

**Report of the Committee on Community Investments & Alternatives to the Criminal
Justice System
to the District Task Force on Jails & Justice**

August 14, 2019

I. Overview

This Committee knows that incarceration is not a solution to issues of community health, safety, and violence. The Committee’s goal was to identify investments that will strengthen our communities, reducing and eventually eliminating District residents’ contact with the criminal justice system. Investments in the healing and wellness of all of our neighbors, an effective, preventative and restorative justice system, and supporting people returning to our community after incarceration through a successful reentry are vital factors for creating a D.C. in which fewer people are behind bars and more people are living full, healthy, self-determined lives. Community voice is the foundation for this vision, which is also supported by extensive research.

We address our recommendations in three categories: Prevention, Response, and Reentry. We reviewed these categories through the lenses of age, time, and type of service and identified both the resources that are currently available in D.C. and those evidence-based practices that we are not yet implementing. The Committee used and benefited from the prior work of others, including research done in support of the Neighborhood Engagement Achieves Results (NEAR) Act, the Youth Rehabilitation Act (YRA), and the Safer Stronger D.C. Advisory Committee, and hopes to reinforce and build upon those recommendations. The Committee narrowed its findings down to the most urgent, effective, and achievable priorities for each category. At this juncture, when the District has the opportunity to shift its approach and priorities for justice, D.C. must commit to investing in community prevention, response, and reentry at the same rate at which it invests in criminal justice system involvement at all levels.

II. Guiding Principles

These central themes emerged frequently in our conversations and guided the crafting of our recommendations.

A. Acknowledge and Address Systemic Racism and Discriminatory Policies

In the District, and nationally, people of color are prevented from accessing quality housing options, treatment centers, employment, education, and much more due to systemic racism and discriminatory policies. Ninety-six percent of individuals in the D.C. Jail are Black—a direct result of a racist system that criminalizes Black and brown bodies. Communities of color continue to face the seemingly insurmountable obstacles that racism presents.

This Committee seeks to promote racial equity across all facets of society by recognizing these existing biases, addressing their detrimental impact, and striving to eliminate them. The Committee’s recommendations are specifically designed to reverse the effects of discriminatory policies and target those most affected.

B. All of Our Strategies and Responses Take a Trauma-Informed and Healing-Centered Approach

We know that providing trauma-informed care positively impacts health. The Substance Abuse and Mental Health Services Agency (SAMHSA) defines trauma-informed care as a program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. Communities of color are disproportionately affected by trauma and trauma is a leading predictor of justice-system involvement. However, providing trauma-informed care is not enough. We must move toward a healing-centered approach that views trauma as more than an individual isolated experience, highlighting the ways in which trauma and healing are experienced collectively. A healing-centered approach involves culture, spirituality, civic action and collective healing.

C. Investments Should be Community-Driven

“The people closest to the problem are closest to the solution, but often furthest from the power and the resources.”¹ The people living in D.C.’s most underinvested neighborhoods should be the leaders and drivers of community investment initiatives. When communities have the primary voice in decisions that affect them, needs are met and services are delivered with more trust and efficiency. In regard to justice-involvement, this specifically requires listening to the needs and solutions offered by young, poor, Black people from Wards 5, 7, and 8. This is not a feat that can be accomplished in ad hoc listening sessions. We must devote resources to building participatory decision-making and budgeting processes and structures so that community leaders have power in long-term decision-making.

This Committee is composed of community leaders and people who lead client-centered service organizations. The Committee is basing its recommendations on the expertise and experience of its members and advisors, as well as the direct feedback from participants in the Task Force’s focus groups, community visioning workshops, and citywide survey. D.C. residents of all backgrounds have spoken clearly that they do not believe investing in incarceration alone is the solution to community safety. People are calling for equitable investments in community-based services to help us and our neighbors live safely in healthy environments. D.C. residents do not believe a person should have to be arrested in order to access needed resources.

D. Invest in High Quality, Accessible Services

Community-based resources are most effective when they are high-quality and easily accessible to those who need them most. Even in D.C., the non-profit capital of the country, community resources are often insufficiently funded, of varying quality, or underutilized. Organizations directly serving people with the highest needs are often operating with the most strained resources and, in D.C., this means that Black people in Wards 5, 7, and 8 are systematically underserved. Residents are frequently unaware of the services available to them and/or not equipped to navigate the network of resources. We must focus on growing capacity and infrastructure for community-

¹ Michael Woody, Mentor on the Young Men Emerging Unit in CTF

based services, minimizing any barriers to access, and connecting people seeking services to people who can help them navigate the complex systems that exist.

This committee defines high quality programming as programming that is 1) targeted to populations based upon need, 2) culturally competent and appropriate, 3) guided by evidence-based practices, 4) low-barrier to access, 5) accountable to the community for its outcomes, 6) led by underserved communities of color, and 7) committed to an inclusive, client-centered decision-making process. To hold community-based providers to these standards, we must invest in building their capacity to meet these goals.

E. Invest in a Continuum of Care

We organize District and community services into clusters, but our lives are not lived in siloes. This Committee is organizing its recommendations into three categories - prevention, response, and reentry - but recognizes these are not distinct intercepts. There is overlap and circulation between these categories on peoples' paths toward and away from justice-system involvement.

Services and support systems can feel disjointed or repetitive when not well coordinated, and gaps in care persist. It is rarely possible for one organization to address the full spectrum of a person's needs, and in those cases, it is crucial that providers use "warm handoffs" to ensure a person is actually served based on their need instead of simply "referred" to the next provider. Communication and collaboration allow accountability across the continuum of care between service providers, clients, funders, and the public. Data sharing agreements and client information sharing, with the full informed consent of the client, are crucial to ease of movement through the continuum of care and accountability for all parties involved. We consider all services—in neighborhoods, schools, hospitals, workplaces, and correctional settings—to be within the framework of care, and should ensure that people feel valued, dignified, and humanized rather than monitored, tracked, and assessed.

III. Prevention

A. Safe and Affordable Housing

Overview

Affordable housing is an essential ingredient to basic stability and overall success for any person. Access to affordable housing can decrease frequent moves, overcrowding, evictions, and homelessness while also improving access to employment, school performance, mental health, and food security. At least one study has found that children who spent longer amounts of time in subsidized housing over a ten-year period were less likely to be incarcerated. Researchers have also pointed to “a liability for persons who are homeless to incur more arrests and subsequent incarceration for misdemeanors and a range of minor crimes. This is attributed to the public nature of a homeless existence and to attempts at controlling a population that is perceived as unruly, threatening, and offensive.” Affordable housing must be prioritized within prevention efforts in order to help individuals thrive and decrease their chances of criminal justice involvement.

In the District of Columbia, creating affordable housing options is still a significant challenge. As of January 23, 2019, there were 6,521 individuals experiencing homelessness in the District, including 608 persons who were unsheltered, 4,679 in emergency shelters, and 1,234 in transitional housing programs.² For those who do manage to keep a roof over their heads, staying that way can be a constant struggle. Approximately 26,000 households, considered “extremely cost-burdened,” are both extremely low-income and spending *more than half* their income on rent. Forty-two percent of extremely low-income renters pay a shocking *80 percent or more of their income for rent*. This leaves entire families vulnerable to homelessness and intensified stress.

It is crucial to recognize the racial imbalance present in our city in relation to affordable housing and income. Ninety-one percent of severely cost burdened, extremely low-income residents are African American, and 10 percent are Latinx, of any race, which is a result of a history of discriminatory policies that have prevented people of color from accessing quality education, high-paying jobs, and other opportunities. We must be intentional and aware of this reality when striving to amend this stark inequality.

Nowhere in the District is housing affordable to people with disabilities who are living on Interim Disability Assistance (IDA) or Supplemental Security Income (SSI). IDA is slated to increase to \$406/month beginning October 1, 2019³ and SSI is currently \$771/month.⁴ The median cost of a studio apartment in D.C. is \$1,275,⁵ and only 3% of studio apartments rent for \$701-1,000/month.⁶ This is significant because of the overrepresentation of people with psychiatric disabilities in the jail. Although D.C. currently offers a supplemental payment for SSI, it is only available to individuals living in adult foster homes. Other states offer supplements to assist individuals with disabilities to afford housing and other necessities.

² <https://christhouse.org/2019-data-on-dc-homeless-population-released/>

³ <https://www.dcfpi.org/all/whats-in-the-approved-fiscal-year-2019-budget-for-interim-disability-assistance/>

⁴ <https://www.ssa.gov/oact/cola/SSI.html>

⁵ <https://smartasset.com/mortgage/the-true-cost-of-living-in-washington-dc>

⁶ <https://www.rentcafe.com/average-rent-market-trends/us/dc/washington/>

Recognizing Efforts in D.C.

In the District of Columbia, several housing programs exist that attempt to address the deficit in affordable housing.

- The District's August 2016 **Consolidated Plan for Housing and Community Development** outlines the funding priorities for affordable housing in the District, set up for review by the U.S. Department of Housing and Urban Development (HUD). Some of the programs listed include the Community Development Block Grant Program (CDBG), the HOME Investments Partnerships program, and the Emergency Solutions Grant (ESG) program, among others.
- **The Housing Production Trust Fund (HPTF)** provides loans and grants to developers to build/renovate affordable housing and helps meet the specific needs of returning citizens, those experiencing homelessness, people with disabilities, and seniors. In FY 2020, the HPTF has been afforded \$116 million. At least 40 percent of this funding must serve households with extremely low incomes.
- **The Local Rent Supplement Program** matches the federal housing choice voucher program and allows residents to rent in the private market. Through the LRSP, residents are required to put 30 percent of their income toward rent while the program pays the rest. This program helps those who can afford only modest rents and adjusts to fluctuations in income.
- **The Community Land Trust model** is also used in D.C. Under this model, a private entity or the government purchases land for the purpose of using it for affordable housing indefinitely. Eliminating land costs can reduce cost and ensure price stability over time. Rent and for-sale prices in these locations must be affordable for low-income households or individuals.
- **The Housing First model** is focused on reaching those who face chronic homelessness, requiring no preconditions before an individual moves in. This model combines housing options with other forms of supportive treatment, such as mental and physical health programs, substance abuse treatment, education, and employment. However, the housing and the services should be "unbundled," so that a person does not lose their housing due to a disagreement with a particular provider.
- **Multiple independent non-profits** also continue to work towards increasing affordable housing options using similar models.

Recommendations

While a strong framework of tools is available in D.C. to address the deficit in affordable housing, the primary issue at hand is adequate funding. Therefore, as a committee, we recommend:

- That D.C. acquire substantially increased funding for:

- 1) permanent supportive housing in order to end chronic homelessness, to sufficiently increase both the quantity and value of vouchers,
- 2) the Housing Production Trust Fund,
- 3) the Local Rent Supplement Program, to sufficiently increase both the quantity and value of vouchers,
- 4) repairs and renovations to existing public housing, and
- 5) supplements for individuals with disabilities.

- **Affordable housing programs focus on reaching the city’s severely low-income residents.** Affordable housing in D.C. continues to be largely inaccessible to severely low-income residents—those who have the most serious housing challenges. Affordable housing programs are targeted at different income levels, from as low as 30 percent of Area Median Income (about \$36000 for a family of 4 in D.C.) to as much as 50 percent or 80 percent of AMI. Too often, programs like HPTF do not reach the lowest income levels, in part because including lower income levels increases the per-unit cost. This means that housing is not reaching the people who need it the most; the vast majority of families with severe housing problems are under 30 percent of AMI. While 40 percent of HPTF funds must serve D.C.’s extremely low-income residents, **D.C. should consider raising this percentage in order to more adequately reach this population.**
- **Invest in and strengthen programs that empower communities of color to own/manage/develop their own housing.** We recommend that the District invest in and strengthen existing programs/initiatives such as the Tenant Opportunity to Purchase Act (TOPA), which allows tenants to purchase their buildings and serves as the primary means of creating housing cooperatives, the Housing Protection Trust Fund (HPTF), and the First Right to Purchase Program, which is run by the Department of Housing and Community Development. These programs prevent housing displacement in the midst of gentrification, maintain affordable housing prices long-term, and provide tenants with supportive first-time homeownership opportunities.
- **That new affordable housing construction be concentrated in low-poverty communities.** When affordable housing is constructed in already-poor communities, households are vulnerable to poor public transit, under-funded schools, crime, and limited access to jobs. Increasing construction in low-poverty Wards can increase the chances of success for D.C.’s most struggling residents.

B. Education

Overview

Education, especially in early childhood, is another cornerstone of success and prevention. Studies show that the first 1000 days of a child's life have an incredible impact on their development into adulthood, including educational attainment, employment and other indicators. Investments in young children can have substantial long-term positive impacts and have a large return on investment.

Educational inequality, like housing and income inequality, is closely tied with race. In the District, people of color are once again systematically disadvantaged. Twenty-nine percent of Hispanic individuals aged 25 years or older, of any race, 19 percent of Black adults, and only 2.5 percent of White adults have less than a high school education.

The two-way causal connection between educational attainment and income is well-established. A June 2018 report found that low socioeconomic status can deprive young children of enrichment experiences and expose them to frequent stressful situations, thereby stunting brain and nervous system development and causing scholastic-achievement inequality.

A lower level of educational achievement in youth is also tied to lower earnings in adulthood. According to the Bureau of Labor Statistics, in 2018, individuals in the United States who have less than a high school diploma earned less than half of what individuals with bachelor's degrees earned, and less than a third of what individuals with professional or graduate degrees earned. An individual's income determines his or her housing options, food security, and of course, educational opportunities; clearly, a vicious cycle of deprivation plagues our city and our country. We must fight to ensure that income will no longer be a significant indicator of educational achievement. We must invest in low-income communities in order to close this gap.

Most importantly for this Committee's purposes, the crucial connection between education and criminal justice involvement cannot be overlooked; education is a significant factor in determining the risk of youth delinquency and recidivism. Poor school performance is an indicator of criminal justice involvement; those who drop out of high school are three to four times more likely than high school graduates to be incarcerated. Moreover, youth who perform poorly in schools are more likely to develop behavioral issues. These individuals face exclusionary academic and behavioral policies which alienate them more from school, increase the likelihood of dropout, and increase their likelihood of criminal justice involvement. Compounding the issue, youth who are justice-system involved are often excluded from quality educational services while serving time, which further interrupts their educational trajectories and inhibits adult success.

When schools fail to be safe, supportive, and inclusive, the overall educational attainment of its students decreases. A child's academic "failure" can frequently be attributed to inadequate and even harmful school policies such as zero-tolerance policies, lack of adult-student interaction, overreliance on suspensions, punitive dress codes, and poor physical school conditions that exacerbate justice-involvement risk factors. Moreover, low attachment to teachers and general disengagement in a school can negatively impact academic performance. Conversely, schools have the opportunity to mitigate risk factors if they provide support and resources to juveniles. Since

communities of color are systematically denied the resources needed to create caring, supportive, successful school environments, students of color are pushed towards low academic achievement, truancy, and dropout. Therefore, investing in schools is a promising solution to the so-called “school-to-prison pipeline.” The quality of education that a child receives is at the crux of their future criminal justice involvement.

Recidivism among returning citizens is also affected by education. The higher level of education a returning citizen obtains or has achieved, the less likely they are to [recidivate](#). The benefits of education for returning citizens will be discussed further in the Reentry section.

Recognizing Efforts in D.C.

The District has made improvements in education over the past few years; however, much work remains.

- **Free, full-day kindergarten (Pre-K for All)** is offered for all 3 and 4-year-olds in all [Wards](#). While access is not guaranteed, the number of spots has increased each year. In the [2016-2017 school year](#), for example, the public program served 13,077 children, an increase of 175 children compared to the previous year. Seventy-eight percent of D.C.’s 3 and 4-year-olds enrolled in [public pre-kindergarten](#) in the 2016-2017 year, the highest percentage of any state in the nation.
- In the past four years, OSSE launched **Capital Quality**, a redesigned quality rating and improvement system for child development centers and homes.
- Recently, Mayor Browser launched a **DCPS Student Guide to Graduation, College, and Career**. The guide will be sent via email to all 9th-11th grade students with guidelines for reaching graduation and succeeding beyond high school.
- Other programs that strive to increase access to education include **free summer meals** for students and **Kids Ride Free SmarTrip** cards.
- DC Public Schools (DCPS) has also outlined an ambitious [strategic plan](#) for 2017-2022. The plan’s mission and commitments, which are devoted to educating the whole student, supporting students of color, and prioritizing budgeting and resources for D.C.’s most disadvantaged students, are encouraging.
- The University of the District of Columbia (UDC) includes the District’s community college, located in Ward 6. UDC Community College offers Associate Degrees, Certificate Programs, Workforce Development courses, and online Continuing Education options, all of which can help underserved D.C. residents further their careers in an affordable way.

Recommendations

While the District has set laudable goals, the current FY 2020 education budget is simply insufficient and does not address or amend the persistent inequalities. Students of color are still

disadvantaged, with the majority of schools in Wards 7 and 8 facing budget cuts that would decrease their resources even further.

- **Investments, not budget cuts, must be made in order to improve the quality of education, social-emotional learning, and to dismantle the school-to-prison pipeline, with a focus on schools in Wards 5, 7, and 8.**
- **The District should adequately fund the “at-risk” school funding formula, ensure that the funds are actually used as a supplement for at-risk students, and give local schools more control over how at-risk funds are used.** Although DC’s school funding formula is designed to send more funds to high-poverty schools, DCPS routinely diverts half or more of these “at-risk” funds to other purposes. More resources must be allocated to schools in high-poverty communities in order to address enduring inequities.
- **The District should focus on recruiting and retaining culturally competent teachers.**
- **The District should fully fund and implement the Birth-to-Three for All Act.** An initial \$1.3 million was committed in the FY 2019 budget, and \$16 million was funded for FY 2020, but this is not enough to adequately support the program. A child’s family is a significant factor in successful early development. The Birth-to-Three Act will ensure all vulnerable families have access to home visiting, high quality early education, and will a comprehensive set of physical and behavioral health supports.

C. Wellness

Overview

Mental wellness—as a practice and as a norm—is indispensable because it allows individuals to take care of themselves, often amidst immense amounts of trauma and stress. Exercise and diet, or physical wellness, also have a significant impact on mental wellness and must also be addressed. It is essential that mental and physical wellness combined with a culture of healing and resiliency be promoted in *all* communities, regardless of income or racial makeup. Most importantly, mental wellness should involve developing tools and practices for everyday life—not simply distributing diagnoses.

In many communities of color, promoting mental wellness is the first step to addressing ongoing trauma and violence. According to the Adverse Childhood Experiences (ACES) study, 50.6 percent of children in D.C. have experienced more than one “adverse childhood event,” which includes, but are not limited to, experiences such as living with someone who is mentally ill or suicidal, witnessing domestic violence in the home, or being a victim of and/or witnessing neighborhood violence. Trauma is far more common for children of color; one third of all Black children in D.C. have had two or more traumatic experiences, which is six times the rate for White children. Over 800 youth of color attempted suicide within the 12-month period of 2017, and nearly half of those attempts ended in injury/poisoning/overdose that required medical attention. Currently, school policing is valued more heavily than mental health, especially in at-risk communities. In Ward 8, there is an officer for every 91 students and a social worker for every

146 students. In Wards 1-4, Black students make up less than half of the population and 83% of the school-based arrests. Low-income communities are also disproportionately exposed to violent crime, and as already outlined above, 91 percent of severely cost burdened, extremely low-income residents in D.C. are African American, and 10 percent are Latinx, of any race. Racial inequality and corresponding income inequality are still at the heart of this issue.

The intersections among trauma, mental illness, substance abuse, and criminal justice involvement have been well-established.

Research shows that generally, child abuse and early or adolescent exposure to domestic violence or community violence can lead to subsequent negative behaviors, such as violent and aggressive behavior, crime, and substance abuse. Early trauma (physical or sexual abuse, neglect, and/or witnessing interpersonal violence, among other experiences) is particularly common among incarcerated men; 1 in 6 report being physically or sexually abused before the age of 18. Early exposure can also—unsurprisingly—result in severe mental illness. Mental disorders associated with childhood trauma include depression, anxiety disorders, post-traumatic stress disorder, dissociative disorders, and psychosis. This means that individuals of color, who are disproportionately exposed to trauma, are also disproportionately at risk for having behavioral health disorders and engaging in negative behaviors that can lead to criminal justice involvement.

Unfortunately, there is gross overrepresentation of individuals with behavioral health disorders in the criminal justice system. Forty-four percent of people incarcerated in jail and 37 percent of people incarcerated in prison were told by a mental health professional that they had a mental health disorder, and more than two thirds of jail people detained in jail and fifty percent of people held in prison have a substance use disorder. This exposes a major diversion issue that will be discussed in more detail in the responses section.

Focusing on providing children—as well as adults who have experienced recurring trauma throughout their lives—with the skills and habits they need to maintain mental wellness despite their experiences is crucial if we want to prevent individuals from ever coming into contact with the criminal justice system in the first place.

Recognizing Efforts in D.C.

A variety of mental wellness programming currently exists in D.C.

- The **School Mental Health Team**, supported by District of Columbia Public Schools, employs approximately 225 school social workers and 110 school psychologists in local schools. These staff members are responsible for increasing access to mental health services for all students, increasing the number of students screened for trauma exposure, and increasing offerings of trauma-informed treatment at all levels of assessment, among other objectives.
- The Department of Behavioral Health (DBH) runs a **School Mental Health Program (SMHP)** designed to offer prevention, intervention, and clinical services to youth and their families in D.C. public and public charter schools. Working within existing mental health

frameworks in schools, the SMHP provides behavioral health clinicians who assist with promoting safe and positive school environments. Behavioral health clinicians are also available to provide behavioral health training to staff members, and they are present after traumatic events affecting the school. In FY20, these services will be expanded to 67 additional schools.

- A free online version of the **Office of the State Superintendent of Education (OSSE) Mental Health Guidelines** are also available to assist school staff members in improving mental health and trauma-informed procedures in their schools. Additionally, teachers and principals in D.C. are required by law to complete a behavioral health training course once every two years that is approximately 2 hours long.
- In May 2018, D.C. Council passed the **Student Fair Access to School Act**, which is designed to reduce school suspensions and expulsions in favor of increased trauma, behavioral health, and restorative justice programming in schools. This is a significant step in the right direction.
- Outside of schools, the **Department of Youth Rehabilitation Services (DYRS)** assists in supporting justice-involved youth and provides some skill-building programs that address trauma, mental wellness, and restorative justice. These initiatives for committed youth include restorative/healing circle practices, Credible Messenger peer mentoring programs, self-reflection activities, and conflict-resolution courses. **The DC YouthLink Model** also connects committed youth to local community-based organizations (CBOs) dedicated to helping them meet their developmental goals.
- Beyond youth-based school programs, adult mental wellness programming is also present in the District. **The DBH ACCESS Helpline** allows District Residents to speak with a behavioral health professional who will guide them through the process of choosing from a variety of Community-Based Organizations (CBOs) located in neighborhoods throughout the District. Services from Core Service Agencies include diagnostic/assessment services, counseling, medication, intensive day treatment, crisis/emergency services, peer supports, and supportive employment and housing services.
- In addition to Core Service Agencies, a number of **community-based mental health providers** are funded by the District. For instance, the Office of Victim Services and Justice Grants (OVSJG) provides grant funding to approximately a dozen CBOs that provide trauma-informed mental health services to victims of crime, justice-involved individuals, and youth at risk for truancy or juvenile delinquency.
- The District also supports the six Collaboratives that serve all eight Wards and provide child and family services.
- For adults over the age of 60, the Department of Aging and Community Living provides **Senior Wellness Centers** that engage senior residents in classes and activities focused on

nutrition, wellness, exercise, disease prevention, and the creative arts. Other programs available at senior centers include intergenerational activities and support groups.

Recommendations

Although D.C. has taken some positive advances toward implementation, a strong, enduring emphasis must *continue* to be placed on wellness programming District-wide.

- **We recommend that D.C. schools continue to implement more robust resources targeted at the students themselves and their mental development, such as mental health workshops and classroom activities.** While it is clear that behavioral health clinicians employed through SMHP perform individual assessments and are available after traumatic events, we would once again like to highlight the importance of skill-building for students rather than constant diagnoses. Students should feel as though their mental health is supported at all times, not only when their behavior falters or when a traumatic event occurs. **In other words, mental wellness supports should be preventive and not reactive.** Mental and behavioral health services in schools should incorporate both staff and a community services support team (including school psychologists, social workers, and CBOs) in order to promote a trauma-informed continuum of care for school-aged children particularly vulnerable to violence. With more mental development activities and support, students can feel empowered to understand their own mental health and use the tools at their disposal.
- **Adequate staffing levels for behavioral health clinicians is crucial.** The Department of Behavioral Health website lists the directory shows just one behavioral health clinician at most schools, and some schools' positions are vacant. **We recommend that D.C. increase staffing levels of trauma-informed professionals at all public schools, focusing particularly on schools in low-income neighborhoods.** Although we recommend training for teachers, more than one mental health professional must be present in order to support staff members. In the FY 2020 budget, \$9 million has been allocated to add mental health staff to roughly 90 schools. This positive development should be implemented across all D.C. schools. In addition, new funds must be allocated to implement the Student Fair Access to School Act that was passed by D.C. Council in 2018.
- **Training for teachers and principals must be more intensive and frequent.** A two-hour course once every two years is not sufficient training for individuals who are often at the frontlines of child and adolescent mental health crises. We recommend that trauma-informed training for D.C. teachers take place every six months rather than every two years and that this course extend beyond online training. Biannual trainings focused on social-emotional learning and racial equity should also be included in staff curricula.
- **Adult mental wellness programming must also be a priority.** Making these services available in the communities where the target population resides and marketing towards the target audience is critical to success. Activities that promote physical wellness and mental wellness for all ages, such as exercise classes, yoga classes, meditation classes, and support groups should be affordable and locally available to underserved communities.

Local spaces similar to Senior Wellness Centers should be created where these activities can take place in order to increase accessibility and community building. This will allow all community members, regardless of age, to incorporate mental wellness into their everyday lives alongside their peers.

- **All District residents should have local access to quality, affordable healthy food options.** Physical wellness and nutrition are essential to overall well-being. Investments should be made to ensure that “food deserts”—geographic areas in which healthy food options are not present—are populated with local grocery stores.

D. Income & Poverty

Overview

Ultimately, having a livable, stable income is the underlying factor that dictates overall success for an individual. Income often determines housing stability, educational achievement, and mental well-being. Income is vital.

Beyond that, poverty in childhood and young adulthood is a significant indicator of future criminal justice involvement. A 2018 Brookings Institute Report found that men who grew up in families in the bottom 10 percent of income distribution (less than approximately \$14,000) were *20 times more likely* to be in prison on any given day in their thirties than men who grew up in families earning in the top ten percent (\$140,000 and above). A 2015 Prison Policy Initiative report found that incarcerated individuals age 27-42 had a median income of \$19,185 *prior* to incarceration, which is *41 percent less* than non-incarcerated people of a similar age. Income must be at the core of any prevention strategy.

Once again, it is necessary to recognize the stark racial disparity that exists within the framework of income inequality. In 2017, the District had a higher level of income inequality than any other state.⁷ Currently, in 2019, the median income for Black D.C. residents is \$42,478 while the median income for White D.C. residents is \$132,640—more than *three times* the figure for Black residents. As stated previously, 91 percent of severely cost burdened, extremely low-income D.C. residents are African American, and 10 percent are Latinx, of any race. In 2017, only 3 percent of White D.C. residents lived below the federal poverty line, in comparison to 23 percent of Black District residents and 11 % of Hispanic residents. Historic exclusion from educational and employment opportunities has widened this gap over time.

Recognizing Efforts in D.C.

Efforts to reduce poverty in D.C. are present, but they are not sufficient.

- The **Department of Employment Services (DOES)**, provides a variety of programming designed to help District residents gain employment, such as the DC Career Connections program for young adults, the Back to Work at 50+ Program, Project Empowerment, and

⁷ <https://www.dcfpi.org/all/income-inequality-dc-highest-country/>

the Workforce on Wheels (WOW) program, a mobile team focused on bringing employment to underserved communities where resources are often sparse.

- In 2016, Mayor Browser signed into law the **Fair Shot Minimum Wage Act of 2016**, which will put the District on par with the nation's highest minimum wage by 2020. Under this Act, minimum wage will climb annually to \$15.00/hour.
- Low- to moderate-income families are currently eligible for **Earned Income Tax Credit** in D.C., which reduces taxes and even offers cash back to these families. However, this must be expanded.
- The **D.C. Council** approved several other bills last year that will benefit workers and their families. These bills included barring employers from inquiring about salary or credit history, guaranteeing a minimum of 30-hour week schedules for building service workers, and requiring more predictable work schedules for hourly employees.

Recommendations

Substantial progress must be made if we hope to lift D.C. residents out of poverty.

- In order to increase the incomes of low-income residents, we recommend that the District
 - 1) expand the Earned Income Tax Credit,
 - 2) expand access to affordable housing (see affordable housing section),
 - 3) enforce the Fair Shot Minimum Wage Act of 2016, and
 - 4) increase public assistance benefits, such as DC TANF benefits and SSI benefits.

The D.C. welfare system is very weak compared to many states, with DC TANF benefits totaling under \$700 a month for a family of three and SSI benefits amounting to \$771 dollars a month. For many individuals with disabilities, SSI is their only source of income. With median studio apartment prices in D.C. climbing to \$1275, it is simply impossible for individuals with disabilities to maintain housing stability.

- **The District should make Interim Disability Assistance (IDA) an entitlement again.** IDA provides limited, temporary cash benefits to residents awaiting eligibility approval for SSI benefits. Current IDA funding is approximately a third of its historic levels and leaves many residents who are unable to work scrambling for everyday necessities such as transportation, food, and housing. In order to prevent these vulnerable citizens from slipping into extreme poverty, the District should ensure that IDA is available to all who need it.
- **The District should support quality training for better paying jobs.** The District should continue to invest in and expand the DOES Infrastructure Academy program located in Ward 8, which provides job training for residents interested in joining the infrastructure industry. Similar programs should be present in other underserved communities, such as Ward 7. The District should also increase its support of the Career Connections program, as described above, in order to target young adults in early in their careers. Similarly,

Career Academies, which are small learning communities in low-income high schools, combine technical and academic/career curricula and offer workplace opportunities for students through partnerships with local employers. Participants in these programs showed an 11 percent increase in average annual earnings, sustained over the eight years after their scheduled high school graduation. Another evidence-based model that the District could follow is Per Scholas, an employment and training program for low-income workers that focuses on training in the information technology sector. During a 15-week period, participants develop occupational skills in information technology and receive career readiness, job development and placement services. Participants showed an increase in annual earnings of about 30 percent.

- **Finally, the District must support entrepreneurship initiatives and community-driven worker cooperatives—businesses owned and managed democratically by their employees—that empower low-income communities of color.** One such program that can serve as a model is Cooperation DC, which is designed to extend employment opportunities to low-income communities of color through engaging residents in worker cooperatives. The organization Democracy At Work also supports worker cooperatives in D.C. Worker cooperatives benefit communities by providing high-quality jobs, generating wealth, and eliminating barriers to entrepreneurship. These types of programs can help address economic inequality throughout the District.

IV. Responses

A. Response to Trauma

Overview

As outlined in the Mental Wellness section, trauma affects people of all ages in the District and disproportionately affects people of color. Trauma also often leads to negative behavior and increases the likelihood of criminal justice involvement. It is imperative that implementing “trauma-informed” services is merely the first step in a broader effort to create communities that encourage healing, resiliency, and restorative justice. In addition to general screenings and connections to services, we must respond quickly when acts of violence impact our residents.

Recognizing Efforts in D.C.

In addition to the response and trauma-informed efforts delineated in the Mental Wellness section, the District currently offers emergency response teams within hospitals and in reaction to violent crimes, such as homicides and suspected gang related shootings. Programs and organizations have found ways to identify potential at risk people, like students in schools or patients in hospitals, and connect them to resources. Some use cross-agency response teams while others work towards making people that have experienced trauma feel more comfortable reaching out. There are collaboratives available to assist families and individuals most at risk of being directly affected by violence.

Recommendations

- **D.C. should become a trauma-informed city.** Cities across the U.S., including Philadelphia, Portland, and Kansas City, have proclaimed this new label and seek to follow the model outlined by the Sanctuary Institute, which combines a set of theoretical underpinnings, a trauma-informed shared language/vocabulary, and a set of practical tools to create trauma-informed organizations across all sectors of society. We recommend that D.C. consider adopting the Sanctuary Model and organizing a centralized team that will devise a plan to implement the model District-wide.
- **We must collaborate to enable providers to use a culturally sensitive trauma-informed lens to engage, support, triage, and stabilize those individuals and groups who need assistance.** A service system needs to be in place using professional staff, peer supports, and partnerships to connect participants with available community services and economic support. This involves using peer support to use shared experiences to promote and encourage success. Harm reduction needs to support individuals based on their level of readiness to engage and also reduce harm using a non-judgmental approach.
- While minimal trauma certification for educators currently exists in D.C., **training needs to extend to responders beyond the educational system to include prosecutors, public defenders, judges, correctional officers, supervision officers, doctors, and community members.**

- **Accessible trauma-informed training should also be made available to peers within the community.** Many family members, friends, and neighbors who have had traumatic experiences themselves want to support one another and have the potential to be the most effective resources of all; however, they often lack the proper tools and skills that are needed to respond to trauma. Current trauma-informed trainings for community members are too long (up to nine weeks full time) and are not feasible for any individual with a typical work schedule. Therefore, these trainings should take place during evening hours and should require a lighter commitment in order to encourage all community members to participate.
- **Staff members who provide services to trauma-affected individuals often experience secondary trauma and should receive treatment and participate in resiliency training.** These frontline responders must maintain their own well-being in order to continue providing support to those they serve.

B. Responses to Community Conflict

Overview

Community and system-based alternatives to 911 are a necessity within D.C. to divert immediate criminal justice system contact and prevent future involvement. “Alternatives” in this context refers to diversions away from further involvement in the criminal justice system. These should serve as first responses to adverse events, with the criminal justice system still serving as a last resort.

As of 2017, one in every 30 adults in D.C. was actively involved with the criminal justice system on any given day.⁸ According to the Metropolitan Police Department, the average number of daily arrests for all agencies in 2017 was 130.⁹ From 2007 to 2016, approximately 1 in 7 D.C. residents have publicly available court records, while only 1 in 14 had a recorded conviction.¹⁰ This means merely being arrested impacts an individual’s record, regardless of conviction, impacting things like future housing and employment opportunities. It is even more staggering when considering that in 2016, 9 in 10 people housed in the D.C. Jail were Black.¹¹

A key to preventing criminal justice system interaction involves shifting from a culture of asking law enforcement to solve all problems, to looking to healthcare and community-based solutions. Collaboration between law enforcement officers, service providers, and community services is necessary to identify people at high risk of criminal justice involvement and hospitalization, and divert them towards appropriate services. Consulting the communities is vital because their resources provide the alternatives for law enforcement to divert individuals towards.

⁸ Criminal Justice Coordinating Council, *One-Day Estimate of Justice System-Involved Individuals within the District of Columbia* (2017).

⁹ *Id.*

¹⁰ https://www.urban.org/sites/default/files/publication/91456/2001377-criminal-background-checks-and-access-to-jobs_2.pdf

¹¹ D.C. Department of Corrections

The communities are the ones that can connect and establish a trusting relationship with individuals and help them feel more comfortable.

Recognizing Efforts in D.C.

- **Office of the Attorney General’s Restorative Justice Program.** The OAG offers juvenile prosecutors an alternative to traditional prosecution.¹² The program focuses on repairing harm to victims by bringing those affected by a crime together.¹³ Nationwide statistics show restorative justice programs have better success than traditional prosecution for rehabilitative purposes, increasing victim satisfaction, and lowering costs.¹⁴
- **Department of Youth Rehabilitation Services Restorative Justice.** The Credible Messenger Initiative implements Restorative Justice practices that help youth develop skills such as “self-reflection, being respectful of others, and reducing future conflict.”¹⁵ The practices assist in “building empathy and understanding how harm affects themselves and others.”¹⁶
- **Violence Interrupter Programs at OAG and ONSE**
- **Other Restorative Justice / System Based Services:**
 - Community Mediation DC¹⁷
 - Restorative DC¹⁸
 - Hope, Drug, and Juvenile Courts
 - ONSE Pathways Program¹⁹
 - Parent and Adolescent Support (PASS)²⁰
 - Access Youth²¹
- **Diversion Programs offered by the United States and/or the D.C. Superior Court:**
 - **Community Service Deferred Prosecution Agreement.**²² Eligible defendants must perform 32 hours of community service and comply with other conditions (*i.e.*, curfew, restitution, stay away).
 - **Community Service Deferred Sentencing Agreement.**²³ Upon pleading guilty to all charges, an eligible defendant must perform 48 hours of community service and comply with other conditions (*i.e.*, curfew, restitution, stay away) during a 6-month period.

¹² <https://oag.dc.gov/public-safety/restorative-justice-program>

¹³ *Id.*

¹⁴ *Id.*

¹⁵ <https://dyrs.dc.gov/page/restorative-justice>

¹⁶ *Id.*

¹⁷ <https://communitymediationdc.org/>

¹⁸ <http://www.restorativedc.org/>

¹⁹ <https://onse.dc.gov/page/onse-programs>

²⁰ <https://dhs.dc.gov/service/parent-and-adolescent-support-pass>

²¹ <http://accessyouthinc.org/>

²² As reported by the USAO.

²³ *Id.*

Upon successful completion of the DSA, the defendant is allowed to withdraw their guilty plea.

- **Restorative Justice Deferred Sentencing Agreement.**²⁴ The USAO offers Restorative Justice DSA's, in conjunction with the OAG, to eligible defendants between the ages of 18-24 as a discussion-based vehicle for the resolution of certain offenses.
- **Redirect Employment-Track or Education-Track Deferred Sentencing Agreements.**²⁵ The USAO offers Redirect Employment-Track DSA's, in conjunction with the D.C. government's Project Empowerment and Career Connecting Programs, to eligible defendants as a vehicle through which they are able to withdraw a guilty upon successful completion. The USAO also offers Redirect Education-Track DSA's, in conjunction with the D.C. government's Re-Engagement Center.
- **Superior Court Drug Intervention Program (Drug Court).**²⁶ The Superior Court Drug Intervention Program ("Drug Court") is a special court designed to handle cases involving substance dependant or addicted defendants with non-violent misdemeanor and felony charges.²⁷ The Drug Court is managed by the Pretrial Services Agency.²⁸ The program offers participants a comprehensive approach to address their addiction or dependency.²⁹ Drug Court includes supervision, drug testing, treatment services, and immediate sanctions and incentives.³⁰
- **Mental Health Community Court (MHCC).** Participation in MHCC is voluntary.³¹ Participants must be both legally and clinically eligible for MHCC.³² Upon successful completion of the agreement, the participant will graduate from MHCC and the prosecution will request that their criminal charges be dismissed or reduced.³³

Recommendations

- **An emphasis needs to be placed on reflection and diversion models, investing in areas to connect alternatives to problems such as over reliance on police.** These models can help provide services that allow supportive services to combat things such as over policing or criminalization of underrepresented populations. Communities should be consulted and provided the opportunity to provide input on creating effective methods of decreasing criminal justice involvement.

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

²⁷ <https://www.dccourts.gov/services/criminal-matters/community-court-and-problem-solving-courts>

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

³¹ <https://www.dccourts.gov/services/criminal-matters/community-court-and-problem-solving-courts>

³² *Id.*

³³ *Id.*

- **Increase accessibility to resources and make them available District-wide.** Community led trainings should be provided for skills around mediation, conflict resolution, de-escalation techniques, and health coping mechanisms.
- **Increase the use of collaboratives and community-based responses.** A lot of the collaboratives in the District revolve around a family’s willingness to voluntarily engage in services. They must consent to the services, but the community leverage as trusted individuals, allows them to enter households at moments of crisis as an alternative to criminal justice system intervention. More low-barrier, community-based responses need to be made available as alternatives to calling police, arrests, prosecution, or foster care.
- **Expand alternative-to-incarceration services to include focus on violent felonies.** A best practice model to follow would be Common Justice in New York City.³⁴ The program’s guiding principles are based on restorative justice principles and revolve around responses to violence that are survivor-centered, accountability-based, safety-driven, and racially equitable.³⁵ They operate as the first-alternative-to-incarceration and victim-service program in the United States that focuses on violent felonies in the adult courts.³⁶

C. Responses to Behavioral Health Crises

Overview

People with mental illnesses, substance abuse disorders, and co-occurring disorders are greatly overrepresented in the criminal justice system compared to the general population.³⁷ Their contact with law enforcement is driven by their symptoms, and the consequences of their disorders lead to a cycle in and out of mental health, substance use, and criminal justice systems.³⁸ This cycling between systems is not conducive to recovery. Alternatives to calling 911 for behavioral health crises decrease preventable arrests and response times while increasing referrals to behavioral health services.³⁹

As with community conflict, collaboration between law enforcement, behavioral health providers, and community providers is crucial to prevent involvement in the criminal justice system. Cross-system collaboration and co-responses assist in diversion outreach. Sharing data allows more intensive case management while also identifying high-risk populations. This shared information allows providers and the community to intervene when people come into contact with the criminal justice system and offer alternatives. Alert systems provide an opportunity to reduce both cycling between systems and recidivism.

³⁴ <https://www.commonjustice.org/>

³⁵ *Id.*

³⁶ *Id.*

³⁷ <https://aspe.hhs.gov/basic-report/approaches-early-jail-diversion-collaborations-and-innovations>

³⁸ *Id.*

³⁹ https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/CIO_FY11-FY16_Trend%20Report_12-19-16Final.pdf

Federal law prohibits mental health providers from billing Medicaid for services while individuals are incarcerated, making local dollars the only way for providers to be compensated for release planning. DBH's data shows the negative impact of this policy on jail in reach by CSAs. In FY15, CSAs were engaging clients at the jail 100 days prior to release, on average.⁴⁰ In FY16, as DBH failed to pay local dollar claims in a timely manner, the average time fell to 63 days; in FY17, when the policy was implemented halfway through the fiscal year, the average was 60 days.⁴¹ In the first FY in which the policy has been in place as of October 1, the average time is 32 days so far.⁴² The most DBH providers have billed for local dollar services for clients in DOC custody was just under \$90,000 in FY19.⁴³ While the service restrictions will not save DBH hardly any money, they have significant negative impact on people with psychiatric disabilities who need assistance preparing for reentry.

Among young people in particular, outward displays of distress, sadness, and trauma are often either dismissed or criminalized. In DCPS, there are twice as many security officers and school resource (MPD) officers than social workers.⁴⁴ In Ward 8, there are 51 resource officers and only 17 social workers.⁴⁵ Over 800 youth of color attempted suicide in 2017, with nearly half of the attempts requiring medical attention.⁴⁶ Of all students with displays of distress, sadness, and trauma, youth of color were least likely to get the help they needed.⁴⁷

Recognizing Efforts in D.C.

- **PAD Program.** The District of Columbia Pre-Arrest Diversion Pilot Program provides adults facing mental illness and/or substance use disorders an alternative to being arrested.⁴⁸ This is done by giving opportunities to receive supportive services when these adults come into contact with MPD and the criminal justice system because of minor criminal offenses.⁴⁹
- **Crisis Intervention Officer (CIO).** This program is a collaborative effort between MPD and DBH.⁵⁰ As opposed to the national programs, Crisis Intervention Teams (CIT), DC's CIOs are officers, rather than teams, focused on decreasing response time and providing specialized training to more officers.⁵¹ The two primary goals are safety for the public and law enforcement and the diversion of nonviolent mentally ill individuals away from the criminal justice system to more appropriate behavioral health services.⁵²

⁴⁰ 6 See Department of Behavioral Health, FY 17-18 Performance Oversight Questions, Response Q.53.

⁴¹ *Id.*

⁴² *Id.*

⁴³ See Department of Behavioral Health, FY 17-18 Performance Oversight Questions, Response Q.48.

⁴⁴ <https://docs.google.com/document/d/1haNSyoUivSWUP4dHhRCXTdF8OmWWccq3L0wSymMIgNU/edit>

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ <https://dhs.dc.gov/page/dc-pre-arrest-diversion-pilot-program>

⁴⁹ *Id.*

⁵⁰ https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/CIO_FY11-FY16_Trend%20Report_12-19-16Final.pdf

⁵¹ *Id.*

⁵² *Id.*

- **DBH Community Response Team (CRT).** As of July 2019, this service is a 24/7 multisite, multidisciplinary direct service team that expands our community-based direct service efforts – including homeless outreach, mobile crisis, and diversion. The CRT supports adults who are experiencing emotional, psychiatric or substance use vulnerabilities to promote service engagement and overall behavioral health and wellness. The supports are provided through assessment, referral, short-term care management, and follow-up for individuals across the District. The CRT also provides community education, individual and neighborhood outreach, Substance Use Disorder specific outreach and behavioral health consultation, co-response and intervention support to our partner agencies and community partners.

Recommendations

- **Adults and educators interacting with youth need to be trained on social and emotional learning, trauma-informed care, de-escalation techniques, and restorative approaches.** There needs to be investment in the mental, social, and emotional health of youth, especially those of color that are impacted by violence, abuse, or other forms of trauma. The number of mental health professionals in schools and within the community clearly need to be increased.
- **Community Interventions Teams need to be scaled to fit the D.C. landscape.** There are teams in D.C., but they are underfunded and if scaled, can be the primary source to addressing or preventing conflict through community led mediations and interventions. These teams also need to cut down officer interaction time before individuals are in custody. In many cases, law enforcement presence invokes these individuals.
- **The DBH CRT should be expanded do multiple sites that are well staffed.** The DBH CRT services should be expanded, utilizing professional staff, peer supports, and partnerships to connect participants with available community services and economic support. The staff should be trained professionals able to support individuals experiencing a wide array of emotional and psychiatric crises. The added sites should also be operational 24/7 where individuals can come or law enforcement may bring individuals. The supportive partnerships should be continued and invested in between co-response teams, community teaming, joint outreach, knowledge building, and law enforcement diversion support.
- **There needs to be an increase of investments towards professionals who uniquely handle various types of conflicts that are not the police.** These could be mental health professionals or domestic violence counselors for example. Investments could be made to create more organizations such as Collective Action for Safe Spaces that promote collective responsibility for community safety.⁵³
- **DBH should lift the limits on community-based mental health providers to providing 8 hours of reentry planning services during a 60-day time period while a consumer is incarcerated.**⁵⁴ Community based organizations must fill the service gaps to ensure that the

⁵³ <https://www.collectiveactiondc.org/wp-content/uploads/2018/08/CASS-Policy-Platform.pdf>

⁵⁴See DBH, *Medical Necessity Criteria for Treatment Planning Services Provided to the Department of Behavioral Health Consumers In Institutional Settings*, Bulletin ID No. 111 (effective February 22, 2017). In order to provide

most vulnerable individuals are not released from jail or prison without necessary supports such as housing, health insurance, income, medications, and wraparound health services. Due to the time it takes to visit someone at the jail or reach someone in BOP custody, CSAs should receive an additional supplement to adequately compensate them for their time conducting release planning.

- **It should be mandatory for CSAs to provide reentry services to consumers they have served within the past year, either in DOC or BOP, and to provide training about how to work with people while they are in BOP.** It would be extremely helpful for D.C. to set up a videoconference area where CSAs and CBOs can have confidential video interviews with D.C. residents about their reentry needs while they are in BOP.

further pre-release services, agencies must seek prior authorization, which is cumbersome and has its own administrative costs.

V. *Reentry*

A. *Housing*

Overview

Just as affordable housing is a necessity for preventing involvement with the criminal justice system, it is vital to ensuring successful, long-term reintegration. Housing also serves as a foundation for returning citizens and is necessary for both mental and physical health, obtaining employment, and substance-use disorder recovery. Approximately half of D.C.'s 2,000 annual returning citizens spend time in a halfway house, allowing time to find housing.⁵⁵ The other half are sent directly home and 50 percent (500 people annually) of those are immediately homeless upon release.⁵⁶

Washington D.C. is the fifth most expensive housing market in the country.⁵⁷ This makes obtaining affordable housing extremely difficult, especially for returning citizens since the D.C. Housing Authority regulations make obtaining subsidized housing more difficult for them. Homelessness and incarceration are linked due to the “criminalization of homelessness.” One in five people returning to D.C. on parole or supervised release are homeless within three months and 85 percent of those are living in homeless shelters.⁵⁸ Those that are homeless are often arrested for things such as sleeping or sitting in public places.

Not only is there a link between criminal justice system involvement and homelessness, but former institutionalization was the most common characteristic among homeless people without children in the D.C. region in both 2017 and 2018.⁵⁹ Formerly incarcerated people are almost ten times more likely to become homeless than the general population.⁶⁰ After being incarcerated more than once, people are thirteen times more likely to become homeless.⁶¹ Returning citizens are obviously a special population that needs extra assistance and support.

According to the D.C. Department of Corrections, as of April 2019, of the people in their custody, 89 percent of the men and 86 percent of the women are African American.⁶² This combined with the homelessness and criminal justice system involvement connection above puts African Americans at a disproportionate advantage in our city. These connections not only illustrate the vicious cycle of homelessness and incarceration within the city, but also shows the racial equity discrepancy.

⁵⁵ Beyond Second Chances Report

⁵⁶ *Id.*

⁵⁷ <https://www.businessinsider.com/most-expensive-cities-in-america-2016-3#-7>

⁵⁸ Beyond Second Chances Report

⁵⁹ Metropolitan Washington Council of Government Point in Time Survey 2018

⁶⁰ <https://www.prisonpolicy.org/reports/housing.html>

⁶¹ *Id.*

⁶² https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DC_Department_of_Corrections_Facts_and_Figures_April_2019.pdf

Recognizing Efforts in D.C.

There are efforts within D.C. to help returning citizens with housing such as providing resources or information, short-term housing, and halfway houses.

- **SOAR.** SOAR is an initiative to increase SSI/SSDI for eligible adults experiencing or are at risk of homeless and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. On average, staff that receive SOAR training achieve a 71 percent first-time application approval, compared to a 29 percent rate for persons applying without assistance.⁶³
- **Transitional Reentry Housing.** Several organizations provide a limited number of beds in transitional group housing for returning citizens during their first year home from prison or jail.
- **Housing First.** The Housing First model provides immediate access to permanent supportive housing, providing intensive supportive services that help residents maintain stability.⁶⁴ They target chronically homeless individuals, offering a low barrier to housing by not requiring residents undergo psychiatric treatment or maintain sobriety prior to obtaining housing.⁶⁵

Recommendations

- **There must be an intentional inventory of housing for the returning citizens population before any investments can occur.** Currently, there is not a target appropriation for construction or rental for people returning from prison and jail. . We must understand how much of each type of housing D.C. has, what the barriers to housing and eligibility requirements are, and where the gaps in need exist, before making investments in the best housing options. In addition to emergency and transitional beds, we must take stock of D.C.'s supply of safe, affordable, permanent housing options available to people with criminal records.
- **Transitional housing is needed in the form of more suitable short-term housing options.** More beds should be available for returning citizens in short-term or transitional housing arrangements, giving a stable place from which to find employment and connect to other services following their release.
- **Models similar to Housing First should be implemented to prevent returning citizens from becoming homeless immediately upon release.** Steps need to be taken and investments should be prioritized to make significant differences in a person's ability to adjust after release. This requires consulting with communities to assess needs and build capacity to meet them. The D.C. government should utilize their input to increase affordable housing options and make returning citizens a priority population.

⁶³ <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400120>

⁶⁴ *Id.*

⁶⁵ *Id.*

- **Collaboration is needed between government and community-based organizations to track the living situations of returning citizens.** A tracking system can help create efficiency by knowing where resources and spaces are available.
- **Collaboration between housing, education, employment, and behavioral health needs to be expanded to provide stability for returning citizens.** A best practice model that could be helpful is Delancey Street.⁶⁶ It is a self-help organization for former substance abusers, former incarcerated people, homeless, and others.⁶⁷ Residents are offered both academic and vocational training while also having the opportunity to learn important social and interpersonal skills to live successfully in mainstream society.⁶⁸

B. Employment

Overview

Employment opportunities for returning citizens are a necessity and income is undeniably vital to survival. Returning citizens that gain employment are more than one third less likely to recidivate than their unemployed counterparts. Yet, in 2015, 71 percent of D.C. returning citizens considered to be employable, reported being unemployed.⁶⁹ As of March 2018, 43 percent of the 9,924 D.C. returning citizens supervised by the Court Services and Offender Supervision Agency were unemployed.⁷⁰

Unemployed people are more likely to be in unstable housing situations and people with stable housing are more likely to be employed. Returning citizens in D.C. with stable housing were employed at a rate of 45 percent, and contrarily, those without it were employed at a rate of merely 18 percent.⁷¹ Frequent moving or an unexpected need for a new home can disrupt the ability to find and keep employment by damaging work performance. This becomes even more concerning when it is projected that by 2020, 76 percent of all jobs in D.C. will require postsecondary education.

This leaves a projection of only 24 percent of jobs in D.C. requiring a high school diploma or less. As of April 2019, only 3.6 percent of men and 9.6 percent of women within D.C. Department of Corrections custody reported having a college-level education.⁷² 28.2 percent of men and 26.3 percent of women reported having neither a GED nor a High School Diploma.⁷³ This, combined with employer resistance to hiring persons with criminal records⁷⁴ and a lack of work experience, clearly shows the need to create more employment opportunities for returning citizens and to provide opportunities during incarceration to become more employable.

⁶⁶ <http://delanceystreetfoundation.org/wwwa.php>

⁶⁷ *Id.*

⁶⁸ *Id.*

⁶⁹ Beyond Second Chances

⁷⁰ <https://www.dcpolicycenter.org/publications/barriers-to-employment-for-returning-citizens-in-d-c/>

⁷¹ <https://www.dcpolicycenter.org/publications/barriers-to-employment-for-returning-citizens-in-d-c/>

⁷² https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DC_Department_of_Corrections_Facts_and_Figures_April_2019.pdf

⁷³ *Id.*

⁷⁴ <http://www.courtexcellence.org/uploads/File/BSC-FINAL-web.pdf>

Recognizing Efforts in D.C.

There are efforts underway in D.C. to assist incarcerated persons with identifying employment opportunities once they are returning citizens. The DOC offers pre-release programming and connects returning citizens with post-release employment services.

- **READY CENTER.** This service, among many other things, offers citizens employment and housing assistance, as well as with obtaining important identification documentation. It is a collaboration of city-wide organizations and resources that creates a one-stop shop for returning citizens.⁷⁵
- **MORCA.** This service provides a wide range of services, including Commercial Driver's License certification, CJCC Resource Locator, Education and Employment, and Computer Classes. It assists returning citizens in identifying employment opportunities, interview preparation, and resume development.⁷⁶
- **Georgetown Pivot Program.** This program was created specifically for formerly incarcerated individuals.⁷⁷ It is a one-year transition and reentry program, centered around a combination of academic work and supported employment, that provides a certificate in business and entrepreneurship.⁷⁸
- **Project Empowerment Program.** This program's work readiness program focuses on reducing economic disparity in D.C. by serving thousands of individuals with multiple barriers to employment.⁷⁹ The readiness model is designed to provide nearly 700 unemployed D.C. residents each year with opportunities in education, training, and subsidized employment places.⁸⁰
- **Young Men Emerging (YME) Unit** in DOC's CTF. This program is an innovative approach to meeting the needs of emerging adults (25 years old and younger) in DOC's custody. The unit utilizes specially trained staff and mentors (people serving long sentences who live on the unit and play an integral role in running the program in partnership with DOC staff) to operate a treatment and therapeutic oriented program. The YME has a number of components that assist with the process of preparing for and returning to the community, including life-skills and other education opportunities, and connections/introductions to community resources while still incarcerated that can then be accessed in the community.
- **Office of Victim Services and Justice Grants (OVSJG) Incarceration Reduction Amendment Act (IRAA) Support Funding.** OVSJG is making a grant to provide reentry supports to those returning after long sentences, released under IRAA. The grant will be

⁷⁵ <https://thedcline.org/2019/02/12/mayor-bowser-launches-the-ready-center-connecting-returning-citizens-to-housing-employment-and-other-critical-programs/>

⁷⁶ <https://orca.dc.gov/service/education-training-assistance-and-employment>

⁷⁷ <https://pivot.georgetown.edu/>

⁷⁸ <https://pivot.georgetown.edu/>

⁷⁹ <https://does.dc.gov/service/project-empowerment-program>

⁸⁰ *Id.*

awarded to a school of social work to provide social worker support in partnership with returning citizens working as peer navigators.⁸¹

Recommendations

While there are efforts in D.C. to assist returning citizens in becoming more employable, the programs are either too new to evaluate effectiveness or too understaffed and underfunded.

- **Efforts should be made to educate D.C.’s business community about the benefits of hiring people with criminal records, and supporting them to do so to fill staffing needs.** Evidence shows people with criminal records are often more loyal employees, an asset in high-turnover industries. D.C. already has several incentives in place to support hiring, like tax credits and eliminating civil liability in wrongful hiring cases based on criminal records. Businesses should be educated about existing benefits and additional holistic supports should be provided to those willing to hire people recently returned from prison and jail.
- **Intensive case management needs to support prevention strategies and integration.** Mentoring, case management, social service assistance, and vocational development must be considered in transition plans. Vocational and Educational plans should be integrated with substance abuse and addiction training to combine reentry goals and ensure successful reintegration into the community. The process, including intensive case management as opposed to just helping returning citizens identify job opportunities, should continue at least 4 years after release to ensure successful reintegration and employment.
- **Adult education opportunities need to focus on secondary education and job skills that are in high demand.** Training and skill-building need to be adaptable to changing job markets, working with local employers in the community to fill needs within the workforce. Programs also need to continue assisting returning citizens in navigating the reentry process, but with more follow through to ensure individuals are not falling through the cracks. This involves access to resources enabling them to sustain success and effective collaboration between the different programs and organizations. Vocational plans for instance, could be integrated with substance abuse and addiction training to combine reentry goals and ensure successful reintegration into the community.
- **Education programming within the jail is significant, but should be expanded.** There should be more investment and funding directed towards programs that are specifically for justice-involved individuals. This could be either young adult and adult charter schools or programs such as Georgetown’s Pivot Program.
- **Promising approaches, such as Project Return in Nashville, TN, should be explored in D.C.** Project Return starts working with people before they get out of prison and maintain relationships throughout the reintegration process.⁸² Their process begins with prison in-reach

⁸¹https://ovsjg.dc.gov/sites/default/files/dc/sites/ovsjg/page_content/attachments/NOFA%20OVJG%20FY%2019%20IRAA%20Support%20Funding%20-%20DC%20REGISTER%20FORMAT.pdf

⁸² <https://www.projectreturninc.org/what-we-do/>

and utilizes social enterprises that offer transitional employment through a starting income and housing.⁸³ The program also provides individual coaching and signature services such as individualized job searching strategies, assistance with needs such as medical care, housing, identification documentation, and direct aid for food, clothing, and transportation.⁸⁴ The skills development and education program matches growing industries in the region to take advantage of employment opportunities.⁸⁵ The national recidivism rate is 50 percent, while Project Return reports a recidivism rate consistently under 15 percent for people that go through their program.⁸⁶ The organization also reports that while up to 70 percent of people are unemployed their first year after incarceration, Project Return boasts an 84 percent employment rate.⁸⁷

C. Behavioral Health and Social/Emotional Support

Overview

Many returning D.C. residents have been housed in federal facilities across the country and consequently, have been removed from their social and community ties. This can leave returning citizens feeling disconnected from social support when they return home. Their input, along with the communities', should be utilized to create more effective ways to provide more support while away from their communities and reintegrate once they return. Returning citizens, the communities, criminal justice institutions, and service providers should work together in evaluating existing and new reentry policies and programs.

We must truly care for our returning citizens to help them reintegrate with dignity as a valued part of our community. Mentoring programs provide culturally competent support along with providing a point of contact for individuals struggling with the reintegration process. Peer support allows members of the communities to build real relationships with returning citizens, bonding over shared experiences.

Social support for returning citizens, especially by peers who have also been incarcerated, provides motivation and guidance. These people are able to relate and understand the hurdles returning citizens face. The strong connection can continue years into this process, beyond what service providers may be able to offer. This provides access to a continuum of care embedded in the community where they are invested in a returning citizen's success. This continuum is necessary because in D.C., the likelihood of recidivating declines over time.⁸⁸

Community healing spaces provided communities, including returning citizens, with model areas where they can engage in services through restorative peace. These spaces create environments where returning citizens can acknowledge responsibility for causing harm to the community while also engaging with community members. Instead of being reactive to instances,

⁸³ *Id.*

⁸⁴ *Id.*

⁸⁵ *Id.*

⁸⁶ <https://www.projectreturninc.org/by-the-numbers/>

⁸⁷ *Id.*

⁸⁸ Measuring Recidivism in DC, pg. 11

the community can see this engagement as proactive. It can lead to engagement of other services for restorative justice, such as community service as opposed to returning to jail for probation or parole violations. This allows communities to see the retribution and allows returning citizens to pay back with services instead of returning to jail or prison.

Recognizing Efforts in D.C.

The District has services in place to provide outreach in organizing community events in neighborhoods to promote resources and share helpful information.

- **Pathways Program.** The program encourages a broad-health based approach focused on reintegration services.⁸⁹ Its primary focus is to decrease criminal justice involvement and improve the outcomes of those most likely to be the victim or perpetrator of a violent crime. It helps individuals take ownership of their actions, understand the impacts caused to victims, and acknowledge the role they play in rebuilding their communities. 92 percent of the 48 young adult graduates avoided criminal involvement.⁹⁰
- **Re-entry Circles and Mediation.** A few nonprofits⁹¹ offer mediation or restorative circles for returning citizens and their support people pre- and post-release, and offer these processes by training returning citizens in conflict resolution and restorative justice skills so they can facilitate these processes for peers. Each of these programs is relatively new.
- **Community Engagement and Communications.** This program has an outreach team that organizes community events to build community within neighborhoods, promote resources, and share helpful information to make communities safer.⁹² It encourages community investment through activities such as safety walks and community building events.⁹³

Recommendations

- **There needs to be spaces created for community healing, restorative justice, and peacekeeping.** There are innovative models across the country, such as Restore Oakland, which serves as a neighborhood space where community members can resolve conflict, offer alternatives to punishment and incarceration, and provide solutions for community healing.⁹⁴ Not having spaces for community healing is restraining communities from providing solutions.
- **Coordinated efforts are needed to track recidivism, enabling inter-agency collaboration.**⁹⁵ D.C. faces distinctive challenges in tracking recidivism because of the

⁸⁹ <https://onse.dc.gov/page/onse-programs>

⁹⁰ *Id.*

⁹¹ Ex. National Re-entry Network for Returning Citizens, DC Peace Team, Community Mediation DC (<http://re-entrymediation.org/>), Reunion

⁹² <https://onse.dc.gov/page/onse-programs>

⁹³ *Id.*

⁹⁴ <http://restoreoakland.org/ourwork/>

⁹⁵ Measuring Recidivism in DC, pg. 11

District and Federal agencies.⁹⁶ A method to track the recidivism would help identify issues that require interagency efforts, which in turn would facilitate that ability to produce solutions.⁹⁷

- **There need to be substance abuse and mental health alternatives to returning to jail.** As opposed to returning to jail, community services and programs must be created to end the cycle between addiction, mental health problems, and jail or prison.
- **Peer training models need to be implemented and offered to certify peers within communities.** Peers are in the best position to form real relationships with returning citizens and gain their trust. Peers currently may not always know what to do, but know where to take individuals that need assistance. Certifications would allow them to provide aid. These peers should be supported with a stipend during their training to prevent people from being discouraged from participating due to financial reasons.

⁹⁶ *Id.*

⁹⁷ *Id.*