

# Comprehensive Reentry Strategy for Adults in the District of Columbia

June 12, 2003

*Final Report*

## **Comprehensive Reentry Strategy for Adults in the District of Columbia: Executive Summary**

The goal of the *Comprehensive Reentry Strategy for Adults in the District of Columbia* is to provide a detailed, long-range plan for an effective continuum of reentry services for DC offenders during incarceration, transition from incarceration to the community, and life in the community during and after supervision. In addition, the strategy proposes an agenda for reentry service provider quality assurance, community education about the relationship between public safety and effective reentry, and legislative priorities.

The core of the strategy is the development of an assessment-driven reentry plan tailored to each offender's needs, strengths, and aspirations. The plan should remain with an offender through the three phases of reentry: institutionally based programs, transitional services, and community reintegration.

### **Background**

- On July 24, 2001, CSOSA and the Deputy Mayor for Public Safety and Justice hosted a citywide Reentry Symposium at the Washington Council of Governments. The event served to identify issues and gaps in reentry services.
- On December 5, 2001, CSOSA and the Deputy Mayor for Public Safety and Justice hosted a Reentry Service Provider Forum at the Wilson Building. The forum gave an opportunity for community-based service providers to address city and federal officials about their organization's history of services, successes, and value to the offender reintegration process in the District of Columbia.
- Between December 2001 and April 2002, a group of community advocates, community-based service providers, and government agency representatives worked together to craft a comprehensive reentry strategy for adult offenders returning from incarceration to the District of Columbia community. The primary participants in this process included:
  - Court Services and Offender Supervision Agency (CSOSA),
  - Office of the Deputy Mayor for Public Safety and Justice (DMPSJ),
  - Office of the Corrections Trustee,
  - DC Prisoners Legal Services Project,
  - DC Department of Corrections (DCDC),
  - DC Department of Mental Health (DMH), and
  - Federal Bureau of Prisons (BOP).

The Reentry Process should be available to all offenders returning from some form of incarceration to the community. A summary of key recommendations is provided below.

### **Pre-Release Planning and Case Management**

- Continue the BOP's, DCDC's, and CSOSA's efforts to create a seamless assessment and case-planning system that incorporates individual needs and offenders' interests and aspirations.
- Form a Reentry Team to develop, execute, and adjust case plans, accordingly, based on an ex-offender's progress toward the development of the skill-sets necessary for law-abiding, sustained, independent living in the community.
- Develop short-term "reentry packages," consisting of needed medication, clothing, and other tangible resources to support offenders in the first sixty days following release.
- Complete referrals for access to housing, substance abuse, mental health, education, and job training prior to release to the community.

### **Housing**

- Start the application process to place a family member's name on a public housing lease during incarceration.
- Encourage offenders to save in-prison and work release wages in protected interest-bearing accounts to assist with post-release expenses.
- Expand short and long-term transitional housing options for individual ex-offenders and ex-offenders with families.

### **Education and Employment**

- Increase the number of offenders who receive education and employment screening and begin programs during incarceration.
- Enlist the Greater Washington Board of Trade, the DC Chamber of Commerce, or other business groups to encourage employers to create career opportunities for reentrants.
- Expand the capacity of the existing educational and employment support network for ex-offenders, regardless of whether they are under supervision.

### **Substance Abuse Treatment**

- Encourage awareness among judges, attorneys, inmates, and inmates' families about the eligibility requirements and enrollment process for the BOP's Residential Drug Abuse Treatment Program (RDAP).

- Establish a Reentry and Sanctions Center operated by CSOSA to screen and assess newly released offenders with extensive criminal and substance abuse histories in preparation for intensive outpatient treatment or residential treatment.

### **Mental Health Treatment**

- Establish a comprehensive mental health screening system to ensure that individuals needing mental health services have access to needed medication and/or referrals for placement in appropriate services immediately upon release.

### **Identification and Benefits**

- Provide identification and appropriate benefits prior to release to expedite placement of offenders into treatment programs and to ease the process of obtaining employment.
- Complete applications for eligible offenders to enroll in DC Healthcare Alliance Program prior to release.

### **Family & Community Support**

- Utilize teleconference or other relevant technology to enable inmates to maintain contact with family members during incarceration.
- Create a network of successful ex-offenders to educate communities and support current ex-offenders in earlier stages of the reentry process.
- Expand the number and range of community-based wrap-around services with linkages to housing, substance abuse, personal and mental health, educational, and vocational resources to execute the reentry plan and to help offenders meet individual needs after formal community supervision ends.

## **Comprehensive Reentry Strategy for Adults in the District of Columbia**

Reentry is the process through which incarcerated individuals come home and, if successful, stay home. Success is an arduous process for most individuals making the transition from the controlled, highly structured environment of jail or prison. The challenge of overcoming the stigma of being an “ex-offender,”<sup>1</sup> reconnecting with family, establishing stable housing, finding quality employment, and resisting alcohol or other drugs immediately confront and sometimes overwhelm the reentrant. Learning to make good decisions, avoiding the wrong people, and establishing relationships with persons who exert a positive influence over returning prisoners requires a value set and decision-making skills that many re-entrants may not have possessed or utilized prior to incarceration. Returning men and women without adequate skill and value sets may resort to illegitimate means of survival. Given the complex array of values, habits, and decision-making skills that an individual will need to be successful, a model reentry system needs to begin in prison or jail and continue uninterrupted, as a person is released to the community, with or without supervision. The implementation of a continuum of reentry services requires coordination among corrections agencies, community corrections agencies, and community-based service providers.

### **System Overview**

The recommendations of this plan represent the minimum requirements for a comprehensive reentry strategy in the District of Columbia. The core of the strategy is the development of an assessment-driven reentry plan tailored to each offender’s needs, strengths, and aspirations. The plan should remain with an offender through the three phases of reentry: institutionally based programs, transitional services, and community reintegration.

Strategy details are presented in the context of the three phases followed by a presentation of quality assurance, community education, and recommendations for legislative or policy change. Where appropriate, the strategy contains specific recommendations to address planning and case management, housing, education and employment, substance abuse, mental health, and family and community support.

The Reentry Process should be available to all offenders returning from some form of incarceration to the community. Three sub-groups comprise the DC Reentry population.

- Offenders released from Federal Bureau of Prisons (BOP) facilities located across the country to community supervision provided by the Court Services and Offender Supervision Agency (CSOSA) or US Probation.
- Reentrants with no community supervision, including misdemeanants or pretrial detainees released by the District of Columbia Department of Corrections (DCDC) or felons released by BOP owing no additional sentence time.
- Split-sentence probationers released by DCDC to CSOSA supervision.

The challenges of working with this population as a whole are complex given the dispersion of inmates and the range of needs they are likely to present.

- Many inmates are housed at facilities located far away from the District of Columbia. The National Capital Self-government Improvement Act of 1997 (Revitalization Act, [P.L. 105-33]) transferred sentenced felons from DCDC to BOP custody. As of December 31, 2002, 63 percent of 6,152 DC inmates were housed in BOP facilities in South Carolina, North Carolina, Virginia, Maryland, Pennsylvania, West Virginia, and New Jersey. The remaining inmates were placed in 25 states across the country. In 1997, BOP and the DC government entered a Memorandum of Understanding stipulating that District men and women would be housed in federal facilities within a 500-mile radius of the city.
- Sixteen percent of individuals on parole supervision in the community for at least 6 months indicated that they had moved at least three times or had lived in a shelter within the past year (CSOSA, 2002). In 1999, eleven percent of arrestees in the District report their residence as a shelter or no fixed residence (ADAM, 2001).
- Seventy percent of returning offenders have a history of substance abuse (Taxman, Kubu, DeStefano, Borus, and Thompson, 1999).
- The average literacy level is 7<sup>th</sup> grade (Taxman, et al., 1999).
- Sixty-one percent of the supervised population reported employment as of September 30, 2002 (CSOSA, 2003).
- In June 2000, DCDC provided mental health therapy or counseling to 21 percent of its population. Nationally, 13 percent of state prisoners received therapy or counseling (Bureau of Justice Statistics, 2001).
- In 1999, eight percent of men and twenty-two percent of women housed by DCDC were HIV positive (Bureau of Justice Statistics, 2001).

Given that the typical parolee in the District has on average 9.2 adult arrests and 4.5 convictions (Taxman, et al., 1999), addressing each offender's combination of needs is necessary to slow the cycle of criminality and improve public safety in the District. Men and women who fail to receive the support and encouragement to address needs during incarceration, transition, or after release will face an uphill climb to avoid a return to behaviors that resulted in previous incarceration. Sustainable employment will be harder to achieve for individuals who do not have a GED or diploma. These men and women and their families will continue to face limited housing opportunities, increased stress within the family, an inability to provide for their children, and a reliance on food stamps or other assistance programs. Out of frustration, they may feel that they need to return to criminal activity to obtain additional funds.

The citywide reentry strategy represents the recommendations of a collection of criminal justice agency professionals, non-governmental service providers and advocates, and ex-offenders to improve the offender reentry process through the application of best

practices and improved coordination among government and community-based service providers.

## **Phase I. Institutionally Based Programs: Preparation for Release and Discharge Planning during Incarceration**

### ***I-A. Pre-Release Planning & Case Management***

#### **1. Emphasize collaboration and comprehensive data sharing among correctional and community correctional personnel to conduct case planning prior to release.**

An effective assessment and pre-release planning system combines offenders' personal goals with an objective assessment of offenders' risk and needs factors that are based on statistically verifiable predictors of recidivism (Gendreau, Little, and Goggin, 1996; Andrews and Bonta, 1994; Andrews, 1994).

**2. Convene a Reentry Team for each offender upon entrance to the BOP and the DCDC.** A Reentry Team comprised of the offender, a BOP or DCDC case manager, and, if available, a family member or mentor should form and support the development of an individualized Reentry Plan prior to an inmate's transition from prison to the community. In situations in which DCDC houses the inmate, the Reentry Team should have a plan in place no later than 30 days after entrance. Currently, BOP case managers begin Reentry Planning for offenders when they enter BOP facilities. Until recently, direct collaboration between BOP case managers and CSOSA's Community Supervision Officers (CSO's) has been limited to the period of Community Corrections Center (CCC) transition. Pre-release offenders who are the beneficiaries of this collaboration are limited to only those offenders eligible for CCC transition.<sup>2</sup> Models of earlier collaboration between the BOP and CSOSA for reentry planning are developing. For example:

- In Spring 2003, CSOSA will continue discussions with the operators of the Rivers Correctional Facility in Winton, NC, a BOP contract facility that houses approximately 1,000 DC Code offenders, to consider a Pre-release Assessment and Reentry Team Demonstration Project. In the proposed demonstration, the Reentry Team would develop case plans for 15 offenders and match them with mentors through the CSOSA/Faith Community Partnership.
- BOP has launched a pilot initiative, the Inmate Skills Development Plan, at six locations. The plan emphasizes improved needs assessment, needs-based program placement, and uninterrupted service delivery in critical needs areas while offenders transition from prison to the community.

**3. Encourage the DCDC inmates (sentenced misdemeanants, pretrial detainees, or parole violators) to visit a DC Department of Employment Services One-Stop Career Center immediately upon release.** Each of the nine, neighborhood-based One-Stop Career Centers can provide valuable resources on finding a good job, locating suitable education or training programs creating effective resumes and cover letters, planning personal finance, and finding benefits for which reentrants may be eligible. DCDC, on its own or in collaboration with a community-based organization, needs to create a brief

resource pamphlet that provides address and contact information about the One-Stop shops, or develop an additional resource pamphlet to circulate among its inmate population, emphasizing how to access Washington area resources for housing, healthcare, substance abuse and mental health services, education and employment programs, and other resources. DCDC will make the material part of the orientation package received by each system entrant. DCDC should also take responsibility for developing the booklet in English, Spanish, and video or another appropriate format to make the information available for individuals with poor literacy skills or visual impairment.

**4. Create a reentry plan that addresses critical areas of needs and that stays with a person through incarceration, community supervision (if any), and independent life in the community.** The Reentry Team will develop a reentry plan to target and prioritize necessary interventions that will enable offenders to work toward personal goals for sustained independent living, utilize their individual strengths, and address risk factors and needs predictive of recidivism. The plan should focus on the following areas:

- Housing
- Education and Employment
- Substance Abuse
- Mental Health
- Identification and Benefits
- Life Skills
- Family and Community Support

**5. Ensure that the Reentry Plan for women is gender specific.** The path to criminality for women is often different than it is for men. For many women criminal involvement is a matter of survival, poverty, and or substance abuse. Many incarcerated women became involved in property crime, prostitution, and or drug use after trying to escape physical or sexual abuse perpetrated by a family member or intimate associate. Others are entrapped in domestic violence situations in which their partners abuse them if they fail to provide them with drugs. In many of these cases, abused women exchange sex for a place to stay. Since the majority of women in the criminal justice system are mothers, incarceration places an additional level of burden on women that often manifests itself in co-occurring mental health and substance abuse problems. Developing reentry plans and programs that are sensitive to these realities are important to putting women in a position where they can make positive life changes.

**6. Improve life skills by encouraging behavioral change and improved decision-making while addressing tangible needs for housing, personal and mental health care, substance abuse, education and employment, or other skill sets.** Gendreau, Little, and Goggin (1996) maintain, “The design of effective offender treatment programs is highly dependent on knowledge of the predictors of recidivism.” Because attitude, peer association, personal belief systems, and family relationships are among the greatest predictors of criminal risk, interventions need to promote behavioral change while addressing various areas of need or skill development (Andrews and Bonta, 1994; Gaes and Kendig, 2002).

## **I-B. Housing**

**1. Encourage individual inmates to begin the application process to place an additional family member's name on a public housing lease at-least 90 days prior to release from incarceration.** Many offenders are likely to return to a family member who lives in public housing or subsidized housing. To remain in compliance with District of Columbia Housing Authority rules,<sup>3</sup> the additional adult family member must apply for the addition of his or her name to the lease. The application, review, and grievance process, if necessary, can take 90 days or longer. BOP, CSOSA, and DCDC will make documentation available to offenders and make them aware of their personal responsibility to follow appropriate procedures in establishing post-release housing plans.

**2. Encourage offenders to save in-prison and work release wages by establishing unique interest-bearing accounts for post-release expenses.** Many offenders are unable to obtain housing upon release because they do not have the funds for a security deposit. The accounts, coupled with access to jobs that pay a living wage, would help offenders gain access to the private housing market.

## **I-C. Education and Employment**

**1. Increase the number of offenders who receive education programs during incarceration.** BOP inmates who participate in education programs have a recidivism rate 15.7 percent lower than those who do not take advantage of education programs (Harer, 1995). The BOP requires inmates without a high school education or General Educational Development (GED) diploma to attend 240 hours of literacy training.

**2. Establish literacy, adult basic education, and GED programs in the DCDC Central Detention Facility.** Literacy is a prerequisite for successful advancement in adult basic education and in earning a GED. The Correctional Treatment Facility (CTF), which operates on a DCDC contract, offers adult basic education courses and a GED course.

**3. Establish vocational training for DCDC inmates.** Currently, the jail provides no vocational training, other than janitorial work. The CTF does provide a range of adult basic education, life skills, and GED courses. In addition, the CTF offers vocational training in computer literacy, graphic arts, interior renovation and floor care, barbering, and commercial cleaning.

**4. Encourage DC Code offenders to access the BOP's Inmate Placement Program and/or prison industries programs.** The Inmate Placement Program conducts mock job fairs and posts job openings. The program stresses the importance of inmates taking responsibility to begin preparations for employment at least eighteen months prior to release. The program ensures that about to be released inmates prepare an employment folder including a social security card, resume, education transcript, and achievement certificates and other documents critical for post-release employment. Additional vocational and on-the-job training through institution job assignments are also available to enable inmates to develop marketable job skills. The BOP's prison industries program provides another option for a small percentage of offenders. Because less than twenty-five percent of all BOP inmates participate in vocational and the prison industries

program, placement is based upon wait lists, based on seniority and individual needs assessments.

**5. Require DCDC to develop an employment readiness program for sentenced misdemeanants and pretrial detainees.** Coordination between DCDC and the DC Department of Employment Services to fill this need would be an ideal objective for each agency's performance scorecard during the next year. Offenders need to learn how to create a resume, interview for positions and know how to handle the fact that they have a criminal record during an interview. Many returning men and women lack good telephone skills or social graces when it comes to inquiring about the availability of programs. A short training on telephone skills should be made available. Men and women need to be prepared for the prejudice of employers who do not want to hire ex-offenders. They need to learn how to handle an interview or ask for an application. Such prejudice can attack their self-esteem or even anger them. It is essential to be prepared. Men and women need job readiness programs to maintain employment. Job readiness programs can assist ex-offenders in developing "soft skills," such as getting to work on time, learning how to take criticism and not be angry, and dressing appropriately.

**6. Educate employers on the benefits of hiring ex-offenders, such as the Work Opportunity Tax Credit and the Federal Bonding Program.** The Work Opportunity Tax Credit can provide businesses with a 35 percent tax credit on the first \$6,000 paid to an ex-offender hired into a business or trade for least 180 days. The Federal Bonding Program can provide employers protection against theft. The program provides bond coverage to employers hiring ex-offenders based on the level of financial risk the job entails. The BOP's Inmate Placement Program helps to transform employers' initial concerns about hiring ex-offenders by involving company recruiters in mock job fairs. The National Institute of Corrections, Office of Correctional Job Training and Placement also provides technical assistance to state and local training and employment agencies to help educate employers on the special needs of someone returning to the work force after spending an extended period of time in an institution where nearly every aspect of daily living is regulated. Employers need to be trained to have extra patience in the first few weeks of employment as ex-offenders develop the "soft skills" needed to maintain employment.

**7. Establish affordable day care and or subsidized day care for returning inmates.** Many middle class families make a determination that with two or more children it is cheaper to have one parent stay home than it is to pay for day care. Single moms or dads returning from prison or jail do not have such a luxury. If day care is unavailable, they are unemployable.

#### **I-D. Substance Abuse**

**1. Ensure that positive substance abuse assessment and treatment is adequately covered in the risk/needs assessment and reentry planning that occurs during incarceration.** All pertinent treatment data should be provided to community supervision staff prior to an offender's release to the community. The BOP currently provides CSOSA with treatment summaries for offenders who will be released to CSOSA supervision.

**2. Encourage awareness among judges, prosecuting and defense attorneys, inmates, and inmates' families about the eligibility requirements and enrollment process for the BOP's Residential Drug Abuse Treatment Program (RDAP).** Space permitting, eligible inmates who receive a judicial recommendation for residential treatment or who volunteer for programming may be transferred by BOP to facilities that operate the nine-month, 500-hour residential treatment program. BOP recommends all inmates who complete the RDAP to transition through a Community Corrections Center for at least 180 days prior to release. BOP is committed to providing DC Code Offenders access to Bureau substance abuse programs on a full and equal footing with all BOP inmates. According to federal law, the BOP can reduce the incarceration time of US Code offenders who successfully complete the RDAP by up to one year by moving the inmate to a CCC to receive transitional substance abuse services. The sentence reduction stipulation does not currently apply to DC Code Offenders. Defense or prosecuting attorneys aware of the RDAP may encourage sentencing judges to make this recommendation. Also, defense attorneys can encourage clients incarcerated by BOP to volunteer for the program. The BOP Office of Research and Evaluation has found that male and female offenders who completed the residential program and were released for at least three years were less likely to be rearrested or have supervision revoked than inmates who did not receive the intervention. Also, women who completed RDAP were more likely to be employed after release than women not receiving treatment.

**3. Expand DCDC's capacity to provide treatment to the jail population.** The Office of Justice Program's Arrestee Drug Abuse Monitoring Program (ADAM) found that in 1999, 68.9 percent of all men and women arrested in the District tested positive for illegal drugs. DCDC's Correctional Treatment Facility has some capacity to provide jail-based treatment. The jail's safety net program provides treatment preparation to about 100 persons per year. Alcoholics Anonymous and Narcotics Anonymous meetings also operate at the DCDC facilities. Nonetheless, expanded treatment capacity is still desirable.

#### **I-E. *Mental Health***

**1. Establish a comprehensive mental health screening system to ensure that individuals needing mental health services do not slip through the cracks.** Comprehensive screening and continuity of care for offenders and ex-offenders who received treatment prior to arrest is necessary in treating mental illness. Screening and assessment should occur when incarceration begins. The BOP is developing a process to improve the sharing of relevant treatment information for offenders with significant medical and/or mental health issues who are releasing through a CCC or directly to the community. The process would facilitate a more seamless transition for cases with higher levels of need by ensuring necessary planning information is made available. Diagnosis and treatment is currently available once a person is committed to the DCDC if they enter the system through the Jail. Men and women held in the DCDC Community Corrections Centers as pretrial detainees or as misdemeanants do not receive an assessment of their mental health. This will require collaboration between mental health programs, community corrections agencies, and prisons and jails.

**2. Identify and diminish gaps in the current continuum of mental health services.** The DC Department of Mental Health (DMH) is currently conducting a survey to identify mental health service delivery gaps in the community. The

BOP's enhanced review program and the comprehensive flow of information about mental health medication or continued treatment needs, updated in the pre-release process, will promote greater utilization of DMH services after release. DCDC should also review its screening process to identify any gaps that may exist in current services.

**3. Facilitate appropriate communication with government or private service providers in the community.** Offenders need to be able to contact DMH or private service providers in writing or with the assistance of an institutional case manager.

#### ***I-F. Identification and Benefits***

**1. Provide identification and appropriate benefits prior to release to expedite placement of offenders into treatment programs and in obtaining employment.**

Delays in providing proper identification and other benefits cause undue stress on the offender, limit his/her ability to take advantage of treatment resources, diminish employment opportunities, and impede the reentry process. Desirable identification and other benefits include but are not limited to a birth certificate, social security number, driver's license or valid non-driver's identification card, Medicaid, DC Healthcare Alliance enrollment, or other entitlements if eligible.

**2. Complete applications for eligible offenders to enroll in DC Healthcare Alliance Program prior to release.** Once a person has obtained identification and can demonstrate a DC residence, he or she can apply to participate in the Healthcare Alliance Program. Currently, the DC Healthcare Alliances accepts signed letters from an offender's CSO as address verification

**3. Emphasize the importance of comprehensive information sharing between the BOP, DCDC, CSOSA, and treatment providers to speed the delivery of substance abuse, medical, and mental health services.** BOP's enhanced program review should aid significantly in achieving this goal for offenders release from the federal system. An analogous process for offenders released by DCDC would also be beneficial. Any issues surrounding confidentiality should be resolved to remove barriers to a continuum of care for ex-offenders. It is imperative that the different treatment providers have the ability to gain adequate knowledge of previous treatment episodes or medication needs necessary for determining the next course of mental health, substance abuse, or medical treatment.

#### ***I-G. Family & Community Support***

**1. Utilize relevant technology to enable inmates to maintain contact with family members during incarceration.** District offenders' ability to maintain family or positive ties with advocates in the community is severely limited by the high cost of telephone services in correctional facilities and the dispersion of District offenders. Male prisoners who maintain strong family ties during imprisonment have higher rates of post-release success (Hairston, 1988, 1991). Family relationships also have a significant influence on relapse prevention among parolees who have completed substance abuse interventions during incarceration (Slaght, 1999). Because constructive communication between ex-offenders and family contributes to rehabilitation and personal growth, utilizing relevant technology can assist offenders' families in overcoming great physical distances that prohibit regular contact.

**2. Form spiritual guidance groups for inmates to have a point of release and support in a setting outside the formal case management structure of the institution.**

Many inmates are reticent to discuss emotional or personal issues with institutional case managers because of the inherent tension between the imperative of providing services and maintaining safety in an institutional setting. "Life Connections" in the BOP's Residential Reentry Program provides individual offenders with an opportunity to participate in an intensive program to follow a spiritual pathway to personal change and development. Inmates of all faiths or those still seeking a spiritual grounding are welcome to join. Chaplains' offices in correctional institutions are often staffed with persons who work outside the institutional mandates imposed on case managers and who are trained in spiritual direction, mentoring, and individual and group counseling. Thus, these offices provide an ideal location from which to provide immediate guidance and mentoring resources that can augment correctional programming. The formation of small spiritual direction groups would provide inmates an opportunity to express feelings, concerns, fears, and aspirations with persons skilled at providing guidance and encouragement to change behavior in an environment where confidentiality could be maintained. Often this experience can make inmates more receptive to substance abuse, mental health, or other treatment needs.

**3. Establish a community-based and/or faith-based network of mentors to support offenders during incarceration.**

Mentoring does not have to wait for an offender to be released. By incorporating teleconferencing technology into distant BOP facilities, DC inmates and mentors from CSOSA's Faith-Based Partnership or other mentoring groups can establish a virtual relationship prior to release. The offender will gain a positive social contact and advocate capable of providing advice and support prior to the critical first days and weeks after release.

**4. Take advantage of mentors from CSOSA's Faith Community Partnership to establish support groups for offenders' families.**

A support network should help family members negotiate the systems necessary to stay in touch and to prepare family members for the inmate's eventual return. Family members need to realize that they are not alone. In addition, family members benefit from encouragement to address potential housing, employment, education, substance abuse, or mental or physical health needs if they exist.

**5. Create secular support groups for families not involved with the faith community.**

Not all family members participate in religious organizations. They may not feel comfortable seeking support from an institution of which they do not wish to be a part.

**6. Encourage family members to participate in the larger community.**

Family members can strengthen their immediate neighborhoods by participating in organizations of all kinds: faith institutions, neighborhood associations, parent-teacher associations, and so on.

## Phase II. Transitional Services

### II-A. *Transition Planning and Case Management*

**1. Re-assess risk and needs (at least every 180 days) to adjust the intervention strategies in the Reentry Plan.** Key aspects of an ex-offender's risk and needs are dynamic. Reentry plans require adjustment to account for positive change, such as diminished alcohol or drug use, changed attitudes and behavior patterns, improved education levels, and enhanced job skills. All offenders, whether they shall be released to supervision or not, should receive the benefit of and guidance from the planning process.

**2. Provide offenders, regardless of whether they will be supervised in the community, with a resource package that addresses their fundamental survival needs for a thirty-to-sixty day period.** As ex-offenders are released from BOP facilities, they need a road map that specifies where to go and whom to see for the interventions laid out in his or her reentry plan. The individual should have personal identification, Medicaid, DC Healthcare Alliance registration, or some other form of insurance at the time of release. If the person has prescribed medication for a physical or mental illness, he or she should have a sixty-day supply, provided that quantity is safe for the offender to possess. These types of resources are of heightened importance for ex-offenders released without community supervision and those who are not being released through halfway houses. Ex-offenders released by DCDC should at minimum have a "Release Resource Booklet" provided at the time of their entrance to DCDC facilities, and assistance from case managers to make calls to programs or potential employers. Sentenced misdemeanants who resided in DCDC facilities for 30 days or more should have a resource package upon release similar to that recommended for the Bureau of Prisons.

### II-B. *Housing*

**1. Transition 100 percent of eligible\* BOP releases through a CCC.** During the last quarter of fiscal year 2002, BOP transferred sixty-six percent of eligible inmates through a CCC prior to release. Nationally, the BOP releases approximately 75 percent of its eligible inmates after a CCC transition period. While eligibility considers a number of factors, some common exclusions include offenders with a "sex offender public safety factor," pending charges, unfulfilled sentence requirements in other jurisdictions, and sentences of less than six months. Ideally, all eligible offenders, including those who will be released to the community without supervision, should transition through a CCC. Expanding this resource to all returning offenders increases an inmate's opportunity to develop a sound reentry plan and connect with necessary services in the community.

**2. Place Community Supervision Officers from CSOSA's Transitional Intervention Parole Services (TIPS) into Community Corrections Centers.** TIPS officers will take responsibility for convening the Reentry Team when an offender moves into a District-based CCC prior to release to the community. During this phase, the CCC case manager and the TIPS officer will collaborate to reassess individual risk and needs, conduct substance abuse assessments, arrange

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\* See Endnotes for a detailed explanation of inmates "eligible" for CCC placement under BOP policy.

for further educational or employment assessments and inventions, and implement other aspects of an offender's reentry plan.

**3. Assist offenders in CCC's with finding housing, particularly individuals who may be released to the community without supervision.** Men and women returning from the Federal Bureau of Prisons through Community Corrections Centers may need support in searching for permanent housing. The staff of the centers should be able to assist in the search for affordable housing. Affordable housing also depends on sustainable employment at living wages.

### ***II-C. Education and Employment***

**1. Reassess employment skills to continue education and employment services in the community without interruption.** Within a week of direct release to the community or arrival at the Community Corrections Center, the ex-offender should meet with his her CSO to review the education and employment components of the re-entry plan. Within fifteen days of release or arrival, the individual should be employed or enrolled in a job-training program. Men and women released to DCDC community corrections centers should meet with case managers to make an assessment whether employment or job training is needed.

**2. Continue to allow CCC-placed inmates work release passes to see CSOSA education and employment specialists or bring CSOSA education and employment specialist on-site.** By bringing assessment and job readiness programs to CCC facilities, DCDC and BOP may increase the number of inmates who can benefit from earlier employment intervention. Working with the CCC employment specialist required by BOP contracts, CSOSA education and employment specialists will gain an improved position to ensure continuity of services as the person is released to the community. Placing these services on site will allow inmates to become more stable before venturing out into the community to look for sustainable employment. This strategy may limit some of the public relations risk involved in releasing inmates from CCC's on work passes during the day.

### ***II-D. Substance Abuse Assessment and Treatment***

**1. Conduct a pre-release evaluation approximately six months prior to release to assess addiction severity.** This assessment should be forwarded to the inmate's CCC counselor and CSO and serve as the basis of continued treatment as the person moves from incarceration to the community.

**2. Transition BOP inmates who have completed the Residential Drug Abuse Program to a CCC capable of providing transitional substance abuse treatment for a 180-day period.** BOP policy currently recommends that all offenders who complete the RDAP transfer to a CCC for at least 180 days prior to release. Extending the continuum of care beyond institutional residential treatment can have a substantial impact on preventing relapse.

## **II-E. *Mental Health***

- 1. Encourage the Reentry Teams to include a mental health transition plan for offenders with chronic, persistent mental illness.** The BOP's developing process to share information on offenders with significant medical and/or mental health issues promises to result in improved transition plans. This may continue to be a significant issue with DCDC releases.
- 2. Allow men and women to take advantage of the DC Department of Mental Health's (DMH) new streamlined method of accessing services via a toll-free number.** Case Managers in the BOP and DCDC need information on private providers of mental health treatment services.
- 3. Provide access when needed to DMH personnel at BOP or DCDC CCC locations to conduct mental health screenings and more in-depth assessments if necessary.** This will increase the ability of criminal justice and public health agencies to prevent individuals with mental health treatment needs from falling through the cracks. These meetings will also help ensure continuity of care after release by establishing a relationship between the DMH counselor and patient. It will also enable the BOP and DCDC to address the mental health issues of inmates prior to granting work release or other passes during the transitional period.

## **II-F. *Family and Community Support***

- 1. Ensure that a family member and/or a mentor from CSOSA's Faith-Based Partnership are an active member of the ex-offender's Reentry Team at the time of release.**
- 2. Support families at the moment of reentry.** The days and weeks immediately following release can be very stressful for the ex-offender and his or her family. While family members should be active participants in the development of an offender's reentry plan, a network of support is necessary for family members who will reconnect or resume immediately or gradually.
- 3. Encourage inmates to take advantage of the District of Columbia Fatherhood Initiative service network upon release.** Under the auspices of the DC Department of Human Services, a consortium of private and public agencies provides a range of assessment, family reunification, employment, education, housing, and other services to eligible fathers, including ex-offenders.

## **Phase III. Achieving Stability in the Community (with or without formal Community Supervision)**

### **III-A. *Case Management***

- 1. Re-assess risk and needs and adjust the reentry plan accordingly** (at least every 180 days).

**2. Utilize an accountability contract to promote behavioral change.** If the ex-offender is released to CSOSA supervision, he or she will have a supervision plan managed through a behavioral contract that specifies immediate, graduated sanctions for non-compliance and incentives for compliance with release conditions and program requirements.

**3. Maintain the appropriate level of supervision of ex-offenders with probation, parole, or supervised release requirements.** CSO's will enforce conditions of release, refer ex-offenders for twice weekly, weekly, or monthly drug testing in accordance with policy, and implement treatment and support service recommendations in reentry plans and/or release conditions. In addition, CSO's maintain collateral contacts with individuals other than the ex-offender who can provide information or support that contributes to the ex-offender's reintegration.

**4. Maintain CSOSA hours of operation that accommodate schedules of ex-offenders who are employed.** CSOSA personnel policy provides for Community Supervision Officers and employees providing community outreach, treatment, or support services to work their tours of duty for any appropriate period between 6:30 a.m. and 10:00 p.m., based upon supervisory discretion.

**5. Maintain partnerships with the Metropolitan Police Department and the community to improve successful ex-offender reintegration.** CSO's meet regularly with law enforcement partners to share information, visit ex-offenders in the community, and engage the community in providing support for ex-offender reentry. CSO's also arrange ex-offenders' community service placement and completion when required by the court or releasing authority.

**6. Utilize the proposed Reentry and Sanctions Center operated by CSOSA to sanction ex-offenders with multiple supervision violations.** Section 11233(b)(2)(F) of the DC Revitalization Act requires CSOSA to develop and operate intermediate sanctions programs for sentenced offenders. Consistent with this mandate, CSOSA received funds in its Fiscal Year 2002 appropriation to establish a Reentry and Sanctions Center. Karrick Hall, on the grounds of DC General Hospital, is the planned location for the facility. In order to accommodate the DC government's process to develop a long-term plan for the area surrounding Karrick Hall, the renovations have been delayed. CSOSA anticipates renovation work to begin in the fall of 2003. The Reentry and Sanctions Center will also provide a therapeutic setting in which offenders will undergo screening and assessment which will serve as the basis for intervention strategies to address repeat occurrences of inappropriate community behavior.

**7. Provide a seamless continuum of interventions.** Placement into the appropriate modality should occur without interruption as a person moves from BOP or DCDC custody to the community.

### **III-B. Continuity of Services for Offenders Released without Supervision**

**1. Establish community-based wrap-around services to execute a reentry plan for the approximately 15 to 20 percent of ex-offenders released without supervision.** While wrap-around case management services are available for women who may return to the community without supervision, no comparable services for men exist in the

District. Government agencies and community-based organizations should collaborate to fund and provide technical assistance to develop a one-stop reentry service for non-supervised ex-offenders.

**2. Provide resources for community-based wrap-around services to ex-offenders who are no longer under parole or probation supervision.** If a need for intervention continues beyond the period of supervision, one-stop reentry services for non-supervised ex-offenders ideally would have the capacity to address needs remaining on the reentry plan.

### **III-C. Housing**

**1. Create subsidized transitional housing for ex-offenders just released.** Ex-offenders face the same shortage of affordable housing that other low-income residents face. Apartments are difficult to find. Waiting lists for subsidized housing are long. A large percentage of single ex-offenders without family support face homelessness. Eleven percent of arrestees in the District in 1999 reported a shelter or no fixed address as a resident at the time of arrest. Nationally, in 1999, 12 percent of all parolees reported being homeless at the time of arrest (Bureau of Justice Statistics, 2001). For these men and women, as well as men and women who were not earning living wages at the end of their 120 to 180 days at a community corrections center, transitional housing programs can help make the difference between successful reentry and homelessness and a return to crime. Ninety to 180 days or more of transitional housing can assist ex-offenders in finding employment, access to substance abuse and mental health programs, education and vocational training. As they establish employment, house members would be required to commit a portion of their income to house utility and food costs. An additional portion would be committed to ex-offender savings accounts that could later be used to apply to security deposits for longer-term housing. House rules should also require participants to abstain from alcohol or illegal drug use or face expulsion by their housemates.

**2. Establish subsidized transitional family housing for ex-offenders with custodial responsibility for children.** Transitional housing programs for ex-offenders and their families are also needed. Mothers whose children have been placed in foster care or kinder care will need a program that allows mothers and children to become reacquainted while searching for employment, education, job training, substance abuse and or mental health treatment. Parenting classes would be helpful for many ex-offenders. Daycare and after-school care offered by a transitional program is essential to helping parents get off to a good start as they reintegrate into the community. Access to subsidized daycare is almost as limited as access to subsidized housing. It is crucial that as a parent begins to reenter his or her community that he or she has a safe, caring, and affordable place for his or her children so that he or she may concentrate on finding permanent housing as well as improving himself or herself.

**3. Make the process to add a name to public and low-income housing leases more accessible to returning ex-offenders.** The DC Housing Authority policy does not intend “to exclude persons, even those convicted of felonies, from public housing” but attempts to balance this against the needs of the other residents. DCHA has the discretion to reject applicants who have conviction or arrest histories involving the destruction of property, violence, or drug manufacture or sale. Individuals with conviction or arrest histories and

current substance abuse patterns can be excluded as well. Entire families can be evicted if a member of the household is involved in the manufacture or sale of illegal drugs. While applicants can file a grievance to appeal rejections, many returning ex-offenders have limited knowledge about how to navigate this process.

**4. Create more subsidized housing throughout the city.** Waiting lists for public housing or Section 8 housing are long and frustrating. With the housing market improving, the *Washington Post* has reported more and more landlords are looking to end rent control over their apartment units – especially in neighborhoods that are being “gentrified.” Legislation to increase the amount of subsidized housing is crucial to all low-income residents in the District of Columbia and needs to be developed. Contracts to build new housing units in the District of Columbia should also include a number of units for low-income families and individuals.

**5. Create housing opportunities through single room occupancy facilities.** For single ex-offenders, this type of housing offers affordable arrangements for low-income workers, students, or vocational training participants. During the hiring boom by the federal government during and after World War II, this type of housing flourished. Single Room Occupancy buildings were also well kept and safe, not flop houses. In this type of housing a person pays a lower rent for a room or two rooms for personal use and shares a kitchen or sometimes a bathroom with others. The demand for such housing exists. It needs to be filled.

**6. Encourage disabled ex-offenders and those completing treatment to pursue programs that can help to defray housing expenses.** Take advantage of Home First II for ex-offenders with disabilities. Pursue Shelter Plus Funds to defray housing expenses not typically covered by insurance for persons receiving or completing mental health, substance abuse, or other forms of residential treatment.

#### **III-D. *Education and Employment***

**1. Enlist the Greater Washington Board of Trade, the DC Chamber of Commerce, or other business groups to encourage employers to create career opportunities for reentrants.** The city should advocate among employers and the community at-large to create career opportunities for reentrants.

**2. Expand the capacity of the existing educational and employment support network for ex-offenders, regardless of whether they are under supervision.**

**3. Establish affordable and subsidized daycare to facilitate successful employment.**

#### **III-E. *Substance Abuse***

**1. Establish a Reentry and Sanctions Center operated by CSOSA to screen and assess newly released offenders with extensive criminal and substance abuse histories in preparation for intensive outpatient treatment or residential treatment.** The Reentry and Sanctions Center will be a residential substance abuse treatment preparation and sanctions facility. Eligible ex-offenders, those just released or those with multiple community supervision violations, displaying long-term substance abuse and criminal histories will remain in the Reentry and Sanctions Center for up to thirty days.

During that time, ex-offenders will undergo assessments that target substance abuse severity, intellectual aptitude, vocational aptitude, academic achievement levels, criminality, and personality factors. Upon completion of the assessment period, psychologists, substance abuse treatment specialists, and CSO's will recommend appropriate intervention strategies immediately upon release to the community.

**2. Expand the capacity of a comprehensive treatment continuum for District ex-offenders.** Approximately 70 percent of CSOSA's population has a history of substance abuse. Based on assessment results, ex-offenders are placed in a continuum of substance abuse treatment, which may include detoxification, residential, outpatient, and or aftercare treatment. While CSOSA has received significant increases in funding to arrange substance abuse treatment for offenders, a significant need for resources remains. During fiscal year 2002, CSOSA was able to meet only 57 percent of the substance abuse need of the supervised population.

**3. Incorporate the need for residential substance abuse programs into the search for residential program facilities in the District.** Community resistance to the location and placement of healthcare facilities is the one the main causes for the undesirable location of many treatment facilities. Ex-offenders placed in these facilities are often faced with the constant temptation to relapse and cannot peacefully leave the facility without concern. In order to ensure quality treatment and recovery, substance abuse treatment facilities must be given the opportunity to exist in communities that provide a completely different setting.

**4. Expand the capacity of culturally sensitive treatment modalities across the treatment continuum.** Although the population of ex-offenders in the District is largely African-American, a steady increase in the number of Spanish speaking ex-offenders creates a need for substance abuse treatment in a culturally appropriate environment.

### **III-F. Mental Health**

**1. Place individuals with chronic and persistent mental illness into mental health services immediately upon release.** Whether they are released to community supervision or not, an appointment must be made in the first days after release. Stopping mental health treatment puts the reentrant and the public at risk.

**2. Ensure that men and women suffering from psychosocial and environmental problems have access to an appropriate level of mental health care upon release.** To achieve continuity of services after release, create collaborations between mental health programs, community corrections agencies, and prisons and jails.

**3. Create a continuum of care and service delivery system that treats the *whole* person through coordinated, integrated, person-centered, and recovery-based services.**

**4. Develop greater capacity to treat dual diagnosis clients.** The co-occurring disorder could be a combination of mental illness and substance abuse or mental illness and mental disability.

**5. Provide mental health counseling and support groups for families of returning men and women.**

**6. Provide treatment options for geriatric mentally ill returning men and women.**

**7. Provide culturally appropriate treatment options for African-Americans and Latinos.** Stigma associated with mental health services as well as language barriers can discourage necessary care.

**III-G. Family and Community Support**

**1. Maintain support groups for family members of recently released individuals.**

Members of these support groups can also lend advice and support to family members of persons still incarcerated.

**2. Create a network of successful ex-offenders to educate communities and support current ex-offenders in earlier stages of the reentry process.** Community members need to feel safe. The notion of ex-offenders returning often heightens fear of violent and other types of crime. Community members rightfully expect returning offenders to take responsibility to change as a way to repair the harm caused by crime. The voices of successful reentrants who have developed the skill sets for independent living could help ease fears and create deeper understanding about how public safety can improve by establishing communities that support reentry.

**3. Maintain participation in the larger community.** Ex-offenders and family members can strengthen their immediate neighborhoods by participating in organizations of all kinds – faith institutions, neighborhood associations, parent-teacher associations, and so on.

**Community Education**

In addition to the three phases of reentry that apply directly to the ex-offender, a coordinated community education campaign is necessary to increase public awareness about the correlation of sound reentry services and public safety. The District government and its federal partners must clearly define its reentry plan for District residents to both prevent ex-offenders from re-offending and to involve the community in the process.

- **Clearly define for citizens the District-Federal partnership for corrections and community corrections.** The District government must be able to explain to the community how the Revitalization Act of 1997 split the criminal justice system between the federal government and the District government. Communities need to understand why sentenced felons are in distant federal prisons and why a federal agency, CSOSA, supervises men and women on probation, parole, and supervised release. Citizens need to know that the U.S. Parole Commission makes decisions on who is returned to the Federal Bureau of Prisons and why they are not returned to the DC Department of Corrections. Finally, communities need to know what role the DC Department of Corrections plays in reentry and how to meet the needs of men and women returning from its custody.

- ❑ **Community involvement is needed for successful reentry.** Avenues for community involvement exist through CSOSA’s Community Justice Advisory Networks (CJAN’s) and the DC Prisoners’ Legal Services Project’s Study Circles. Each forum provides the opportunity for community stakeholders to develop public safety goals and strategies that center on offender reintegration issues. These forums also focus on the creation of partnerships to help ensure that the interests of the community, service recipients, and the programs converge to enhance the ability of ex-offenders to reintegrate into the community.
- ❑ **Create a speaker’s bureau to conduct educational outreach.** The bureau should include successful ex-offenders, family members of ex-offenders, and other professionals/community members who have worked with ex-offenders or reentry issues. These teams will be trained on the issues confronting the community, stereotypes and stigma that create barriers to reentry, the communities to which ex-offenders return, myths about programs for ex-offenders, and other relevant issues. These teams can also educate communities on the fact that ex-offenders are part of a family as well.
- ❑ **Create Reentry Program Partnerships to usher in new community-based services.** As a program prepares to find a location and begin services, the partnerships address community concerns and develop safety protocols that meet the community needs.
- ❑ **Educate the legal community.** Lawyers representing criminal defendants will need training on issues that occur during the adjudication process that can affect their clients during incarceration and reentry. For example, ex-offenders can move to suspend child support payments during incarceration. Too often, they fail to do so, leaving the ex-offender with overwhelming arrears that are garnished from any wages he or she may report. Failure to pay can also result in a warrant for a person’s arrest while the arrearages continue to accumulate. Also, attorneys can ensure that the Presentence Investigation Report has a good psychosocial evaluation that can be used for the delivery of mental health services in prison or jail and upon reentry. Lawyers representing incarcerated men and women in family court need education as well.
- ❑ **Consider restorative justice and other community corrections alternatives.** A reentry strategy should explore community corrections alternatives to incarceration. Now that men and women are sent to distant federal prisons, these prisons should be treated as scarce resources for limited numbers of ex-offenders. Explore restorative justice alternatives that keep men and women home, address individual needs that contribute to criminality, and make victims whole. Many of the same needs occur at the “front end” of the criminal justice system as occur during reentry. If an ex-offender can be provided quality community corrections alternatives that treat the reasons for criminal activity – e.g., attitude, peer association, unemployment, and substance abuse problems – then this person will

remain free from the criminal justice system and maintain his or her role as a productive member of society.

### **Quality Assurance**

Maintain an effective quality assurance system to guarantee that program providers offer effective services that meet or exceed professional standards. Substance abuse treatment and other support service providers need to ensure that they are in compliance with any and all appropriate professional and regulatory standards relevant to their discipline. The District should ensure that regular quality assurance visits are conducted at all treatment facilities. The results of the quality assurance visits should be used to assist these agencies in improving the level of care and service that they provide.

The Program Review Division, created by the Bureau of Prisons in 1988, provides oversight of BOP program performance and compliance. This is accomplished through monitoring specific program areas, conducting risk assessments for the purpose of creating review guidelines, and analyzing program performance trends and other data to achieve continuous program improvement.

CSOSA's Office of Community Justice Programs maintains a Quality Assurance program to ensure that the treatment and support services utilized by the agency meet established performance standards that are based on best practices. Routine service provider site reviews are designed to assess on-going service delivery and ensure the timely correction of any identified problems.

### **Policy and Legislative Issues for Consideration**

1. Explore the development of rules that allow for the return of ex-offenders with criminal histories to public housing on a probationary basis.
2. Arrearages of child support incurred while incarcerated need to be reversed. Arrearages incurred prior to incarceration need to be considered as well. The District should contemplate a program where arrearages can be erased if a person is working for two years.
3. Kinship care payments and foster care payments need to continue to be provided if the parent, as part of the reunification procedure, must reside with the foster care provider prior to taking full custody of his or her child or children.
4. Ease zoning board limitations on siting new community corrections programs.
5. Extend the sentence reduction benefits for US Code offenders contained in 18 USC 3621(e) to DC Code offenders. According to federal law, the BOP can reduce the incarceration time of US Code offenders who successfully complete the Residential Drug Abuse Treatment Program (RDAP) by up to one year by moving the inmate to a CCC to receive transitional substance abuse services. All BOP contracts for CCC

programs require the site to provide transitional drug education services. This stipulation does not currently apply to DC Code Offenders. Federal law [18 USC 3621(e)] allows federal judges to recommend participation in this program as a component of sentencing. While DC Superior Court justices can currently recommend placement in the RDAP, the sentence reduction benefits available to US Code offenders do not apply.

6. Encourage BOP and DCDC to lift restrictions on toll free numbers to providers.
7. Consider expansion of tax credits for businesses that hire ex-offenders.
8. Create tax credits that encourage the creation of low-cost housing with supportive services for ex-offenders or their families.
9. Develop strategies to address victims' needs. Often victims and offenders are not mutually exclusive. For some victims, a need may involve notification of the offenders' release. For others, needs may be very complex, involving substance abuse, mental health, employment, family, and other matters. Support networks also need to address the individualized needs victims may have.
10. Create a Victims Services Advisory Board to develop a process that allows victims' input on the reentry process. Victims need to be included in partnerships that provide a range of opportunities to offenders returning to the community. Their input is important for developing reentry strategies that establish meaningful offender restitution while creating opportunities for offenders to take responsibility for the harm their behavior caused, to receive effective supervision, and to participate in support services that increase the probability of successful reentry. Restorative justice may provide an avenue to achieve these goals. Restorative initiatives sometimes include a victim or a surrogate victim in a conference with offenders and case management professionals to establish requirements that offenders must meet in order to repair the personal, family, and/or community harm that crimes have caused.

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<sup>1</sup> **Inmate:** An individual incarcerated by the Federal Bureau of Prisons or the DC Department of corrections in a prison, jail, correctional treatment facility, or community correctional center.

**Ex-Offender:** A person released from jail or prison who may or may not be under community supervision.

<sup>2</sup> The Federal Bureau of Prisons weighs a number of factors in determine inmate eligibility for CCC placement and the length of CCC transition from prison to the community. For example, inmates in the following categories shall not ordinarily participate in CCC Programs. Inmates who:

- a. Are assigned a “Sex Offender” Public Safety Factor.
- b. Are assigned a “Deportable Alien” Public Safety Factor.
- c. Require inpatient medical, psychological, or psychiatric treatment.
- d. Refuse to participate in the Inmate Financial Responsibility Program.
- e. Refuse to participate, withdraw, are expelled, or otherwise fail to meet attendance and examination requirements in a required Drug Abuse Education Course.
- f. Inmates with unresolved pending charges, or detainers, which will likely lead to arrest, conviction, or confinement.
- g. Are serving sentences of six months or less.
- h. Refuse to participate in the Institution Release Preparation Program.
- i. Pose a significant threat to the community. These are inmates whose current offense or behavioral history suggests a substantial or continuing threat to the community. Ordinarily, inmates with a single incident of violence should not automatically be excluded from CCC placement.

<sup>3</sup> (Source: District of Columbia Register, Chapter 61) Federal regulations allow DCHA the authority to deny housing to applicants (whether applicant or the applicant’s family member) with criminal backgrounds, though DCHA policy states, “It is not the Housing Authority’s intent to exclude persons, even those convicted of felonies, from public housing.” DCHA policy seeks to prevent any persons admitted from interfering with other residents’ peaceful enjoyment of the premises or adversely affecting other residents’ health, safety, or welfare.

Despite the intent, DCHA reserves the right to deny admission to public or assisted housing to any applicant or the adult family member of any applicant who has been convicted of a felony or misdemeanor. The conviction may involve destruction of property, violence against another person, the distribution or manufacture of illegal drugs or controlled substances. The Housing Authority may also deny admission if the applicant or family member has been involved in documented criminal activity for which he or she has not been convicted.

Admission may be granted when criminal records emerge if the applicant or appropriate family member adequately demonstrates his or her rehabilitation through completion of training programs, admission of culpability, substance abuse treatment, and if necessary, completion of other therapy programs.

Many offenders are not fully aware of the applicant review and grievance process (District of Columbia Register, Chapter 63), or even that they have the right to file a grievance, if DCHA’s Applicant Review Committee (ARC) rejects a housing application. The length of time for the initial application process is unclear. The ARC process must be completed within 60 days, and the Housing Authority then has another 10 days to notify the applicant of the ARC decision. The applicant then must file a grievance within 15 days of the notice of rejection. But by this policy, a person could still be without an approved application 85 days or longer since he or she applied.

Federal law prohibits persons evicted from public housing for drug-related criminal activity from reapplying for a lease for three years. This period can be shortened for individuals who demonstrate that they are receiving treatment or seeking treatment.

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Convicted sex offenders are ineligible for all public, Section 8, and other federally supported housing programs.