

# ANNUAL REPORT

TO OPEN THE BLIND EYES,  
TO BRING OUT THE PRISONERS,  
AND THEM THAT SIT IN DARKNESS  
OUT OF THE PRISON HOUSE.

*ISAIAH 42:7 (KJV)*



# 2021

**NEW JERSEY REENTRY CORPORATION**

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## INTRODUCTION

Dear Fellow NJRC Advocates, Ambassadors & Partners,

The Calendar Year 2021 produced several significant challenges and opportunities for the New Jersey Reentry Corporation (NJRC).

NJRC had an exciting year. We provided: 1) critically-needed services for our 13,613 program participants, 2) The Governor's Reentry Training and Employment Center, providing for "industry-recognized" training for 1,500 program participants, 3) signed two Memorandums of Understanding with New Jersey Department of Corrections providing for Women's Health Care Navigation Services and Linkage of incarcerated person to NJRC services, as well as 4) the successful launch of our Veterans Outreach Initiative.

Services included 7,860 persons subscribing to Intensive Outpatient Treatment and/or Medication-Assisted Treatment, 4,847 persons receiving medical treatment, the 9,824 persons obtaining Medicaid, and the 4,222 MVC identification and birth certificates secured, NJRC provided over 1,500 persons with "industry-recognized" credentials at The Governor's Reentry Training and Employment Center.

At present, there are approximately 12,131 individuals in New Jersey State Correctional Institutions, 3,200 in Federal Prisons, and over 12,000 individuals in the New Jersey County Jail System on any given day. 50,062 persons were released in New Jersey during Calendar Year 2021, many of whom had previously been connected with the criminal justice system.

Moreover, this prison population reflects deep social problems of race, poverty and the failure of our social institutions to provide for New Jerseyans in a way that would reduce the rates of incarceration in the first place. For example, any attempt to discuss reentry practices, designed as they are to provide a first, if not last, opportunity for many to join society, cannot but recognize that New Jersey's prisons and jails reflect the worst racial disparity in the nation.

In New Jersey, historically African American adults are 12 times more likely and Latinos six times more likely than whites to be incarcerated. New Jersey has the highest racial disparity in state prisons in the nation. Moreover, prisons and jails serve persons that have disproportionately suffered from trauma, co-occurring medical conditions, and addiction, a problem that has been severely exacerbated by the current opioid crisis.

A staggering 78 percent of the incarcerated population in New Jersey suffers from drug or alcohol addiction; 42 percent of those suffering from addiction also present with a co-occurring mental illness. These problems serve to both complicate and emphasize the importance and urgency of the reentry process. For example, as is discussed in further detail below, incarcerated individuals with Substance Use Disorder (SUD) are 129 times more likely to overdose within the first two weeks of their prison release than are members of the general population. The problem is genuinely one of life and death.

New Jersey has begun to make progress in addressing these areas, and in doing so has begun reducing recidivism rates. This Annual Report is a reflection of the Murphy Administration's and State Legislature's resolve to continue that process, as are the appropriations which have supported reentry services in recent years. But daunting barriers—exacerbated by the problems of race, poverty and addiction— remain for the reentering prisoner, who will face difficult, sometimes insufferable obstacles to obtaining healthcare and especially addiction treatment; to obtaining employment, education, and job training; to obtaining the legal services that are essential to reintegration, such as management of impossible-to-meet financial obligations, obtainment of documentation needed to rejoin the community, and removal of old warrants; and to obtaining the true necessities of survival, such as housing.

Thank you particularly to our healthcare and legal partners, to our workforce training and employment partners, to Governor Murphy and the Administration, to Senate President Sweeney and Speaker Coughlin, to the faith community and prison reform advocates, and to all those of good will, who share in the conviction as the old spiritual proclaims, "we fall down, but we get up."

The responsibilities to assist persons with Second Chance opportunities is a shared personal and societal obligation. We are most grateful for you and all those who are sharing this journey with us to provide for new beginnings.

With all good wishes,

A handwritten signature in blue ink that reads "James G. McGreevey". The signature is stylized and includes a large, sweeping flourish at the end.

**Jim McGreevey**

# New Jersey Reentry Corporation (NJRC) Program Data



NJRC is committed to providing critically needed services to court-involved individuals. Case management and legal services link clients to addiction treatment, structured sober housing, job training and employment, mental health and medical care; thereby, assisting clients to achieve healthy self-sufficiency, reducing recidivism, and fostering safer communities.

## 10 Locations

- Bergen County • Essex County
- Hudson County • Middlesex County
- Monmouth County • Ocean County
- Passaic County • Union County

**13,613** NJRC Program Participants  
**50,062** Persons Released in NJ 2021  
**3,220** NJ Overdose Deaths 2021

Sources: NJDOC/CJR Report; CDC; NJCares (adjusted)

## NJRC Stats at a Glance



**19.7%**  
Rearrest



**10%**  
Reincarceration



**1,527**  
Apprenticeship  
Training



**49.7%**  
Employment (adjusted seasonally)



**9,824**  
Medicaid



**7,860**  
Intensive Outpatient  
Program/Medication  
Assisted Treatment



**4,847**  
Medical  
Treatment



**1,894**  
Psychiatric Treatment Facilities  
Behavioral/Mental Health



**2,134**  
MVC Identification  
Restored/Acquired



**2,088**  
Birth Certificates  
Obtained



**17**  
Latin American Nations  
Documents



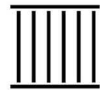
**2,192**  
Persons referred through  
NJDOC MOU for Public  
Health Emergency



**2,680**  
Emergency Kits  
Delivered in Prison



**345**  
The Women's Project  
Enrollment



**2,744**  
Participants  
(not PHE releasees)  
Enrolled in Fiscal Year 2020



**73**  
Pro Bono  
Attorneys







## I. DIRECT REENTRY SERVICES

### BEHAVIORAL AND MEDICAL HEALTHCARE

In New Jersey, the prevalence of mental and physical health conditions among those behind the wall and during reentry are substantial. A national study conducted by Cynthia Visher and Kamala Malik-Kane of the Justice Policy Center at the Urban Institute found that roughly eight out of ten men and nine out of ten women had a diagnosed medical need. Specifically, they found that one-seventh of men and one-third of women suffered from a mental health condition such as anxiety, depression, or post-traumatic stress disorder.

Additionally, half of men and two-thirds of women suffered from a physical health condition such as asthma, diabetes, hepatitis, or HIV/AIDS. Subsequent studies indicate that infectious diseases associated with injection drug use such as hepatitis and HIV/AIDS are rising as a result of the opioid epidemic. In response to these healthcare challenges NJRC provided direct medical services to 4,847 participants, addiction treatment to 7,860 participants, and psychiatric mental health counseling to 1,894 participants.

Coupled with social needs – such as food insecurity, housing instability, unemployment, and outstanding legal challenges – individuals in reentry are arguably some of the most medically and socially complex patients in the community. As a result, inmates and court-involved persons face several barriers to reliable and robust access to healthcare. Historically, court-involved persons have not received a broad array of medical screenings such as hepatitis testing despite such screening being considered an evidence-based best practice by multiple medical experts.

Nearing release, NJDOC and NJRC have now entered into a Memorandum of Understanding, whereupon NJRC will provide individuals with a comprehensive medical needs assessment, a physical Medicaid card, and appropriate medication (including MAT), as well as appropriate health care and medication records.

Historically, individuals in the justice system have 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 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 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).

“Behind the wall,’ there is a dearth of adequate medical and behavioral healthcare,” said Dr. Chris Pernell, University Hospital. “All too frequently, this deficiency is worsened by the failure to link health care services upon reentry into the community.” 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 Visser, 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 Visser, 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 prescribed addiction treatment medications, for instance, were about 35 percent and 44 percent respectively less likely to commit a violent re-offense than 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.

Specifically, the NJRC team-based intervention consists of a social worker and a case manager who works 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 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).



**Dr. Chris T. Pernell, MD,  
MPH, FACPM**



Several NJRC best practices benefit the reentry population. Three such best practices are 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 and access to all treatment is premised upon a recognition that behavioral change is difficult and best approached by seeking to minimize the short-term negative impact of 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 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 to provide robust, coordinated, field-based care for the NJRC reentry population.



**Petros Levounis**

Professor & Chair of the Department of  
Psychiatry, Rutgers Medical School



## **ADDICTION TREATMENT (DETOXIFICATION, RESIDENTIAL, IOP, MAT INDUCTION)**

For individuals in reentry, securing treatment for addiction is—by far—their most pressing need upon release. It is estimated premised upon NJCares data that 3,220 persons will die of overdose deaths in Calendar Year 2021.

With the opioid/fentanyl crisis now traversing through New Jersey faster than the HIV/AIDS epidemic, individuals who are arrested are likely dependent on opioids such as oxycodone, heroin, or fentanyl.

Upon release, those with opioid use disorder invariably are susceptible to relapse, overdose, and often death. A study published in The New England Journal of Medicine found that the risk of opioid overdose death during the first two weeks following release from prison or jail was 129 times greater than that of the general population. NJRC provides for clinically-based treatment from detoxification, residential treatment, Intensive Outpatient Program (IOP), and the induction of Medication-Assisted Treatment (MAT). As of December 2021, 7,860 program participants were enrolled in clinically-driven addiction treatment, including MAT induction, while 1,894 persons were enrolled in behavioral mental health treatment at clinically appropriate psychiatric or health care agencies.

Coupled with several of the other barriers to reentry, it is clear that reliable and robust access to addiction treatment and recovery services is one of the most pressing needs for those behind the wall and in reentry.

Addiction treatment in prison is provided by the Gateway Foundation, a national addiction treatment organization, and includes outpatient, intensive outpatient, short-term residential, and long-term residential treatment. In addition to programming by Mid-State and Edna Mahan, the NJDOC offers peer-based addiction programs regularly at all of its locations. These programs include Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Responsible Parenting, Living in Balance, Smart Recovery, and Engaging the Family.

The average treatment length for patients at Mid-State is 191 days, or approximately 6 months. After treatment, patients are returned to the general population, where they can participate in the programming cited above. Additional programming is available for individuals on parole, including the Mutual Agreement Program (MAP), which has been operational since 1984. MAP facilities are non-profit entities throughout the state that provide residential SUD treatment to parolees, often as a special condition of parole. Services provided at MAP facilities include counseling, cognitive behavioral therapy, life skills training, relapse prevention, and drug testing.

These measures taken in recent years are admirable, and move the state in the right direction in regard to addiction treatment within the criminal justice system; however, data indicates that these practices are not sufficient for the level of care needed by the population. Studies indicate that at least 70 percent of the incarcerated population is addicted, yet the current system provides treatment beds for only 3.9 percent of the prison population in the state. Additionally, drug use in prison is punished with administrative segregation, so that if an individual relapses once back in the general population, he or she will be put in detention rather than being given the opportunity for treatment. This is particularly troubling, given that the average 6 months of treatment offered is not considered long enough based on national standards and experts to maintain sobriety. The result is a dangerous fragmentation and inconsistency of care and support.

Recent statewide efforts to advance in addiction treatment practices both in general and within the incarcerated population has created precedent indicating the importance of improved care. It has additionally advanced the statewide conversation regarding addiction considerably, providing a basis for substantial improvement. However, in order to see meaningful results, the state must continue to move forward in implementing policies and standards that conform with evidence-based best practices and proven solutions to the opioid crisis.

## **MEDICATION ASSISTED TREATMENT (MAT)**

Medication Assisted Treatment (MAT), has become the national standard of care for opioid addiction treatment in recent years. MAT is defined by the U.S. Department of Health and Human Services' Center for Substance Abuse Treatment as "the use of medications, in combination with counseling and behavioral therapies to provide a whole patient approach to the treatment of substance abuse disorders." MAT programs constitute a "whole patient" approach through the combination of medication and behavioral care for comprehensive integrated treatment. MAT programs provide a carefully monitored and controlled level of medications that relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body, and patients so stabilized can engage effectively in counseling and other behavioral interventions essential to recovery.

There are two main types of MAT medication. Opioid agonists, such as Buprenorphine and Methadone, mimic the effects of opioids. Antagonists, such as extended-release Naltrexone, bind

to opioid receptors in order to prevent the high resulting from opioid abuse. Given the many factors which influence the uniqueness and heterogeneous needs of addicted individuals, the availability of all FDA- approved of medication is essential for effective treatment.

Multiple studies have shown that adherence to MAT cuts the risk of a fatal overdose in half and doubles the chance of recovery. A Massachusetts report showed that only 1.1 percent of those who started methadone or buprenorphine treatment after a nonfatal overdose died of a subsequent overdose, compared with 2.3 percent of those who did not receive treatment – a risk reduction of over 50 percent. Heroin overdose deaths decreased by 37 percent after buprenorphine became available in Baltimore. Among the addicted reentry population, MAT maintenance has been shown to reduce the risk of re-offense by 36.4 percent. NJRC provides for induction of MAT through a network of treatment partners, which has resulted in the enrollment of 7,860 program participants in a combination of detoxification, residential treatment, Intensive Outpatient Treatment, and MAT maintenance.

In order for MAT to be effective in achieving and maintaining sobriety, research indicates that treatment should be provided on a long-term basis, and that participation in treatment for less than 90 days significantly limits the efficacy of residential or outpatient treatment. Given the extreme nature of opioid addiction, patients have a very high risk of relapse if they are not given long term maintenance therapy; this is especially true of those with particularly severe addiction who require longer treatment and more comprehensive wrap-around services. For instance, a recent report released by the Surgeon General says: "... patients with serious substance use disorder are recommended to stay engaged for at least 1 year in the treatment process, which may involve participation in three to four different programs or services at reduced levels of intensity, all of which are ideally designed to help the patient prepare for continued self-management after treatment end.

While this *Annual Report* does not seek to be prescriptive, indeed the critical need is for multidimensional assessment so that individuals access treatment, which is unique to their personal care and treatment demands. The cardinal requirement is for there to be a studied engagement which is premised upon the ASAM Criteria: quality care, MAT access, peer support, housing, and vocational training. Treatment length of time must necessarily respond to patient substance abuse, as well as, related social consequences that can contribute to the risk of relapse.

The efficacy of long-term treatment is supported the success of other models. American Addiction Centers enrolled more than 4,000 patients as part of a study conducting 12 month SUD treatment. By the end of the year, 63 percent of patients were abstinent from all substances, frequency of heroin use decreased by 88 percent overall, frequency of other opiate use decreased by 95 percent, frequency of significant family conflict decreased by 87 percent, frequency of physical health problems decreased by 44 percent, and frequency of mental health problems decreased by 56 percent.

The costs of longer treatment based on best practices, although higher than traditional detoxification methods in the short-term, is far more cost-effective than traditional detoxification methods in the long term. A number of studies have confirmed this assertion, including a 2010 study which found that over a five-year period, those who received MAT had 50 percent lower total annual health plan costs than those who had two or more visits to an addiction treatment department but no MAT, and 62 percent lower than those with zero to one visit and no MAT.

## WRAP-AROUND SERVICES AND WHOLE PERSON CARE – NJRC

In order to effectively recover and maintain long-term sobriety, best practices indicate that addicted individuals need a robust support structure and comprehensive wrap-around services. Since 2014, the NJRC has provided such services for its clients, focusing on the needs of the reentry population. The NJRC model includes seven critical services:

- 1. Referral for addiction treatment through partnerships**
- 2. Sober transitional housing**
- 3. Training and employment**
- 4. Medicaid registration through Federally Qualified Health Centers and hospitals**
- 5. Motor Vehicle Commission identification**
- 6. Legal services working through the New Jersey State Bar Association, Young Lawyers Division**
- 7. Mentoring through partnership with faith-based and professional associations**

These essential services are provided through individual case management and partnership with the community.

Given the broad range of needs accompanying addiction, it is critical that wrap-around services be offered on a personal basis. The intersection between the addicted and incarcerated populations indicates that the needs of and barriers facing each often coincide. Moreover, research and best practices indicate that personalized wrap-around services facilitate stability and long-term success of treatment.





## LEGAL

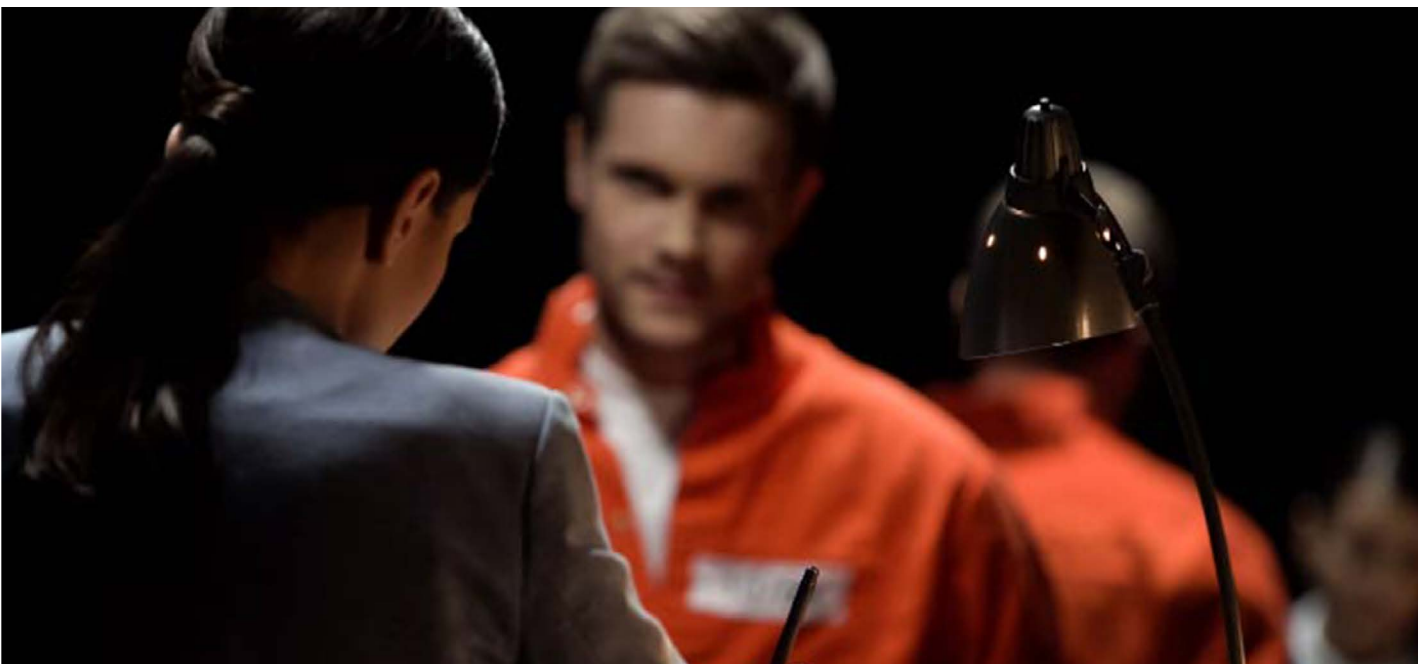
The Legal Department of NJRC has reinstated 4,222 MVC identification and birth certificates, enabling persons to qualify for SNAP food stamps, General Assistance (GA), Medicaid, Division of Vocational Rehabilitation benefits, One-Stop eligibility, and Individual Training Accounts (ITAs) participation with the New Jersey Department of Labor. Additionally, within the past year, the Legal Department has vacated over \$130,000 in legal fines for our clients.

The legal barriers of successful reintegration into the community by formerly incarcerated persons are interdependent upon one another. The effects of one legal barrier build upon another, creating an increasingly deeper hole that the individual is unable to escape. With no hope, there is a significant increase in the likelihood of recidivism among those who face these substantial legal barriers.

The Legal Services Department of New Jersey Reentry Corporation (NJRC) removes legal barriers that impede our program participants from successfully reintegrating into society. NJRC Legal Services Coordinators develop coherent lines of communication between program participants and entities such as Superior and Municipal Courts, administrative, and other governmental agencies that may make successful reintegration a difficult and discouraging journey.

Legal Service Coordinators assist participants with navigating New Jersey Municipal Courts and their necessary applications. They also help participants through document collection, corresponding with the courts and other entities, and additional hurdles imposed by the government agencies that make it difficult to restore driving privileges, obtain identification, and connect to government services and benefits for which they may be qualified.

In restoring the New Jersey driving privileges for our participants, the Legal Services Department aids participants in developing and executing a plan of action that allows for the reinstatement of driving privileges supporting a successful reintegration. NJRC's legal team routinely sends requests to Municipal Courts to lift driver license suspensions, waive or reduce fines through time served by our participants, and recall warrants that jeopardize their driving privileges.





## NJRC ESPÍRITU LATINO

According to our Immigration Conference keynote speaker Attorney Michale Wildes, “Immigration law is complicated in general, and even factors that might seem insignificant can have a major impact on the outcome. It’s important to have proper legal counsel throughout any immigration process to make sure each step, every form and every action, is handled properly. That’s especially true if the applicant has any factors that might complicate their case, in particular any kind of criminal charge, conviction or other history. Due to immigration’s inadmissibility and deportability rules, most people accused of a crime will be looking at potential immigration consequences, if their criminal matters are not handled properly by a professional trained in U.S. immigration law. This often has an impact on the Latino community, who may be disproportionately targeted by police, and who often do not fully understand the consequences of relatively minor offenses, due to language barriers and lack of access to decent lawyers due to limited means.

Any immigrant, even a green card holder, who comes in contact with the criminal justice system needs to make sure they understand the immigration consequences of any potential plea or admission right from the start. Pleading down to a minor misdemeanor that does not require jail time may still make the person permanently inadmissible or deportable from the United States. The factors that are important in criminal and immigration cases are oftentimes completely unaligned, so it’s important to recognize that a criminal defense attorney is not a replacement for an immigration attorney. A person convicted of a sexual offense against a minor who does a decade in prison might not be faced with any immigration consequences, while a person convicted of a petty shoplifting offense or a minor drug conviction may end up being removed from the United States with no option to return. It is absolutely imperative to seek advice from a seasoned immigration attorney any time an immigrant has an interaction with police or the courts.





It's important to keep in mind that immigration frequently uses a one strike and you're out policy, so there may be no do-overs if things are not handled properly the first time. Immigrants convicted of certain crimes, regardless of their actual guilt or the balance of their charitable contributions and community service, will become deportable and permanently inadmissible from the United States. While in general most Americans believe in second chances, that ethic has not always transferred over to the world of immigration law."

For court involved persons confronting issues of status: "If you are a permanent resident and get arrested, you should immediately consult with an immigration attorney to see how the charges will affect your status. Ideally, your criminal lawyer will work with your immigration lawyer to devise a plea deal that won't affect your permanent resident status AND won't bar you from becoming a citizen. Deportation is not the only concern for a permanent resident facing criminal charges. It can also affect their eligibility for citizenship. Don't wait until after you've been convicted to talk to an immigration attorney." Ana Yngelmo, ESQ.

For more information on NJRC Espiritu Latino initiative, please visit our website at <https://www.njreentry.org/espirtu-latino>



## II. THE GOVERNOR'S REENTRY TRAINING & EMPLOYMENT CENTER

Crucial to those returning from incarceration to their communities is employment. Employed individuals are significantly less likely to return to incarceration post-release as employment enables successful reintegration. However, employment, for various reasons, is often difficult or out of reach for those seeking reentry. Minimizing these difficulties offers the best chance for individuals to recidivate and offers societal benefits such as cost savings, increased tax revenue, and less provision of additional services.

Employment for NJRC program participants has fluctuated through PHE and its aftermath, rebounding slightly in the recent past.

Prior to the PHE, the employment rate for NJRC program participants in September of 2019 was 62%. In April 2020 (7 months later) during PHE, employment rate plummeted to 41%, while in November 2021 (7 months later), employment rate has incrementally increased to 49.7%.

The PHE provided both disincentives and incentives to employ the court-involved population. While recognizing traditional barriers to employment often limit the ability of a recently incarcerated individual from obtaining employment, the Governor's Reentry Training and Employment Center now provides for "industry-recognized" credentials, which have increased the marketability of NJRC program participants.

Additionally, requirements of the criminal justice system may hinder employability as schedules and requirements, such as curfew, often interfere with potential employment opportunities. Another barrier to employment is education. Many former inmates do not have the educational opportunities required for an effective return to society. Educational programs can exist in many forms, from vocational training to even college courses. Unfortunately, the opportunities within prison facilities to integrate such programs that provide significantly higher employability are considerably lacking.

There is a lack of consistency about the programs that individual facilities offer, even within New Jersey itself. Nationally, 30% of individuals attempting to return to communal life do not even possess a high school diploma or GED, which, if provided with opportunity, one could earn while incarcerated with relative ease. The Governor's Reentry Training and Employment Center has provided specific credentials in reentry-friendly industries, which have substantially increased the marketability and desirability of NJRC program participants.



Second Generation Reentry employs the critical necessity of industry recognized skill-based certification as the foundational training for long term successful employment. The New Jersey Reentry Corporation (NJRC) is committed to providing our participants with our traditional wraparound services, including state and federal benefits, healthcare, legal services, housing referrals, and employment. Yet, employment now requires that NJRC tests, determine appropriate career tracks, and provide the necessary skill training and apprenticeship to establish a career.

The 29,000 square foot Governor's Reentry Training & Employment Center in Kearny, NJ, is a generous offering of Wendy Neu of the Hugo Neu Corporation. The facility houses 9 classrooms and conference spaces where NJRC participants will receive training in ten (10) major certification skill sets: 1) Solar Panel Installation, 2) Construction Industry, 3) CISCO Certification Networking Technician Certification, 4) HVAC, 5) Electrical Assistant, 6) Forklift Training, 7) Peer Recovery Specialist, 8) Solar Panel Sales Associate, 9) Culinary Arts, 10) Medical Assistant/Medical Billing & Coding, as well as, providing private access to Telemedicine and Medication-Assisted Treatment (MAT).

The Governor's Reentry Training & Employment Center and the NJRC "employer network" mentor NJRC program participants who have enrolled in the center with an employer onboarding process for those who have been deemed "work ready," obtained certification, and have been federally bonded for employment.



## **PROBLEM AND OPPORTUNITY**

The Biden Administration's plans to invest in infrastructure and green jobs will bring opportunities to target workforce, training and employment funding to under served and hard-hit communities, particularly low-income communities of color. It is imperative that the reentry community benefit from this investment. Helping court-involved individuals achieve healthy self-sufficiency requires targeted efforts and investments in employment. Such efforts should follow a blueprint for success, a three-fold approach that (1) bridges individuals to supportive wraparound services, (2) develops customized training and workforce development opportunities in in-demand industries, and (3) works closely with employers to find quality job placements. With smart, coordinated investment, we can help these individuals stabilize their lives so they may achieve healthy self-sufficiency, largely through employment opportunities that bring prosperity to them, their families, and communities.

## **HIGH STAKES AND THE NEED FOR REDRESS**

The pandemic has raised the stakes for connecting court-involved individuals to federal stimulus for several reasons: First, the pandemic has expedited the release of at risk inmates in many states in order to decompress prisons and alleviate the public health emergency. Under its groundbreaking Pandemic Credit Relief law, New Jersey, for example, has released several thousand individuals. However, the struggling state of the economy has made linking this population to employment more difficult. NJRC, for example, has seen a 10% drop in its employment rate since the onset of the pandemic. Additionally, for many of those who were already released—and employed—when the pandemic hit, they were among the first ones to be laid off. Many of these clients have had to come back to NJRC for help. For some, like those employed in the hospitality industry, opportunities have dried up. We need training for careers in new industries that have staying power.

Unemployment magnifies the impact on the reentry population, which is highly vulnerable across multiple systems: the formerly incarcerated are 13 times more likely to become homeless; between 60 and 75% of individuals are unemployed in the year following their release; and they are at high risk for hospitalization including through emergency departments visits (one in twelve individuals end up hospitalized within 90 days of release). Moreover, they suffer disproportionately from substance use disorders (SUDs) at a rate of nearly 70%, the consequences of which are staggering: studies have found that the risk of opioid overdose death for an individual with OUD during the first two weeks following release is 129 times greater than that of the general population. With opioid deaths on the rise—New Jersey, for example, saw a 20% increase in opioid-related deaths in the first five months of 2020—connecting this population to employment is a critical strategy for securing their health, preventing overdose, and keeping them stably housed.

We need to think of the reentry population as an economic asset to their larger communities—helping them gain employment adds to their communities' economic growth and cultivates the pool of human talent. A path towards inclusion and investment is really an investment in low-income communities of color overall. The interventions needed to address the reentry population are known and achievable; the challenge we face is to accompany the supportive response with smart and targeted employment training and workforce development opportunities.

Ripe Opportunity for Investment

With a shift to investment in green jobs and infrastructure thanks to the Biden Administration, there is even more of a premium on training and workforce development. This is an opportunity to train and prepare court-involved individuals for well-paying jobs with ladders for growth. This is a population that is not only deserving of such investment, but who have significant strengths to offer the workforce. Getting this right is a matter of justice and fairness: court-involved individuals are doubly impacted by Covid-19, with inmate populations being among the hardest hit by infections and deaths in the country, and the formerly incarcerated drawing disproportionately from communities of color which have borne the brunt of the virus due to social determinants of health.

New Jersey's experience demonstrates that industry leaders are ready, willing and engaged partners in these efforts. Through a confluence of events—the havoc that the pandemic has wreaked on communities of color, the national reckoning on racial justice, and the desire to address mass incarceration—the private sector is looking for ways it can direct its Diversity and Inclusion efforts towards meaningful action. Through NJRC's partnership with the NJ Business Industry Association, we are developing an approach that promises to make good on this possibility. To that end, reentry service providers need to be funded, and need to be positioned to work with state and local partners—local workforce development and one-stops, public and private employers, and service providers—to leverage these opportunities. We need to prioritize the reentry population as part of federal, state and local investment.





## THREE-PRONGED REENTRY-FOCUSED APPROACH

Reentry service providers are already providing the key ingredient to success through a wraparound service approach that provides stability and support to a complex set of problems. For many, the key next step is investing resources directly into creating training opportunities for their participants. Providers don't have to become trainers themselves. Rather, in partnership with industry leaders and government, they should target industries and trainings that will help their participants, and then coordinate the key pieces: providing the foundation of key support services, identifying and arranging for the best industries and training opportunities, enlisting expert trainers to customize and conduct trainings, and designing a comprehensive strategy to enlist employers who are committed to hiring among reentry.

### 1. BUILD ON WHAT REENTRY SERVICE PROVIDERS ARE DOING AND DOING WELL - PROVIDING INTEGRATED WRAPAROUND SERVICES AS THE FOUNDATION FOR SUCCESS

Organizations like NJRC empower court-involved individuals to achieve healthy self-sufficiency by providing employment training and helping secure job opportunities, helping individuals obtain medical, mental, and behavioral health services (including addiction treatment), providing legal services (e.g., expungement, license restoration), and connecting individuals to housing. Addressing the needs of the whole person and providing ongoing case management and services ensure success and continued stability. These services work to provide the backbone of healthy and lasting reentry.

There are several additional areas where service providers can fashion their services in a way that advances the goals of employment:

- **Addiction Treatment & Mental Health.** Industry leaders have identified SUD and mental health treatment as perhaps the most critical among these services; through a trauma-informed and therapeutic approach, reentry service providers can link their participants to medical, mental and behavioral healthcare services that for many are a precondition to successful reentry and future employment. Evidence that such treatment is in place can be determinative for a tentative employer.

- **Soft Skills.** Organizations can also fold the development of soft skills into their services to best position participants—this includes both life skills work (conflict resolution, stress management, and time management) but also lessons from experienced human resources experts on interviewing skills and how to market yourself.
- **Mentorship** – “Adopt a Returning Citizen.” Additionally, through a new initiative, Adopt a Returning Citizen, NJRC is working with employers and industry leaders across the state to link participants to employment-focused mentors. These mentors are there as a resource for participants as they launch (and re-launch) their careers, providing mental and emotional support, career advice, and, above all, to be there as a positive source of fellowship.



## 2. TARGETING INDUSTRIES AND APPROPRIATE TRAININGS AND CONDUCTING TRAININGS DIRECTLY

The host of challenges facing the reentry population requires a tailored approach that is smart about directing participants to career opportunities with ladders for growth and in industries with staying power.

- Three Key Criteria: In-Demand Jobs, Growth Industries, Achievable Skill-Gap. The key first step is to identify industries that meet three criteria:
  - (A) they have in-demand jobs
  - (B) there is an easily closeable skill gap for entry-level jobs
  - (C) the industries are both well-positioned to thrive in our economy and present ladders for growth that are achievable for the formerly incarcerated.

These industries include construction, green jobs and smart buildings (e.g., electrical, carpentry), food services, healthcare, and IT training. It is incumbent on us to take an expansive view

of the Biden Administration’s plans to invest in green jobs and infrastructure; these investments extend beyond just construction jobs, but also draw on skilled labor needed in the knowledge economy. For example, green jobs increasingly include investments in revolutionizing our grid which will draw on IT training and a labor force skilled in computer systems and the Internet of Things.

- Tailored Training – Built Around Requirements of Hiring Commitments and Reasonable Duration. Training for the reentry population should be customized. Linking training to supportive services discussed above is key. But so are other elements: formerly incarcerated individuals face a slew of financial and housing challenges that intensify the need to find job placement as quickly as possible following release. (This challenge is magnified for individuals who have convictions for the sale of controlled dangerous substances (CDS) due to their ineligibility for Work First NJ and Temporary Rental Assistance—they can ill afford months-long, full-time training without access to dependable financial supports.) This militates for creating trainings that can close a skill-gap through an efficient and relatively short training program, using pre-apprenticeships, and designing the curriculum around the specific needs of committed employers.

**Apply Today @ [www.njreentry.org/governors-training-employment-center](http://www.njreentry.org/governors-training-employment-center)**

We have a large range of classes and services for court-involved citizens. We offer development for Plumbing Assistant & Building Maintenance, Electrical Assistant & HVAC, General Educaiton Development (GED), General Construction, Cisco Certification, Mechanics, Veterans Services, Solar Panel Installation, Certified Phlebotomy Technician, and Telemedicine & Addiction Treatment.



**Solar Panel Installation**

- Understanding of Solar Energy Systems
- Building Code Requirements
- Hands-On Rooftop Installation Training (Residential & Commercial)



**Mechanics**

- Automotive Technology
- Collision Repair and Refinishing
- Diesel Technology
- Heavy Equipment



**Certified Clinical Medical Assistant**

- Assisting with Patient Exams
- Telephone & In-Person Screenings
- Record Maintenance
- Understanding of Equipment & Procedures



**Telemedicine & Addiction Treatment**

- Federally Qualified Healthcare Centers
- Mental & Behavioral Healthcare Services
- Medically Assisted Treatment Services



**Electrical Assistant**

- Basic Electricity
- Electrical Components & Installation



**Heating, Ventilation and Air Conditioning (HVAC)**

- Fundamentals of Math & HVAC
- Air Conditioning & Refrigeration



**Cisco Certification**

- Network Fundamentals
- Network Access
- IP Connectivity
- IP Services
- Security Fundamentals
- Automation and Programmability



**General Education Development (GED)**

- Math (Geometry, Statistics)
- Social Studies (Government, History, Economics)
- Science (Life & Physical Science, Charts & Tables)
- Language Arts (Grammar, Essay Writing)



**Solar Panel Sales Associate**

- Educate homeowners about the benefits of solar
- Paid training during the entirety of the course
- Remote and in-person job duties
- Salary based with commission incentives



**Certified Peer Recovery Specialist**

- Assisting men and women who are in active addiction
- Educate program participants about various modes of recovery
- Linking participants to formal recovery supports





### 3. QUALITY PLACEMENT AND PARTNERSHIP APPROACH

Securing hiring commitments from employers to hire graduates of training programs is perhaps more important than the training itself. For some employers, this may mean expanding their existing commitment to the reentry population by helping to place them in new job categories; for others, it means bringing them into the fold, pre-apprenticeship training, and apprenticeship training in private, public, and union employment. For both, a variety of strategies are needed:

- Build the Case for Success Through Partnerships and Promoting Reentry via Established Industry Networks. When reentry service providers and criminal justice advocates partner with leading business associations, they can use these relationships as a platform to elevate successes and enlist the involvement of other industry leaders. NJRC has partnered with the New Jersey Business Industry Association (NJBIA) on a workgroup that enlists industry leaders to commit to hiring court-involved individuals. Some strategies include “Hire One,” where employers can get involved by committing to hiring one formerly incarcerated person. The idea is that a successful experience will lead to more hires. Workgroups like these create platforms for marketing the advantages of hiring reentry (see below).
- Marketing the Advantages of Hiring Reentry – Retention, Hard Work and Savings. Employers who have a history of reentry-friendly hiring practices have one thing in common: experience employing formerly incarcerated individuals demonstrates that they are worth the investment. NJRC is working with new partners including private, public, and union employment across industries—construction, the energy sector, and tech companies—to market the advantages of hiring reentry. These advantages include retention/decrease in turnover, the value of the worker, and savings: Higher Retention: Studies indicate that employers who hire individuals with criminal records have higher retention rates: At Total Wine & More, a reentry-friendly company, human resources managers found that turnover was 12.2% lower annually for employees with criminal records. Higher retention rates translate to savings to companies: according to the Center for American Progress, the cost of employer turnover is between 16% and 20% of the employee’s salary.
- Hard Work: Individuals with criminal backgrounds tend to work harder: a USA Army

study demonstrates that individuals with criminal histories were 33% more likely to be promoted to sergeant, a product of hard work.

- Savings via Formal Partnership. By creating a pipeline between training, preapprenticeship and employment opportunities, NJRC will help reduce employers' costs by, effectively, acting as a recruiter for employers. Savings to companies will accrue through reduced aggregated cost factor, including through human resources and training costs. Other Benefits: Employers hiring the formerly incarcerated can take advantage of federal Work Opportunity Tax Credits and federal bonding program.



## **ADDRESS CONCERNS REGARDING RISK AND RECIDIVISM**

Employers are increasingly interested in hiring reentry participants—especially in light of criminal justice reform and the desire to ensure training and employment opportunities for court-involved persons. Despite this desire, many employers have an aversion to hiring individuals with criminal backgrounds—whether due to policy or concerns about risk. NJRC's approach of providing on-going case management can be a critical tool in overcoming this barrier: it provides employers and hiring managers with a rational basis to waive or grant exceptions to policy. For example, where a candidate participates in certain prescribed case management services (e.g., counseling, treatment, job readiness, and where there is accountability to a third party, in this case, NJRC), it gives employers the confidence to adjust their risk assessment in favor of the candidate. The existence of ongoing case management services by service providers who are known quantities could give employers the comfort and sense of accountability to change their policies and hire individuals who participate in such a process. Reentry service providers like NJRC can also assist these employers in navigating internal issues with HR hiring practices and policies and risk management, by helping them identify model hiring practices and "exceptions to policy" where appropriate.



## NJRC Business Partners

### AeroFarms

Action Staffing  
 Active Staffing  
 Accu Staffing Services  
 Air Group  
 Ajulia  
 APN  
 Arrow Staffing  
 Bob's Furniture  
 Broad Waverly  
 Brooklyn Grange Brooklyn  
 Navy Yard  
 Carls Fencing  
 CE Logistics  
 Crystal Springs Resort  
 Courier Systems  
 CSL Plasma  
 D&J Moving and Installation  
 Dollar Tree  
 Driscoll Foods  
 Empowered U  
 Encardia Staffing  
 Georgia Pacific Company  
 Eastern Millwork, Inc.  
 Express Employment Professionals  
 Express Pros.  
 GetPortioned

### Sansone Auto

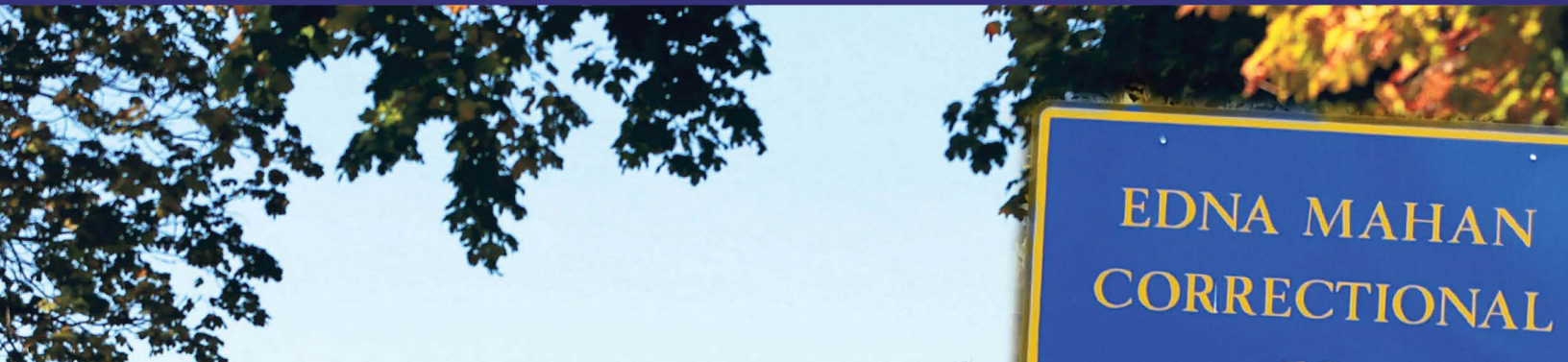
Green Field Construction Group  
 Greenway Products & Services  
 Gourmet Kitchen  
 Fabuwood Cabinetry  
 FedEx  
 Fleet Wash  
 Franklin Social  
 Forem Facility Management, LLC  
 Gourmet Kitchen  
 Home Depot  
 Hudson Community Enterprises  
 Hugo Neu Corp  
 I-HOP  
 Joc Electric Inc.  
 Kat's Botanicals  
 LF Graphics LLC  
 LineStar Tubing Co.  
 Make USA  
 Marketing Plus  
 Massis Staffing  
 Mavis Tire  
 Mecca & Son Trucking Co.  
 Mirrotek International  
 Morrissey's Moving Company  
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 My Unique Thrift LLC

### UPS

National Auto  
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 Pasta Volo  
 People Ready  
 Preferred Freezer  
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 Restaurant Depot  
 Reset Woodbridge  
 Revolution Foods  
 Robert Half Staffing  
 Seton Hall University  
 Staffing Alternatives  
 Staff Management  
 Swift Medical Servicers  
 System One  
 Target Temporaries  
 The Royal Group  
 Tipico Cheese Products  
 USS Corporation  
 VitoZone  
 Wenner Bakery  
 Woodhaven Lumber & Millwork

### Wakefern/Shoprite

# THE WOMEN'S PROJECT



### III. THE WOMEN'S PROJECT

The Women's Project is an initiative of women advocates in New Jersey to respond to the conditions and challenges of Edna Mahan Correctional Facility for Women.

The Women's Project co chaired by Dr. Tanya Pagan and Linda Baraka with the expertise of Medical Director Dr. Gloria Bachmann serves as the link to leaders in the State Legislature, Houses of Worship, nonprofit community, healthcare community, legal community, and beyond, to those incarcerated women, who have been recently released from state prison, county jail, and addiction treatment with NJRC critically-needed services.

We are grateful to the Commission on Reentry Services for Women, formerly incarcerated women, legislators, physicians, lawyers, and concerned advocates for their research and tenacity in setting forward their objective criticisms and recommendations for improved services for women both "behind the wall," and during the reentry process. Legislators, advocates, and Commission members have served as a conduit to ensure that women leaving New Jersey correctional facilities receive valued essentials, including legal and medical services, identification, housing referrals, and workforce training and employment.

## WOMEN ADVOCATES FOR REFORM AND REENTRY SERVICES

As we grapple with the systemic challenges of women in prison and those returning home, we need to call upon the expertise, resources, and skills of leaders in the fields of addiction treatment, medicine particularly obstetrician-gynecologist, mental healthcare, anxiety, depression, trauma, sexual abuse, domestic violence, criminal justice system, housing, training and employment, and family reunification.

Jennifer Crea Aydjian  
Dr. Gloria Bachmann  
Linda Jumah Baraka  
Dean Kathleen Boozang, Esq.  
Dr. Laura Budinick  
Rahat Chatha, Esq.

Prosecutor Yolanda Ciccone, Esq.  
Joan Dublin  
Rev. Pamela Jones  
Jeannine LaRue  
Wendy Martinez  
Leslie Franks McRae

Gale Muhammad  
Dr. Tanya Pagán Raggio-Ashley  
Adrienne Simpkins  
Rev. Dr. Regena Thomas  
Dr. Su Wang

## ELECTED WOMEN LEADERS IN THE STATE OF NEW JERSEY

Thank you to the strong and powerful women, who serve in the United States Congress and in New Jersey State Government for your compassionate and valuable advocacy of imprisoned women, reentering women, and those suffering from addiction, sexual violence, and domestic abuse. This report provides a road map to begin addressing the necessary changes required to improve the historic deficiencies in the care and treatment of incarcerated women and those returning to society.

**U.S. House of Representatives** Bonnie Watson Coleman and Mikie Sherrill  
**STATE** Lt. Governor Sheila Oliver

## STATE SENATE

Senator Dawn Marie Addiego  
Senator Kristin M. Corrado  
Senator Nilsa I. Cruz-Perez  
Senator Sandra B. Cunningham

Senator Nia H. Gill, Esq.  
Senator Linda R. Greenstein  
Senator Nellie Pou  
Senator M. Teresa Ruiz

Senator Holly T. Schepisi  
Senator Shirley K. Turner  
Senator Loretta Weinberg

## GENERAL ASSEMBLY

Assemblywoman Linda S. Carter  
Assemblywoman Annette Chaparro  
Assemblywoman BettyLou DeCroce  
Assemblywoman DeAnne C. DeFuccio  
Assemblywoman Serena DiMaso  
Assemblywoman Joann Downey  
Assemblywoman Aura K. Dunn  
Assemblywoman DiAnne C. Gove  
Assemblywoman Mila M. Jasey  
Assemblywoman Angelica M. Jimenez  
Assemblywoman Pamela R. Lampitt  
Assemblywoman Yvonne Lopez  
Assemblywoman Angela V. McKnight

Assemblywoman Gabriela M. Mosquera  
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Assemblywoman Annette Quijano  
Assemblywoman Verlina Reynolds-Jackson  
Assemblywoman Shanique Speight  
Assemblywoman Jean Stanfield  
Assemblywoman Shavonda E. Sumter  
Assemblywoman Lisa Swain  
Assemblywoman Britnee N. Timberlake  
Assemblywoman Cleopatra G. Tucker  
Assemblywoman Valerie Vainieri Huttie



## **NURSE NAVIGATOR**

With the support of Governor Murphy, Senate President Sweeney, and Speaker Coughlin, NJRC has bolstered reentry services for over 400 women across a broad array, but most particularly in providing for nurse navigation services to connect women to OB/GYN, diabetes, hypertension, hepatitis B and C, mental health, and addiction treatment.

We have had much success with our Nurse Navigator, who has connected over 400 NJRC women program participants to OB/GYN, diabetes, hepatitis B and C, mental health (depression, anxiety, bipolar disorder, etc.), and addiction treatment (detox, residential, Intensive Out-Patient, Medication-Assisted Treatment) services.

In a small support group format, healthcare providers assisted NJRC women program participants with primary care, specialty care (endocrinology, cardiology, pulmonary), sexual and reproductive health, behavioral health, trauma, substance use, depression, anxiety, and resignation, children and family relationships, and intimate relationships.

Although recommended topics were used as a guide while planning, participants were regularly polled, and workshops were ultimately developed based on their current needs and interests. The goal of each workshop was to provide participants with information, equitable access to resources, and support.

In partnership with Dr. Chris Pernell, Yun Jun (Cathy) Cho, and Gladys Martinez of University Hospital; Dr. Gloria Bachmann of Robert Wood Johnson University Hospital; Dr. Noelle Aikman of Hackensack Meridian Health and Jersey Shore University Medical Center; and Helen Archontou of YWCA Northern New Jersey, NJRC Nurse Navigator Aleyja Aguirre facilitated the Circle of Care initiative for 75 NJRC women program participants.

Of these 75 women, 34 identify as African American, 24 as Caucasian, 10 as Hispanic, 5 as Other/Multiracial, and 2 as Asian. 39 of the women have children.



## NJDOC HEALTH NAVIGATION SERVICES

In October of 2021, NJRC and the New Jersey Department of Corrections (NJDOC) signed a Memorandum of Understanding, solidifying a partnership for women's reentry services. NJRC will provide Health Navigation services at Edna Mahan Correctional Facility for Women (EMCFW), the first-of-its-kind post-release support service under this administration.

Led by NJRC, the Health Navigator, in partnership with the NJDOC, connects women to community practitioners in the fields of behavioral health, addiction, domestic violence, sexual assault, mental health, obstetrics, and gynecology, with follow-up support to determine additional support needs post-release.

In addition to connecting individuals to community practitioners the Health Navigator seeks to bridge gaps in the areas of social, occupational, intellectual, financial, and spiritual support services, incorporating family and significant others wherever possible within these holistic health plans assessed every three months.

NJRC and NJDOC's initiative will be critical in addressing the individual health care needs of women incarcerated at Edna Mahan, ensuring that they receive necessary medical and behavioral health care services upon release.



## THE JOURNAL OF WOMEN AND CRIMINAL JUSTICE

*The Journal of Women and Criminal Justice*, sponsored by The Women's Project, broke national ground in providing a voice for women in prison.

We are grateful for the leadership of Dr. Gloria Bachmann, who serves as our Editor, the justice-involved women, and advocates who made the first edition of *The Journal of Women and Criminal Justice* possible. The art and writing, which came from all across the country, were a powerful testament to the need to expand and improve healthcare services for currently and formerly incarcerated women.

Through partnerships with advocates, legislators, nonprofits, social service providers, and correctional facilities across the country, we are now launching the second edition of *The Journal* (please see the flyer below). The second edition will be released in January of 2022.

# *The Journal of Women and Criminal Justice*



## **Perceptions of Incarceration**

The mission of The Journal is to amplify the voices of court-involved women, while making the public aware of critical health and well being issues, so social and political change can occur.

**SUMMER  
EDITION  
2021**



## NATIONAL CONFERENCE ON CORRECTIONAL HEALTH CARE

Under the leadership of Dr. Gloria Bachmann, the Commission on Reentry Services for Women was selected to make four major presentations at the National Conference on Correctional Health Care (NCCHC) in Chicago in late October/early November.

Representing the Commission and NJRC, a team of advocates and physicians presented on a broad array of women’s healthcare issues in four (4) distinct panels before a national audience.

### “HOW THE NEW JERSEY COMMISSION ON REENTRY SERVICES FOR WOMEN ADDRESSES CLIENT NEEDS: A CASE STUDY”

**Presenters:**

Dr. Gloria Bachmann, Dr. Juana Hutchinson-Colas, Sofia Lesnewski, Sherri Goldberg, and Khadija Alshowaikh

**Description:**

The health care needs of justice-involved women are extensive. Health care providers can help meet those needs by partnering with advocates to support legislative change. In New Jersey, advocacy resulted in the creation of the New Jersey Commission on Reentry Services for Women. Attendees can learn about ways to partner with advocates to meet the needs of justice-involved women in their own communities and states through this case study.

**Educational objectives:**

- identify best practices in how medical providers can partner with advocates and legislators to advance reforms
- Describe the health care needs of justice-involved women
- Apply these lessons to advocate in one’s own community

## “PRENATAL CARE FOR INCARCERATED WOMEN: NEED FOR STANDARDIZED TEMPLATES”



### **Presenters:**

Dr. Gloria Bachmann, Jaineel Kothari, Dr. Adi Katz, Ngozi Anaemejeh, and Khadija Alshowaikh

### **Description:**

This session will describe how pregnant incarcerated women should be considered as high risk obstetrical individuals regarding their prenatal care. This view should be universal regardless of the woman's age and overall medical health and wellness. The unique hurdles of being incarcerated including isolation from family and friends, inability for full mobility, stigma of being in prison, lack of privacy, and sociopsychological concerns add risk to the mother and her fetus. The NJ Commission for Women's Reentry Health Committee is creating templates to uniformly address these prenatal needs.

### **Learning Objectives:**

- Review the unique needs of pregnant incarcerated women
- Describe the reasons that pregnancy while in prison should be considered high risk
- Explore steps to take to enhance prenatal care

## “NUTRITIONAL CHALLENGES OF INCARCERATED WOMEN”

### **Presenters:**

Jaineel Kothari, Ngozi Anaemejeh, and Khadija Alshowaikh

### **Description:**

Regulated nutritional standards allow public health and criminal justice professionals to improve predominantly marginalized populations' health and reduce disease burden and health care costs. Drawing on the New Jersey Commission on Women's Reentry objectives, this session describes nutrition in prison and challenges to the delivery of a well-balanced diet, including the accessibility of religious and cultural diets, availability of special dietary considerations for pregnant people, lack of nutritional awareness among the incarcerated, and associated costs.

### **Educational Objectives:**

- Review current nutritional and health conditions of women in correctional facilities
- Analyze existing challenges to adequate nutrition for women in correctional facilities
- Discuss the importance of implementing nutrition templates in correctional facilities



## “ADDRESSING THE NEEDS OF MENOPAUSAL INCARCERATED WOMEN”

### Presenters:

Ngozi Anaemejeh, Khadija Alshowaikh, Dr. Juana Hutchinson-Colas, Dr. Adi Katz, and Dr. Gloria Bachmann

### Description:

By addressing the unique needs of menopausal incarcerated women, the NJ Commission for Women’s Reentry impacts their wellness, health, and survival. Incarcerated women have significantly higher odds of having hypertension, asthma, arthritis, cancer, hepatitis, and HIV. Intensive education efforts give women informed autonomy over their health and supports midlife and older women improve their opportunities for successful reentry. This roundtable will discuss midlife and older women and the impact of incarceration on aging.



At the Conference, the NJRC team made critical contributions to discourse regarding court-involved women and formed working partnerships with physicians and advocates from across the nation.

### Publications

The Commission’s research on the needs of formerly and currently incarcerated women is highlighted in several publications, which are linked below in the names of the reports.

The Commission on Reentry Services for Women Report outlines many of the barriers court-involved women face during and after incarceration and proposes concrete policy and practical responses.

In addition, two articles written by Commission members have been published in national and international publications: “Pregnancy in incarcerated women: need for national legislation to standardize care” in *Journal of Perinatal Medicine* and “Symptomatic menopause: Additional challenges for incarcerated women” in *Maturitas*.

We are honored to be recognized in these publications and to hopefully contribute to substantive reforms for court-involved women.



## **EDNA MAHAN CORRECTIONAL FACILITY FOR WOMEN**

We are grateful for the transparency and communication with Tom Eicher, Director, Office of Public Integrity and Accountability, New Jersey Attorney General's Office, regarding the ongoing investigation into Edna Mahan Correctional Facility for Women.

We applaud the courageous women who have come forward with their stories. If you have any information that could be helpful to the investigation, we encourage you to contact Director Eicher at [Thomas.Eicher@njoag.gov](mailto:Thomas.Eicher@njoag.gov).

Again, thank you to Commission Chairs Dr. Tanya Pagán Raggio-Ashley and Linda Baraka for their hard work, follow through, and advocacy; thanks to Leslie McRae, Sharon McGreevey, Jada Fulmore, Pheobie Thomas, and the fellowship of NJRC Ambassadors, who organized the Public Health Emergency "toolkits," which contained underwear, socks, and feminine hygiene products for women being released from prison; and the wide swath of leaders who advocate for court-involved women every day.

And, we are most grateful for your advocacy, input, and ardent support as we look forward to improving services for women both "behind the wall" as well as upon reentering society.

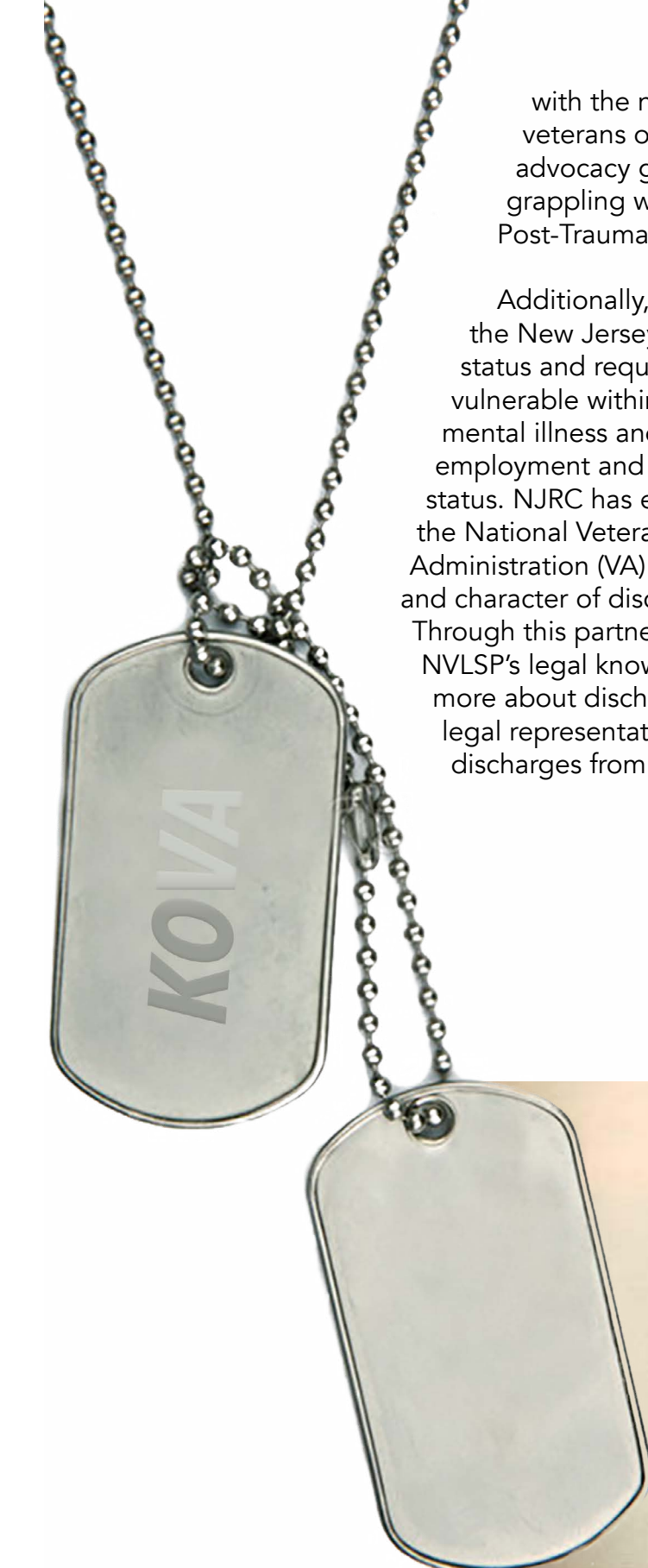
For further information as to direct women's reentry services and The Women's Project's initiatives, please contact Duneshka De Jesus at 201.378.3192 or email: [ddejesus@njreentry.org](mailto:ddejesus@njreentry.org).



#### **IV. VETERANS JUSTICE OUTREACH INITIATIVE**

The Veterans Justice Outreach Initiative of New Jersey Reentry Corporation works to provide critically-needed services to veterans, regardless of discharge status, who are being released from state prison, county jail, or addiction treatment centers. Veterans Justice Outreach Initiative also works with court-involved veterans who have not been imprisoned, but who have been engaged with the criminal justice system. This program, which has provided services to over 500 veterans, is designed and executed to assist veterans to secure medical and behavioral treatment for health ailments, mental health problems, and addiction.

NJRC seeks to decrease the participation of veterans with the court system and provide them



with the necessary support mechanisms through affiliated veterans organizations, hospitals, and healthcare providers, and advocacy groups to offer the treatment and tools necessary for grappling with challenges ranging from anxiety, depression, and Post-Traumatic Stress Disorder (PTSD).

Additionally, it is estimated that there are over 8,000 veterans in the New Jersey area who were discharged with less than honorable status and require the focus of our resources to assist those most vulnerable within our veteran population; namely, those experiencing mental illness and addiction and who are precluded from VA benefits, employment and training, and other resources due to their discharge status. NJRC has entered into Memorandums of Understanding with the National Veterans Legal Services Program (NVLSP) and the Veterans Administration (VA) to assist veterans with the legal appeal of discharge and character of discharge determination petitions discharge upgrades. Through this partnership with NVLSP, the NJRC will capitalize on NVLSP's legal knowledge to assist New Jersey Reentry staff in learning more about discharge upgrades and to better assist veterans with free legal representation in seeking an upgrade of less than honorable discharges from military service.





## BEHAVIORAL AND MEDICAL HEALTHCARE INTERVENTIONS

Among imprisoned veterans, it is estimated that 87% have experienced a lifetime traumatic event and upwards of 39% have screened positive for PTSD (Saxon et al., 2001). In addition, exposure to combat and other traumatic situations may have occurred during military service; these court-involved military veterans have been considered a vulnerable population warranting coordinated interdisciplinary healthcare because of unique demanding healthcare needs. While significant healthcare delivery gaps presently exist for court-involved veterans within New Jersey, mindful of the unique challenges of the management of multiple conditions and psychosocial challenges, as well as the difficulty in designing an integrated medical framework, NJRC is focused on providing for those medical and behavioral healthcare interventions that help veterans manage multiple mental health, substance use disorder, and medical conditions.

Those court-involved veterans have extensive medical and behavioral (mental health and substance use disorder) treatment needs. According to the Health and Justice Journal, "Among veterans age 55 and older who were exiting prison, 50% had hypertension, 20% had diabetes, and 16% had hepatitis," (Williams et. al., 2010). "The mortality rate among veterans exiting prison is approximately similar to those of nonveterans exiting prison, namely 12 times higher than that of the general population, with overdose as the leading cause of death," (Wortzel, Blatchford, Connor, Adler, and Binswanger, 2012). In addition to the healthcare needs, court-involved veterans face a wide range of biopsychosocial challenges, which NJRC is uniquely positioned to address. While 30% of veterans imprisoned have a history of homelessness, a significant percentage confront legal restrictions in employment, criminal background checks, as well as competing medical and behavioral health conditions.

Traumatic experiences and Post-Traumatic Stress Disorder have historically been linked with criminal justice involvement, which may explain the link between military service and criminal behavior. Among veterans in prison, 58% of men and 38% of women have served in the combat zone. Exposure to more traumatic events during military service and PTSD were linked with a higher risk of violent offending among veterans. It should be noted that PTSD symptoms have been linked with interpersonal violence and other court involvement among veterans. NJRC links veterans who are in need of services, including medical, mental health, and addiction treatment, to the full array of services NJRC provides.





# NVLSP

NATIONAL VETERANS LEGAL SERVICES PROGRAM

## DISCHARGE STATUS UPGRADES

There are 8,000 New Jersey veterans who have received less than honorable discharges and who are routinely denied basic Veterans Administration services, including medical, addiction, and long-term mental health treatment, which has been documented as being medically necessary to address Post-Traumatic Stress Disorder, particularly in those veterans who have served in a theater of combat. In New Jersey, nine (9) percent of persons in state and county correctional centers are veterans, and a disproportionately high percentage are combat veterans.

Working with the Murphy Administration and allied veterans organizations, the Veterans Justice Outreach Initiative will do the following three things:

- 1) Discharge Upgrades: provide necessary legal preparation for the process of legal appeal of discharge working in conjunction with the National Veterans Legal Services Program (NVLSP);**
- 2) Veterans Administration Character of Discharge Determination: work with NJRC Veteran Case Managers to prepare and petition for the character of discharge determination to enhance medical, psych, and addiction treatment benefits; and,**
- 3) Civilian Benefits/Board of Social Services: to advocate and support veterans with state and county services while pending discharge appeal and character of discharge determination reviews.**

The exclusion of veterans with less than honorable discharges has had a significant consequence on New Jersey veterans and their ability to reenter society. Eight to nine percent of veterans are now court-involved, and those who are, are more likely to have combat experience and presently suffer from mental illness, chronic medical conditions, and addiction. Veterans today in New Jersey and in the nation have among the highest suicide rates; indeed, 22 veterans commit suicide every day in America.



## A NATIONAL CRISIS

It is noteworthy that less than honorable discharges have increased from less than 1.7 percent during World War II to 6.8 percent for post-2001 veterans. The Survey of Inmates in Local Jails reports that 9.3 percent of people incarcerated in jails are veterans. The primary offense for 70 percent of incarcerated veterans was a non-violent crime, and 45 percent had served two or more state prison sentences.

In addition, many veterans who have combat experience and who have previously been deployed to a warzone have experienced hardships or trauma during service, including acquiring physical and mental injuries that persist to this day.

The U.S. Department of Veterans Affairs has identified substance use disorders as one of the three most common diagnoses amongst veterans, with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury in second and third place. The January 2008 National Survey on Drug Use and Health found that approximately one out of six veterans from Operation Enduring Freedom and Operation Iraqi Freedom have a substance use disorder. 19 percent of the veterans who returned from Iraq and Afghanistan, roughly 300,000 people, reported symptoms of post-traumatic stress disorder or major depression.

A Veterans Health Administration National Center for PTSD fact sheet reports that PTSD symptoms can indirectly lead to criminal behavior or through direct linkage of a traumatic incident to a specific crime. Oftentimes, performance issues and/or misconduct leading to a less than honorable discharge are symptomatic of such injuries. According to *Psychiatric Diagnosis and Punishment for Misconduct: The Effects of PTSD in Combat-Deployed Marines* (BMC Psychiatry 2010, R.M. Highfill- McRoy, et al.), R.M. Highfill-McRoy cites that Marines with combat deployments who are diagnosed with PTSD are eleven times more likely to be discharged for misconduct than those without a PTSD diagnosis.

Thus, veterans with less than honorable discharge are often in greater need of Veterans Administration healthcare, assistance, and services. When contrasted with veterans who are honorably discharged, these veterans are more likely to have mental health conditions, chronic medical conditions, experience homelessness, and are more likely to be court-involved. Indeed, of greatest concern, they are also twice as likely to commit suicide; yet, because of their discharge status, they are refused services by the Veterans Administration.



## A NEW JERSEY SOLUTION

Towards that end, NJRC is working to address the Post-Traumatic Stress of combat veterans, as well as those with a disproportionately high risk of suicide. Without the necessary resources and services traditionally available from the Veterans Administration, court-involved veterans suffer disproportionately higher rates of incarceration, mental illness, and subsequently homelessness.

NJRC's Veterans Justice Outreach Initiative provides for medical, legal, and VA/Board of Social Services case management for veterans who are court-involved and/or have received a less than honorable discharge. These veterans have either been adjudicated by a Department of Defense tribunal, a service branch review, and/or a civilian court due to their military discharge. They are largely not eligible for Veterans Administration services and have suffered the consequences of combat trauma without the benefit of necessary mental health support.

NJRC will represent these veteran clients in providing legal representation in the character of discharge determination cases in an effort to secure honorable discharge to access veteran benefits. In addition, NJRC will provide for a Veterans Legal Coordinator, three Veterans Case Managers, a Nurse Navigator, and a psychiatrist to address PTSD as well as other mental health conditions due to their in-service experiences.

In working with allied veteran organizations, the VHA, and service providers, NJRC is committed to providing health treatment needs, housing referrals, workforce training and maintenance of employment, legal services, and identification for court-involved veterans.



## V. CONCLUSION: A LOOK TO THE FUTURE

This year, as the nation continued to grapple with COVID-19, those in prisons, jails, and addiction treatment centers were significantly impacted by the virus.

Thanks to a tremendous focus and partnership by government, non-profit organizations, and houses of worship, the Prison Policy Initiative rated New Jersey higher than any other prison system in the United States in terms of COVID-19 response, citing a vaccination rate of 89% for incarcerated persons and a 42% reduction in prison populations (over 2,000 people). NJRC has also worked to promote the COVID-19 vaccine for court-involved persons, holding vaccination days whereby health care providers vaccinate NJRC program participants at our reentry sites.

Medical care, including treatment for diabetes, Hepatitis B/C, HIV/AIDS; behavioral health care, addressing mental illness and the 78% suffering from addiction; and prescription drug coverage are essential to the 42% of participants suffering from co-occurring disorders. Without the stability and treatment that Medicaid affords, participants are unable to access physicians, pharmacists and the necessary care.

In response, NJRC developed an innovative partnership to provide telemedicine three times weekly at every reentry site to prescribe and induct Suboxone or Vivitrol. A quarter-century ago, when people were released from prison, the first goal was employment. We now know it is necessary

to stabilize the person. Registering for health benefits, as it is with housing, food, and identification, ought to be done behind the wall. It is our obligation to provide a structured, systematic transition from prison through reentry services to civilian life. We require a process that is definable, measurable, and verifiable.

The New Jersey Reentry Corporation is most grateful to our Ambassadors, our partnerships, and our colleagues at Volunteers of America (VOA). NJRC is grateful to NJDOC for executing a clear, cogent mechanism for connecting those being released to reentry services through the reentry planning MOU signed in December of 2021. Our objective must be to design a pipeline with measurable outcomes to ensure that everyone being released is being offered the services required. This would provide a safer, more reliable transition from life behind the wall to a stable future.

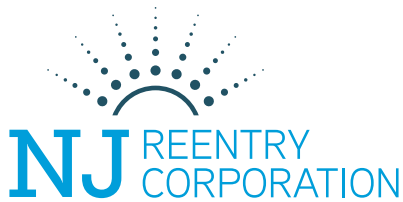
This year, New Jersey has made great strides for our 13,613 NJRC program participants in making reentry a reality. As we look forward to the year ahead, let us work together to create a more accountable and effective system, serving those who deserve a Second Chance.











## **NJRC PUBLICATIONS**

[After 30 Years In Prison, You Should Be Able To Earn The Right To Die Free \(2021\)](#)

[All Sites Flyer \(2020\)](#)

[Annual Report \(2015\)](#)

[Annual Report \(2016\)](#)

[Annual Report \(2017\) Improving Upon Corrections](#)

[Annual Report \(2018\) New Jersey Opioid](#)

[Annual Report \(2020\)](#)

[The Color of Justice Racial and Ethnic Disparity in State Prisons \(2021\)](#)

[Employment and Treatment Report \(Summer 2016\)](#)

[NJRC Brochure Spanish \(2021\) \(Folleto De NJRC\)](#)

[Infographic - NJRC Program Data \(2019\)](#)

[Infographic - NJRC Program Data \(2020\)](#)

[Infographic - NJRC Program Data \(2021\)](#)

[The Journal of Women and Criminal Justice \(2021\)](#)

[NJRC Legal Services Snapshot \(2021\)](#)

[NJ Reentry Services Commission Report \(2019, In lieu of the Annual Report\)](#)

[NJRC Addiction - Employment Comparison \(2020\)](#)

[NJRC Covid Services Bilingual \(2020\)](#)

[NJRC Legal Service Department \(2021\)](#)

[NJRC Legal Services Snapshot \(2020\)](#)

[Reentry From Prison To The Streets, Making It Work \(2017\)](#)

[Reentry Training and Employment Report \(2021\)](#)

[The Women's Project - A Report to the State 2021](#)

[The Women's Project - Resource Guide \(2021\)](#)

[Women's Circle of Care Information \(2021\)](#)

[Women's Commission Report \(2020\)](#)



For immediate assistance, please contact:

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**ROBERT CARTER**

For addiction treatment information

732.948.5880 / [rcarter@njreentry.org](mailto:rcarter@njreentry.org)



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