



**NJ** REENTRY  
CORPORATION

**After 30 Years In Prison,  
You Should Be Able To  
Earn The Right To Die  
Free**

**A REHABILITATIVE  
RELEASE REPORT**



(Photo: East Jersey State Prison - Rahway, NJ)

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Report authored by: Daniel Hafetz

Report contributors include: Dr. Aakash Shah, Katie Forkey, Hudson Knight, Imran Rabbani, Juliet Scholes, Arnold Sooklall

And special thanks to: Calcagni and Kanefsky law clerks, Justin Dews, Kentucky Governor Ernie Fletcher, Skadden Foundation, David Johnson, JoAnne Page, Chief Justice Portiz, Samuel Rivera, Sandy Mullins, Janelle Preuter

Graphic design and photography by Maro Twal

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## Foreword

As our nation and state grapple with the need for systemic criminal justice reform, the daily reality within New Jersey's prisons remains basically unchanged. For persons sentenced under No Early Release Act (NERA) or earlier sentencing laws, exceptionally long and largely unproductive sentences are the norm. The daily trauma and dissonance of prison life, the lack of meaningful rehabilitation, and the dearth of adequate healthcare has a profound impact on persons over days, years, and particularly decades.

For those persons convicted of felony murder at a young age, while the cognitive processes of the mind are developing, the thirty (30) years to life sentence is an eternity. Nonetheless, for persons, who have completed the punitive aspects of their sentence, namely thirty years, it is time to examine the humane prospect of rehabilitative release to safe and secure reentry housing.

This report, authored by Daniel Hafetz recognizes several basic well documented realities: 1) the recidivism rate for murders is 1%, 2) the cost for a person within NJ Department of Corrections (NJDOC) is \$55,000 per year, and (3) the cost for someone within reentry housing is \$26,000 per year.

Our proposal is straightforward and arguably long overdue. Eligible persons would be among the 1,800-plus persons who could be eligible for some form of rehabilitative release. Persons' conduct would be reviewed by NJ Office of Public Defenders with NJDOC and NJRC to determine demonstrated sound and constructive behavior while in prison; thereupon, persons would be interviewed for suitability for rehabilitative release and reentry housing. The NJ Office of Public Defender would submit the application for consideration for rehabilitative release to the NJ Superior Court. After the opportunity for prosecutorial and victim input, a judge would determine the appropriateness of the individual's application for rehabilitative release and reentry housing. If determined to be suitable, a person would be released to NJRC reentry housing for a minimum period of two years with minimally a concurrent period of parole. Building upon the successful partnership of the NJ State Parole Board (NJSPB) and NJRC, the objective would be to provide reentry housing with rehabilitative services, while providing for the safety and security of the community through NJ State Parole Board services.

The operations of NJRC reentry housing would be based upon those national "best practices," where a congregate care therapeutic community drives enhanced accountability, discipline, and responsibility. For the first two years, only seventy two (72) persons would be admitted in order to ensure an acceptable community that would be able to be properly administered, governed, and directed to a sober, healthy, law abiding lifestyle.

Lastly, as part and parcel of this effort, family reunification with the person's biological and associated family members would be undertaken, where appropriate and desired, restorative justice with the victim and/or victim's family would be initiated, and service to local persons in concert with the faith-based community will be provided.

Persons should not be required to die in prison for a heinous act of over three decades ago. Our sense of fairness and decency requires our State's criminal justice system to reassess a person's progress and development over the expense of decades.

Thank you for your consideration.





# REENTRY: HOUSING & REHABILITATIVE

(Photo: Hudson County Correctional Center - Kearny, NJ)

## Executive Summary

NJRC proposes Reentry Housing, an innovative model of housing designed for older prisoners who have served the mandatory minimum of a life sentence. This initiative will focus on individuals between the ages of 55 and 70. The purpose of doing so is three-fold. First, COVID-19 has made the need to decompress prisons exceptionally acute. The state has one of the highest rates of COVID-19 behind the prison wall and these individuals, as a result of their age and co-morbidities, are at highest risk of dying as a result of infection. Second, after decades of incarceration, these individuals have often suffered a disproportionate amount of trauma that requires a unique, therapeutic, and rehabilitative model to overcome. Third, this segment of the incarcerated population has grown exponentially over the last thirty years but is among the least likely to reoffend.

This proposal meets several goals: it will save costs to the State by reducing incarceration for individuals who have already served the mandatory minimum of a life sentence. A major component of the savings derives from ballooning medical costs incurred by New Jersey Department of Corrections (DOC) that are inherent with aging inmate populations; while in prison, these costs fall onto the DOC and therefore the State, whereas under the Reentry Housing model, these costs would fall onto Medicaid and, by extension, would be shared by the State and the federal government. Reentry Housing will also ensure successful reentry and reintegration through a comprehensive and intensive evidence-based transition. Finally, it will provide a humane response to the trauma of incarceration and improved health outcomes for participants than prison would through the provision of integrated healthcare.

NJRC proposes the creation of a congregate housing facility for 72 individuals who would reside there for a minimum of two years with a concurrent two-year period of parole supervision. These individuals would be selected for this housing based upon their record of good conduct while incarcerated and a comprehensive review of their individual needs. The facility would be communal and largely peer-led, though it would be operated, managed and governed by NJRC and its trained experts. This housing model is based on best practice both in reentry and recovery housing models. It is grounded in the creation of a therapeutic community designed to address the trauma of incarceration, and the anxiety associated with reentry. It would incorporate wraparound services, linkages to integrated healthcare as well as treatment for substance use disorders, and provide therapy and services to support the transition to successful reentry and reintegration. Participants would be subject to parole supervision; violation of reentry housing rules could trigger revocation of release and lead to reincarceration.

NJRC seeks a legislative budget allocation for the implementation and operation of Reentry Housing. NJRC's proposal is for the Office of Public Defender to petition the Superior Court for the conditional release of a prospective participant. The conditions of release would include a requirement to reside in Reentry Housing for a minimum of two years with concurrent parole supervision, which would be tailored to work collaboratively

with Reentry Housing rules. New Jersey State Parole Board (NJSPB) will designate staff from appropriate units to collaborate in this initiative as required under their regular supervision reintegration responsibilities.

The model builds on the recommendations of the Criminal Sentencing Disposition Commission (CSDC) which was reconstituted under Governor Murphy with the support of Senate President Sweeney and General Assembly Speaker Coughlin. The CSDC recommended exploration of a "rehabilitative release" mechanism for individuals who are unlikely to reoffend due to age, rehabilitation or both. While this population has served lengthy sentences and has met the criteria for rehabilitative release, the complex challenges of long periods of incarceration create additional barriers to successful reentry that deserve to be addressed. This proposed model attempts to address these barriers.

In the long-term, the proposal would also provide New Jersey with the tools to address deep inequalities in its criminal justice system and provide for smart policy reform: for example, decrease mass incarceration through the application of humane, evidence-based, and cost-effective approaches in reentry and rehabilitation. It also meets the needs of New Jersey's correctional system which has an increasingly aging prison population for whom continued incarceration does not serve a public safety purpose and is increasingly costly. Finally, it provides housing, a solution to what is often a key impediment to the release of individuals.

## Statement of Need

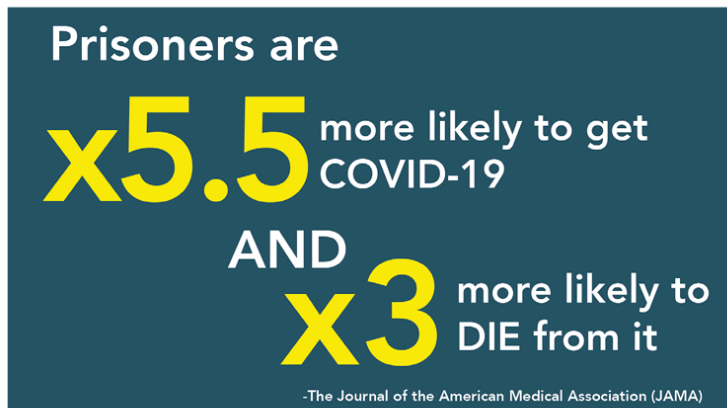
This proposal provides a cost-effective, just, and safe solution to both the immediate and long-term needs of the Department of Corrections (DOC). Specifically, in terms of immediate needs, it allows the DOC to move a subset of its most vulnerable individuals—those over age 55—into safe settings where frequent hand hygiene, social distancing, and timely healthcare can be provided. In doing so, it mitigates the spread of COVID-19 behind the wall and, to an even greater degree, mitigates death from COVID-19 behind the wall (since the risk of death sharply increases for those over age 55). In terms of long-term needs, it shifts the provision of housing and integrated healthcare—addiction, physical, and mental health care delivered in concert—away from the DOC and to programs funded, at least in part, by the

federal government (e.g. Medicaid and Medicare). In doing so, it facilitates the provision of higher quality housing and healthcare at a lower cost to the state. This is particularly important given that the majority of healthcare costs for most individuals are incurred during the last decade or two of life.

## Immediate Needs

Correctional facilities are designed in ways that are fundamentally opposed to mitigating the spread of COVID-19. The physical layout does not permit social distancing and their policies—such as bans on the provision of hand sanitizer due to its alcohol content—make frequent hand hygiene exceptionally difficult.

As a result, as the New York Times has reported, several of the largest outbreaks of COVID-19 in the country have been in correctional facilities. 1 In fact, according to a JAMA study, prisoners are 5.5 times more likely to get Covid-19 and three times more likely to die from it. 2 New Jersey has been plagued by similar outbreaks with the highest rate of COVID-19 cases behind the wall 3 and one of the highest cases of COVID-19 deaths behind the wall. 4 In response, New Jersey attempted to take aggressive measures to curb spread in correction



1 See e.g., Timothy Williams, Libby Seline and Rebecca Griesbach, “Coronavirus Cases Rise Sharply in Prisons Even as They Plateau Nationwide,” N.Y. Times (June 6, 2020).

2 Brendan Saloner, Kalind Parish, Julie A. Ward, “COVID-19 Cases and Deaths in Federal and State Prisons,” JAMA, July 8, 2020 available at <https://jamanetwork.com/journals/jama/fullarticle/2768249>.

3 The Marshall Project, “A State-by-State Look at Coronavirus in Prisons,” last updated June 25, 2020, available at <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons>.

4 The Marshall Project, “A State-by-State Look at Coronavirus in Prisons,” last updated June 25, 2020, available at <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons>.

facilities, including issues Executive Order 124 to grant early or temporary release to thousands of individuals whose lives were at risk due to being incarcerated during a pandemic. Of the nearly three thousand individuals eligible for early or temporary release under the order, only 254 were released in the order's first several months. 5 Deaths among eligible individuals awaiting action have been documented. Outside of those residing in nursing homes, the individuals most vulnerable to dying from COVID-19 are those in prisons over the age of 55. The data is clear that age may be the single greatest predictor of dying from COVID-19, with the risk of death substantially higher among those over 55 and the vast majority of deaths to date—over 80%—having been in those 65 and over.<sup>6</sup> Additional risk factors for dying from COVID-19 fall along the existing fault lines of inequality, including being Black and Latinx, having co-morbid health conditions such as high blood pressure, and not having reliable access to care. Notably, all of these risk factors dovetail with incarceration with justice-involved individuals being disproportionately Black and Latinx, having disproportionately high rates of co-morbid health conditions, and experiencing disproportionately high barriers to care.

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The most pressing and immediate need within our prisons has thus become finding cost-effective, just, and safe alternatives to incarceration for those over the age of 55.

### Long-Term Needs

In recent decades, the number of individuals age 55 and over in prison has grown substantially. Nationally, between 1995 and 2015, the number of those over age 55 in prisons quadrupled while the overall number of those in prison grew by a much more modest 40%.<sup>7</sup> While much attention to mitigating the effects of mass incarceration has gone towards preventing the incarceration of low-level offenders (e.g. legalization of marijuana use, pre-arrest diversion of those with substance use disorders), less has been paid to how to find alternatives for older individuals who have already served the mandatory

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5 New Jersey Department of Corrections, “COVID-19 Updates,” (last updated June 25, 2020) available at <https://www.state.nj.us/corrections/pages/COVID19Updates.shtml>. At the time, The Department of Corrections noted that while 254 incarcerated people had been furloughed, 268 were approved for temporary emergency medical home confinement.

6 Centers for Disease Control and Prevention, “Coronavirus Disease 2019 (COVID-19): Older Adults,” last updated Apr. 30, 2020 available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>, citing National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

7 Human Rights Watch, “Old Behind Bars: The Aging Population in the United States” (January 27, 2012), available at <https://www.hrw.org/report/2012/01/27/old-behind-bars/aging-prison-population-united-states>.

### States With The Highest Black/White Differential

States	White	Black	B:W
New Jersey	94	1140	12.2
Wisconsin*	221	2542	11.5
Iowa	211	2349	11.1
Minnesota	111	1219	11.0
Vermont*	225	2357	10.5
Connecticut*	148	1392	9.4
Pennsylvania	204	1810	8.9
Illinois	174	1533	8.8
California	201	1767	8.8
Nebraska	201	1680	8.4
<b>State Average</b>	<b>275</b>	<b>1408</b>	<b>5.1</b>

Data Sources: United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Prisoner Statistics, 1978-2014. Bibliographic Citation: ICPSR36281-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2015-10-09; U.S. Census Bureau (2013). 2013 Population Estimates. Annual estimates of resident population by sex, race, and Hispanic origin for the United States, states and counties: April 1, 2010 to July 1, 2013. Washington, DC: U.S. Census Bureau.  
 \* = Bureau of Justice statistics data augmented with state annual report data for this state. See Methodology section for additional

minimum of their sentence.<sup>8</sup> In many ways, this attention has only served to further reinforce the inequities of a criminal justice system that has incarcerated those who are Black and Latinx twelve and six times more often than those who are white, respectively.

As a result of the failure to find alternatives for older individuals, the DOC has found itself having to meet the increasingly complex healthcare needs of an increasingly aged population.

The complexity of care these individuals require cannot be overstated. As a result of their age, they develop a number of medical conditions ranging from cancer to dementia to heart disease that are difficult to manage within the confines of a prison. Moreover, as a result of their incarceration, they are likely to have engaged in activities (e.g. prison tattooing, needle sharing) that put them at risk of physical health condition such as hepatitis and liver failure as well as suffered deeply traumatic experiences (e.g. prison rape, prison violence) that put them at risk of mental health and substance use disorders. The complexity of such care is reflected in the costs associated with its provision which by some estimates is at least double the cost of younger inmates.<sup>9</sup> The majority of healthcare costs for most individuals are incurred later in life and, given the complexity of needs of older individuals in prison, it is likely greater still. Not only would providing healthcare to released individuals be more cost-effective, it would yield better health outcomes through the provision of an integrated model of healthcare that treats the whole patient.

Barriers to developing alternatives to incarceration for these older individuals are likely three-fold. First, there may be a perception that-given the serious of the crime they committed decades

<sup>8</sup> Ashley Nellis, “Life Goes On: The Historic Rise in Life Sentences in America,” The Sentencing Project (September 18, 2013), available at <https://www.sentencingproject.org/publications/life-goes-on-the-historic-rise-in-life-sentences-in-america/>. The Sentencing Project notes limited reentry programming for the aging population across the country, with a few exceptions including Colorado’s Life-Line mentorship program, which provide “in-reach” workers who are formerly incarcerated individuals to help prepare inmates for release.

<sup>9</sup> W.C. Bunting, “The High Fiscal Costs of Incarcerating the Elderly,” Center for Justice at Columbia University, Aging in Prison: Reducing Elder Incarceration and Promoting Public Safety (November, 2015).

earlier—they are likely to re-offend. In reality, older individuals who have served the mandatory minimum of a life sentence are very unlikely to offend. These individuals are simply not the same people that they were at the time of their original offense. (Statistically, New Jersey prisoners serving life sentences are granted parole at a considerably lower rate than those serving a fixed sentence, with lifers being roughly 25 to 30 percent less likely to obtain a favorable parole board outcome.<sup>10</sup>) Second, a safe and just alternative to continued imprisonment must address the need for housing. Point in case, DOC’s process for review under Executive Order 124 permitted denial of release due to a “lack [of] appropriate housing or sponsors.”<sup>11</sup> Third, a safe and just alternative to continued imprisonment must address the need for integrated healthcare. As noted above, these individuals are arguably among the most medically and socially complex patients in our state.

In the absence of viable alternatives, the DOC is forced to take on the substantial costs of providing housing and healthcare to an increasingly large population of older individuals who have served the mandatory minimum of their sentences and are very unlikely to re-offend.



“Nationally, arrest rates for people over the age of 50 are 2% and are nearly 0% for people aged 65 and over.”

### **Target Population: Age & Low Risk of Recidivism**

The target population for this initiative are individuals who have served the mandatory minimum of a life sentence and are at least 55 years of age. In New Jersey, according to estimates from the Office of Public Defenders, as of May 1, 2020, out of approximately 5,000 individuals over the age of 55 in NJ state prisons, there were over 1,800 individuals who potentially could be eligible for some form of rehabilitative release, consisting of individuals who were not recently sentenced or had met the mandatory minimum of their sentence. Within this population of 1,800 individuals, 886

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<sup>10</sup> See Nazgol Ghandnoosh, “Delaying a Second Chance: The Declining Prospects for Parole on Life Sentences 42-43 (2017),” available at <https://www.sentencingproject.org/wp-content/uploads/2018/03/32-lifer-parole-policies.pdf> (last visited Jul 20, 2020); see also New Jersey State Parole Board, 2013 Annual Report available at <https://www.state.nj.us/parole/docs/reports/AnnualReport2013.pdf> (last visited Jul 20, 2020).

<sup>11</sup> In the Matter of the Request to Modify Prison Sentences, Expedite Parole Hearings and Identify Vulnerable Prisoners, Brief on Behalf of the Office of the Attorney General, Department of Corrections, and the State Parole Board, p.16, May 19, 2020, Supreme Court of New Jersey (Index No. 084412).

## NJDOC Prison Population by Age (as of May 1, 2020)

	NJDOC population by age	NJDOC population by age who have served mandatory minimum sentence or were not recently sentenced
<b>Ages 55-64</b>	3404	1368
<b>Ages 65-74</b>	1211	368
<b>Ages 75+</b>	366	74
<b>Total</b>	<b>4981</b>	<b>1828</b>

DATA SOURCE: New Jersey Office Public Defender

(or 48%) were between the ages of 55-60, 482 (or 26% were between the ages of 60-65), and 256 (or 14%) were between the ages of 65-70.

Statistically, this population has among the lowest likelihood of recidivism. Nationally, arrest rates for people over the age of 50 are 2% and are nearly 0% for people aged 65 and over.<sup>12</sup> In a report outlining the misconceptions associated with recidivism rates, the Marshall Project illustrates that the most violent prisoners have the lowest chance of recidivating, with only 1% of those convicted of murder recidivating after release.<sup>13</sup>

### Reentry Housing Concept

NJRC proposes the creation of a congregate housing facility for 72

individuals who would reside there for a minimum of two years with a concurrent two-year period of parole supervision. These individuals would be selected for this housing based upon their record of good conduct while incarcerated and a comprehensive review of their individual needs. The facility would be therapeutic in nature, communal and largely peer-led, though it would be operated, managed and governed by NJRC and its trained experts.

Reentry Housing would provide housing for individuals who, but for this initiative, may otherwise not be released. Thus, the provision of the housing itself would precipitate release. It provides a unique environment where individuals gain the skills, and emotional and psychological

<sup>12</sup> Inimai M. Chettiar, William Bunting, and Geoffrey Schotter, “At America’s Expense: The Mass Incarceration of the Elderly,” American Civil Liberties Union (June 13, 2012), NYU School of Law, Public Law Research Paper No. 12-38 (June 2012), NYU Law and Economics Research Paper No. 12-19.

<sup>13</sup> Dana Goldstein, “The Misleading Math of ‘Recidivism,’” The Marshall Project (Dec. 04, 2014), available at <https://www.themarshallproject.org/2014/12/04/the-misleading-math-of-recidivism>.

footing to successfully reintegrate to society.

### **The Critical Importance of Creating a Therapeutic Community**

The key to Reentry Housing is the creation of a therapeutic community that meets the unique needs of the long-term incarcerated population. With or without Reentry Housing, many individuals in this population will leave prison with, often, extensive trauma, a sense of helplessness and loss of community ties. These conditions create profound social, psychological and emotional barriers to healthy and successful reentry. Reentry Housing provides a solution by creating an environment that promotes socialization and a sense of empowerment. The communal, peer-based and therapeutic environment allows them to transform themselves, regaining a sense of self-worth and identity. It enables them to overcome the social, psychological and emotional barriers that are a legacy of incarceration. The goal is not just to prevent recidivism, but to empower these individuals to rebuild themselves.

### **Evidence of Trauma and Psychological Impact Due to Incarceration**

Incarceration in general, and longer-term sentences in particular, require psychological adaptation that is not conducive to successful independence and empowerment post-release and can be difficult to overcome. Research demonstrates that incarceration alters inmates psychologically, making them dependent on the institution to control their behavior, and depriving them of the ability to make decisions.<sup>14</sup> Other consequences include depriving individuals of a sense of emotional control, diminishing self-worth and self-esteem.<sup>15</sup> This can cause them to view themselves as deserving of stigma and self-degradation.<sup>16</sup> Another study identified that modes to adaptation in prison include acquiescence or inaction.<sup>17</sup> Evidence also shows that it can lead to post-traumatic stress disorder (PTSD).<sup>18</sup> In addition to PTSD, research indicates development of other psychiatric disorders like panic attacks, depression and paranoia.<sup>19</sup> As a result, this changed psychology supplants critical human thought-processes that are essential post-release. Taken

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14 Chris Haney, “The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment (December 2001), prepared for the “From Prison to Home” Conference (January 30-31, 2002), U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

15 Haney, ““The Psychological Impact of Incarceration.”

16 Haney, ““The Psychological Impact of Incarceration.”

17 Elizabeth Marlowe and Catherine Chesla, “Prison Experiences and The Reintegration of Male Parolees,” *ANS Adv Nurs Sci.* 2009; 32(2): E17–E29.

18 Haney, ““The Psychological Impact of Incarceration.” See also Mika’il DeVeaux, “The Trauma of the Incarceration Experience,” *Harvard Civil Rights-Civil Liberties Law Review* Vol. 48, p. 257.

19 Mika’il DeVeaux, “The Trauma of the Incarceration Experience,” p. 257.

together, these adapted conditions and psychological and emotional shifts diminish individuals' ability to function productively, effectively or independently in a free society, certainly without significant therapeutic intervention prior to and after release.

## Therapeutic Strategies

Therapeutic strategies can be used to directly counteract these conditions, including a motivational interviewing approach,<sup>20</sup> use of cognitive behavioral therapy (CBT),<sup>21</sup> Moral Reconciliation Therapy,<sup>22</sup> and anger management. These techniques seek to re-socialize prisoners as well as assist them in altering their destructive thinking patterns.<sup>23</sup> Consistently, studies show that helping individuals regain a sense of self-efficacy is critical.<sup>24</sup> Additionally, the peer-support component of Reentry Housing also holds

promise to help reframe trauma and transform reentry. Assuming the role of 'helper'—to themselves, to others and to the community—transforms the formerly incarcerated person by helping them reframe their trauma and improve their sense of self-worth.<sup>25</sup>

## Restorative Justice

NJRC will incorporate restorative justice into the Reentry Housing program, providing participants and crime survivors the opportunity for reconciliation. Restorative justice refers to the process of bringing together parties with a stake in a particular crime in order to resolve how to deal with the aftermath of the crime and the implications for the future.<sup>26</sup> This is an evidence-based model that has been demonstrated to decrease the recidivism of the former offender when compared to more traditional criminal justice responses,

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20 Brendan Anstiss, Devon L.L. Polaschek and Marc Wilson, "A Brief Motivational Interviewing Intervention with Prisoners: When You Lead a Horse to Water, Can it Drink for Itself?," *Journal Psychology, Crime & Law* Vol. 17, 2011 Issue 8.

21 See Agnel Baro, "Effects of a Cognitive Restructuring Program on Inmate Institutional Behavior," *Criminal Justice and Behavior* 26, no. 4 (1999): 466-484; John Frana, "Humanistic Correctional Programming: A Test of Self-Actualization in a Correctional Cognitive Behavioral Program in the United States," *International Journal of Criminal Justice Sciences* Vol. 8 Issue 1 January - June 2013.

22 Gregory Little, Kenneth Robinson, Katherine Burnette and E. Stephen Swain, "Twenty-Year recidivism Results for MRT-treated Offenders: A Preliminary Analysis," *Journal of Community Corrections*, Vol XIX, Nos. 3-4 available at [https://www.moral-reconciliation-therapy.com/Resources/2010-Journal\\_of\\_Community\\_Corrections.pdf](https://www.moral-reconciliation-therapy.com/Resources/2010-Journal_of_Community_Corrections.pdf).

23 Frana, "Humanistic Correctional Programming: A Test of Self-Actualization in a Correctional Cognitive Behavioral Program in the United States," p. 65.

24 See e.g., Sarah L. Allred, Lana D. Harrison, Daniel J. O'Connell, "An Important Aspect of Prison-Based Learning," *The Prison Journal*, 93(2), (January 24, 2013), 211-233.

25 Francesca Flood, "Reframing Trauma: The Transformative Power of Meaning in Life, Work, and Community," *Journal of Psychiatry and Psychiatric Disorders* 2 (2018), 145-166.

26 Jeff Latimer, Craig Dowden, Danielle Muise, "The Effectiveness of Restorative Justice Practices: A Meta-Analysis," *The Prison Journal*, 85(2), 127-144, p. 138 (citing the work of John Braithwaite).

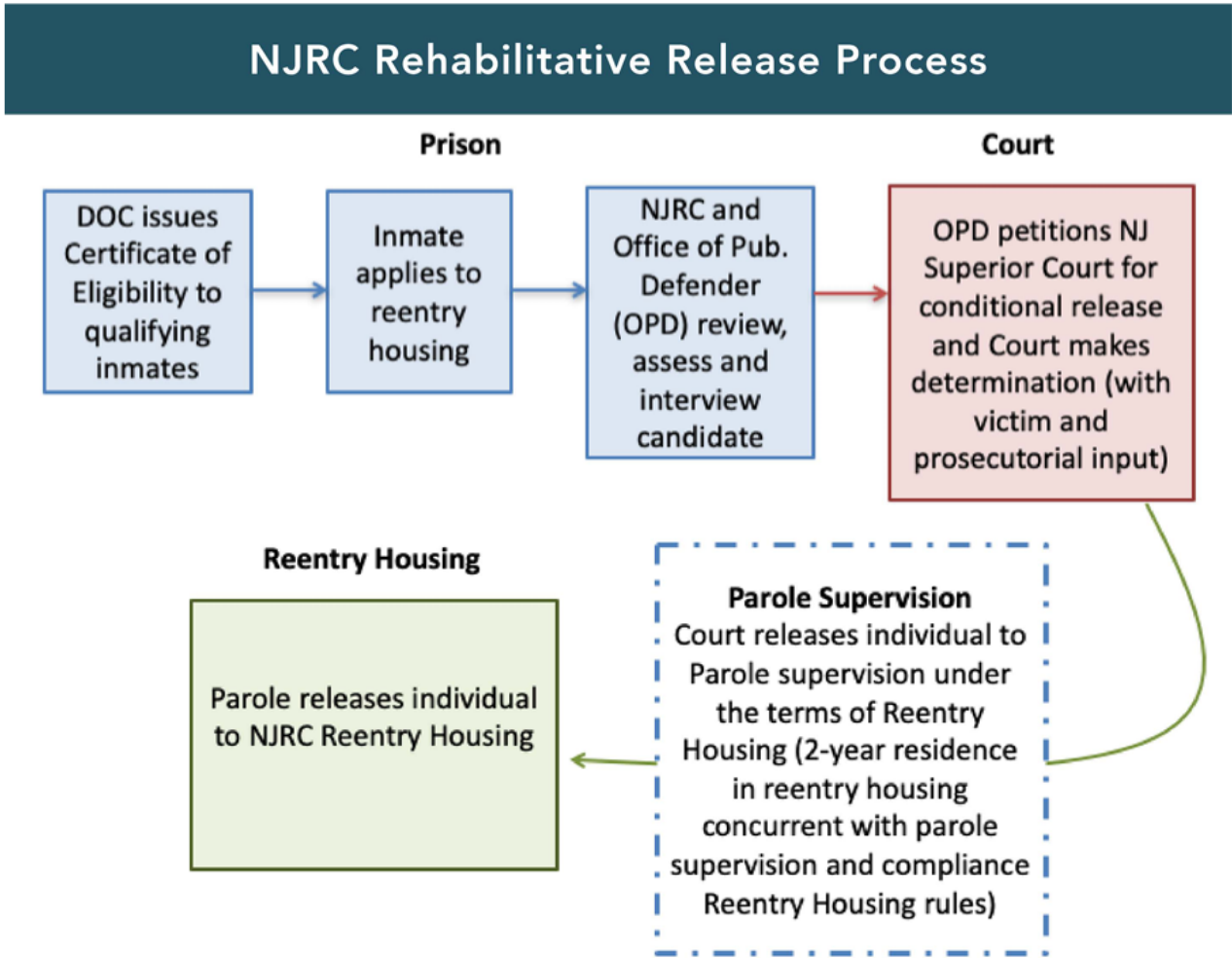
including incarceration, and probation.<sup>27</sup> Moreover, it advances the overall healing purpose of Reentry Housing, and is inclusive of all stakeholders, mainly crime survivors.

### Special Focus of the Proposal

What distinguishes this proposal is the centrality of the provision of a certain type of housing and community—therapeutic, communal—as the trigger and condition for release, and the operative ingredient to sustained rehabilitation. Unlike early release programs which either do not provide housing or do not do so with the appropriate level of therapeutic programming or wraparound services,

this model recognizes that intensive services and intentional design of a supportive community are key. The participants’ age, low likelihood of recidivism, and good conduct set the foundation for release; post-release they receive services and participate in the reentry housing community in order to advance their emotional and psychological rehabilitation.

From a policy perspective, the current options for release for this population in New Jersey are either continued incarceration or release without appropriate therapeutic transition and reentry. This model, on the other hand, provides the possibility for a new way of life, helping transition from an institutional mindset to one that is positively motivated



27 Id.

and supports prosocial decision-making, independent living, and helps empower individuals to restore a positive sense of self. For individuals lacking these habits of mind and psychological frameworks, incarceration may provide comfort and structures that are actually supportive of individuals who lack internal motivation (for example, the compulsory element of incarceration for individuals who need to take diabetes medication can be lifesaving); however, once individuals leave these structures behind after release, they may be left unprepared to manage their lives in a productive way. The key is providing clients “with the rituals, rhythms, and routines” needed to structure internal direction and responsibility. Reentry housing addresses this gap through an approach that combines a therapeutic and communal model, peer-support, wraparound services, and intensive treatment and integrated healthcare.

### **Legal Mechanism: Rehabilitative Release, Model Terms of Release & Collaboration with Government Partners**

NJRC proposes using the New Jersey Criminal Sentencing Disposition Commission’s (CSDC) concept of “rehabilitative release” as the mechanism to release individuals to Reentry. The CSDC, which was reconstituted under Governor Murphy with the support of Senate President Sweeney and

General Assembly Speaker Coughlin, recommended exploration of a “rehabilitative release” mechanism for individuals who are unlikely to reoffend due to age, rehabilitation or both.<sup>28</sup> Rehabilitative release will provide the legal mechanism for the release of individuals, but it will be coupled with another important element: the creation of a Model Terms of Release that set the framework for the process of release and the terms of Reentry Housing rules. The Model Terms of Release will be the collaborative work product of NJRC, the New Jersey State Parole Board, prosecutors and the Office of Public Defender.

There are two key steps under rehabilitative release and the Model Terms of Release: NJRC, in collaboration with DOC and the Office of Public Defender, would interview, review and assess each candidate for petition by the Office of Public Defender to the courts for the conditional release. After the opportunity for prosecutorial and victim input, a judge would determine the appropriateness of the individual’s application for rehabilitative release and reentry housing. The conditions of release would include a requirement to reside in Reentry Housing for a minimum of two years; concurrent supervision of the released individual by the New Jersey State Parole Board; and compliance with House Rules. Acts of violence and serious threats of violence by residents trigger removal and possible

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28 New Jersey Criminal Sentencing & Disposition Commission, Annual Report, November 2019 available at [https://www.njleg.state.nj.us/OPI/Reports\\_to\\_the\\_Legislature/criminal\\_sentencing\\_disposition\\_ar2019.pdf](https://www.njleg.state.nj.us/OPI/Reports_to_the_Legislature/criminal_sentencing_disposition_ar2019.pdf), pp.35–36.

# 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.



## 9 Locations

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

**8,500** NJRC Clients

**50,062** Persons Released in NJ 2019

**3,021** NJ Overdose Deaths 2019

Sources: NJDOC/CJR Report; CDC

## NJRC Stats at a Glance



**19.7%**

Rearrest



**10%**

Reincarceration



**834**

Apprenticeship Training



**56.4-60.2%**

Employment (adjusted seasonally)

\*This includes the U.S. Department of Transportation Grant, NJ BUILD, and Project IMPACT.



**55.9%**

Medicaid



**5,600**

Intensive Outpatient Program/Medication Assisted Treatment



**3,502**

Medical Treatment



**15**

Psychiatric Treatment Facilities Behavioral/Mental Health



**1,557**

MVC Identification Restored/Acquired



**73**

Pro Bono Attorneys



**1,184**

Birth Certificates Obtained



**17**

Latin American Nations Documents

revocation. The model would provide for flexibility to petition the court for release from the two year commitment for good cause including, for example, for family reunification, medical reasons, or Interstate Compact.

Parole supervision would occur in a manner that is consistent with the terms and advances the goals of Reentry Housing rules. Participants mandated to Parole Supervision could be subject to a range of additional graduated sanctions and imposition of special conditions as deemed appropriate by the Division of Parole, for violations of Reentry Housing rules. Specifically, this would require a flexible approach by NJSPB with respect to dealing with infractions of program rules so as to allow for the Reentry Housing governing body to be able to recommend disciplinary measures. The modification of parole supervision rules would be similar to the NJSPB's operation of the Swift, Certain and Fair program. The Swift, Certain and Fair program is designed to prevent parolees from overdosing and, to the greatest extent possible, being re-incarcerated through a team-focused approach to help ensure successful, drug-free community reintegration.<sup>29</sup> While NJSPB would have supervision over residents, the approach with Reentry Housing staff would be collaborative: Reentry Housing rules would be developed pursuant to an agreement with Parole which would allow for flexibility in oversight of offenders. Parole would

assign a designated officer or officers to oversee the Reentry House caseload. These officers would be immersed in the Reentry Housing practices, enhancing collaborative problem-solving and fostering a unified vision of culture.

### **Operational Model: Culture, Programming and Staffing**

The backbone of the proposed model of Reentry Housing is the successful creation of a house culture. This culture is the product of creating a therapeutic community that is structured and peerled, in which participants take ownership of their life through therapy, mindfulness, skills classes and practices that build a sense of self and self-worth. The model uses peer groups to sustain and reinforce socialization, but also to create a "helping" culture that is key to fostering a sense of self-worth. NJRC would leverage the expertise of practitioners who are steeped in the experience of building successful house culture. NJRC would overlay on this structure its expertise in providing wraparound reentry services and coordinating integrated healthcare and employment opportunities in order to provide maximal benefits and opportunities to participants.

### **Evidence-Based Model**

The proposed model of Reentry Housing derives from existing models both in the recovery and reentry contexts. Two models on which Reentry Housing draws

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29 New Jersey State Parole Board, Annual Report (2018) p.7, available at <https://www.nj.gov/parole/docs/reports/AnnualReport2018.pdf>.

include Recovery Kentucky therapeutic recovery housing model for individuals who are reentering society, and the Fortune Society's Castle Gardens. The house rules will be created by staff with lived experience and will be based on best practices derived from the Fortune Society and Recovery Kentucky, among others. The model is also aligned with a US Substance Abuse and Mental Health Services Administration (SAMHSA) 'recovery housing' best practice model.<sup>30</sup> While many of the participants in Reentry Housing may suffer from substance use disorders (SUDs) and would benefit from an evidence-based approach to SUDs, for those who do not, the therapeutic and recovery approach is nonetheless critically important. Another key aspect that supports the therapeutic and healing goals of Reentry Housing is an evidence-based "trauma-informed care" approach.<sup>31</sup>

With respect to addiction treatment, NJRC has built expertise in connecting clients with SUDs to Medication Assisted Treatment (MAT), relying on evidence-based practice. **Out of its 8,500 clients, NJRC has connected over 5,600 to addiction treatment and MAT.**



“  
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NJRC's model of service, in accordance with the US Surgeon General's recommendations, enshrines the principle that treatment should be provided on a long-term basis. Additionally, throughout NJRC's nine sites across eight counties in New Jersey, NJRC has employed those best practices which include MAT induction and maintenance as a "whole patient approach" through the combination of medication and behavioral care for integrated treatment. NJRC's MAT programs are jointly administered by Certified Community Behavioral Health

<sup>30</sup> U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, "Recovery Housing: Best Practices and Suggested Guidelines," available at <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf> (Last updated April 15, 2020). According to SAMHSA, the definition of "recovery housing" are "safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery." Under the levels of care identified by the National Alliance of Recovery Residences (NARR), Reentry Housing would most likely be akin to a Level 3 Supervised Facility, which is marked by (1) organizational hierarchy; (2) administrative oversight for service providers; (3) operated by policy and procedures; (4) life skill development emphasis; (5) clinical services utilized in outside community; (6) service hours provided in-house; and (7) includes a facility manager and certified staff or case managers. See National Alliance of Recovery Residences (NARR), "Standards for Recovery Residences," (September 2011) available at <https://narronline.org/wp-content/uploads/2014/02/NARR-Standards-20110920.pdf>.

<sup>31</sup> See U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach" (July 2014) available at [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf).

Centers (CCBHCs) and state-licensed treatment providers who carefully monitor and control levels of medications that relieve withdrawal symptoms and stabilize the patient to productively engage in counseling and behavioral interventions. NJRC has formal partnerships with CCBHCs around the state and forged a partnership with Rutgers Medical School's Center of Excellence to make behavioral health care and MAT integral to its service delivery model. Intensive review of evidence-based practice has thus informed NJRC's practice in terms of induction of MAT, and patterns of use and best practice within medical, behavioral and mental health care to address addiction.

NJRC would apply its MAT practice to the Reentry Housing model, along with the use of peer recovery support services which it has developed through its work on a Swift, Certain and Fair (SCF) grant with the NJSPB. Under the SCF, NJRC combines its wraparound support services to build close linkages between MAT, behavioral, psychiatric and medical care providers and fuses those services with the peer recovery specialist model to support clients' recovery. This model has established proven outcomes in reduction of recidivism. Under the SCF, NJRC manages a Licensed Clinical Social Worker who works alongside NJRC case managers, a Peer Recovery Specialist through the RWJBH Institute for Prevention and Recovery and the SCF parole officer to provide intensive case management and wraparound care

to individuals on parole with a history of opioid substance use in order to complete successfully their parole term. Since the program launched in January 2019, only five individuals out of 55 participants have had parole revoked, a revocation rate of 9%.

## **Building Culture and Community**

Community and a sense of ownership is built in a variety of ways, including through shared physical space, participation in group therapy and exercises, and a prodigiously cultivated environment of peer support.

- **1. Collaborative Staff/Team Approach:** Building a successful culture begins with a staff team that is deeply committed to the model. It also will have team members that draw on lived experience. (As noted above, it is key that Parole staff see themselves as part of this team.)
- **2. Programming/Counseling/Group Work:** Group work and curriculum take a healing approach and include Moral Reconciliation Therapy, life skills and anger management modules, mindfulness practices, incorporate wellness, and AA/NA meetings. NJRC would also leverage partnerships with the faith-based community to provide opportunities for spiritual mentorship and fellowship.
- **3. Therapeutic Approach:** Suffused throughout the therapeutic approach is the use of motivational interview techniques, cognitive behavioral therapy and a trauma-informed care approach.

- **4. Rules and Setting Community Standards:** Program leaders set community standards that encourage individuals to take responsibility for themselves and for each other. Examples include residents taking a key role in managing the house (e.g., cleaning and food preparation). Discipline and enforcement of rules, while not democratic, is restorative and thus draws on the community for the support of norms.
- **5. Shared Common Spaces:** Shared spaces help build community: dining hall, kitchen, meeting/class rooms, bathroom, chapel/meditation room, gym/exercise areas and a common “family room.” Individual living units may be shared or could be single occupancy “simple apartments.”

### **Pre-Release Assessment and Programming**

Programmatic work would begin prerelease. Prospective participants would undergo comprehensive assessment prior to release. This would include a recognized risk and needs assessment tool and biopsychosocial assessment, including screenings for Substance Use Disorders (SUDs), medical, mental and behavioral health assessments including medication needs, and assessments for individuals’ employment readiness and capacity for independence/ability to manage personal affairs. Individuals with SUDs will be

provided access to MAT as needed. Each participant would be assigned an NJRC case manager or social worker (and in some cases peer recovery specialist) who would conduct the above-mentioned assessments and health screenings in order to create an individualized service plan. The individualized service plan would include a complete medical, mental and behavioral health assessment and treatment plan so that, upon release, there can be a seamless continuum of care to healthcare providers.

### **Staffing/Service**

NJRC’s Reentry Housing model would have five main staffing/service components:

- **1. Program Management:** The Site Director and team would provide leadership and governance of the house. They would lead in the development and implementation of the program format, including creation and enforcement of house rules and policies, programming and schedules, peer support and mentorship, and the running of group sessions. This team would be responsible for creating and cultivating the culture that is essential to the model.
- **2. House Management:** House Management would provide operational and logistical management of the site, including security, food procurement and preparation, transportation, IT and custodial duties/maintenance, etc.

- **3. In-House Wraparound Reentry Services & Partners:** A team of social workers, case managers, patient navigators, peer recovery specialists, an employment specialist and legal point of contact would provide counseling, classes, case work and referrals, and collectively manage participants individualized service plans. Additionally, NJRC partners with social service agencies, faithbased charities, and civil justice organizations to connect clients to additional services.
- **4. Trauma-informed Behavioral/ Medical and Addiction Treatment:** NJRC's healthcare and treatment services are based on an integrated model of care, in which clients' medical, mental and behavioral health as well as addiction treatment needs are all addressed. NJRC would leverage its extensive local and statewide network of service providers. Healthcare and treatment providers—federally qualified health centers, intensive outpatient treatment providers, CCBHC), addiction treatment providers (including MAT providers)—will provide treatment to referred participants through a combination of on-site, telemedicine and off-site treatment. NJRC would integrate technology into the infrastructure of the site to ensure that participants and providers can leverage telemedicine

where practicable and costeffective. As noted above, NJRC would also make use of peer recovery support services to support clients with SUDs through the recovery process, providing support and peer-led guidance from their lived experience, and encouraging clients to patiently work toward recovery.

- **5. Employment Training & Workforce Development:** NJRC would provide workforce development and employment opportunities directly to clients through employment assessment as to proficiency, creation of individualized service plans, conducting employment readiness classes (e.g., resume building), in connecting clients to employers and helping them navigate the job application process. Additionally, NJRC integrates its services through referrals with other partners including One Stop training vendors for skill-based training and certification as precursor to employment or concurrent with employment using federal Workforce Innovation and Opportunity Act (WIOA) funds.

## **Cost, Financing and Savings**

### **Costs**

NJRC seeks a legislative budget allocation for the implementation and operation of Reentry Housing.

**NJRC estimates that the costs for direct State appropriation for Reentry Housing would be approximately \$1.85 million per year for a 72-person facility.**<sup>32</sup> These costs would cover the staffing (house management, governance and leadership, wraparound reentry services, peer-led support programming), the cost of housing and food, as well as transportation and technology.

### Potential Financing/Sources of Revenue

NJRC is exploring potential sources of funding for this initiative, some of which would include use of governmental benefits including SNAP benefits, WorkFirst New Jersey (General Assistance), and potentially Medicaid funding to help cover the cost of the housing itself<sup>33</sup> and/or the provision of services like peer support and behavioral health. Some residents may be eligible

for Medicare. Additionally, depending on the ultimate design of the Reentry Housing, residents could be able to take advantage of permanent housing vouchers for the duration of their residence. Another potential source of funding is community residential programming and resources provided by NJSPB.

### Site and Funding

In the preliminary years of this initiative, NJRC would rent a facility to provide the housing. Presently, NJRC has identified three sites for consideration. In future years, NJRC would look to acquire a housing facility which it could finance in whole or part through available publicprivate funding mechanisms (e.g., Low-Income Housing Tax Credits, New Market Tax Credits, or funding from New Jersey Housing and Mortgage Finance

	Annual Cost (total)	Annual Cost (per participant)	Average Daily Cost (per participant)	3-year cost (total for 72 participants)	Out-year costs
Reentry Housing (Direct State allocation)	\$2,000,000	\$25,694	\$70	\$5,550,000	\$31,707,957
Department of Corrections	\$3,950,280	\$54,865	\$150	\$11,850,840	\$67,705,572
Estimated Savings	\$2,100,280	\$29,171	\$80	\$6,300,840	\$35,997,615

<sup>32</sup> NJRC’s estimate of a direct State allocation cost of \$1.85 million is derived from the total operational cost of Reentry Housing of \$2.6 million less \$750,000 in projected “stacked” federal, state and county revenue sources, including, for example, Supplemental Nutrition Assistance (SNAP) benefits and General Assistance/WorkFirst NJ funds, among other benefits.

<sup>33</sup> Under New Jersey law, Medicaid can finance the cost of housing in certain situations, including when individuals whose crime for which they are released from incarceration can be connected to drug use at the time of commission of the crime and in situations where state courts may order Medicaid to cover the cost of housing.

Agency, Project-Based Section 8 or federal Opportunity Zones).

## Projected Savings

NJRC projects significant savings to the State of New Jersey due largely to the relatively inexpensive costs of Reentry Housing as compared to housing the same number of individuals in NJ Department of Corrections' prisons. The projected cost of direct state allocation per 72 individuals for Reentry Housing is less than half the cost of DOC incarceration—\$26,000 annually for Reentry Housing as compared to \$55,000 under DOC.<sup>34</sup> That translates to **cost savings of over \$2.1 million per year or \$6.3 million over three years** (assuming each of the 72 individuals resides in Reentry Housing for three years). Further savings would accrue over time. For example, assuming an average life expectancy of 80 years of age, and assuming that absent Reentry Housing, these 72 individuals would continue serving time in state prison, estimated savings are \$36 million over time in addition to the initial three years' savings of \$6.3 million.

**The mentioned savings do not take into account the additional costs to NJ DOC for providing healthcare to an aging prison population, which, for individuals over the age of 50 is, by some estimates, more than twice the cost of individuals under the age 50.**<sup>35</sup> The proposed model would also save the State the significant cost of providing healthcare outside of the correctional system. While the State of New Jersey bears the burden of costs of providing healthcare to DOC inmates, once released, these individuals will be eligible for Medicaid and SNAP benefits for which the federal government bears a share of costs. Moreover, even if inmates were to be released without the provision of Reentry Housing, providing this housing would still yield savings due to the likelihood that individuals who have spent their entire adult lives incarcerated would suffer from housing instability upon release and may become homeless and/or require care from emergency departments. Studies show that individuals who have been incarcerated are more than thirteen times as likely to experience homelessness as the general public.<sup>36</sup> **With a typical annual cost per person of \$35,000 needed to address homelessness,**<sup>37</sup>

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34 This figure is derived by dividing the total Fiscal Year 2020 DOC State budget by the December 2018 total number of New Jersey DOC sentenced inmates. See New Jersey Legislature Office of Legislative Services, "Analysis of the New Jersey Budget: Department of Corrections State Parole Board: Fiscal Year 2019-2020," (April 2019) available at [https://www.njleg.state.nj.us/legislativepub/budget\\_2020/DOC\\_SPB\\_analysis\\_2020.pdf](https://www.njleg.state.nj.us/legislativepub/budget_2020/DOC_SPB_analysis_2020.pdf)

35 W.C. Bunting, "The High Fiscal Costs of Incarcerating the Elderly," Center for Justice at Columbia University, *Aging in Prison: Reducing Elder Incarceration and Promoting Public Safety* (November, 2015). Bunting's estimates are based on a methodology endorsed by the National Institute of Corrections. The high and disproportionate costs of healthcare for this population are driven in part by the increased medical needs of an older population, but also the high costs of transferring inmates who need to leave prison grounds for specialized care.

36 Texas Criminal Justice Coalition, "Return to Nowhere," available at <https://www.texascjc.org/return-nowhere> (last accessed July 20, 2020).

37 National Alliance to End Homelessness, "Ending Chronic Homelessness Saves Taxpayers Money," (Nov. 2015)

Reentry Housing is an alternative that is both respectively less expensive than continued incarceration and release without a housing support.

### **Research, Evaluation and National Model**

NJRC intends to make its Reentry Housing model a hub of research and innovation. NJRC will partner with a research institution to study its implementation of Reentry Housing. Partnerships with research institutions and professional schools will assist NJRC in rigorously measuring, studying and evaluating Reentry Housing. The collaborations with researchers will ensure that NJRC applies best practices in mental and behavioral health, including through its therapeutic model. Currently, NJRC maintains and uses a customized Salesforce database to monitor, manage, and track all data. NJRC will adapt this platform to design outcome metrics to measure success and ensure that clients' needs are met.

Additionally, NJRC will partner with professional schools, including schools of social work to design interventions to improve the conditions of those released. Together, these measures will wed rigorous academic theory with real world practice. This will ensure that NJRC's model can be leveraged by

other practitioners, providing a platform for replication (and further innovation) nationally.

### **Conclusion**

This proposal comes at a unique time as America grapples with the Covid-19 pandemic and criminal justice reform, including the legacies of mass incarceration and sentencing laws that have led to soaring rates of life sentences. It is an opportunity to mitigate disproportionate and punitive sentences meted out during the 1990s. As we prospectively address the implications of the No Early Release Act and similar sentencing laws, we must recognize there are thousands of individuals incarcerated under these guidelines who, without action, will die in prison under these terms.

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available at <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/>. This refers to costs related to the systems that people experiencing homeless touch—cycling through emergency rooms, jails, psychiatric centers and other institutions.

