
- Davis, L.M., Bozick, R. Steele, J.L., Saunders, J., & Miles, J.N.V. (2013). Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs that Provide Education to Incarcerated Adults. RAND Corporation.
- Dobbs, R., Madgavkar, A., Barton, D., Labaye, E., Manyika, J., Roxburgh, C., Lund, S., & Madhav, S. (2012). The World at Work: Jobs, pay, and skills for 3.5 billion people. McKinsey Global Institute.
- Federal Interagency Reentry Council (2016). A Record of Progress and a Roadmap for the Future.
- Goldstein, Dana. "The Misleading Math of 'Recidivism' Even the Supreme Court gets it wrong." *The Marshall Project*, 4 December 2014.
- James, N. (2015). Offender Reentry: Correctional Statistics, Reintegration into the Community, and Recidivism. Congressional Research Service.
- Khatiwada, I., McLaughlin, J., Palma, S., Sum, A. (2009). The Consequences of Dropping Out of High School: Joblessness and Jailing for High School Dropouts and the High Cost for Taxpayers. Center for Labor Market Studies at Northeastern University.
- Laub J, Sampson R (2003). Shared beginnings, divergent lives: Delinquent boys to age 70. Boston: Harvard University Press.
- Mallik-Kane, K. & Visser, C. (2008). Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. The Urban Institute.
- Mann, C. (2013). Targeting Medicaid Super-Utilizers to Decrease Costs and Improve Quality. *CMCS Informational Bulletin*. Centers for Medicare and Medicaid Services: Center for Medicaid and CHIP Services. Department of Health and Human Services.
- Maruschak, L.M., Berzofsky, M., & Unangst, J. (2015). Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Mazzara, A. & Horwitz, G. (2014). The 7 Habits of Highly Effective Workforce Programs. Third Way.
- McNiell, D.E. & Binder, R.L. (2007). Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence. *American Journal of Psychiatry*, 164:9. 1395-1403.
- McNeil, D.E., Binder, R.L., & Robinson, J.C. (2005). Incarceration Associated With Homelessness, Mental Disorder, and Co-occurring Substance Abuse. *Psychiatric Services*. 56:7, 840-946.
- The National Association of Drug Court Professionals (2017). Drugs and Crime in America: Drug Courts Significantly Reduce Crime. National Association of Drug Court Professionals.
- The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and America's Prison Population.
- Nellis, A. (2016). The Color of Justice: Racial and Ethnic Disparity in State Prisons. The Sentencing Project.
- New Jersey Department of Corrections (2017). Total Residents in N.J. State Correctional Institutions and Satellites. *Offender Statistics*.
- New Jersey Department of Corrections, State Parole Board, & Juvenile Justice Commission (2016). Release Outcome 2011: A Three-Year Follow-Up. State of New Jersey.
- New Jersey Department of Education (2016). Spending Per Pupil. *Taxpayer's Guide to Education Spending 2016*.
- New Jersey Department of Education (2016). 2015-2016 Dropouts. *DOE Data*. New Jersey Department of Education.
- Office of Management and Budget (2017). *The State of New Jersey Detailed Budget*. The Governor's FY2018 Budget: Detailed Budget. New Jersey State Treasury.
- Petersilia, J. (2000). When Prisoners Return to the Community: Political, Economic, and Social Consequences. *Sentencing, Corrections: Issues for the 21st Century*. US Department of Justice.
- Pew Charitable Trusts (2012). The Impact of Parole in New Jersey.
- Pew Charitable Trusts (2013). Max Out: The Rise in Prison Inmates Released Without Supervision.
- Pew Charitable Trusts (2014). Mandatory Reentry Supervision: Evaluating the Kentucky Experience.
- Prison Policy Initiative (2017). New Jersey Profile. *50 State Incarceration Profiles*. Prison Policy Initiative.
- Roman, C.G. & Travis, J. (2004). Taking Stock: Housing, Homelessness, and Reentry. The Urban Institute.
- Schiraldi, V. & Zeidenberg, J. (2003). Costs and Benefits? The Impact of Drug Imprisonment in New Jersey. Washington DC: Justice Policy Institute.
- Smedslund, G., Berg, R.C., Hammerstrom, K.T., Steiro, A. Leiknes, K.A., Dahl, H.M., Karlsen, K. (2011). Motivational interviewing for substance abuse. *Cochrane Database System Review*. 11(5).
- Stahler, G. J., Mennis, J., Belenko, S., Welsh, W. N., Hiller, M. L., & Zajac, G. (2013). PREDICTING RECIDIVISM FOR RELEASED STATE PRISON OFFENDERS: Examining the Influence of Individual and Neighborhood Characteristics and Spatial Contagion on the Likelihood of Reincarceration. *Criminal Justice and Behavior*, 40(6), 690-711.
- State Employment and Training Commission (2009). *From Darkness to Light: A Report on Correctional Education in New Jersey*.
- Stevens, D. & Ward, C. (1997). College Education and Recidivism: Educating Criminals Is Meritorious. *Journal of Correctional Education*, 48(3), 106-111.
- Uniform Crime Reporting Program 2015. Crime in the United States, by State 2015. *Crime in the United States*. Federal Bureau of Investigation, U.S. Department of Justice.
- U.S. Department of Housing and Urban Development, 2016
- Uggen C. (2000). Work as a turning point in the life course of criminals: A duration model of age, employment, and recidivism. *American Sociological Review*. 67:529-546.
- Visian, J., Burke, L., Vivian, J. (2001). The Effect of College Programming on Recidivism Rates at the Hampden County House of Correction: A 5-Year Study. *Journal of Correctional Education*, 52(4), 160-162.
- Western B, Kling JR, Weiman D. (2001). The labor market consequences of incarceration. *Crime & Delinquency*. 47:410-427.
- Wilkinson, R., & Stickrath, T. (1995). Evaluation of the impact of correctional education programs on recidivism. Columbus, OH: Ohio Department of Rehabilitation and Correction.
- Williams, T. (2017). Opioid Users are Filling Jails. Why Don't Jails Treat Them? *New York Times*.
- Yelowitz, A. & Bollinger, C. (2015). Prison to Work: The Benefits of Intensive Job-Search Assistance for Former Inmates. Manhattan Institute.

