

I. Problem Statement

Hudson County is the most densely populated county in New Jersey with a population of 634,000 (2010 U.S. Census). Jersey City (248,000 people), the county seat, is the second most populous city in New Jersey (2010 U.S. Census). The 2009 Census shows 41% of County residents are Hispanic, 35% are non-Hispanic, 15% are African American, and 12% are Asian.

Target Population

The Hudson County Department of Corrections (HCDOC), the grant applicant for continuation funding, is one of the nation's largest adult correctional centers. During calendar year 2014 (1/1/14 to 12/31/14), the HCDOC had 10,740 commitments, 9,461 (88.1%) male, 1279 (11.9%) female. The HCDOC serves as a U.S. Immigration and Customs Enforcement holding center providing for those who have issues with their citizenship status. Of the 10,740, 8,861 represent those individuals without issues with their immigration status. During 2014, 5,155 inmates (48%) had prior commitments to HCDOC (i.e. had recidivated). As reported in 2007, 2008, and 2009 grant submissions, HCDOC averaged more than 50% commitments who had prior incarceration. In June 2010, the HCDOC introduced the Community Reintegration Program (CRP), which provides for internal HCDOC and community-based interventions intended to remove criminal thinking patterns and behavior. Since the introduction of the CRP, the computer database tracking system used to track HCDOC Commitments (CCIS) demonstrates a decrease during 2010 as well as 2011 in the number of individuals committed to the HCDOC Correctional Center who have prior incarceration records. However, it must be noted that recidivism continues to be a problem in Hudson County, particularly due to the population of individuals suffering from mental health issues as well as substance dependency issues.

Historically, on average 5% of the HCDOC's population is sentenced to serve between 8 and 364 days. This population represents the number of individuals who will meet all incarceration requirements while in the HCDOC and will be returned to the community directly from the HCDOC. Women sentenced to the HCDOC were most frequently committed for CDS (Criminal code for drug-related charges) and prostitution convictions, while men were most frequently committed for burglary/theft convictions. During the time period, 72% of the population was represented by those individuals between the ages of 24 and 50. The population is predominantly of black and Latino heritage, with 41% of commitments being African American and 42% of commitments being of Hispanic descent. The representation of minorities in the HCDOC by percentage exceeds the 2010 minority jail populations with 20.6 national averages for those of Hispanic descent and a 39% national average for African American inmates.

Based on annual point-in-time homeless surveys (2010, 2011), there are approximately 650 "chronically homeless" individuals in Hudson County. The Jersey City Police Department are familiar with the "chronically homeless" because they are frequently arrested for disorderly persons offenses. Although the police understand that most suffer from substance abuse and/or mental 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 HCDOC, and most (up to 80%) return to Jersey City upon release. According to HCDOC Director/Warden Oscar Aviles, a steadily increasing group of substance abusing and/or mentally ill and often homeless inmates have become a chronic recidivist population, dubbed "frequent flyers" by staff.

Director Aviles and Reentry Task Force members agree based on the following evidence that inmates who are mentally ill, chemically addicted or have co-occurring disorders are the most appropriate target population for reentry services.

Both the male substance abuse education and psychiatric units at HCDOC are normally full and have long waiting lists. For the last five years, 17-20% of the HCDOC population (350-400 offenders) have received psychotropic medication daily, suggesting that a significant portion of the jail's population is mentally ill. In addition, HCDOC psychiatrists estimate that 40% (140-160) of the inmates receiving psychotropic medication actually suffer from co-occurring disorders and 80% of the total inmate population suffers from substance abuse disorders. This figure is relatively consistent with the Bureau of Justice Statistics Report (BJS, 2005), which indicated that on a national level, 68% of those incarcerated in local jails meet the criteria for substance abuse or dependence.

Hudson County implemented its previously proposed Second Chance Act pilot demonstration project that provides pre- and post discharge services to a minimum of 360 male and female offenders annually. The 2010 through 2011 reentry project provided services to 719 inmates in 24 months of operation. Eligible individuals must: 1) have a diagnosed mental health and/or substance use disorder, 2) have been arrested, incarcerated, incarcerated and sentenced to HCDOC more than once, and 3) be a Hudson County resident.

Reentry Assessment and Services

For the upcoming year, HCDOC CRP plans to expand its services to include the parole and state inmate population through a JCETP contract with the New Jersey State Parole Board (NJSPB) and through direct NJSPB referrals. Although Hudson County officially (through Executive Order) developed a Reentry Task Force and policies and procedures to link inmates to

social services prior to discharge from jail in 2009, funding was required to reduce homelessness, initiate therapeutic intervention programs, and provide other supportive services to reduce recidivism. HCCC applied for and was awarded a Second Chance Act Adult Offender Reentry Demonstration grant in October 2010 to provide services to mentally ill and/or chemically addicted inmates.

New Jersey's first jail-based residential substance abuse treatment program was funded in 2010 through the grant to provide residential substance abuse services to women. In 2012, through alternative correction-based funding sources, certified substance abuse treatment was expanded to include the male population in the jail. Currently, the entirety of the HCDOC inmate population is provided New Jersey Department of Mental Health and Addiction Services (DMHAS) licensed substance abuse treatment; there are now two female treatment tiers and one male treatment tier. Completing a residential substance abuse treatment program allows participants who were not convicted of CDS drug distribution charges to regain eligibility for state benefit programs upon release and to decrease homelessness among this population.

All other 2010 and 2011 Second Chance Act grant-funded services are community-based and include: housing services, outpatient substance abuse services including intensive outpatient treatment, cognitive/behavioral day treatment services, bus passes for treatment and training, medical services, psychotropic medication, and community assessment/case management services. Case managers link former inmates to existing educational, training, and vocational services through One Stop programs and through the HCDOC CRP partner organization, the Jersey City Employment and Training Program (JCETP). The JCETP Martin's Place location at 398 Martin Luther King Jr. Drive in Jersey City, New Jersey provides a centralized location where reentry clients can receive a suite of services. The suite of services include connection to

public benefits, expedited identification services through a pilot program, employment/training, job and resume coaching, employment placements, adult basic education/GED preparation, job placement services, life skills training, and pro bono legal services. The HCDOC and JCETP partnered with the New Jersey Motor Vehicle Commission (MVC) to start a pilot program through which reentry clients can remotely apply for an “extended abstract” that summarizes all of their open legal issues across New Jersey by submitting a copy of their jail photo identification. Upon receipt of this extended abstract, JCETP and the New Jersey Reentry Corporation (NJRC) connect reentry clients to one of over 50 pro bono attorneys from the New Jersey State Bar Association Young Lawyers Division. JCETP successfully made employment placements for 62.1% of its reentry clients in its first seven months of operation at Martin’s Place. The NJRC has on its Board six former New Jersey Governors, retired Chief Justice Poritz of the New Jersey Supreme Court, and prominent members of the clergy, business, and legal communities. The NJRC will provide HCDOC CRP with expert legal, regulatory, and technical assistance with its reentry program.

HCDOC CRP developed a data collection form, and each month CRP updates the form with changes in each participant’s status that are provided to the project evaluator. Data is then entered into a database, analyzed, and utilized to make program audits and modifications by the Task Force. As a result of affiliations with Probation developed in 2011, judges have the ability to sentence clients to the program through a stipulation of probation. Furthermore, the court has authorized the HCDOC to use GPS electronic monitoring devices to implement supervised community early release of any individual sentenced to 364 days or less at the HCCC at the jail’s discretion. This progressive and cost-saving innovation came as a result of the Hudson County Judiciary presence on the Hudson County Reentry Task Force.

The following are Hudson County program accomplishments to date:

- From October 1, 2010 to January 1, 2013, the HCDOC CRP program accepted 719 inmates, 62% (444) male and 38% (275) female
- 38% (275) of the inmates received mental health services
- 52% (374) received substance abuse treatment
- 80% (575) received cognitive behavioral treatment
- 38% (275) enrolled in an educational or vocational program
- 56% (400) enrolled in an employment readiness program
- 46% (333) enrolled in a community-based housing program
- 65% (431) were enrolled in pro-social activities
- 80% (575) enrolled in a cognitive/behavioral day reporting program
- 719 inmates received a COMPAS Risk/Needs Assessment and case plan
- The programs internal substance abuse treatment tier has been granted a Level II certification from the New Jersey Department of Mental Health and Addiction Services (DMHAS). Currently the program is accredited as a Level III New Jersey DMHAS facility due to HCDOC successfully advocating for the passage of a bill in the New Jersey legislature
- The HCDOC has introduced a commercial painting course in the correctional environment. This will offer clients access to a 12-week program certifying them in commercial painting
- HCDOC introduced a computer-training course to the list of in-jail services.
- The HCDOC has introduced secretarial training as part of the program's correctional-based training
- HCDOC CRP and JCETP and NJRC collaborated with New Jersey Motor Vehicle Commission to create a pilot program to expedite MVC providing CRP clients with an "extended abstract" that identifies all open legal issues across New Jersey that can then be addressed by pro bono lawyers from the New Jersey State Bar Association Young Lawyers Division
- The amended New Jersey 1090 Welfare Regulations waived the 28-day work requirement for CRP reentry clients who attend the JCETP employment and training program

Risk Needs Assessment and Service Availability

Every person committed to HCDOC currently receives a medical evaluation including voluntary rapid HIV testing during their first 24 hours at HCDOC, and are assessed by a Master's level counselor from the Department of Social Rehabilitation Services for risks and needs, using the COMPAS Assessment, and then a preliminary service plan is developed.

HCDOC provides a variety of medical, educational, and social services on site including: a voluntary 3-month licensed substance abuse treatment program for 40 males and 40 females, provided by Integrity House. The HCDOC Department of Education provides adult education classes including life skills, literacy, ABE, ESL, and GED classes for up to 120 inmates, as well as some pre-vocational training. The Hudson County Child Abuse Prevention Center provides Family Life Education including parenting education classes. The HCDOC provides a law library, religious services for all denominations, a 50-bed inpatient psychiatric unit, and counseling and therapy including cognitive behavioral therapy provided by contract therapists. HCDOC provides critical discharge planning by counselors from the Social Rehabilitation Department, which includes assisting inmates to apply to the Hudson County Department of Family Services (DFS) for Medicaid, Food Stamps, General Assistance, Emergency Assistance, and TANF prior to discharge. Expediting benefit applications has shortened the time that returning citizens have to wait to collect benefits from several weeks to three days. The HCDOC provides substance abuse education. Catholic Charities provides for 60 male inmates with a 3-month drug education program. This is used as a step up and step down program for those males who have either completed or are waiting to begin licensed substance abuse treatment at HCCC.

The five residential and five outpatient substance abuse treatment programs in Hudson County that offer a full range of substance abuse treatment services often have no indigent beds available when inmates are discharged, and although bed capacity exists, additional funding does not exist to increase the number of beds. Psychiatric care and indigent outpatient healthcare are available to offenders through community hospitals, Federally Qualified Health Centers, and mental health clinics, but case management services are not available to ensure that offenders keep their appointments. Although inmates will be discharged with 60 days of medication, those

who are no longer eligible for Medicaid because of CDS drug distribution convictions are often unable to secure needed medication readily after the initial supply is consumed. Others, who have no family or agency to monitor them or provide care, may require case management to ensure a continuation of care.

Many individuals are homeless when released from HCDOC. Although counselors reach out to family members when planning for discharge, family members often refuse to help. Funding for transitional and permanent housing for offenders has been non-existent prior to the program. In November 2009, DFS secured ARRA Rapid Re-housing and Homelessness Prevention funding to meet the emergency housing needs of some of the homeless offenders being released from HCCC and this pays the salary of a Housing Case Manager. However, additional housing funding is necessary to meet the needs of offenders who do not qualify for public assistance housing funds.

Community supervision/support through probation or parole is not available to most HCCC inmates, who usually serve the entire sentence imposed by the courts; a structured day program as an incarceration alternative or early release alternative was not available to County offenders until Second Chance funding was secured by HCDOC in 2010. In addition, HCCC has a need for additional day programming slots due to the initiation of the electronic GPS monitoring bracelet program for offenders with minor offenses; daily programming will be required for these participants unless they are employed full-time.

To address these needs and service gaps, the Hudson County Reentry Task Force has planned a continuum of pre- and post discharge services to reduce recidivism. These services are available to: eligible offenders who complete their sentences, as an alternative to incarceration

for some repeat offenders, and as an early release alternative for other repeat offenders. The latter two groups are court-ordered to comply with the program.

II. Design and Implementation

Begun in 2006 and authorized by the County Executive in 2009, the Hudson County Reentry Task Force is now chaired by Keith Davis, former Executive Director of the Jersey City Employment and Training Program (JCETP). The Task Force includes the following Hudson County Departments: HCDOC, DFS, (all public assistance programs, Food Stamps, Medicaid, Workforce Development), DHHS (mental health and substance abuse services), Finance and Administration (housing services and community development), Economic Development, the Sheriff's Office, the County Counsel, the Public Defender, and the Prosecutor's Office. State agency members include: Superior Court, the Governor's Crime Prevention Initiative, the New Jersey Department of Labor and Workforce Development, and the Division of Youth and Family Services (child welfare). Education, employment and training services are provided by the Jersey City Adult Night School, the Hudson County Schools of Technology, JCETP, and the Workforce Investment Board (WIB). The Jersey City Police, Catholic Charities, Medical and Social Services for the Homeless, St. Mary's Hospital, two County Freeholders, and a Councilwoman from Jersey City are also Task Force members. Victim's groups (only two statewide groups exist) have not responded to invitations to join the Task Force, but the Prosecutor's Office does have a victim/witness program. The Task Force has completed a Strategic Plan for Reentry, has formed a committee including County Counsel to examine the impact of statutory and regulatory barriers to community reintegration as well as a Project Oversight Committee. The Task Force has begun to seriously explore alternative and supportive options for incarcerated individuals. Two subcommittees were formed to address issue-specific challenges that face the vast majority

of individuals who are or have been recently incarcerated: legal options and opportunities for work.

The Task Force's Legal subcommittee has recently developed an alternative sentencing option for individuals with minor charges in Hudson County's Municipal Courts who have bail set at \$1,000.00 or less. This program will be an electronic bracelet monitoring-based program with participants mandated to participate in COMPAS-recommended reentry services. These services include but are not limited to: day reporting, substance abuse treatment, mental/behavioral health services, housing assistance, and educational/vocational services.

The Task Force's Work Options Subcommittee has been developing an assortment of potential jobs that would be mutually attractive to both ex-offenders and potential employers. These fields include hydroponic farming, culinary arts, and green jobs/technology among others. The Work Options Subcommittee has reached out to various economic development entities in Hudson County in an effort to collaborate with potential employers, and is also developing material outlining federal tax incentives for hiring an individual who has been incarcerated.

Critical Components of Community Reintegration

Hudson County uses a case management wrap-around model, with the intensity of case management and service delivery guided by the COMPAS Risk/Needs Assessment. All offenders who meet the target population criteria are offered enrollment in the HCDOC CRP. Some offenders may be offered the electronic monitoring program in lieu of bail, or early release from HCCC, or an alternative sentence by judges who have agreed to make CRP program compliance a condition of release. Participants who complete sentences may voluntarily enroll in the HCDOC CRP. Since demand for post-release mental health, substance abuse, health, and

housing services far exceeds the current supply, eligible inmates close to discharge often voluntarily enroll because of the services available to them through the program.

Critical elements of the reentry initiative include: rapid risk/needs assessment, pre-release services, linkage to benefits and services prior to release, post-release services, ongoing assessment, case management, data collection, and analysis. Prior to Second Chance Act funding, data collection for the target population was limited to HCCC's CCIS system, which records jail entry and exit status as well as some demographic information and the Housing MIS system at the County DFS. Instituting the COMPAS Assessment has changed assessment and delivery service to an evidence-based model of risk/needs assessment and allows the project to monitor individual progress. The COMPAS is a well-researched, reliable tool, which has significant predictive validity for recidivism and program failure, and has the capacity to differentiate between low and high risk offenders and the propensity for violence among offenders (Brennan, Dieterich & Ehret, 2007). In May 2010, rehabilitation counselors at the HCCC began using the COMPAS risk/needs assessment system as part of its move toward an evidence-based method of reducing the recidivism of mentally ill/chemically addicted inmates. The COMPAS is a statistically based actuarial risk assessment specifically designed to assess key risk and needs factors in correctional populations (male and female) and to provide decision-support for justice professionals when placing offenders into the community. The COMPAS contains four separate risk scales (violence, recidivism, flight, and non-compliance), includes strength and protective factors, and contains 18 case planning scales, including three that specifically address criminal issues. The case plan module also allows for the tracking of individual referrals, start and termination dates, termination reasons, service providers and other case outcomes. In a study of 2,300 men and women, Cronbach's alpha reliability scores for most

of the scales were .70 and above (satisfactory) and the predictive validity of the risk of recidivism scales and program failure range from 71% to 80% (Brennan, Dieterich, & Ehret, 2007). Hudson County Superior Court judges have begun to ask for copies of COMPAS evaluations to inform their sentencing decisions.

The TABE (Test of Adult Basic Education) is used for educational assessment of participants and is a well-recognized, evidence-based test of adult basic education skills, which will guide educational and vocational services provided through this initiative. Both scales are used for planning services and to assess change in participant risk or skill throughout the project. Three masters level clinicians administer COMPAS and TABE, if appropriate, to each participant every six months. Other data available to the project will come from the One-Stop employment and training database, America's One Stop Operating System (AOSOS), which contains assessment, educational, training and employment data for participants.

Improved discharge planning involves convening a discharge planning committee for each inmate that includes family members, the post-release case manager, and other relevant service providers. Discharge planning begins during the initial assessment process and a written discharge plan is completed at least 30 days prior to actual discharge. The Social Rehabilitation unit is responsible for assessment, case management services including initiation of discharge planning activities, and data collection for all participants while they are in HCDOC.

Post-release services required the largest investment of fiscal resources. Case management will be the cornerstone of all other post-release services and will serve as a substitute for the Probation/Parole models. High-risk participants are referred to day programming and/or have frequent case manager contact, but an analysis of reasons for program exit suggested that many male participants who have served a complete sentence often fail to

follow through with day programming. To help rectify this negative finding, the community case managers have recently been trained in Motivational Interviewing, offered to them through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant awarded to a local municipality to help them be more effective in encouraging former inmates to participate in cognitive behavioral day programming. The electronic monitoring program and court-ordered program attendance should also help to increase inmate participation in programming.

The two structured day programs use an assessment-driven model, and client services are based on identified needs and include: outpatient substance abuse treatment with random urine monitoring and relapse prevention; life skills development; stress and anger reduction; employment readiness and placement assistance; money management; family counseling; parenting skills education; and cognitive behavioral groups to address criminogenic thinking patterns. One of these programs, Community Solutions, Inc., a nonprofit agency providing reentry services for the New Jersey State Parole Board in Hudson County for the last 10 years (and in Connecticut for 49 years), serves males only, has received day program accreditation by the American Correctional Association, and agency trainers are certified by the National Institute of Corrections as trainers in cognitive behavioral approaches. Hudson County purchases meals and all program components for discharged HCDOC offenders from them, with the exception of educational (ABE, ESL, GED) and vocational services. AA/NA meetings are available for all participants who complete drug/alcohol treatment, and meeting attendance will be required. Urban Behavioral Health, whose staff worked for and were trained by Community Solutions, provides day programming for both men and women, and provides housing, mental health services, employment-related services, and substance abuse education and urine screening for discharged inmates.

A case manager, employed by DFS, arranges temporary housing for offenders who are homeless at discharge from HCCC. Two other case managers monitor clients enrolled in other community-based cognitive-behavioral, substance abuse or educational/vocational programming. A flexible funding account, provided through this grant, is used by case managers to provide offenders awaiting public assistance and those determined to be ineligible for public assistance with food, bus passes, medication, and other items to support community living. Case managers also link all program participants with health and mental health services and negotiate payment of court-imposed fines once HCDOC CRP clients are employed.

Educational/vocational services are provided to all reentry participants at no cost to the project through the County's One Stop Career/Employment system. Both the Jersey City and the Hudson County One Stop Career Centers provide the following services to all participants: job search/matching, job readiness and skills testing, ABE and ESL training, keyboarding skills, test taking skills, and resume writing. GED preparation is available through Jersey City Adult Night School, and the Workforce Learning Link (literacy) Centers, funded by the New Jersey Department of Labor and Workforce Development. The Community Reintegration Program (CRP) uses digital assessment career scope to assess clients' vocational aptitude. The Jersey City One-Stop and its training vendors are located within two blocks of the day programming sites. One counselor from each One-Stop will be assigned to recruit employers willing to hire returning citizens and will educate employers on Work Opportunity Tax Credits, free bond insurance for "at risk" job applicants through the Federal Bonding Program, and available wage reimbursement programs. Several other community housing and mentoring vendors have been working with the County's DFS to create employment opportunities for former offenders.

As previously indicated a Task Force Subcommittee is currently working on an analysis of statutory and regulatory barriers to reentry. Practice-based issues are being addressed through analysis of client-level data, and some of the legal and practice issues are being addressed through the Legal and Work Options Committees.

As the program description suggests, the services offered to offenders and former offenders should be broadly replicable in most jurisdictions since it uses the six Principles of Effective Practice, the 10 Mandatory Requirements of a Comprehensive Reentry Program, and significant community collaboration. The project also targets most of the BJA priority areas by: focusing on Jersey City, which is the residence of most of the target population; targeting high-risk substance offenders; incorporating the 6 evidence-based strategies into the program design; including an independent evaluation by Rutgers University School of Criminal Justice; including the input of a variety of nonprofits; and using an actuarial-based assessment, pre-release planning, and the delivery of medical, drug treatment, job training/placement, and other services.

III. Capability and Competencies

The Reentry Task Force is responsible for planning, developing, and sustaining offender reentry services. HCDOC CRP Director Frank Mazza reports to the Director/Warden HCDOC Aviles, and is responsible for pre-release services and has assumed responsibility for post-release case management and housing services. He will also be the grant coordinator responsible for data collection.

Currently, Mr. Mazza coordinates and oversees all aspects of this program with over 10 years of experience in human behavioral fields. He has worked as a clinician in private practice, a therapist in a correctional center and a social worker in the DHHS. He has completed a state required 750-hour practicum and 2,000 residency hours under the direct supervision of a state

licensed psychologist. He has currently completed all but the dissertation requirement of his Clinical Psychology PhD program. His research interests and dissertation project all center on human behavior in a correctional environment. He received a B.A. in Criminal Justice and a Masters Degree in Social Science program focusing on human criminal behaviors.

The Task Force has been monitoring the program and collecting, analyzing, and interpreting the data. The Task Force will continue to advise Mr. Mazza with data analysis and interpretation and provide feedback to Director Aviles as part of the project's quality assurance. In order to further improve reentry programming, the Task Force Oversight Committee conducts an external review of every program participant who returns to prison or jail with either a new conviction or as a result of violation of supervision within 12 months of initial release.

IV. Impact/Outcomes, Evaluation, Sustainability, and Plan for Collecting Data

The primary goals of this initiative are to reduce recidivism in the target population and to enhance public safety by reducing crime. The degree to which the program is seen as effective in achieving these goals will be determined through the data gathered for the required project performance metrics, including the percentages of re-arrest, re-conviction, re-incarceration, and local crime statistics over a three year period.

This project plans to meet its goal to reduce recidivism and ensure public safety by accomplishing the following objectives: maintaining a risk/needs assessment-driven service delivery system; continuing to decrease homelessness in the population served by 75% by providing temporary and permanent housing; reducing substance abuse in the population by 50% by providing residential and outpatient treatment; increasing employment by 25% by providing basic educational skills, vocational training, and work opportunities; decreasing criminogenic thinking and behavior by offering day treatment programs that focus on daily living skills, anger

management, employment readiness, money management, family counseling, parenting skills education, and cognitive-behavioral groups; ensuring that offenders are linked with and engaging in health maintenance and mental health treatment by providing case management and providing medication when needed; and increasing family involvement through case management. The attached timeline and strategic plan identify goals, objectives, desired outcomes, and timeframes.

Project performance metrics will be collected by Mr. Mazza monthly, managed in a central database, and analyzed and disseminated monthly by the CRP staff. All the agencies participating in the Task Force have agreed to make data available to the project and data is available from the following sources: arrest, incarceration, and sentencing data are available from the HCDOC MIS system since all arrested offenders are processed by HCDOC; employment, education, and training data is available from the One-Stop AOSOS database; public assistance and Medicaid databases through DFS; crime and population statistics will be available through the Jersey City Police Department and County Clerk, respectively; Probation and Parole violations will be available through those departments and the Courts; and data collection instruments are provided to Social Rehabilitation staff and community case managers. The program has developed the project database and data collection instruments and has trained case managers and Social Rehabilitation staff on its use. Data will continue to be collected by the program using this database.

Demographic information is collected in HCCC, as is initial COMPAS and TABE data, family involvement in discharge planning, and services received in HCCC, and provided to the case management unit two weeks prior to discharge along with applications for public assistance and Medicaid. Initial data is entered into the project database prior to discharge from HCDOC, and performance metrics are collected from case managers and Social Rehabilitation staff on a

monthly basis and entered into the project database. COMPAS and TABE re-assessments will also be recorded in the project database as they occur.

Access to the various MIS systems will also help the project track offenders for up to three years after release from jail. Other strategies for tracking will include: encouraging ongoing contact at exit; documenting available contact information such as cell phones, social networking sites, email address, etc.; obtaining permission to contact friends and relatives and documenting their information; case manager contact monthly; offering alumni activities such as monthly pizza parties; and offering financial incentives.

The Reentry Task Force and the HCDOC CRP have worked on ways to leverage existing resources to financially sustain this program when federal funding ends. Due to the Patient Protection and Affordable Care Act (ACA), the only eligibility requirement for Medicaid is income level. Formerly, offenders with drug distribution or possession charges were not eligible to receive Medicaid. The HCDOC CRP leverages Medicaid to pay for treatment services and case management through expediting the enrollment of all inmates in Medicaid during their incarceration. Currently HCDOC inmates are immediately Medicaid eligible upon release from incarceration. Similarly Medicaid now covers all inmate medical trips that exceed 24 hours in length, allowing the HCDOC to save \$1.5 million dollars per year that it would otherwise have paid for these inmate medical and clinical services. The ACA Medicaid expansion allows the HCDOC to offset treatment costs and expand its housing and services for reentry clients through a new case manager who will serve parole/state parole reentry clients returning to Hudson County who will be referred to the CRP by the NJSPB. The ACA will increase the likelihood of CRP client employment by funding the medical management of chronic conditions like mental health disorders and diabetes. HCDOC recently partnered with Metropolitan Family Health

Network (Metropolitan) to provide CRP clients with physical health and prescription needs at its Federally Qualified Health Center, and referrals to community mental healthcare providers.

The HCDOC has requested that Hudson County reinvest this savings into the HCDOC CRP reentry program in the spirit of a social impact bond pay for performance model. Program success in reducing recidivism will provide the greatest impetus to the reallocation of funding into alternatives to incarceration such as community supervision through the HCDOC CRP electronic monitoring program (bracelet program). HCDOC CRP will expand its bracelet program to serve more CRP clients including pre-adjudicated individuals who can be diverted rather than incarcerated as a result of their compliance with the CRP program. HCDOC CRP has been granted discretion to early release to their bracelet program those HCDOC inmates with sentences of 364 days or fewer; HCDOC CRP considers each individual's criminal record and risk level on an individual basis to determine whether to release him or her. County legislators serve on the Reentry Task Force and are aware of the project successes and reductions in readmissions to HCDOC, as well as the resulting \$3-4 million in savings annually if the program is successful in reducing recidivism by 50%.

V. Collaboration

Hudson County's reentry efforts parallel those initiated by the State of New Jersey. The state legislature recently passes a reentry bill that legislates that county and state jails provide discharged inmates with 60 days of medication, assistance acquiring identification, provide a written record of participation in all jail/prison programs, an application for Medicaid benefits 30 days prior to discharge, and a written account of fines/obligations. This legislation established a Prisoner Reentry Commission, a Mental Health Court for offenders who require treatment prior to trial, and residential release programs as alternatives to incarceration for non-violent state

offenders. January 2010 legislation permits the reinstatement of benefit payments to those convicted of drug charges if they complete a residential treatment program then stay substance free for 60 days. A third bill mandates creation of employment programs in state facilities.

Three Hudson County Departments: HCDOC, DFS, and the DHHS have been committed to working together to address the needs of the target population for years, and have signed a Memorandum of Understanding to that effect. Expediting benefit applications has shortened the time period that inmates have to wait to collect benefits from several weeks to three days and is due to an ongoing collaboration between the County's DOC and DFS, while the current mental health, HIV, and substance abuse education services for men and women in the jail are funded by HHS and represent a 10-year collaboration between the DOC and HHS. Currently CRP clients can receive Emergency Assistance within 30 days of release to pay for 12 months of housing via DFS. Building on earlier collaboration efforts, DFS applied for and received ARRA Rapid Re-housing and Homeless Prevention funding to assist homeless former offenders. They also received Byrne Memorial Fund/ARRA funding for case management services for offenders. The three Department Directors, County Counsel, and Frank Mazza are meeting monthly to plan new efforts and assess progress.

Because the project addresses most of the barriers faced by offenders as they leave jail, many of the agencies that regularly work with offenders have become engaged and excited about the CRP program. As indicated by the attached letters of support, the Jersey City One Stop Operator (JCETP) and the substance abuse community are now active participants in this collaboration and are willing to commit additional resources to help ensure the success of this project. For the upcoming grant period, HCDOC CRP will expand its services to include parole

and state inmates on parole via its partner organization JCETP's contract with the New Jersey State Board of Parole (NJSBP) and through direct referrals from NJSBP.