Then your light will break forth like the dawn, and your healing will spring forth.

Isaiah 58:8
Board of Directors

Governor Brendan Byrne
(in memoriam)
Governor Thomas Kean
Governor James Florio
Governor James McGreevey
Governor Jon Corzine
Governor Chris Christie
Tonio Burgos
Thomas Calcagni, Esq.

Father Edwin Chinery
Joseph Hayden, Esq.
Ryan Haygood, Esq.
Lawrence Lustberg, Esq.
Leslie K. Franks McRae
Wendy Neu
Chief Justice Deborah Poritz
Reverend Al Sharpton
Richard Smith
Introduction

Tragically, America has an irrational overreliance on prisons. With the highest incarceration rate in the world, the United States is home to five percent of the total world population but 25 percent of the world’s prisoners. Further, the vast majority of prisoners, including at least 95 percent of state prisoners, will eventually be released. After months or years behind bars, freedom can be disorienting, confusing and particularly frightening. The New Jersey Reentry Corporation (NJRC) was designed to provide critically needed services to ease this transition back into the community. The NJRC aims to provide seven critical services to our participants:

1. Addiction treatment
2. Sober transitional housing
3. Training and employment
4. Medicaid registration and linkage to healthcare through Federally Qualified Healthcare Centers and hospitals
5. Motor Vehicle Commission identification
6. Legal services working with the New Jersey State Bar Association
7. Mentoring working with faith-based and professional associations.

Compared to the average American, a reentering individual tends to be less educated, less likely to be gainfully employed, and more likely to have a history of mental illness or substance abuse, all of which increased risk of recidivism. According to a report from the National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia), 78 percent of inmates incarcerated for violent crimes were involved with alcohol or drugs, as were 83 percent of those incarcerated for property crimes and 77 percent of those incarcerated for public order, immigration, or weapons offenses (CASAColumbia, 2010).

The New Jersey Reentry
Corporation was incorporated in 2015 during the administration of Governor Christie to provide for critically needed services to returning persons. Thanks to Governor Murphy with the continued support of Senate President Sweeney and Speaker Coughlin. NJRC has expanded to provide reentry services in eight counties and to ensure the induction and access to Medication Assisted Treatment (MAT) for returning persons. During the COVID pandemic, NJRC worked with mayors, nonprofit organizations, the faith-based community, the Community FoodBank of New Jersey and Fulfill, and New Jersey State and county governments to provide essential services (including feeding, church sanctuary shelters, and access to telemedicine) to persons being released from state prisons, county jails, and addiction treatment centers. NJRC provided and staffed a 24/7 Emergency Services Hotline. Working with the NJRC Mayors’ Taskforce, we were able to communicate with local officials during the pandemic.

Of particular support were the National Action Network (NAN), who partnered to feed 5,000 reentry participants daily for 3.5 months, the New Jersey Coalition of Latino Pastors and Ministers (NJCLPM), who partnered to provide sanctuary shelter housing during the pandemic. With the support of Lieutenant Governor Oliver, we worked with member churches to provide temporary sanctuary for those unable to secure shelter due to COVID-19 symptoms. In addition, NJRC is indebted to individual member congregations and associations of the African Methodist Episcopal (AME) Church, General Baptist Convention of New Jersey, Islamic Circle of North America (ICNA), affiliated Jewish congregations, New Jersey Coalition of Religious Leaders, and Roman Catholic Archdiocese of Newark, each of whom provided individual support for our pandemic relief kits, clothing and hygiene products, and Christmas toys.

VOLUNTEERS FEEDING PARTICIPANTS.

CHRISTMAS TOY DONATIONS FOR NJRC FAMILIES.
GRATEFUL TO PASTOR BARTLEY AND NJBIA PRESIDENT SEIKERKA FOR THE JOB TASKFORCE.

The above cited services are presently being provided in Elizabeth, Union County; Jersey City, Hudson County; Neptune City, Monmouth County; Newark, Essex County; New Brunswick, Middlesex/Somerset Counties; Paterson, Passaic County; Toms River, Ocean County; and Kearny, Hudson County at the NJRC Community Resource Center, where parolees are served. The success of the program is best documented in the 19.7 percent recidivism rate and less than 10 percent re-incarceration rate.

As the NJRC continues to grow beyond our 10,993 client caseload, it is incumbent upon the State to increase coordination with available programming, as well as to identify necessary linkages and resources to maximize the health, employability, and long-term success of reentering persons. While national think tanks have previously recognized the “NJRC model” as a national best practice, the essential need was to develop “work-ready” participants; therefore, we expanded a more vigorous partnership with the New Jersey Business and Industry Association.

This 2020 Annual Report provides a snapshot as to the status of NJRC activities, successes, and areas for improvement. The report then quantifies the benefits accrued to returning persons through enhanced linkages to education and training, healthcare access, and integration; our focus in this next generation of reentry services is to ensure that our participants are properly trained and ready to work for the benefit of the private sector and our society.

**Shortcomings of Incarceration and Recidivism on the State and National Levels**

According to the Prison Policy Initiative, the

THREE OF NJ REENTRY’S GREATEST CHAMPIONS: SENATE PRESIDENT STEVE SWEENEY, SENATOR SANDRA CUNNINGHAM, AND REVEREND BOLIVAR FLORES.
American criminal justice system holds almost 2.3 million people in 1,833 state prisons, 110 federal prisons, 1,772 juvenile correctional facilities, 3,134 local jails, 218 immigration detention facilities, and 80 Indian Country jails as well as in military prisons, civil commitment centers, state psychiatric hospitals, and prisons in the U.S. territories. According to the World Prison Population List, the United States had the highest prison population rate in the world, at 716 per 100,000 people.

New Jersey has traditionally been no exception to the national narrative of incarceration. According to a report by the Prison Policy Initiative, as recently as 2018, there were 39,000 individuals currently behind bars in federal, state, or local jails and prisons throughout the state (Prison Policy Initiative, 2018). Further, African Americans have been grossly overrepresented in New Jersey prisons: at a ratio of 12.2 to 1, the racial disparity between incarcerated African Americans and Whites in the state is the highest in the nation, and over twice the national average of 5 to 1 (The Sentencing Project, 2016).

The Murphy Administration with the support of the State Legislature has embarked upon a series of initiatives which have significantly reduced the state’s prison population. Today, there are fewer than 15,000 state prisoners, which represents a dramatic reduction. The Governor’s resolve to address inordinate sentencing provisions of the No Early Release Act (NERA), as recommended by the Criminal Sentencing and Disposition Commission (Poritz Commission), and the Public Health Emergency (PHE) credit have begun to significantly reduce the prison population to the unprecedentedly lowest numbers in recent decades.

This costly and inefficient recidivism cycle is largely unsurprising, given the barriers to reintegration and lack of support provided. In New Jersey, 37.2 percent of released prisoners have not
completed high school, and 92.3 percent have no college education (NJDOC et al., 2016). At least 10 percent of incarcerated individuals nationally report being homeless before arrest (Roman & Travis, 2004). More than a third of all formerly incarcerated persons are reported to have a physical or mental disability (U.S. Department of Labor, 2007). Most often, individuals in reentry have multiple outstanding municipal court issues such as traffic violations, and family court issues such as child support orders that are predicated on outdated income information. Due to any and all of these issues, only the smallest minority of returning prisoners can find any employment, much less steady employment.

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

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

Moreover, due to the ongoing opioid epidemic, the characteristics, and accordingly the needs, of those within and returning from prison are changing. According to the National Center on Addiction and Substance Abuse (2010), 85 percent of all incarcerated persons are substance-involved, but only 11 percent of addicted inmates receive treatment during incarceration. Overall, the abuse of opioids in New Jersey rose substantially between 2012 and 2019 with 3,021 overdose deaths in 2019. During the COVID pandemic, NJRC confronted the need to provide participants with Medication Assisted Treatment (MAT) through induction and prescription. Working with Federally Qualified Health Centers (FQHCs), Certified Community Behavioral Health Centers (CCBHCs), hospitals, and treatment providers, NJRC sought to maintain continuity of treatment while many addiction treatment centers had significantly curtailed operations.

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

**Costs of Recidivism**

It currently costs the State of New Jersey $53,681 to incarcerate one individual for one year (extrapolated from the FY2018 Department of Corrections budget and the number of inmates reported in the Department of Corrections Offender Statistics Report 2017).

Beyond this substantial fiscal consideration, when individuals fail to successfully reintegrate, the consequences affect the rest of society. Problems of access to services have an effect on public health, public safety, workforce development, and overall community well-being. Often, the communities to which formerly incarcerated persons return are already crippled by crime and poverty, and studies have shown that failure to find legitimate housing and employment leads to an increase in gangs and violence (Petersilia, 2000). The reentry population also often makes up a significant percentage of “over-utilizers,” frequently using costly emergency health services rather than primary care or other intermediary resources.

These exorbitant costs to the corrections system and communities are preventable. Had these individuals successfully reintegrated upon their original release, not only would they spare the state these costs, they would be productive taxpayers and workers, contributing to society. Among the most in-demand careers for the reentry population, the average expected salary is approximately $42,000 annually. At this income level, the tax rate is 5.53 percent. Going
back to the 2016 Release Outcome Report and factoring the 31.3 percent of released individuals who recidivated within three years, this results in a tax loss of $71,218,455.

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

2020 Salesforce Statistics

Under the leadership of Governor Murphy with the support of Senate President Sweeney and Speaker Coughlin, reentry efforts in New Jersey have made significant progress over the last decade. For the year 2020, our statistical results are as follows:

- 10,993 participants are presently enrolled with NJRC to receive comprehensive reentry services;
- Monthly employment rates fluctuated between an adjusted height of 65 percent of those enrolled to an adjusted low of 28 percent with an average employment placement rate of 49.87 percent for the calendar year
- 5,867 individuals have been referred to Medication Assisted Treatment (MAT) and Intensive Out Patient (IOP) treatment;
- 3,203 individuals have received a MVC license/birth certificate through credentialing and NJRC legal services;
- 3,959 persons were treated for medical conditions, including diabetes, gynecological and reproductive needs, hepatitis B/C,
REVEREND AL SHARPTON, PRESIDENT, NATIONAL ACTION NETWORK, FUNDS, SUPPORTS, AND DISTRIBUTES FOOD TO NJRC PARTICIPANTS.

and HIV/AIDS;

- Only 19.7 percent of NJRC participants have been rearrested within six months of completing the program.

Additionally, Governor Murphy’s executive actions and legislative successes have provided NJRC program participants with the opportunity for enhanced services. Noteworthy executive actions include “presumptive eligibility” for Medicaid, augmented access to Medication Assisted Treatment (MAT), legislative initiatives that were enacted garnered the recognition of Collateral Consequences, including expungement expansion and reform, implementation of voting rights for persons on parole and probation, requirement of state benefits registration for reentry services, implementation increased access to documentation for non-citizens.

Conclusion: A Look to the Future

This year, as the nation grappled with COVID-19, those in prisons, jails and addiction treatment centers were significantly impacted by both the virus and the quandary of releasing them into their community.

As aging state prisons were never designed for quarantine, New Jersey state prisoners suffered among the highest mortality rates in the nation. The state response, upon the advice of physicians and epidemiologists, was to release 3,000 individuals from prison. Through a tremendous focus sustained a shared concern and partnership by government, non-profit organizations, and houses of worship, which resulted in a largely successful release.

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 seeks the cooperation of NJDOC in executing a clear, cogent mechanism for connecting those being released to reentry services. 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 10,993 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.