



George Yefchak NJACA Corrections Quarterly

Fall 2012



Our Mission: To shape public policy and provide information, training, and networking opportunities, thereby promoting professional growth and organizational effectiveness in New Jersey's criminal/juvenile justice system.



A MESSAGE FROM THE PRESIDENT

I am sure that all the readers of this newsletter have followed the recent NY Times so called expose of the halfway houses in New Jersey. Although I would be naïve to think that our reentry system is perfect, I do know that New Jersey has made a major investment in reentry over the past fourteen years that has had a significant impact on our prison population. In 1999, New Jersey's prison population peaked at over 31000. That compares to a population of around 6000 in the late 70's and early 80's. Although NJDOC had begun contracting with private vendors as early as 1976 for a limited number of beds for women those programs grew to only about 350 beds by the mid 90's. In 1998, under the leadership of Governor Whitman, NJ saw a major expansion of those contracts to about 2600 beds. In addition, in the early 2000's, in a concerted effort to reduce recidivism and the number of prison admissions for technical parole violations, the New Jersey State Parole Board began making a major investment in community programs both through Community Resource Centers and residential programming.

As of 8/31/2012 New Jersey's prison population stood at 23545, representing a 25% decrease from the peak incarceration numbers 13 years ago. At the risk of being sarcastic, this did not happen through divine intervention. I would also not claim that it is only the result of the DOC and SPB residential and Community Resource Center program contracts. Many factors have contributed to this steady decline, including the DOC and SPB programs, but we need to also include drug courts in the formula. According to Bureau of Justice Assistance statistics, this reduction is the best in the nation. In addition, in a PEW study released in 2011, New Jersey had reduced the recidivism rate by 11.4%, the best in the Northeast.

About a year ago, I spent almost an hour on the phone speaking to the NY Times reporter. Towards the end of that conversation, it became obvious to me that he was not interested in an understanding of reentry programs in New Jersey. After the articles were printed, I had another wakeup call-the New York Times series intended solely to harm the reputation of a specific provider. Did the Times differentiate between incidents that occurred in county jail programs and the reentry programs? Did they mention any of the positive outcomes in this expansion of reentry programs? I can only hope that philosophically, the Times supports community reentry programs but in their efforts to take shots at political figures they disagree with, they allowed dangerously sensational articles to smear New Jersey's reentry efforts.

Working with offenders is not easy. They bring a wide variety of issues, like substance abuse, mental health problems, poor education and employment histories, and a lack of community support networks, that impact on their abilities to successfully transition back into the community. But as a Federal Bureau of Prisons Community Programs Officer told me many years ago, if they were choir boys he would not need our program.

We have a lot to be proud of in New Jersey when talking about our treatment of offenders. We should not let these types of attacks distract us from that. This does not mean we do not need to do more but we need to do it in a deliberate and educated fashion not as a reaction to newspaper articles that read more like the tabloid than a honest investigation of events.

I'll get off my soap box now.

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***George Yefchak NJACA
Corrections Quarterly***

Editors: Dr. Matthew Sheridan & Steve Troyanovich

Questions, comments, and suggestions for future newsletter content can be e-mailed to steve.troyanovich@njjc.org

An Appeal From the Editors...

THE CORRECTIONS JOURNAL NEEDS YOUR HELP. This is your resource for information around the state and beyond. Please consider submitting your news, your thoughts, letters, accomplishments, and articles. The success of the journal is dependent upon the membership's submissions. We thank you for your help.

Steve Troyanovich and Matt Sheridan

JJC Implements New Behavior Management Program

By Veleria N. Lawson, Executive Director

Over the last two years, the Juvenile Justice Commission (JJC) has been developing and implementing a two-phased behavior management program. This series of changes is intended to reduce negative behavior by JJC youths at both secure facilities and residential programs. The new initiative is based on awarding incentives to residents for good behavior and imposing disincentives for poor behavior. These reforms were developed by a subcommittee comprised of JJC employees from various disciplines and work assignments throughout the agency. The subcommittee was led by Dr. Jennifer LeBaron, Manager, Research and Evaluation Unit. Other subcommittee members included: Brenda Smith, Manager, Classification Unit; John Pinto, former assistant superintendent at Juvenile Medium Security Facility (JMSF); and Michael Cleary, Chief of Training, JJC Training Academy. The committee, under the direction of Felix Mickens, Deputy Executive Director of Operations, worked diligently to structure a program that offers a straightforward approach to managing the behavior of juveniles under the JJC's supervision.

A key component of the JJC's behavior management program is the establishment of three custody levels: Level 1, which represents the least restrictive environment, with the greatest amount of incentives, to Level 3, which represents the highest level of restriction with the fewest incentives available to residents. Positive behavior on the part of residents enables them to earn a lower custody level and, consequently, a greater number of incentives or privileges. Within each custody level are tiers, which allow staff to gradually adjust residents' incentive levels up or down based on their daily behavior prior to moving them to a new custody level.

Phase one of the Behavior Management Program, which went into effect in December of 2008, focuses on the pay scale and work credits that residents receive for performing work assignments. As residents move closer to Custody Level 1, their pay rate and total weekly pay increases. So does the number of credits earned for work assignments. Credits are accumulated by residents and can slightly reduce the total number of days that a resident is committed to the JJC.

the number of disciplinary incidents at all JJC secure facilities has decreased by almost 20% since the implementation of the new behavior management tool.

Phase two of the reform effort calls for increased incentives to be offered to residents as their behavior improves and they move through the various tiers and custody levels. Incentives include an increased number of phone calls, an increased number and type of visitors, an expanding number of items that are available from the canteen, additional activities for non-program time, additional sports opportunities and off-grounds/unit activities, and a more expansive list of personal property that includes books, radios, CD walkmans, and personal clothing.

In order to ensure successful utilization of the new initiative, all staff has become familiar with the system, and its goals and objectives.

The feedback that has been received from both custody staff and civilian employees has been very positive. The objective nature of the behavior management tool ensures that residents are reclassified and appropriately moved throughout the JJC's continuum of programs. In addition, the number of disciplinary incidents at all JJC secure facilities has decreased by almost 20% since the implementation of the new behavior management tool.

As the JJC continues to strive to meet its mission of rehabilitating troubled youth, it is making substantive changes that allow the agency to measure its success and adapt as needed. The behavior management program is a testament to the front-line staff that utilizes it everyday to help manage the JJC's facilities and increase opportunities for young people.

For more information on the JJC's Behavior Management Program, contact Felix Mickens, Deputy Executive Director of Operations at felix.mickens@njjc.org.

NJACA takes.... **Time Out for Training**

Helping offenders find employment...



NJACA in cooperation with the NJ Department of Labor and Workforce Development sponsoring a five day training for professional staff that assist offenders preparing for employment. The training addressed assessment, job seeking techniques, employability skills and useful tools for finding jobs for offenders. Professionals from community corrections programs such as Volunteers of America, the Kintock Group, Opportunity for All, CEC and NJAC participated. Professionals from the judiciary, labor and the Newark Prisoner Re-entry Initiative

partners were also among the participants including Goodwill, La Casa De Don Pedro, the City of Newark, OAR, ARC, America Works and Opportunity Reconnect. The NJ State Parole Board lent expert trainer Marty Houston to facilitate the five day course. NJACA coordinated the training and all training materials were provided by the NJ Department of Labor and Workforce Development. The course was free to all NJACA members and the cost for non-members was \$35. All NPRI members participated for free as part of the partnership with the NJ Department of Labor. Forty professionals completed the course.



Improving Justice Strategies



The NJACA partnered with the NJ Criminal Justice Educators for a one day conference event at the Mercer County Conference Center on March 30, 2012.

“Targeting the Usual Suspects:

Improving Justice Strategies” welcomed esteemed guest speakers such as the

Commissioner of the NJ Department of Corrections Gary Lanigan; the Chairman of the NJ State Parole Board James Plousis; and researcher Ryan King from the Pew Trusts. The conference was principally sponsored by Cisco Systems; a leader in connecting criminal justice entities and technology for improving the efficiency of law enforcement and court interactions. Patricia Donohue of the Mercer County Community College welcomed the more than 200 attendees to the conference. Guest speakers included the Federal Bureau of Prisons, Rutgers University, the International Chiefs of Police Association, and the NJ State Police. Compelling research was presented by Don DeVore of Justice Works on best practices related to juvenile justice strategies and reducing recidivism. Ryan King of the Pew Center on the States facilitated a powerful discussion on their research study on *The Revolving Door of America’s Prisons* and applauded New Jersey on their 11.5% reduction in recidivism. Clearly New Jersey has proven to be a leader in creating public/private partnerships that promote public safety while reducing the state prison population. Kudos New Jersey!

Ryan King of the Pew Center on the States...applauded New Jersey on their 11.5% reduction in recidivism.

Education is that whole system of human training within and without the school house walls, which molds and develops men.

~ W.E.B Du Bois

Health Care in Correctional Settings: Managing Risks!

Prisons, jails and community corrections programs are often the only places where offenders get their health care needs tended to. As corrections professionals, we all have a responsibility to meet the health care needs of the offenders in our care. Failing to provide adequate health care services is a significant liability for any correctional organization. Linking returning ex-offenders to health care in the community upon discharge is critical. To promote a discussion about improving outcomes and examining current practices, NJACA partnered with Community Oriented Corrections Health Services (COCHS) in presenting a one day forum on correctional health care. COCHS is a non-profit organization established to build partnership between jails and community health care providers. COCHS has provided technical assistance to a variety of jails in New Jersey. The forum entitled "Providing Health Care in Correctional Settings: Managing Risks Effectively" was hosted at the Trenton Marriott in March 2011. Nearly forty professionals participated from parole, state prison, county jails, contracted health service providers and community corrections programs. The forum was free for members and \$35 for non-members. Tremendous feedback was given on the presentation and the need for further forums on creatively addressing the mental health needs of county jail inmates was requested.



Council on Compulsive Gambling

Holdes 30th Annual Statewide Conference

A three day conference was recently held in October 2012 in Eatontown, NJ that focused on "30 Years: Where We've Been, Where We Are, Where We Are Going." This conference offered six CEU hours for American Certified Compulsive Gambling Counselors, as well as LCADC and CADC recertification. This comprehensive conference included some exciting and relevant workshops such as "Addressing Gambling in the Workplace, Criminal Justice System, and Social Service Settings", "The Nine Lenses of Pathological Gambling– the Nine Paths to Recovery" and "Perspectives From the Trenches: Pioneers in the Compulsive Gambling Field Reflect on What the Future Holds." An awards dinner provided the opportunity for Don Weinbaum, Executive Director of the Council on Compulsive Gambling of New Jersey, Inc., to recognize the excellence and commitment of several dedicated individuals.

Person of the Year Award

Daniel Heneghan
NJ Casino Control Commission



Ron Karpin Award for Senior Problem Gambling Services

The Wayne Police Department
Community Policing Unit



Executive Director's Award

Shirley Ray
30 years of outstanding service

A Semester at the New Jersey Training School

*By Dr. Daniel Simone, Adjunct faculty member
Middlesex County College*

Whenever I attended Juvenile Court during my career with a municipal police department I often heard the Judge talk to a juvenile defendant about the New Jersey Training School. As a police officer I wondered what life would be like for a juvenile sentenced to a period of time at a detention facility. Would it be like school? Would it be like prison? I witnessed the “Lifer’s Group” at Rahway many years ago while writing a paper for college. Could it be the same?

Recently I was given the opportunity to teach a college-level Criminal Justice course to group of residents at the New Jersey training School. This article is about my perceptions of being in the facility as a college faculty member and interacting with the students.

I was given a tour of the NJ Training Home prior to the beginning of the college course. And it started at the front gate! I took a look at the imposing cyclone fences (as the web site refers to it as a ‘state of art perimeter fence’) and began to question myself why I agreed to teach the class. Next I faced the armed guards and the dreaded metal detector. I was advised to leave my weapon at home or in my car. The metal detector picked-up the trace amount of metal in my pants.

an armed robbery. Another student was involved in an aggravated assault. I stopped asking when the student told me he was in for an attempted murder. I needed to know his weapon of choice. The student replied that he wanted to stab the victim. That’s really close and personal. I had some serious offenders in the class.

I was describing the criminal justice system to a group of students that experienced it from the side of an offender and this fact made my job a lot easier. It’s not like the student watched every episode of Law & Order or CSI and ‘knows’ the criminal justice system. These individuals were caught, arrested, processed, tried, and sentenced to a term away from their family and, more importantly, friends or gang associates. Yes, there are gang members in the class.

At the writing of this article the course is approaching the first college-level quiz. The students are as nervous as any college student. How many questions? What type of questions? What are the areas that I would ask? I was impressed with the students during the first 3 weeks. Many of the students demonstrated they read the material. Several had serious questions about specific areas

Should I tell the Training School residents that I’m a retired cop? Would I be attacked if I did? I took the initiative and told them the truth.

Eventually I was permitted entry to the secure facility.

The students entered the classroom as a group. They were very different from the average college students but yet they were very similar. They quickly found a seat and cautiously looked at me and waited for instructions. A representative of the facility distributed the textbooks and note pads. I had a college class where the students weren’t looking for a previous edition. They had the textbooks. That is encouraging. After a very brief introduction I was in-charge of the classroom. Where do I begin? Should I tell the Training School residents that I’m a retired cop? Would I be attacked if I did? I took the initiative and told them the truth.

I like to get to know my college students and I would not treat this group any different. So I asked a few what they did to gain entry into the secure facility. One student was a drug dealer. Another student committed

with the criminal justice system. The students were engaged and prepared. Could the opportunity of attending a college course offered through a county college make a difference in the student/resident? Can the student complete a degree while incarcerated in the New Jersey Training School? Will the completion of a college degree reduce the level of recidivism for the student? I can’t answer those questions now but this novel experiment needs more research in New Jersey. It has been accomplished in adult correctional facilities with success. Why not apply it to juveniles? Right now, I’m just giving my best effort to reach a student and make a difference.

Stay tuned for the follow-up article coming soon.

CREATING AN AIDS-FREE GENERATION: *GETTING TO ZERO*

By: Paula Toynton, Public Education Director, Hyacinth Foundation

It has been more than thirty years of incredible history. A modern epidemic nearly brought to its knees by a collaboration of the best medical science, industry, philanthropy, government and community have to offer. In the beginning it was an infectious disease that brought a horrible death to people in the prime years of their lives. It was a disease that doctors knew virtually nothing about. Yet, today we are poised to write the final chapter – to end this epidemic once and for all

Now we know a great deal about the virus itself. We understand how it is spread, how it constantly mutates in the body, and how it hides from the immune system. This knowledge has allowed us to develop interventions that prevent the spread of the virus through behavior change and barriers to transmission, as well as how to interrupt and slow its lifecycle, thus halting disease progression. We have changed HIV infection from a death sentence to a manageable condition. Furthermore, thanks to a recent study, we also know when viral replication is controlled, so is the risk for unintended transmission. There is much to celebrate and be proud of.

While the end of the epidemic is in sight, it still remains out of reach. Right now in the United States, 20% of people living with HIV remain undiagnosed and 70% of the new infections stem from those 20%. Furthermore, 50% of those people living with HIV who do know their HIV-positive status, remain out of care, and their disease continues to progress. They remain more infectious and harder to treat after a late diagnosis, increasing costs considerably. They are also most likely to die from AIDS. Late diagnosis and delayed care are due to multiple factors, including lack of insurance, untreated mental health and addiction, low health literacy, and, of course, the ever present stigma and fear that has fueled the epidemic for 30 years.

“Through diagnosis and treatment, we can reduce individual viral load to halt disease progression for the patient, and at the same time reduce the viral burden in the community.”

As persistent as these challenges are, and while AIDS is still an incurable disease, we must remind ourselves that AIDS no longer results in certain death. Due to committed and creative partnerships forged between governments, research institutions, the private sector, community based and faith based organizations, advocacy groups, especially those led by people living with the virus, we have made history. The global fight against AIDS would not have occurred without all of us, and we will not defeat AIDS without *all of us*. Now is *NOT* the time to quit.

Last summer we heard about one of the most important scientific advances presented in years: the Prevention Trials Network (HPTN) 052 study. This randomized trial shows that HIV transmission can be reduced by up to 96% if HIV positive people start antiretroviral treatment early. The study also definitively proves that **treatment is prevention**. We now have an opportunity to turn this knowledge to our advantage. We can use biomedical strategies, rather than just behavioral interventions, to prevent HIV transmission. Through diagnosis and treatment, we can reduce individual viral load to halt disease progression for the patient, and at the same time reduce the viral burden in the community. What is good for the individual is now also good for the community, as well as cost effective for the health care system. We now have the knowledge and technology to change the disease environment so that the “default” decisions of unprotected sex and drug use can be less likely to result in HIV infection. As Secretary of State Hillary Clinton said, “Our efforts have helped set the stage for a historic opportunity, one that the world has today: to change the course of this pandemic and usher in an AIDS-free generation.” She defined this as a generation, “where, first, virtually no children are born with the virus; second, as these children become teenagers and adults, they are at far lower risk of becoming infected than they would be today thanks to a wide range of prevention tools; and third, if they do acquire HIV, they have access to treatment that helps prevent them from developing AIDS and passing the virus on to others.”

Getting to Zero...

This ambitious vision is supported by the National HIV/AIDS Strategy and the Center for Disease Control and

(Continued on page 8)



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Prevention's "combination prevention plan." In July of 2010, the White House released the National HIV/AIDS Strategy (NHAS.) This is the nation's first-ever comprehensive coordinated HIV/AIDS response plan that lays out clear and measurable targets to be achieved by 2015. Combination prevention includes a set of biomedical strategies that have been proven most effective – ending mother-to-child transmission, expanding voluntary medical male circumcision, routine counseling and testing, condom distribution and scaling up treatment for people living with HIV/AIDS, as well as behavioral change interventions. We are on the path to an AIDS-free generation. HIV is 100% preventable and zero new infection is within our reach.

However, to "get to zero" requires that we also create institutional and social changes like ending stigma and reducing discrimination, violence and exploitation against women and gay, lesbian, bisexual and transgender people. We need to treat, rather than criminalize mental illness and addiction. We need to address housing and homelessness. We need to take up the fight against poverty again and provide health care to all. To realize the vision of an "AIDS-free generation", of "getting to Zero", we must challenge complacency and the status quo. We must not rest on our accomplishments. We must also advocate and work toward zero stigma and discrimination.

The efforts and progress made by so many committed community and health care providers, scientists, advocates and people living with HIV/AIDS over the years deserves sustained support. Sadly though, the good news of our progress has resulted in many donors reducing their contributions. This complacency cost lives. We have an unprecedented opportunity to reduce the suffering of so many. Indeed, we have an obligation to do so. The future depends on all of us - the researchers and scientists, the public health doctors and nurses and other medical personnel, the community health workers, the funders and donors, the government officials, the business leaders, philanthropies, and faith communities – to join together in the best ways we

know how, in ways perhaps we have yet to imagine, to combat this disease. We should not and cannot stop now. We must remain focused on the future, a future that includes an AIDS-free generation.

ABOUT HIV/AIDS IN NEW JERSEY



New Jersey ranks fifth in the nation in the number of HIV/AIDS cases. By the end of December 2010, over 75,000 New Jersey residents have been reported as being infected with HIV and approximately half of these individuals have died due to their infection. Today, there are more than 36,000 people living with HIV or AIDS (PLWHA) in New Jersey, with another 7,000 or so who remain undiagnosed. This population is disproportionately African American (53%) and Latino (24%), over the age of 40 (79%) and made up of men who have sex with men (24%), women who have sex with men (36%) and injection drug users (23%).¹ In contrast to the overall population of New Jersey, the individuals who are most at risk for or living with HIV/AIDS are more likely to live in poverty, be uninsured and/or homeless, as well as to suffer from poor mental health and addiction, and to be incarcerated in their lifetime. They live in the multiple urban centers of the state, with high HIV prevalence and incidence rates and, in short, are marginalized citizens with few resources.²

¹New Jersey Department of Health and Senior Services (NJDHSS). *New Jersey HIV/AIDS Report June 30, 2011*. Trenton: NJDHSS, 2011. Web. <<http://www.state.nj.us/health/aids/documents/qtr0611.pdf>>.

²*New Jersey 2009 Statewide Coordinated Statement of Need*. 2009. New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services. Web. 5 Jul 2009. <http://www.state.nj.us/health/aids/pubs_pres.shtml>.

From 2011 to 2015, the global community will celebrate December 1, World Aids Day, under the theme "Getting to Zero," echoing the UNAIDS vision of achieving "**Zero** new HIV infections. **Zero** discrimination. **Zero** AIDS-related deaths."



Digging through the dusty bookshelf



By: Matthew J. Sheridan, Ed.D.
Matt.Sheridan@njjc.org

The other day, I went to my bookshelf seeking out one of my older tomes in search of a long forgotten gritty quote. As I dusted it off, I realized that I was doing what I had probably done when I first found the book to buy it. I also remember my disappointment realizing that it had previously been ignored so long to gather that much dust. I once wrote about prison literature saying that it was little known, ignored and underused as a means to explore and understand corrections from those who lived it - that through their eyes we could be guided to greater truth.

Each newsletter, I will select one book from my shelves (I'm probably good for at least 400 critiques) and after dusting it off, I will provide the membership with a critique. My experiences inform me that whether someone is a correctional professional, an academic or a student, they are at best, only aware of a few of the many books that have been written. Many are controversial, some read like fascinating adventure stories, and some just expand on old topics. If any critique interests you, I would suggest that you can obtain the book through the New Jersey State Library, a college or your local library, through interlibrary loan. If you have questions or inquiries about a particular book I will try to answer your questions. The selection for the first installment of "Digging Through the Dust Bookshelf" is....**Behind Prison Walls by Mark Luttrell (c. 1974)**

Mark Luttrell was the Commissioner of the Tennessee Prison system. *Behind Prison Walls* is a compilation of his reflections after 11 years working in corrections and four years as commissioner. While Commissioner Luttrell tells us little about himself, he does share his views on the operation of a prison system and what he believes it should be designed to accomplish. The following excerpts help us to understand what motivated him to write *Behind Prison Walls*.

"What goes on behind prison walls is of heart concern to me. . .Prison administration is a weighty responsibility . . . but with the task there is the satisfaction of seeing conditions, and invaluable human lives, change for the better."

He shares his philosophic approach that does not neglect society: "We realize that you can only "clean up society" by cleaning up people on the inside and outside. We are concerned about having safe streets and an environment fit four our children, too. But we must have understanding from the public . . . and we must have help.!"

He seeks to be truthful and forthright, "this book is necessary for one basic reason: to answer the objections and reservations of the public." And, he addresses what every correctional worker already knows, that we only hear from the public, "when they have a complaint to lodge."

Commissioner Luttrell discusses with objectivity the death penalty, how a prisoner "is made," what it takes for change, and what happens when someone is released. He discusses prison reform and the means of rehabilitation and he does not neglect the historical perspective. The pictures are interesting and he also includes a Christian perspective.

Behind Prison Walls is more than a book of the times in 1974. It is a chunk of history that illustrates how it picks up from what came before, and if we are so curious we could look beyond his work in the early days of the 1970's to see what those did with the groundwork he set out. Behind Prison Walls is an organized short easy read that will hold your interest but will not leave you in distress unless you need answers to the questions he raises.



AMERICAN LIFE IN POETRY



American Life in Poetry: Column 288

By Ted Kooser, U.S. Poet Laureate

I've spent my seventy years on The Great Plains and have lived all that time amidst vivid and touching stories about the settlement of our area, lots of them much like this one, about a long ago courtship and marriage, offered to us in a poem by James Doyle, who lives in Colorado.

Love Story

The kitchen door opens onto dirt
and the second half of the country
all the way to the Pacific. Rusted
prairie trains out of the tall weeds
elbow the last century aside, rumble
from every direction towards Chicago.
My great-grandfather, who would be
150 years old today, put on his one
tall hat and took the big trip
to Omaha for my great-grandma
with the family ring on his vest
and winter wheat lying wait in seed.
He gave her all the miles he had
and she gave him the future I walk
around in every day. The mountains
were too far west to count so they
doubled back over the land and century
and the real weather kept coming from them.



Poem copyright ©2009 by James Doyle

American Life in Poetry: Column 308

By Ted Kooser, U.S. Poet Laureate

Connie Wanek is one of my favorite poets. She lives in Duluth and has a keen eye for what goes on around her. Here's a locked and loaded scene from rural America.

Mysterious Neighbors



Country people rise early
as their distant lights testify.
They don't hold water in common. Each house
has a personal source, like a bank account,
a stone vault. Some share eggs,
some share expertise,
and some won't even wave.
A walk for the mail elevates the heart rate.
Last November I saw a woman down the road
walk out to her mailbox dressed in blaze orange
cap to boot, a cautious soul.
Bullets can't read her No Trespassing sign.
Strange to think they're in the air
like lead bees with a fatal sting.
Our neighbor across the road sits in his kitchen
with his rifle handy and the window open.
You never know when. Once
he shot a trophy with his barrel resting on the sill.
He's in his seventies, born here, joined the Navy,
came back. Hard work never hurt a man
until suddenly he was another broken tool.
His silhouette against the dawn
droops as though drought-stricken, each step
deliberate, down the driveway to his black mailbox,
prying it open. Checking a trap.

Poem copyright ©2010 by Connie Wanek

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AMERICAN LIFE IN POETRY continued**American Life in Poetry: Column 375**

By Ted Kooser, U.S. Poet Laureate

Bill Holm was a Minnesota poet and essayist and a dear friend to many of us who live and write in flyover country. He is much missed. Mark Vinz has written this fine tribute to Bill.

Absences

*“Even when you are not in a room,
you are in it, your voice everywhere.”* –Bill Holm

The message that’s recorded on the phone is unmistakably bad news, and then another call tells us it’s one we love—a sudden death while traveling, somehow appropriate for one who always seized life too completely to stand still.

A door slams shut, a wall has dropped away, and once again I’m driven back to empty pages, insufficient words, to rooms he always filled on entering—rooms lined with books, piano music, and good friends who raise their glasses one last time.

And now, as all the lights are blinking off in every prairie town we’ve ever loved, when all the toasts are made and songs are sung, when leaving is the only certainty, a single voice keeps echoing, along each dark, untraveled hallway of the heart.

Poem copyright ©2010 by Mark Vinz

**American Life in Poetry: Column 389**

By Ted Kooser, U.S. Poet Laureate



Perhaps by the time this column appears, our economy will have improved and people who want to work can find good work. Minnie Bruce Pratt, who lives in Syracuse, N.Y., has a new book, mentioned below, in which there are a number of poems about the difficulties of finding work and holding on to it. Here’s an example:

Temporary Job

Leaving again. If I didn’t care, I wouldn’t be grieving. The particulars of place lodged in me, like this room I lived in for eleven days, how I learned the way the sun laid its palm over the side window in the morning, heavy light, how I’ll never be held in that hand again.

Poem copyright ©2011 by Minnie Bruce Pratt

American Life in Poetry: Column 390

By Ted Kooser, U.S. Poet Laureate

David St. John is a California poet whose meticulous care with every word has always impressed me. This poem is a fine example of how clarity can let us see all the way to the heart.

From a Bridge

I saw my mother standing there below me
On the narrow bank just looking out over the river

Looking at something just beyond the taut middle rope
Of the braided swirling currents
Then she looked up quite suddenly to the far bank
Where the densely twined limbs of the cypress

Twisted violently toward the storm-struck sky
There are some things we know before we know

Also some things we wish we would not ever know
Even if as children we already knew & so

Standing above her on that bridge that shuddered
Each time the river ripped at its wooden pilings

I knew I could never even fate willing ever
Get to her in time

Poem copyright ©2011 by David St. John

William Cope Moyers speaks at The Rescue Mission on rebuilding his life

The Rescue Mission of Trenton hosted “Recovery & Reentry: Rebuilding Lives” on July 24, 2012. They called it, “A morning of dialogue and discussion.” The title somewhat underplays what would be a powerful presentation headlined by William Cope Moyers, author of *Broken: My story of addiction and redemption*.

Attendees included politicians, practitioners, and recovering persons. Several messages may have been taken away from the presentation. The messages are powerful individually and important for all and when taken together suggest that the points of view of stakeholders are necessarily intertwined as we seek solutions to addiction and crime. That is to say, that no one entity can be so emphatic about its mission that it ignores the work and needs of the others. Among those messages includes the following:

Addiction can afflict anyone

Prior to July 25th I had never heard of William Cope Moyers. Probably, like many others in the room, I attended looking for inspiration and perhaps awareness of something I had not previously considered. William Cope Moyers provided a reminder that addiction can afflict anyone, as he announced that his famous father was none other than William “Bill” Moyers, American journalist, respected public commentator and former White House Press Secretary. In spite of parents who provide and care, alcohol and crack addiction may take over a life. William Cope Moyers is recovering.

Addiction can be overcome

William Cope Moyers has been in recovery for almost two decades. He says he can never be cured and echoes the mantra of every person fighting addiction, “I am in recovery.” He will be in recovery for the remainder of his life. He will not only maintain himself but will continue to practice and follow the steps that led him out of addiction and into stability. Today, while he maintains his sobriety he helps others.

Addicts needs support

Addiction is seldom overcome by one intervention, one stint in treatment or one realization that addiction is damaging to a life. William Cope Moyers shared that at one time when his father rescued him from a crack house he said to him, “I hate you.” The response was, “I hate me too.” The support and realization that he needed help, led the way for William Cope Moyers into recovery. Perhaps, had there been no support, he may have eventually found his way into recovery. However, at that time, he was prepared for the high of crack, indulged in it before surrendering himself to his father, and could have smoked more. Support opened the door and he chose to walk out and into recovery. William Cope Moyers was visiting with his parents when he made his address to the Rescue Mission on July 25th.

Addicts can be successful.

William Cope Moyers is a success. His family is intact and his children are growing up and discovering their own path of accomplishment. He is the current Vice President for External Affairs at the Hazelden Foundation in Minnesota. He is now an author who shares his story. He is a powerful inspirational speaker who not only tells his story to motivate others in their efforts to combat addiction, he brings a clarity to addiction that emphasizes that addiction is all our problem and that we must work together if we are to overcome it.

We need success stories

William Cope Moyers is a success story and one that is needed. Many of those embroiled in addiction and crime lack the personal resources to tell their story and to get the message out. More importantly, for many when they out themselves about their criminal and addicted past, it does not open a door to inspiration – it opens a door to criticism, disgust, and finger pointing. Moyers has and will continue to thrive where many cannot. He stands for the potential of redemption, acceptance, and a better tomorrow.

William Cope Moyers is an inspiration for addicts, practitioners, and politicians. He represents potential.

In memoriam: Commissioner William Fauver June 12, 2012

Excerpted from: Factfinder
Department of Corrections
Volume 38 Issue 14 July 5, 2012

A Message from the Commissioner

When Brendan Byrne was re-elected as Governor of New Jersey in November of 1977, he appointed Robert Mulcahy as his new Chief of Staff. Less than two years earlier, Mulcahy had been chosen by Governor Byrne as the first Commissioner of the New Jersey Department of Corrections.

The opening in the commissioner's office of the NJDOC that was created by Mulcahy's departure was filled by William Fauver, who had been with the agency since 1960 when he was hired as a teacher in the facility now known as Albert C. Wagner Youth Correctional Facility.

Two decades and three governors later, Mr. Fauver not only maintained his position, but he was the longest serving correctional commissioner in the United States. For perspective on the significance of the length of Mr. Fauver's tenure, in the 14 years since his retirement in 1998, there have been no less than 5 NJDOC commissioners.

Virtually everyone who interacted with Mr. Fauver before, during and after his time as commissioner came away with fond memories of their association. That is why so many were saddened by the news that William H. Fauver passed away on June 12, 2012. He was 80. His death followed the passing of his wife Ilena D'Ilio Fauver, by less than four months.

Mr. Fauver was raised in New Jersey. He graduated from Haddon Heights High School and Rutgers University in Camden so it was hardly surprising that he ultimately chose to become a state worker. In his 38 years as a corrections employee, he earned the respect of his co-workers, union leaders and elected officials, and did so without gravitating toward the limelight. He firmly believed that offenders could be rehabilitated without being coddled. He also believed that women and minorities should have opportunities for career advancement, which in those days often wasn't the norm in law enforcement.

Unlike today, as commissioner, he oversaw the Bureau of Parole as well as the juvenile correctional facilities, but he still found time to introduce such initiatives as drug courts and the Intensive Supervision Program.

I am told by some of those who knew him best that no retrospective on Mr. Fauver would be complete without mention of his unyielding devotion to both the Philadelphia Eagles (he was a season ticket holder) and the Philadelphia Phillies.



Perhaps, most important, he was gentile, fun-loving and respectful of others, one former colleague summarized.

Rest in peace, Mr. Fauver. You will be missed.

Editor's note: Mr. Fauver also had a Master's Degree in Special Education from Trenton State College. The significant role he played created unprecedented initiatives in New Jersey led to his recognition as a national leader in corrections. As was noted in the article, he avoided the limelight and it was reported to me that he was often referred to as the Dean of Corrections. I knew him well and shed a tear when I learned of his passing. My mourning is short lived as I celebrate the man for his courage, integrity, and perseverance.

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NJACA Member's Contributions

I don't know all the numbers, but its important to note that, as Commissioner, Bill Fauver expanded both adult and juvenile community corrections programs. Most of us are aware of his impact on adult corrections. However, Fauver was also responsible for juvenile programs and services (Division of Juvenile Services.) During his tenure, Fauver's responsibilities included over thirty residential and day community facilities and two juvenile institutions (over 2500 juveniles.)

Fauver recognized the importance of community based programs and he supported the use of community day programs as a diversion/sentencing option to juvenile detention. Fauver also supported the use of community based residential programs as valuable alternative to institutional placement.

By championing the use of juvenile alternatives to incarceration and community based treatment programs, Commissioner Fauver was able to close one juvenile institution while other states were expanding the use of institutional placement (aka Best Practices.)

Bill Fauver was ahead of his time and one of the leaders of what we today call Evidence Based Practices.

It was an honor to know himand serve under him.

Bill Curry

Back in 1995 while I was the Administrator of the ADTC , the Bi-Partisan Commission to Study the Adult Diagnostic and Treatment Center was conducting hearings in the wake of Megan Kanka's, murder by former ADTC inmate Jessie Timmendeguas. The hearings were contentious to say the least. Commissioner Fauver and I were called to testify before the Commission at their last scheduled hearing held at 135 West Hanover Street. The issue before us was our changing aspects of the ADTC's treatment program, while the Commission was in session and not advising them. Anyone who knew Bill Fauver knew of his "deep respect" for politicians so therefore his joy of being there. We sat down at a small table in front of the Commission and prepared for the worst. Just prior to beginning, he looks over to me and says "when I give the signal we turn over the table and charge them." He had me laughing so hard I had to turn my head not to appear disrespectful but he did calm my nerves and we made it through.

Anyone who spent any time with Bill Fauver knew of his love of humor and his laugh. He could make himself and those around him maintain calm in difficult/dangerous situations and that is such a gift in our profession. It's the greatest lesson I took from him.

William F. Plantier

Director
Bucks County Department of Corrections

A Fitting Tribute

Breaking News....The Senate Law and Public Safety Committee unanimously passed legislation (Bill S2274) on 11/15/2012 by Senator Donald Norcross (D-Camden/Gloucester) to rename the Mountainview Youth Correctional Facility as the **William H. Fauver Youth Correctional Facility**.

"Renaming Mountainview in honor of Commissioner Fauver is a fitting tribute to a man whose leadership helped shape the Department of Corrections as we know it today," said Senator Norcross. "He started his career in a New Jersey youth correctional facility, and so naming one after him seems appropriate."

A Continuum of Mental Health Services and Programs

By: Gloria R. Hancock, Ed.D. Acting Executive Director, Juvenile Justice Commission

Young people come into the juvenile justice system with multiple needs of varying degrees. The Juvenile Justice Commission (JJC) strives to meet these needs, whether they involve substance abuse, anger, gender, education, or mental health.

The number of young people in the juvenile justice system identified as seriously emotionally disturbed continues to increase, not only in New Jersey but also across the nation. The JJC has taken a “two-prong” approach to this growing and challenging problem. The agency has assumed a leadership role, and supports and challenges local communities and other child-serving systems to create collaborative efforts driven by the needs of youth. At the same time, the JJC has successfully developed a continuum of services for those with mental health needs at all levels.

The JJC recognizes that it is necessary to gather adequate information that identifies individual needs. A comprehensive intake assessment is key to

coordination takes place with New Jersey’s Departments of Human Services and Children and Families to enhance access to dispositional and post-dispositional options for these youth.

A continuum of services exists for youth who have serious mental health needs, are adjudicated delinquent, and are committed to a term of incarceration with the JJC. Depending on the intensity of clinical need and custody level, male residents may be assigned to appropriate programs throughout the JJC’s continuum. All specialized units have a lower resident-to-staff ratio, are strength-based, and offer a highly active and structured program schedule. Specially trained staff of psychological, psychiatric and substance abuse services are in place to meet the needs of residents with mental health disorders. Highly individualized case action plans and mental health treatment plans compliment a multi-disciplinary approach to all decision making, including admissions and removals.

All specialized units have a lower resident-to-staff ratio, are strength-based, and offer a highly active and structured program schedule.

identifying youth in need of specialized services and the level of treatment they require. This assessment tool provides the basis for developing case action plans, or treatment plans, that focus on individual needs.

The JJC advocates for the diversion of youth where appropriate. Often a non-custodial sentence is a reasonable outcome for young people with serious mental health and/or developmental needs, and a limited and/or non-violent offense history. The juvenile justice system can divert these youth at the pre-dispositional stage.

A number of collaborative efforts have been achieved with other child-serving systems. For example, a Memorandum of Understanding is in place with the NJ Division of Developmental Disabilities to divert youth with developmental disabilities. Also, agreements with the mental health system/local mental health screening centers provide psychiatric hospitalization for acute psychiatric crises. Lastly, ongoing communication and

In order to monitor each resident’s progress, specialized case conference meetings are held weekly to review referrals and approve placements based on a set of criteria. A multi-disciplinary treatment team meets weekly to discuss each resident’s progress. Residents can be moved within this continuum, based on their individual needs and progress.

Through its expanded level of service, the JJC ensures that the individual mental health needs of its residents, regardless of placement, are addressed. Through contracted mental health services, youth may receive mental health counseling while remaining in the general populations of the JJC’s programs and institutions. This includes the JJC’s small female population. University Correctional Health Care (UCHC) in secure care facilities, and independent contracted providers in residential community homes, provide psychological and psychiatric evaluations, psychotropic medication and management, and

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individual and group counseling to address anger, bereavement, social skills, coping skills, trauma, family relationships, and criminogenic risk factors that contribute to arrest and recidivism.

In addition, the JJC has implemented evidenced-based treatment modalities within its programs that have been demonstrated, through research, to impact on antisocial and aggressive behaviors. These include Aggression Replacement Training (ART), a multimodal, cognitive-behavioral intervention that teaches pro-social skills to use in anger producing situations, anger control training, and moral education; the PHOENIX Curriculum, a cognitive behavioral program aimed at reducing youths' propensity to engage in high risk behaviors; and New Freedoms, a cognitive behavioral program which address youths' addiction to substances. Additionally, family-based interventions have also been implemented.

The Fresh Start Residential Community Home, designed to treat male juveniles with mental health issues, intellectual deficits, and/or problems that present special vulnerability issues in other JJC programs, has expanded from eight to twenty-eight beds over time. Juveniles who are placed in residential community homes are defined as Custody Level 1 and are appropriate for community placement.

The state's largest facility, the New Jersey Training School, a Custody Level 2 facility, includes a 24-bed program for juveniles with serious mental health

problems that necessitate secure treatment. It operates on the grounds of the New Jersey Training School (NJTS – Housing Unit 11). The program serves male residents with mental illness, emotional/behavioral disturbance, cognitive limitations, and/or those who are otherwise vulnerable in a traditional correctional setting.

The JJC has also opened an eight-bed unit at its most secure institution, the Juvenile Medium Security Facility (JMSF), representing the JJC's Custody Level 3. H-Wing, an intensive therapeutic mental health unit, is staffed with a broad and diverse staff compilation that provides the necessary expertise to care for this unique population of severely behaviorally disturbed youth. Male residents who have chronic and/or persistent mental illness and/or symptoms, along with accompanying cognitive limitations and aggressive and disruptive behaviors, are appropriate for this secure and restrictive setting.

The JJC offers a full continuum of mental health service delivery divided into secure care and community placement. These services are designed to meet the needs of JJC residents at all custody levels. This strategy provides the opportunity, through evaluation, for residents to step up or step down along this continuum of care as needed and as determined by their individual progress. The JJC strives to ensure that residents continue to have access to mental health services upon their release from the JJC, recognizing the impact this can have on recidivism and successful reentry to communities.

More about The PHOENIX Curriculum... This curriculum is based on the New Jersey Juvenile Justice Commission's experience with the *Phoenix Gang Intervention* and *New Freedom* programs. The school-based NJJC program Project Phoenix demonstrated significant reductions in recidivism (50+% reduction) using these antigang strategies, and the Project Phoenix anti-gang program was awarded the national "Spirit of Excellence" award at the National Gang Crime Research Center's 2004 annual gang program conference in Chicago.

One research study on Aggression Replacement Training (ART)

Washington State passed the Community Juvenile Accountability Act (CJAA) to reduce juvenile crime by establishing "research-based" programs in the state's juvenile courts. All adjudicated youth were assessed to determine the level of risk in nine domains: school, free-time, employment, relationships, family (current and prior), drug/alcohol, mental health, antisocial attitudes, and skills. Another score was developed to measure aggression. Youths who demonstrated a moderate or high-risk level were admitted into either the experimental group that received ART or the control group that received the standard juvenile court services. They found that ART reduced the 18-month felony recidivism rate by 16 percent compared with the control group (Barnoski, 2004).

Barnoski, R. (2004). *Outcome Evaluation of Washington State's Research-Based Programs for Juveniles*. Olympia, WA: Washington State Institute for Public Policy.

Accessed at <http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%20AE-art%20AE>

Editor's introduction by Matt Sheridan

I received an email from Warden Bob Hood a few months ago and he asked a basic question, "Is this the Matt Sheridan I knew more than 35 years ago in the learning center at Bordentown?" In fact, I did remember Bob Hood and now more than 35 years later, I had one strong reaction to the memory, "He's a good guy." I immediately called several others that worked in Bordentown in those days and each immediately had a similar reaction while inquiring what happened to him. I had already googled him so I could actually tell them something of his career. He and I have since exchanged a few emails and hopefully will stay in touch and if the fates allow see each other on a return to trip to NJ or perhaps an ACA conference. Okay, all that aside, first, the reader may wish to pay close attention to Warden Hood's advice on the management and operation of prisons. It is compelling. Second, please read on, I asked Bob Hood, the retired Warden to tell us a little about himself – A Jersey guy who went places.



Bordentown to Alcatraz of the Rockies

By: Bob Hood, Warden (Retired)

After 37 years in corrections, I often reflect on my journey from teacher to warden of the most secure prison in the United States; the Administrative Maximum (ADX) "supermax" federal prison in Colorado. The ADX (known as the Alcatraz of the Rockies) is home to some of the most violent and notorious criminals such as Unabomber Ted Kaczynski, shoe bomber Richard Reid, Oklahoma City Bomber accomplice Terry Nichols, Olympic Park bomber Eric Rudolph, and Soviet spy Robert Hanssen. How did I end up in such a restrictive workplace?

In 1973, I completed student teaching at Leesburg State Prison (now Bayside), followed by a teaching position at the Youth Correctional Institution in Bordentown (currently Albert C. Wagner facility.) For the next two years, I received exceptional training and inspiration from inmates and staff while finishing a M.Ed. in Special Education. The value of correctional education and evidence-based programs became clear to me. The institution had a national reputation for effective academic and vocational programs, and I decided to focus on a career in correctional education.

The Bordentown experience inspired me to accept a position with the Windham School District which is part of the Texas Department of Corrections. For the next five years, I observed chain-gang security mixed with textbooks. I determined the orderly management of each prison depended upon effective programs for the inmate population. After completing graduate studies in criminal justice at Sam Houston State University, it was time to move on to the federal prison system.

In 1981, I joined the Federal Bureau of Prisons (FBOP.) For several years and relocations, I held positions such as Teacher, Supervisor of Education, and eventually the Assistant Director of the Federal Law Enforcement Training Center (FLETC) in Georgia --- all "program" (non-custody) assignments. Life was good but upward mobility within the system seemed difficult for "treatment" staff.

Several inmates and staff mentors commented on challenges between custody and treatment professionals. It appeared that you were informally classified as either custody or treatment. One lifer said, "Mr. Hood, the success of the institution depends on the Warden's background and personal agenda." He suggested a "teacher and guard combo."

While remaining in the federal prison system, I transitioned to more custody-related assignments (while maintaining my strong belief in programs). After assignments as Associate Warden and the Bureau's Chief of

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Internal Affairs, I served as Warden of several institutions before being promoted to Warden of the nation's only federal "supermax" prison (replaced Marion and Alcatraz.)



**United States Penitentiary
Administrative Maximum Facility (ADX)**

My first day at the ADX I thought --- "This isn't Bordentown." The average length of sentence was 42 years. Approximately 120 inmates had life sentences, 36 % had been involved with at least one murder while incarcerated, and 40 % were involved in escape-related behavior. Prisoners live in virtual isolation and are rarely allowed out of their cells. In a featured story on "60 Minutes" I referred to the ADX as "A Clean Version of Hell" -- and meant it.

The NJ, TX, and FBOP systems prepared me for the "supermax." I also applied my academic background by developing something similar to Individual Education Plans (IEPs) as commonly found in public schools. Instead, I determined the strengths and weaknesses of each inmate and came up with my own plan. Eventually all was fine and I simply applied the basics of effective prison leadership such as:

- ◇ Inmates are confined in prison as punishment and not for punishment
- ◇ Inmate cooperation is greater if motivated by respect rather than fear or intimidation
- ◇ Make the inmate's life in prison as normal as possible without compromising the security or the orderly running of the institution
- ◇ Every inmate should be able to serve time in an environment free from violence, intimidations, threats, extortion, or pressure from other inmates
- ◇ Staff should prevent inmate idleness by keeping inmates involved in meaningful work, programs, and off-duty activities

Clearly this population wasn't going home. Appropriate custody and treatment programs were successfully applied to a setting not designed for humanity. The teacher in me continued from Bordentown to the Alcatraz of the Rockies.

Note: Upon retiring from the FBOP, Bob Hood is teaching criminal justice studies and serves as a National Criminal Justice Specialist for local, state, and federal agencies.



For details and registration go to:

<https://www.aca.org/Conferences/Winter2013/home.asp>

Current Trends in the Prison Population and Implications for Correctional Health Care

By Jenna Scafuri, ACA's Associate Editor of Periodicals.



There has been an increasing effort during the last few years to examine the role of health care in corrections. The Bureau of Justice Statistics (BJS) has been a key player in health care research, examining correctional systems, correctional populations and health indicators, and how they are changing. William J. Sabol, Ph.D., principal deputy director of statistical collections and analysis for BJS, presented the recent findings at the 142nd Congress of Correction in a workshop titled "Latest Findings From the Bureau of Justice Statistics: Substance Abuse and Dependence Among Prison Inmates and Trends in the Prison Population" in Denver. Sabol emphasized the importance of interpreting BJS data to get a better grasp on the status of corrections populations: "Given our mission as a statistical agency — not as a health care provider, but as an agency that collects social indicators and tracks them — what can we do with the data we collect to understand whether or not the health profile of the correctional population is changing?," he said. BJS achieves this by focusing on key indicators, the determinants of those indicators, and understanding how health care is delivered.

The age of inmates was one indicator that Sabol specified as a changing characteristic of the corrections population during recent years. Between 1990 and 2010, the state prison population increased from 711,000 to 1.3 million. As a result, the percentage of the prison population aged 55 and above doubled from 3.9 percent in 2000, to 7.9 percent in 2010. This was due to an increase in the incarceration rate of inmates aged 55 and above, which increased from 2 percent in 2000, to 4.2 percent in 2010. "The increase in admission for older people versus younger people is largely due to differences in the crimes of admission," Sabol said. He indicated that there are a higher proportion of older inmates admitted for violent crimes such as homicide, rape and sexual assault, whereas younger offenders are more likely to be admitted for things such as property crimes and drug-related offenses. This means that due to harsher sentencing for more serious crimes, older inmates also have longer length of stay rates.

There are many implications of an aging prison population, not only for health care delivery, but also for inmates' daily lives at facilities. Sabol pointed out that older inmates with mobility problems may not be able to do things such as climb into top bunks. Incorporating these kinds of considerations into facility designs would be beneficial to inmates, but could also be costly. Sabol indicated that the exact cost implications of the aging inmate population are unknown from a national statistical standpoint, "We need to know more detail about inmates' medical conditions, delivery of care and methods for delivery of care in order to get a better idea of the process to be able to project the cost implications in the future," he said. Another main concern with the aging inmate population is public safety. Since data show that a high proportion of older inmates are incarcerated for violent crimes, policies regarding things such as early release may not be in the best interest of the community.

Sabol discussed many other changing indicators that are affecting correctional health care, including:

- **Obesity:** Between 1997 and 2007, the percentage of obese inmates in prison increased from 17 percent to 27 percent, with women having a much higher obesity rate than men;
- **Infectious diseases:** Inmates are more likely to have infectious diseases such as tuberculosis, hepatitis, asthma and heart problems than the general population;
- **Mental illness:** BJS found that 11.5 percent of people on probation or parole had some sort of serious mental illness, as opposed to only 4.4 percent of the general population. This rate was higher in women compared to men, which was 21.6 percent of women and only 7.9 percent of men; and
- **Mortality rates:** Mortality rates in jails decreased between 1997 and 2007 in comparison to the general population across both genders and age groups.

The major determinants of these outcomes include higher populations of men than women in the overall prison population versus the general population, higher populations of racial minorities, lower education levels and lower income levels. As part of the continuing effort to examine the role of health care in corrections, BJS will continue to monitor these indicators and determinants. "When all is said and done, the idea is that we can track these health statuses and are beginning to explain them by demographic composition and social indicators," Sabol said.

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