

Improving Upon Corrections in New Jersey to Reduce Recidivism and Promote a Successful Reintegration



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Summary

In order to decrease the comparatively high rates of recidivism among the state population, improve public safety and health, and reduce spending on corrections, New Jersey must reevaluate and restructure its corrections systems to incorporate and strengthen best practices in reentry. This report recommends four measures to begin this effort:

- The creation of reentry facilities to serve each of New Jersey's 21 counties;
- Utilizing savings in

reduced correctional spending to increase parole jurisdiction and funding;

- The restructuring and bolstering of Community Resource Centers, formerly known as Day Reporting Centers, and
- Integration of reentry services with local, state, and federal corrections systems, as well as integrating various state benefits systems already in place, such as the Division of Vocational Rehabilitation

Services (DVRS), general assistance/emergency assistance, and supportive housing programs.

Background

According to a 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. Of these, within three years post-release, 52.7 percent were rearrested, 39.8 percent were reconvicted, and 31.3 percent were reincarcerated. In only three years, over half of those released from prison were again involved in the justice system, and nearly a third were already back in prison or jail.

The cycle of recidivism creates exorbitant and unnecessary costs for the correctional system, healthcare systems, social safety nets, and taxpayers. Each inmate costs the Department of Corrections \$54,865 a year; as such, by 2014 the 31.3 percent of reincarcerated individuals released in 2011 were costing NJDOC nearly \$200 million per year. Had these prisoners successfully reintegrated into society, most would not have been back in the system at all and would be productive taxpayers, rather than a drain on the public.

Beyond financial considerations, when formerly incarcerated

persons fail to successfully reintegrate, the consequences affect the rest of the society. Because of the influence of the harsh environment on incarcerated individuals, prison culture spreads back into the community after their release, and a failure to find legitimate housing and employment results in an increase in gangs and violence in the communities most affected by mass incarceration (Petersilia, 2000). Because of a lack of medical resources for low-income individuals in the United States, in addition to a generalized, often rational fear of medical providers among incarcerated populations (given the historical vestiges of the Tuskegee syphilis studies and other abominations), former prisoners also make up a large percentage of “over-utilizers,” or “super-utilizers,” frequently using costly emergency departments and emergency health services, rather than primary care or other intermediary or preventive resources. These high-utilizers account for only five percent of the population but approximately 50 percent of healthcare expenditures (Emeche, 2015). It is also unlikely that any individuals returning from incarceration have any income or significant monetary resources, though they nearly always have overwhelming expenses and fines as part of the collateral consequences of incarceration they encounter.

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Employment is crucial to successful reintegration, allowing independence and contribution to society.

Faith-based organizations, family members, and other informal systems often scramble to fill gaps in fundamental needs for those reentering communities saturated by justice system involvement (Fagan et al., 2003; Golembeski & Fullilove, 2005; Re-Entry Policy Council, 2003). As a result of these gaps in fundamental needs, a vulnerable and growing population with urgent, unmet health and psychosocial needs is contributing to a vicious feedback loop of community devastation, including poverty, crime, and high rates of both chronic illness and infectious disease, in areas with high proportions of court-involved residents, primarily urban areas with high percentages of black and/or Latino residents (Fagan et al., 2003; Seiter & Kadela, 2003).

Without significant help, most cannot secure meaningful employment, and the families of the formerly incarcerated end up paying far beyond their means to support those coming home, leading to further cumulative disadvantage for already disenfranchised families (Nagrecha & Katzenstein, 2015).

Causes of Recidivism

There are many factors contributing to the current state recidivism rate. All too often, people who are court-involved have low levels of educational achievement, limited opportunities for employment or housing,

alcohol and drug addictions, an array of chronic physical and mental health disorders, and no access to the services needed to remedy their situations.

a.) Education and Employment

According to the NJDOC, 37.2 percent of released New Jersey prisoners have not completed high school, and 92.3 percent have no college education (NJDOC, et al., 2016). Additionally, secondary education is no longer offered to those who are incarcerated as it was prior to the mid-1990s. 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). **See Chart 1.**

Employment is crucial to successful reentry, allowing for a meaningful schedule and routine, independence, and the change to contribute positively to society. Many employers will not consider hiring individuals who are formerly incarcerated, and so individuals with a criminal record face barriers to finding work long after they have completed their entire sentences. Without a steady source of income, those with drug distribution offenses

Chart 1

Causes of Recidivism

EDUCATION LEVEL AND UNEMPLOYMENT



32.7% 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.

MENTAL HEALTH



More than one third of all formerly incarcerated persons have a physical or mental disability.

ADDICTION AND SUBSTANCE ABUSE



85% of all offenders are substance-involved, and only 11% of addicted inmates receive any treatment during their incarceration.

LACK OF SUPERVISION



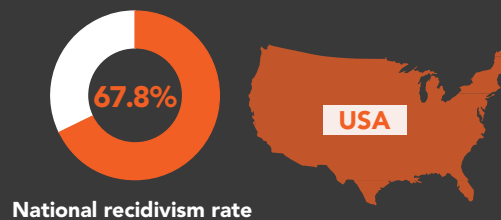
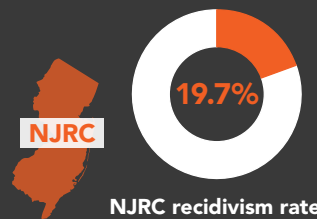
Prisoners are increasingly released from incarceration with no aid or supervision. In New Jersey, max-outs are rearrested at a rate of 63%, compared to the rearrest rate of 46% for parolees.

Solutions

The NJRC model focuses on seven main components of reentry services to help reduce recidivism rates:

- a.) addiction treatment
- b.) sober transitional housing
- c.) training and employment
- d.) Medicaid registration and healthcare access
- e.) Motor Vehicle Commission identification
- f.) legal services
- g.) spirituality/mentoring

As a result, the NJRC has an average recidivism rate of 19.7 percent, as compared to a 67.8 percent rate for state prisoners in 30 states.



Sources: New Jersey Department of Corrections, 2016; Crime & Delinquency, 2012; American Sociological Review, 2000; U.S. Department of Labor, 2007; National Center on Addiction and Substance Abuse

“Mental health conditions are linked to both incarceration and recidivism rates. The U.S. Department of Labor reports that on a national level, more than a third of all formerly incarcerated persons have a physical or mental disability.”

borrow from emergency welfare assistance. These individuals frequently lack the ability to obtain shelter, food, or the ability to maintain their hygiene and many resort to criminal behaviors for survival. A number of studies have shown that unemployment has a strong link to recidivism and likelihood of continued criminal activity, and that time spent in a homeless shelter, in contrast to transitional or stable housing, is a predictor of future incarceration for the court-involved (Lockwood, S., Nally, J. M., Ho, T., & Knutson, K. 2012; Uggen, C. 2000).

b.) Mental and Physical Health

Further, mental health conditions are linked to both incarceration and recidivism rates. The U.S. Department of Labor reports that on a national level, more than a third of all formerly incarcerated persons have a physical or mental disability, with other sources suggesting that 80-90 percent of the formerly incarcerated meet criteria for a mental health disorder. A study in the American Journal of Psychiatry found that the development of specialized Mental Health Courts in a number of states, staffed by trained professionals familiar with mental illness, resulted in longer periods of time without a second conviction for participants

and an overall reduction in recidivism for non-violent offenders with significant mental illness (McNiel & Binder, 2007). A similar study reported that people who are homeless and have mental disorders account for a large percentage of arrested and incarcerated persons, and often serve longer times in prison than others with similar offenses (McNiel, Binder, & Robinson, 2005). Given that there are no longer large, state-run institutions to provide permanent residence for individuals who may need more intensive care than outpatient treatment, the need to identify these individuals within the justice system and provide targeted services is essential to ensuring their self-determination and dignity.

The recently released population is a cost to the healthcare systems, including the often overlooked systems such as emergency response. According to the Bureau of Justice Statistics (BJS), as of 2012, half of state and federal prisoners and local jail inmates reported “ever having a chronic condition.” However, due to the population’s historical concerns and stigma surrounding formal health care, the percentage is likely much higher. These conditions are also chronic



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and extremely expensive, affecting individuals' ability to work and contribute to their community. Infectious disease rates are higher among this population for: Hepatitis C, HIV/AIDS (3.4 percent compared to 1.4 percent of the general population); sexually transmitted disease (6.0 percent compared to 3.4 percent of the general population); heart-related problems including heart disease and coronary artery disease (9.8 percent compared to 2.9 percent of the general population); high blood pressure (30.2 percent compared to 18.1 percent of the general population); asthma (14.9 percent compared to 10.2 percent of the general population); cirrhosis (1.8 percent compared to .2 percent of the general population); chronic conditions including diabetes (9.0 percent compared to 6.5 percent of the general population); and cancer, which tends to be discovered at an advanced stage, and thus, more costly to treat. Furthermore, individuals in reentry have very high rates of mortality in the first two weeks post-release, a disturbing trend NJRC hopes to disrupt (Maruschak, Berzofsky & Unangst, 2015).

The need for immediate access to medication and treatment for chronic

illness is essential for NJRC participants to obtain employment. Absenteeism due to untreated conditions often leaves already disenfranchised individuals continuously unemployed. The lack of immediate access to medical providers and necessary medical prescriptions post-release is particularly disturbing due to the nature of illnesses that the population disproportionately experiences. A break in psychiatric medication can lead to devastating consequences, including hospitalization, suicide, harm to others, and a complete lack of self-care or ability to rehabilitate into society. Heart disease, asthma, diabetes, and mental illness are chronic conditions that require true ongoing care; any break in medication may be dangerous. 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 care immediately to ensure continuity of care and no gaps in medication.

c.) **Addiction and Substance Abuse**

According to the National Center on Addiction and Substance Abuse, 85 percent of all offenders are substance-involved, and substance-involved



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individuals have the highest rates of recidivism of all formerly incarcerated individuals. The National Association of Drug Court Professionals has recently found that 60-80 percent of drug abusers commit a new crime after release, with individuals struggling with addiction (a rising epidemic in light of the opioid crisis) experiencing high rates of recidivism and relapse.

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.

Given the complex relationship between physical and mental health and recidivism, reentry has become not only a public safety issue but also a public health issue as prison and post-release populations are now major contributors to community drug involvement.

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.

See Chart 2. 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 recent opioid epidemic has impacted both the prison population and public health overall. A study in 2003 reported that New Jersey has the highest proportion of incarcerated drug offenders in the country (Schiraldi & Ziedenberg, 2003). Given that New Jersey also has the highest sentencing disparity between black and white offenders, the implications of the opioid epidemic on already disenfranchised communities has become ever more alarming. Since then, 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. 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-pharmaceutical methods—frequently leading to a rapid tolerance and ultimately addiction to opioids. As always, prison and jails continue to have a constant influx of illegal drugs, so incarceration is no quick fix for addiction.

d.) Lack of Supervision

A growing number of prisoners, both nationally and statewide, are being released to face these barriers to reintegration with no aid from the system and no supervision. It is now widely accepted that parole reduces the recidivism rate and increases the time out before reconviction; yet more and more offenders are being released as max-outs, prisoners who serve their entire sentence incarcerated and are released unsupervised. Nationally, from 1990 to 2012, the number of max-outs increased by 119

percent, so that currently 22 percent of all released prisoners are max-outs (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). NJDOC statistics show, however, that max-outs were rearrested significantly more than parolees (63 percent compared to 46 percent) and significantly sooner after their release (NJDOC et al., 2016).

See Chart 3.

Reentry: A Proven Success

It is becoming increasingly apparent that reentry strategies on the national, state, and local level significantly correct many of these issues by reducing recidivism rates, improving public safety, and providing more cost-effective alternatives to incarceration. Because of this, many states and regions have begun implementing comprehensive reentry programs, and have seen outstanding results in public safety and cost savings.

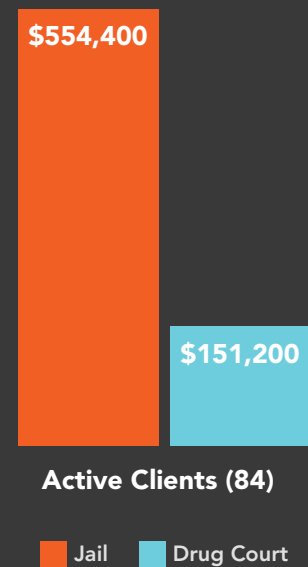
In 2004, Brooklyn launched its ComALERT program for formerly incarcerated persons on parole in Kings County. The program has a large focus on substance abuse and addiction treatment, and it has



Chart 2

Incarceration vs. 120 Days Treatment

Cost Comparison: 120 Days



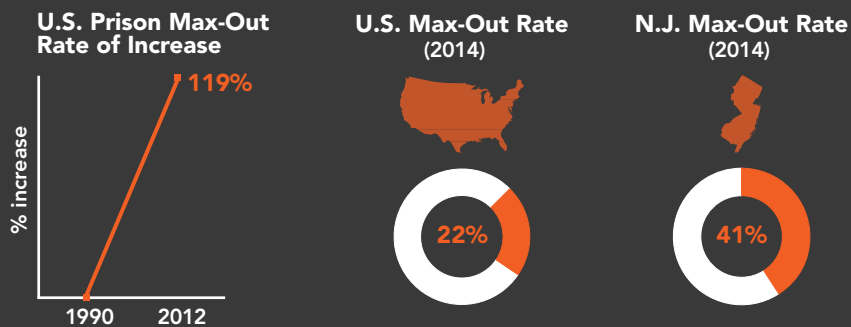


shown significant recidivism reduction and cost savings. Graduates of the program show a two-year recidivism rate of only 19 percent, as compared to a 30 percent rate for nonparticipants. The program costs only \$44 per day compared to \$183 per day for incarceration. Since its inception, ComALERT has saved \$2 million in rearrest costs and \$8 million in reincarceration costs.

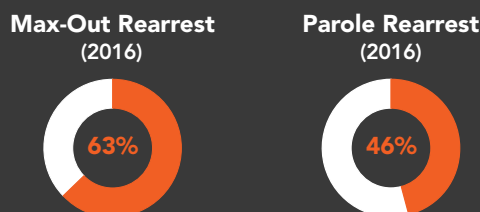
Programs on the state level have also proven to be effective. For example, in 2003 Michigan launched the Michigan Prisoner Reentry Initiative (MPRI). Since then, recidivism for parole violation or new crimes across the state has been reduced by 33 percent and prison population has dropped more than 11 percent. Moreover, in 2011, the entire MPRI program had a budget of \$56 million, compared to a \$2 billion Corrections Department budget. According to MPRI's 2010 progress report, the program has reduced annual spending on prisons by \$293 million. Some of these savings have gone back into the system to improve the community programs implemented; accounting for this relocation of funds, a total of \$627 million had been saved. In 2010, Michigan announced that as a result of the reentry program it would close three prisons and five prison camps, resulting in an additional \$118 million savings

Chart 3

Max-Out Rates (U.S., N.J.)



Rearrest Rates (N.J.)



Sources: Pew Charitable Trusts, 2013, 2014; New Jersey Department of Corrections, 2016

annually (American Bar Association, 2012).

The success of ComALERT, MPRI, and similar programs across the country depends on a model of reentry which begins in prisons and provides continuity of aid to all offenders. The Federal Interagency Reentry Council names four main focus areas for any reentry program to be effective: employment, education, health care, and housing. Numerous studies have shown that success in each of these areas significantly reduces recidivism and associated costs.

There are many studies indicating that employment is one of the best predictors of recidivism. A longitudinal study released by the Urban Institute in 2008 examined the effects of employment on recidivism in three states. It found that the more earned after release, especially in the first two months post-release, the lower the probability of recidivism. The predicted rate of reincarceration within the first year was eight percent for those earning more than \$10 per hour, 12 percent for those earning \$7-10 per hour, and 16 percent for those earning less than \$7 per hour. Comparatively, the rate for unemployed individuals was 23 percent (Visher, Debus, & Yahner, 2008).

Similarly, a RAND study of correctional education



A client fills out a worksheet about employment skills at the New Jersey Reentry Corporation (NJRC) in Jersey City. Reentry programs like the NJRC are highly effective in reducing recidivism rates, improving public safety, and providing more cost-effective alternatives to incarceration.

programs showed that inmates who participated in education programs were 43 percent less likely to recidivate. It also found that one dollar in educational funding resulted in four to five dollars saved in the first three years post-release (Davis, Bozick, Steele, Saunders, & Miles, 2013). One reason for this connection between education and recidivism is that education plays a large role in employment eligibility. A study on education, employment, and recidivism in Indiana showed that level of education not only had a large impact on whether a formerly incarcerated person found employment, but also how long the individual maintained employment (Lockwood, Nally, Ho, & Knutson, 2012). At present, most job opportunities for returning citizens in New Jersey, such

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Joe, an NJRC client, constructs a door at his full time job at Woodhaven Lumber in Ocean County, N.J. Many studies show a strong correlation between employment status and recidivism rates among the formerly incarcerated. This is why obtaining gainful employment is crucial to preventing recidivism.

“ As many as 90 percent of released prisoners nationwide lack health insurance. A study of data from three pilot programs targeting high-utilizers demonstrated a 34 percent reduction in hospital admissions and savings of \$1.2 million over 12 months.”

as working in a warehouse for a permanent position with paid sick leave, require a high school diploma.

As many as 90 percent of released prisoners nationwide lack health insurance. A study of data from three pilot programs targeting high-utilizers demonstrated a 34 percent reduction in hospital admissions and savings of \$1.2 million over 12 months (Emeche, 2015). Thus, an increase in the availability of health insurance to the prison and reentry populations not only prevents the spread of chronic and infectious disease prevalent among the prison population, but also substantially reduces costs

incurred by chronically over-utilized emergency services.

Finally, housing stability is a main contributor to independence, societal contribution, and successful reentry. Over one in 10 prisoners in the U.S. face homelessness upon release, and a study from the University of Texas reports that the average cost of homelessness is \$14,480 per person annually (Diamond & Schneid, 1991), so reentry programs which aid in obtaining housing not only keep formerly incarcerated persons off the streets, but also significantly reduce spending.

Chart 4

Client Employment Sept. 2015–Aug. 2016				
Program	Work Eligible Clients	Jobs	Employment Rate	Recidivism Rate
NJRC - Hudson County	174	101	58%	20.90%
NJRC - Essex County	147	74	50%	11%
NJRC - Passaic County	137	116	84%	†
NJRC - Ocean County	28	14	50%	†
Subtotal	486	305	62.76%	
TOTAL ENROLLED CLIENTS	540			19.70%*
Community Resource Center - Kearny	123	74	60%	2%**
WIOA Enrollment (ages 16-24) - Jersey City***	111	17	15%	n/a
Dept. of Transportation Grant - Jersey City	280	87 ††	31%	n/a
CLIENT TOTAL	1,054	483		19.70%

*NJRC recidivism rate was calculated using a six-month benchmark after clients are enrolled in the program.

**Out of the 123 clients in the CRC program, 2 percent recidivated while enrolled.

***Includes youth from One Stop Career Center (July 2015 – June 2016) and Working Scholars Out of School Youth Program (Dec. 1, 2015 – Aug. 1, 2016)

† NJRC in Passaic and Ocean Counties had been in operation less than six months; recidivism data was not yet available.

† † At various stages of joining a union (Oct. 2015 – Aug. 2016)

The NJRC Model

The New Jersey Reentry Corporation (NJRC) is one of a number of nonprofit organizations in New Jersey providing needed services for individuals post-release. The model focuses on seven main components of reentry services: addiction treatment, sober transitional housing, training and employment, Medicaid registration and healthcare access, Motor Vehicle Commission identification, legal services, and mentoring. As a result, they have an average recidivism rate of 19.7 percent, as compared to a 67.8 percent rate for state prisoners in 30 states, according to the Bureau of Justice Statistics. **See Chart 4.**

a.) Addiction Treatment

The NJRC partners with Integrity House, a nonprofit provider of drug and addiction treatment programs across the state of New Jersey. They provide drug and alcohol treatment and recovery support, including halfway houses, long-term residential, short-term residential, and outpatient care, in order to help individuals create and maintain a sober lifestyle. Integrity House accepts Medicaid and other state grants, in addition to drug court, probation, and parole funding, and has a long-standing commitment to serve both the uninsured and those with co-occurring

Today, the New Jersey Reentry Corporation serves approximately 1,200 clients and has an average recidivism rate of 19.7 percent, as compared to a 67.8 percent rate for state prisoners in 30 states.



In September of 2016, Governor Chris Christie hosted a press event in Trenton to coincide with National Recovery Month. He invited Rich, an NJRC client, to share his story about past struggles with heroin addiction, his journey to recovery, and how he turned his life around. Today, Rich is committed to recovery and is employed full time at Woodhaven Lumber.

“ Housing improves independence of reentering individuals and reduces contact with the criminal justice system by eliminating contact with undesirable persons, places and things, providing a safe haven, and allowing for the opportunity to conserve resources.”

mental health conditions. Since the creation of NJRC, hundreds of clients have been referred for drug and alcohol treatment following their release.

b.) Sober Transitional Housing

All NJRC clients work with a reentry Case Manager for help identifying safe housing or shelter as needed. Housing improves independence of reentering individuals and reduces contact with the criminal justice system by eliminating contact with undesirable persons, places and things, providing a safe haven, and allowing for the opportunity to conserve resources.

c.) Training and Employment

The NJRC provides comprehensive services to assist individuals with securing higher paying jobs and improved quality of life. Because of their lower level of educational achievement, individuals in reentry are often limited in their earning potential. To address this, the NJRC provides adult educational services including the Workforce Learning Link, which is a New Jersey state funded computer-based GED preparation software and on site tutoring from interns at the Jersey City and Kearny NJRC locations. The Workforce Learning Link has pre-high school educational software as well as high school level educational software. The NJRC also has secured funding to pay for participants' GED/TASC testing as needed. All participants in NJRC are administered a TABE Test (Test of Adult Basic Education) as both a benchmark of grade level equivalency as well as to expedite training opportunities for participants; these scores are required by various training providers.

The NJRC offers specific vocational training programs to reentry clients, and links them directly to employers. At the One Stop

Career Center in Jersey City—a partner organization of the NJRC—NJRC clients and local residents are provided with employment training, skill-based workshops, job search assistance, connections to employment, and more. During Program Year 2015, the One Stop enrolled approximately 7,000 participants. Of that number, 65 percent of individuals who exited the program found employment.

An Employment and Training Program for Out of School Youth, ranging from ages 16 to 24, is also part of the NJRC, which is run through a partnership between the Jersey City Employment and Training Program and Project U.S.E. The goal of the program is to help youth earn their high school diplomas and find employment.

It is clear given recent studies that employment is a key factor in the prevention of recidivism. In a study of released prisoners, both the length of time post-release before finding a job and the hourly wage rate had a large impact on the probability of recidivism (Visher, Debus, & Yahner, 2008).

The NJRC program has been recognized by the New Jersey Department of Human Services Division



Through a rigorous six-week program that took place in October 2016, NJRC clients and members of the community learned the ins and outs of the construction trades. The NJRC has a recidivism rate of only 19.7 percent, compared to New Jersey’s statewide rate of 32 percent. Providing clients with training opportunities and connections to employment matching their skill sets is crucial to reducing recidivism.

of Family Development (NJ DHS DFD), which has promulgated that participation in the NJRC program will satisfy the 28-day employment activity requirement for WorkFirst New Jersey General Assistance applicants to obtain their welfare benefits, such as cash and a bus card, provided that the client is compliant with the NJRC reentry program. The NJRC also offers assistance accessing specialized training in a number of trades. Through a grant program with New Jersey Builders’ Utilization Initiative for Labor Diversity (NJBUILD), 68 clients have found jobs in construction, and a similar grant program with the U. S. Department of Transportation (U. S. DOT) has provided positions for 227 clients. Additionally, NJRC works closely with

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Committed to helping its clients find employment opportunities, the NJRC hosted a job fair in October 2016, where more than 25 employers were present. More than 500 clients and community members attended.

employers in the area to link clients directly to job opportunities and host reentry-specific positive recruitments and job fairs at the various NJRC locations. Nationally, less than half of the formerly incarcerated find employment after release, but NJRC now has an overall employment placement rate of 62 percent.

d.) Medicaid Registration and Healthcare Access

Each NJRC location hosts a Federally Qualified Health Center (FQHC) for a health workshop and basic health exam each week, including glucose, pulse, and blood pressure checks. Staff from the local FQHCs are available to provide immediate

appointments, assist with applications for Medicaid or Obamacare/Exchanges, and explain the process of utilizing a Medicaid HMO. This process ensures all NJRC participants receive referrals to a primary care physician immediately upon release. NJRC Case Managers link clients to necessary health care and assists them in applying for Medicaid and health insurance. This service improves offender health and prevents the trend of super-utilization of costly emergency services.

e.) Motor Vehicle Commission Identification

The NJRC assists clients with driver's license and ID restoration with a unique partnership with the State Motor Vehicles Commission (MVC). Often times, licenses are suspended during incarceration, and significant fines 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 ongoing license suspension. A lack of transportation and identification causes many difficulties, including the inhibition to apply for many jobs which require valid state ID or driver's licenses. The NJRC pro bono program assists

clients with the outstanding municipal warrants to ensure driver's license restoration on an affordable payment plan. The driver's license enables individuals to go on to learn a skilled trade or obtain training for the Commercial Driver's License. Additionally, state ID is often required to obtain medical or psychiatric care, in addition to housing, food stamps, and other requirements of daily living.

f.) Legal Services

Outstanding legal issues are another significant cause of stress, financial strain, and recidivism. Typically, 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. Additionally, child support obligations are often not waived or even reduced during the period of incarceration or reentry, but 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 MVC to obtain a state ID could result in being taken to the county where the bench warrant originates, completely halting the reintegration process. This creates a self-perpetuating morass of fines and violations that are nearly impossible to escape. In order to make up for these legal discrepancies and to resolve all significant issues, the NJRC has a network of over 63 pro bono attorneys who represent NJRC clients statewide.

g.) Spirituality/Mentoring

All NJRC staff have been trained in the evidence-based counseling style Motivational Interviewing (MI). Motivational Interviewing is a counseling style based in cognitive behavioral therapy (CBT), and it has demonstrated efficacy in facilitating behavior change when working with mandated, substance dependent, and court-involved clients. It was originally developed by Miller and Rollnick (1991) to assist people in obtaining and maintaining abstinence from drugs or alcohol. Meta-studies indicate that motivational interviewing is more effective than traditional "advice-giving" by 80 percent,

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Helena Muhammad, a reentry specialist at NJRC, teaches clients important skills to prepare for employment, such as resume writing, interview etiquette, job searching, and more. Motivational interviewing—a counseling style based in cognitive behavioral therapy—is incorporated into instruction, which has proven effective among reentry clients.

“ The linchpin of CBT is the idea that individuals’ subjective thoughts regarding external stimuli lead to behaviors and feelings. Identification of negative thoughts that trigger problematic feelings and subsequent behaviors helps reduce troubling symptoms.”

and is especially useful in managing argumentative or oppositional clients.

The linchpin of CBT is the idea that individuals’ subjective thoughts regarding external stimuli lead to behaviors and feelings. Identification of negative thoughts that trigger problematic feelings and subsequent behaviors helps reduce troubling symptoms. The NJRC Clinical Director, a Licensed Social Worker who holds both a Master of Social Work and Master of Public Health from Columbia University, has provided additional trainings on Motivational Interviewing

alongside professors with decades of experience to all NJRC staff. The NJRC also works with a number of volunteers and faith-based organizations to provide mentoring and community to clients of all backgrounds.

Recommendations

In order to increase the effectiveness of the correction system and to decrease recidivism rates statewide, New Jersey must move to a release system based on proven reentry practices. This involves both the reinforcement of existing services and the integration of new services into the

corrections system to ensure a clinically sound basis for incarceration and release.

a.) Reentry Access in All New Jersey Counties

First, in order to make reentry services available to every court-involved citizen, reentry service centers must be opened across the state for ready access in all New Jersey counties. This would not only improve the safety of communities, but it is also a cost effective way to reduce recidivism.

In 2014, 10,275 prisoners were released from state and local prisons in New Jersey (Carson, 2015). Currently, the state recidivism rate for reincarceration stands at 32.0 percent and the cost of incarceration is \$54,865 per prisoner annually; this means that the overall cost of recidivism of those 2014 releases alone amounts to \$180,396,120.00 each year.

The New Jersey Reentry Corporation has an average recidivism rate of only 19 percent; this rate is conservative in that rearrest counts as recidivism, unlike with the 32 percent statistic cited above. As such, 19 percent stands in stark contrast to the 77 percent of formerly incarcerated individuals who are rearrested within three years of release in New Jersey.

The cost of operating each NJRC reentry facility varies by site, but it is about \$600,000 of start-up costs and \$500,000 in yearly operating costs. There are currently NJRC locations in four counties, as well as reentry centers operated by Volunteers of America (VOA) in Atlantic, Camden, and Mercer counties. In order to provide comprehensive service to all 21 counties, at least 10 more facilities must be opened across the state. Thus, total cost of this proposal is \$11 million for the first year, and \$5 million subsequently. Accounting for these costs, in the first year, savings to corrections would be nearly \$60 million, and in subsequent years, over \$64 million on 2014 releases alone. **See Chart 5.**

b.) Increase of Parole Funding and Use

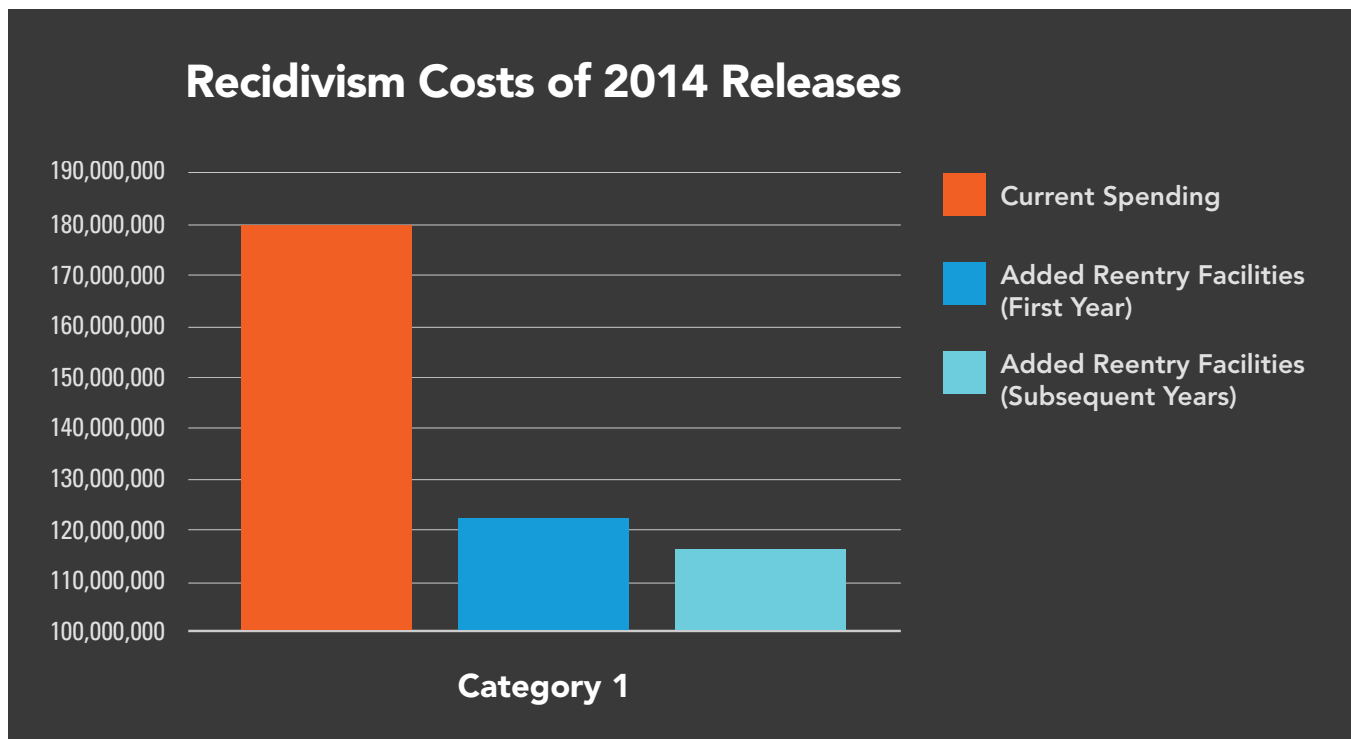
Second, in order to address the problems associated with the large number of max-outs, the funding and use of parole must increase. If the state of New Jersey increased its number of supervised releases by only 20 percent—to match the current national rate—using the NJDOC statistics (2016), the number of rearrests in three years would decrease by over 300. Further, a statistically significant higher percentage of unsupervised releases than supervised were rearrested

“ In order to address the problems associated with the large number of max-outs, the funding and use of parole must increase. If the state of New Jersey increased its number of supervised releases by only 20 percent—to match the current national rate—using the NJDOC statistics (2016), the number of rearrests in three years would decrease by over 300.”



John Koufos, Executive Director, and Jim McGreevey, Chairman, met with Darrell Baldon, Frank McClain, and Michael Lawson at Mates Inn at the NJDOC Headquarters in Trenton.

Chart 5



“ Nearly half of parolee rearrests occur after supervision has ended, suggesting that supervision significantly affects criminal activity. It is the hope of the NJRC that the New Jersey State Parole Board will release a higher percentage of individuals on parole given the newly-won support of NJRC across the state.”

within the first year post-release, and supervised releases across the board spent more time in the community without any violation. This indicates that in addition to the 300 arrests avoided overall, even more could be prevented by providing supervision early after release. Nearly half of parolee rearrests occur after supervision has ended, suggesting that supervision significantly affects criminal activity (Pew 2013). It is the hope of the NJRC that the New Jersey State Parole Board will release a higher percentage of individuals on parole given the newly-won support of NJRC across the state. **See Chart 6.**

Additionally, although the percentage of parolee reincarceration is similar

to that of max-outs, a large number of parolees return to prison for minor technical violations instead of new crimes. In 2008, one in five supervised offenders in New Jersey who were reincarcerated was for simple rule violation (i.e., missing a report date rather than criminal activity). The crime rate and rearrest rate of max-outs is considerably higher than that of parolees, so an increase in parole usage would significantly affect public safety (Pew, 2013). For example, among offenders released from prison in 2008, parolees were 36 percent less likely than max-outs to be incarcerated for a new crime (Pew 2014).

From a purely fiscal perspective, an increase

in parole would be much more cost effective than the current system. According to a recent report, it is more cost effective to release all offenders early on supervision than to leave them in prison for the duration of their sentences. The yearly cost of parole is only around one-tenth the yearly cost of incarceration, so a shorter sentence followed by parole not only reduces the costs incurred by rearrest and recidivism, but reduces the cost even of the primary sentence (Pew 2013).

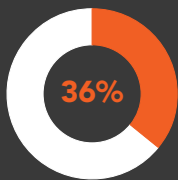
A number of other states have created mandatory post-release supervision in order to both improve public safety and reduce the costs of corrections. In 2011, Kentucky, which had a max-out rate similar to New Jersey's, passed a bill including a mandate for a period of post-release supervision for all offenders. By 2014, new offense rates were down by 30 percent, approximately 872 prison beds were saved each year, and more than \$29 million were saved in correction costs (Pew 2014).

“ The yearly cost of parole is only around one-tenth the yearly cost of incarceration, so a shorter sentence followed by parole not only reduces the costs incurred by rearrest and recidivism, but reduces the cost even of the primary sentence.”

Chart 6

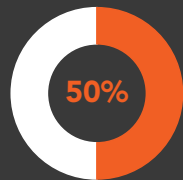
The Case for Increasing Parole Funding

PAROLE PROMOTES PUBLIC SAFETY



Parolees were **36% less likely than max-outs to return to prison for new crimes.**

This is true even when controlling for age, time served, offense, and criminal history.



Nearly half of all parolee rearrests occur after supervision has ended.

This suggests that supervision significantly affects criminal activity.



parolees in New Jersey were reincarcerated for rule violation instead of criminal activity (2008).

IT IS COST-EFFECTIVE

Annual Spending Per Individual Offender on Incarceration and Parole in New Jersey (2015):



Sources: Pew Charitable Trusts, 2013, 2014; New Jersey State Parole Board, 2016



Clients received extensive training to become apprentices through Laborers State Training Director Michael Cackowski. Among their educational experience was a hands-on construction training at the Laborers' 20,000 square foot training facility in Jamesburg, N.J.

“ There are currently a number of Community Resource Centers (CRCs), formerly known as Day Reporting Centers (DRCs), throughout New Jersey offering non-residential employment and treatment services to parolees and other court-mandated clients.”

A similar increase in parole in New Jersey would arguably yield similar results. In fiscal year 2016, the State of New Jersey spent \$98.4 million on the State Parole Board, which provided supervision to 15,617 offenders. This means that the supervision of each offender costs only \$6,300 annually, compared to \$54,865 annually for incarceration. **See Chart 7.**

Additionally, the risk-adjusted probability of reincarceration for a new offense is only 25 percent for parolees, compared to 39 percent for max-outs. For each max-out who recidivates, then, the state is unnecessarily spending over \$48,000 yearly during the period of incarceration that could be converted to time under supervision, and \$54,865 yearly when he is reincarcerated.

c.) Restructuring of Community Resource Centers

Third, the resources accessible to formerly incarcerated persons must be made comprehensive and thorough. There are currently a number of Community Resource Centers (CRCs), formerly known as Day Reporting Centers (DRCs), throughout New Jersey offering non-residential employment and treatment services to parolees and other court-mandated clients. These Centers work to reduce criminal behavior through application of cognitive behavioral therapy, relapse prevention, and personalized behavioral and employment-focused services. The centers 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 (referred to as DRCs below) throughout New Jersey (prior to NJRC beginning to operate a CRC) as compared to Phase 1 parolees. As **shown in Chart 8**, in a short-term

90-day analysis, there were no significant differences between the two groups' arrest rates and conviction rates. Of the arrests reported, however, those in DRCs 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 difference in arrests or convictions (Boyle, Raguso-Salerno, Lanterman, & Marcus, 2013).

This data indicates that on average, New Jersey CRCs do not in fact reduce recidivism or criminal behavior at all. In comparison, NJRC has run a CRC in Jersey City since 2015. Their comprehensive rearrest rate is 6.66 percent, less than a quarter that of Phase 1 parolees.

If CRCs are to remain a component of reentry programming in the state of New Jersey, they must be reinvigorated and reorganized under parole.

CRCs need to be especially equipped to provide these services and to fill the needs of each offender in each of the areas laid out by the Federal Interagency Reentry Council: employment, education, health care, and housing. To provide employment aid, every CRC must have training programs available for vocational skills, interviewing, and other job search skills, as

Chart 7

New Jersey Department of Corrections (DOC) Population and Budget				
	FY 2008	FY 2017	Difference	% Difference
DOC Population	23,158	17,956	↓ 5,202	22.5% decrease
DOC Budget	\$1.031 billion	\$962.6 million	↓ \$68.4 million	6.6% decrease
Parole Population	14,665	15,617	↑ 952	6.5% increase
Parole Budget	\$98.1 million	\$98.4 million	↑ \$.3 million	0.3% increase

The State of New Jersey Detailed Budget, Fiscal Years 2008 and 2017

well as direct access to employers. Education must be provided, especially GED preparation and post-secondary educational opportunities. To improve health care, CRCs need to expedite both health care access, and physical, mental, or substance abuse treatment on site or nearby with coordinated transportation.

The CRC in Kearny, operated by the NJRC, hires only professional level staff to serve the needs of the reentry population in Hudson County, including serving a high number of sex offenders who are mandated to ongoing treatment. The curriculums utilized in group programming are state of the art, evidence-based, strengths-based, and proven to work among the target population. As such, staff of the CRC utilize the SAMHSA Relapse Prevention model, cutting-edge employment literature developed by Executive Director John Koufos and Clinical Director Shae Cali, a strengths-based approach to sex offender

Chart 8

Outcome Measures by Study Condition for 90-Day Study Period						
Outcome Measure	Total N	Condition		Chi Square	OR	P
		DRC (%)	Phase 1 (%)			
Study Condition Completion Arrests: 90-Day Study Period	355	50.0	51.9	0.13	0.93	.72
Parole violation	355	4.7	10.8	9.69	—	.008*
New offense		24.7	14.1			
Arrests: Follow-up period						
6 months	307	34.0	31.9	0.16	1.10	.69
18 months	319	46.4	45.8	0.01	1.02	.93
Convictions: 90-Day Study Period						
Parole violation	355	5.9	10.3	2.27	—	.32
New offense		0.6	0.5			
Convictions: Follow-up Period						
6 months	304	21.5	8.8	9.81	2.86	.002**
18 months	325	25.8	29.4	0.53	0.84	.47

Note: If participants were incarcerated for more than half of each respective follow-up period and did not have an arrest or conviction on record, then they were excluded from the analyses for that period, as they were not able to commit an offense.

**p<.01.

“ Reentry services will be more effective and far-reaching only when provided in connection with the corrections system. A centralized governmental entity to govern best practices is essential.”

management, SAMHSA Anger Management for Dually Diagnosed Clients, and other targeted approaches to ensure best outcomes. Without these components, a CRC becomes a babysitting service where high-risk offenders may mingle in an unproductive environment, leading to the negative outcomes highlighted in the above study.

d.) Integration of Reentry

Fourth, parole and reentry services both being strengthened, reentry services need to be connected to the corrections system on local, state, and national levels. In a report on the results of its Prisoner Reentry Policy Academy in 2002, the National Governor’s

Association analyzed its best practices in policy and implementation. It says that “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.” Reentry services will be more effective and far-reaching only when provided in connection with the corrections system. A centralized governmental entity to govern best practices is essential.

Despite an urgent need for reentry services, individuals are denied access while still in custody of Corrections, which often results in not receiving any aid at all. The

prison system is poised to provide the incarcerated population with the services they need to successfully reenter society post-release, given that they are literally a captive population. Consequently, the integration of reentry service providers with corrections as a whole will not only strengthen reentry efforts but will allow reentry and corrections to combine efforts toward the same purpose of successful reintegration.

To that end, integration of reentry must include all necessary services, including employment and training, housing, licensing, drug and addiction treatment, healthcare access, mentoring, cognitive behavioral therapy, education, and legal aid. Once managed through corrections, these services can be connected and made increasingly accessible to reentry clients from a central source.

In a report in December of 2016, the Office of Justice Programs released a report on evidence-based practices of reentry case management. It found that the most successful reentry programs are those which have continuity and communication between providers of various services (Rossman, Willison, Lindquist, Walters,

& Lattimore, 2016). Not only does such connection allow for concentration of care post-release, but it also ensures evaluations of clients to be consistent from the time of incarceration on.

This centralization will enable all services and aid to be made easily and automatically available to the court-involved population. The process of reintegration must begin during or even prior to incarceration, where inmates can be made aware of programs and services for reentry and can be prepared for a successful release. All reentry programs can be linked to county probation services, the State Parole Board, the drug court system, and the federal corrections system so that offenders can be referred post-release to all available services. After release into supervision, offenders must be given explicit access to reentry services, including bolstered CRCs and any other resources in the area. This will allow for more direct and immediate aid to be provided, and will prevent reentering individuals from being left with no resources for staying out of the justice system. It will improve public safety, recidivism rates, and cost effectiveness for the corrections system and reentry programs statewide.



The process of reintegration must begin during or even prior to incarceration, where inmates can be made aware of programs and services for reentry and can be prepared for a successful release.

“ Integration of reentry must include all necessary services, including employment and training, housing, licensing, drug and addiction treatment, healthcare access, mentoring, cognitive behavioral therapy, education, and legal aid.”



“Community-backed reentry programs with a continuity of care and individual access are the most efficient way to remedy this issue while improving public safety, public health, and recidivism rates.”

Conclusion

The strengthening of reentry practices throughout the state will make New Jersey a national leader in reentry and will improve the cost effectiveness of the corrections system. Currently, \$1,076,981,000 of state funding is allocated to the corrections budget yearly, only to fund the cycle of recidivism which in turn creates even more cost. Numerous studies and successful reentry programs and initiatives throughout the country have shown that community-backed reentry programs with a continuity of care and individual access are the most efficient way to remedy this issue while improving public safety, public health, and recidivism rates.

The bolstering of New Jersey's reentry services in the four areas here recommended will better the state's cost efficiency while strengthening the community. The neighborhoods to which offenders return will benefit from a reduction in crime and delinquency. Prisons will be less overcrowded with offenders cycling in and out. The corrections system will not only improve cost efficiency, but will also be strengthened by its connection to reentry programs throughout the state working towards the same end and moving formerly incarcerated persons on the path to becoming contributing citizens.

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