



POLICY STATEMENT

Re-Entry and Sanctions Center
Number: 1030
Effective Date: 9/2/2020
Recertification Date: 5/28/2024
Next Review Due Date: 5/28/2026

X

Richard Tischner
Director

Table of Contents

Overview	2
Policy	4
Definitions	7
Roles and Responsibilities.....	9

Overview

Background

The Court Services and Offender Supervision Agency's (CSOSA or the Agency) mission is to effectively supervise adults under our jurisdiction to enhance public safety, reduce recidivism, support the fair administration of justice, and promote accountability, inclusion, and success through the implementation of evidence-based practices in close collaboration with our criminal justice partners and the community. In support of its mission, CSOSA opened the Re-Entry and Sanctions Center (RSC) in February 2006.

The RSC is a residential facility that adheres to the Risk-Need-Responsivity (RNR) model of offender rehabilitation. Specifically, the RSC provides re-entry services to:

- High-risk supervisees who are non-compliant or at risk of violating their release conditions; and
- Inmates from the Bureau of Prisons (BOP) or the District of Columbia (DC) Jail, who are released to the RSC under CSOSA supervision.

The supervisees present with:

- Extensive histories of substance use disorders;
- Co-occurring mental health disorders; and/or
- Substantial safety risk to the community.

The RSC provides supervisees with structured, holistic, and multidisciplinary interventions designed to address one or more criminogenic risks and needs that pose challenges to the supervisees' successful re-entry into the community and compliance with release conditions.

This policy statement establishes the RSC's role in the Agency's comprehensive strategy to uphold public safety by providing risk-based supervision and assessment-driven interventions.

Summary of Changes

- Assigns a new policy number.
- Outlines the principles guiding RSC programming.
- Defines terms.
- Outlines the roles and responsibilities of Agency staff under this policy.

Continued on next page

Overview, Continued

Coverage This Policy Statement applies to all CSOSA employees, contractors, and interns responsible for performing assessments, treatment readiness, and intervention services to supervisees housed at the RSC.

Authorities

- Section 11232 (b)(1), § 11232(b)(2), § 11233(b)(2)(B) of the National Capital Revitalization and Self-Government Improvement Act of 1997 (“Revitalization Act”), Pub. Law 105-33, 111 Stat. 712, D.C. Code § 24-1232(b)(1), § 24-1232(b)(2), § 24-1233(b)(2)(B) (1996 Repl., 1999 Supp.)
- D.C. Code § 24-103 (1996 Repl.); D.C. Code § 24- 201.2(a)(3) and D.C.M.R. §§ 213.4-2.13.6 (1987)
- DC Official Code § 24-133(b); 111 Stat. 748, Pub. Law 105-33, § 11233
- DC Official Code § 24-133(c) (2001 Edition)
- 28 CFR §§ 2.85 and 810
- [36 C.F.R. Part 1194-Information and Communication Technology Standards and Guidelines](#)
- [M-24-08 Strengthening Digital Accessibility and the Management of Section 508 of the Rehabilitation Act](#)

Supersedes This Policy Statement supersedes Policy Statement 3001, *Re-Entry and Sanctions Center*, dated August 3, 2007.

References OG-RSC-1030.1

Administrator The Office of the Director is responsible for the contents of this Policy Statement.

Policy

Programming

The RSC programming is:

- Data-driven and subscribes to the philosophy that criminality, substance use, and co-occurring disorders can be effectively identified, stabilized, treated, and successfully managed with evidence-based practices; and
 - Accessible to individuals with disabilities. RSC coordinates with the Agency's 508 program manager to ensure all interventions (presentations, instructional materials, and forms) conform to the applicable requirements of the current Information Communication Technology (ICT) Standards and Guidelines (36 CFR 1194).
-

Evaluations

The RSC uses validated tools to complete comprehensive evaluations to assess a broad range of dynamic factors including, but not limited to:

- Treatment readiness;
- Cognitive-emotional states;
- Temperamental and personality factors;
- Substance misuse;
- Mental and physical health conditions; and
- Criminogenic risks and needs.

The findings inform the development of a supervisee's:

- Individualized case plan that prioritizes needs and matches the individual to the level of care needed to target criminogenic factors, address barriers to re-entry, and reduce the likelihood of recidivism; and
 - Discharge/transition plan mapping out a long-term continuum of care designed to support positive behavioral changes throughout the supervision period.
-

Continued on next page

Policy, Continued

Interventions

The RSC interventions are evidence-based and delivered by a multidisciplinary team of highly qualified professionals dedicated to meeting the needs of the supervisee. The interventions include, but are not limited to:

- Trauma-informed care;
- Individual cognitive behavioral therapy;
- Relapse prevention;
- Recovery support;
- Violence reduction;
- Aggression replacement;
- Motivational enhancement;
- Anti-criminal modeling;
- Cognitive Restructuring;
- Employment readiness and vocational programming; and
- Recreational and leisure activities.

Continued on next page

Policy, Continued

Principles

- The RSC meets the re-entry needs of supervisees assessed to be at high risk of reoffending by providing evidence-based interventions that prepare them to:
 - Refrain from engaging in criminal activities;
 - Support recovery and prevent relapse;
 - Succeed in a treatment modality (e.g., intensive outpatient, residential, etc.);
 - Adhere to supervision requirements;
 - Succeed in vocational/educational undertakings;
 - Improve familial relationships; and
 - Initiate productive community reintegration.
 - The RSC strengthens and promotes accountability by:
 - Providing residential sanctions to high-risk supervisees who are non-compliant or at risk of violating their release conditions and pose a risk to public safety; and
 - Recommending effective community intervention strategies and prompt, meaningful sanctions that improve the likelihood of successful supervision outcomes.
 - The RSC integrates supervisees into the community by collaborating with the Office of Community Supervision Services (OCSIS), Pretrial Services Agency (PSA), and external stakeholders to create a seamless transition to community-based treatment providers and resources for vocational, educational, and employment opportunities.
-

Definitions

Assessments Tools used to determine risk, need, and responsivity factors. Assessments identify and match supervisees to appropriate interventions based on their risk level, strengths, and needs.

Criminogenic Needs Criminogenic risk factors that are dynamic, e.g., antisocial cognitions, substance use, etc. When addressed, they can affect a person's likelihood to engage in future criminal activity. Because criminogenic needs are treatable, they can guide an intervention strategy.

Criminogenic Risk Characteristics of individuals associated with a greater likelihood to re-offend in the future. They include static and dynamic factors.

Criminogenic risks are categorized as follows:

- History of Antisocial Behavior;
 - Antisocial Personality Pattern;
 - Antisocial Cognition;
 - Antisocial Associates;
 - Poor family and/or poor marital relationships;
 - Low educational achievement/unemployment or under-employment;
 - Poor use of leisure/recreational time; and
 - Substance use.
-

Evidence-Based Practices (EBP) The conscientious use of the best research currently available to provide the basis for informed decisions about the supervision of individuals, as well as the design and delivery of policies and practices to achieve maximum, measurable reductions in recidivism.

Continued on next page

Definitions, Continued

Interventions	<p>Services designed to aid the supervisee and foster:</p> <ul style="list-style-type: none">• Compliance with supervision conditions;• Lawful self-management; and• Improvements in conduct and circumstances. <p>Examples of behavioral interventions include, but are not limited to:</p> <ul style="list-style-type: none">• Cognitive-behavioral intervention;• Vocational training;• Substance use disorder treatment; and• Linkages to community resources. <hr/>
Need Principle	<p>The principle of assessing the criminogenic needs and targeting factors through interventions.</p> <hr/>
Responsivity Principle	<p>The principle of maximizing the supervisee’s ability to learn from a rehabilitative intervention, (e.g., cognitive-behavioral treatment), by tailoring the intervention to the learning style, motivation, abilities, and strengths of the supervisee.</p> <hr/>
Risk Principle	<p>The principle of matching the level of supervision and interventions to the supervisee’s risk to re-offend.</p> <hr/>
Supervision	<p>Staying informed about a supervisee’s conduct and condition by collecting information. Responding to infractions and progress with defined supervision objectives, and reporting to the releasing authorities on the supervisee’s compliance/non-compliance with supervision conditions. Examples of supervision include, but are not limited to:</p> <ul style="list-style-type: none">• Visits to the supervisee’s home, places of employment, or elsewhere in the community;• Meetings in supervision offices;• Criminal history record checks;• On-going risk assessment and case planning;• Urinalysis; and• Employment verification, etc. <hr/>

Roles and Responsibilities

RSC Staff (employees, contractors, and interns)

- Administers comprehensive assessments to:
 - Identify supervisees’ criminogenic risks and needs, as well as barriers to re-entry; and
 - Match supervisees to empirically validated interventions, services, and programs based on their risk and need factors.
 - Develops case plans based on assessments of the supervisees’ risks and needs, as well as responsivity and protective factors.
 - Tailors and delivers interventions to the learning style, motivation, abilities, and strengths of the supervisees to maximize rehabilitation gain.
 - Provides reintegration programming to support supervisees’ successful re-entry to their communities.
 - Promotes physical and mental stability by:
 - Conducting comprehensive medical assessments at intake;
 - Providing crisis intervention and management services; and
 - Providing ongoing access to medical, dental, and mental health services on-site and/or via community-based providers.
 - Serves as a higher-level multidimensional response to supervisees who are non-compliant or at risk of violating their release conditions.
 - Ensures a seamless system of services and referrals by:
 - Maintaining effective communication with OCSIS, PSA, contractors, stakeholders, and treatment vendors;
 - Facilitating Interdisciplinary Team Meetings (IDTs) to collaborate with internal and external stakeholders regarding supervisees’ progress and/or obstacles to programming;
 - Coordinating discharge/transition planning with internal and external stakeholders;
 - Incorporating referrals and linkages to community resources for behavioral health, vocational, educational, and employment opportunities; and
 - Matching the intervention continuum to the supervisees’ assessed risk to re-offend.
-