

### **Reentry Programming**

The shall operates with the acute understanding that what drives the quality of health care and positively impacts outcomes in the chronically ill reentry population is stable housing as the motivator for proper utilization of the health care, disability and job search and training systems.

The program defines goals across all systems, removes barriers to coordination among providers, and ensures all systems work in accord to raise the level of care. This model increases performance through systems oversight and accountability. Success not only increases the quality of life for clients but realizes significant cost savings for healthcare and service providers alike.

This model creates a public private partnership, which shall manages, or serves as the unifying entity, for the public and private entities currently working independently to provide services to the reentry and homeless populations. Through a formal Memorandum of Understanding (MOU) with the jail partnerships with Primary care professionals, Federally Qualified Health Care Centers (FQHC), Corrections Medical Providers (CMP), community health clinics, Hospitals, IOP substance abuse treatment providers (Clinical Services which are Medicaid Billable), insurance providers and business partners and community based transitional housing programs.

### **Residential Substance Abuse and Mental Health Treatment**

The jails reentry program operates a residential based New Jersey Division of Mental Health & Addictions Services treatment program. The jail maintains a 50 bed acute inpatient psychiatric unit which provides 24-hour nursing and medical care, counseling and therapy, including cognitive behavioral therapy, provided by a contracted board-certified psychiatrist, psychologist, and master level therapists. The jail also also maintains a women's and men's residential substance abuse treatment program and discharge planning by counselors from the Social Rehabilitation Department (which includes linking clients to state and federal funded benefits like Medicaid, Food Stamps, GA, Emergency Assistance and TANF prior to discharge). The HCRP works directly with the State to expedite benefits that are designed to reduce the risk of a return to a correctional environment and increase the potential a recovering addict will obtain and retain employment.

### **Medication Assisted Treatment**

Unique to HCRP, our Corrections-based Medication Assisted Treatment protocol utilizes the opioid antagonist Vivitrol, a long-lasting injectable treatment that blocks the effects of opioids rather than replace the addictive substance with another Vivitrol is used by our program because the U.S. Food and Drug Administration endorsed Vivitrol as a treatment that prevents relapse to opioid dependence. The drug is administered on-site every 4 weeks. Vivitrol is critical to our program as it has been shown to help newly-released inmates avoid going right back to opioid use during their first days of freedom. Vivitrol, unlike methadone and buprenorphine, does not produce a high, and cannot be diverted to black market street use. The potential cost savings from this type of community-based substance abuse treatment in lieu of incarceration has been recognized by several large-scale studies.

**Employment and Educational Programming: Hudson offers GED prep and access to testing which results in a certified high school diploma.**

The Hudson County Department of Corrections and Rehabilitation is one of only 11 jails nationally operating a federally and state certified one stop American Jobs Center within its walls. The program will capitalize on these in-demand career pathways by offering a holistic approach to interventions so that the client is appropriately trained and remains in a state conducive to the attainment and retention of employment.

The goal of this program is to increase the post-release employability of the incarcerated population by attaining employment. On April 10, 2017 we commenced pre occupational skills training at the One Stop with two of the County's long time successful training vendors.

- 1. Offenders on average are less educated than the general population. The research indicates 36% of the inmate population has attained less than a high school diploma, compared to 19% of the U.S general population 16 years of age or above.*
- 2. On average, inmates who participated in correctional education programs had 43% lower odds of recidivating than inmates who did not.*
- 3. The odds of attaining employment for those who engaged in an educational program while incarcerated was 13% higher than those who did not enroll and complete an academic or vocational program.*

The U.S Department of Education (DOE) in 2009 conducted research with the intention of determining what educational/vocational interventions provided inmates with the greatest access to employment as well as what programming most effectively reduces recidivism.

**Federally Qualified Health Care Center (FQHC)**

340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to certain covered entities, including FQHCs, at a reduced price

Hudson is a larger facility which prescribes at a high volume working directly with the smaller community based FQHC to order medications. County of Hudson's Department of Corrections & Rehabilitation has been able to partner its medical provider, a community FQHC and the drug wholesaler under the pre-purchased inventory model. We are one of only a few correctional centers using the 340b plan. At a local level it is rare for a large correctional center to be using the model. The potential savings to the jail average has between \$17,000 and \$20,00 each month.

### **Frequent Flyers Program Diversion program**

the jail has put up matching funds to ensure the most frequent users of the correctional system, the shelter system, the health care network and public assistance system are provided access to permanent housing, prior to incarceration.

There is a gap in services and a lack of housing for individuals with greater needs. Often these individuals have experienced chronic homelessness coupled with a disabling condition, including substance abuse. Although the police understand that most suffer from substance abuse and/or mental health and physical health issues, mental status exams do not support hospitalization and police cannot access substance abuse programs. As a result, they are arrested and sent to a correctional environment, where a diagnosis is provided which justifies a disability upon release.

### **Discharge Planning**

The program links individuals to Medicaid prior to release through a process directly between the County and the State. Clients are referred to clinical providers in the community using the Medicaid benefit and clinical interventions are set in place prior to discharge.

The program links individual to housing benefits through various funding sources, identifying the most appropriate pot of funding to meet the need of the individual.

The program links to community based one stops to continue training or to have the individual placed in employment.

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