

Report of the Committee on Facilities & Services to the District Task Force on Jails & Justice

August 19, 2019

I. Guiding Principles

The Facilities and Services Committee recommends that every design, programmatic, housing, staffing, and funding decision made in conjunction with a new jail facility/ies should:

- Prioritize the dignity and humanity of those incarcerated, including by considering historical, cultural, and identity-based contexts, in a manner consistent with public safety;
- Utilize evidence-based practices to define public safety, and to ensure the safety and security of the community, incarcerated individuals, correctional staff, and the families of those incarcerated;
- Focus on rehabilitation, rather than “correction”, and addressing root causes of crime;
- Center harm reduction and restoration as core values;
- Be reentry- and rehabilitation-driven, with the ability to rapidly deliver resources to those incarcerated for short periods of time and – if the facility accommodates incarcerated individuals prior to their release from BOP – those incarcerated for lengthy sentences;
- Engage and integrate subject-matter and community-based expertise;
- Be contextualized within other government and non-profit systems to facilitate continuity (including the local and federal justice and social services systems, and violence prevention and intervention programming);
- Incorporate internal and public-facing data collection and analysis; and
- Emphasize culturally- and developmentally-appropriate social and emotional learning.

II. Background on the Department of Corrections’ Population

On average in 2018, there were 2,059 individuals incarcerated by the Department of Corrections (“DOC”), housed in either DOC’s Central Detention Facility (“CDF”, also known as the D.C. Jail), the Correctional Treatment Facility (“CTF”), or contract halfway houses.¹ As of January 1, 2019, there were 2,194 incarcerated individuals at DOC.² Most individuals incarcerated at the CDF are awaiting adjudication of their cases or are serving a sentence for a misdemeanor conviction, although individuals with felony convictions are also incarcerated in either the CDF or CTF prior to being transferred to the Federal Bureau of Prisons (“BOP”). In addition to female incarcerated individuals, the CTF houses minimum- to medium-custody male incarcerated individuals and incarcerated individuals requiring medical accommodation.

The most common charges against individuals booked into DOC custody include: simple assault, parole and probation violations, carrying a pistol without a license, theft, driving under the

¹ Vera Institute of Justice, Center on Sentencing and Corrections, PowerPoint Presentation (April 15, 2019), on file with the Task Force.

² Department of Corrections Responses to the D.C. Council’s Committee on the Judiciary and Public Safety’s Performance Oversight Pre-hearing Questions, at 119 (February 25, 2019), on file with the Committee on the Judiciary and Public Safety.

influence, unlawful entry, distribution of a controlled substance, unlawful possession of a firearm, and misdemeanor possession of a controlled substance.³ In 2018, 58% of incarcerated individuals were booked for non-violent offenses, and 36% of all individuals held in DOC custody without a sentence had no violent charges associated with their booking.⁴ In addition, 25% of the incarcerated population was incarcerated for parole and probation violations, and 90% of those incarcerated individuals were booked only on the violation, with no additional charges.⁵ The incarcerated population is also majority African American and overwhelmingly from three Wards: 5, 7, and 8.⁶ In 2018, 155 women were in jail on any given day.⁷ The jail population acutely experiences serious mental illness (35%), chronic health conditions (59%), and substance abuse (54%).⁸

Incarcerated individuals at the CDF and CTF have unique needs that vary by sub-population: they are serving short sentences before either release or transfer to another justice agency, often are being held pretrial, and are overwhelmingly incarcerated for violations of parole or probation. For example, it can be difficult to offer programmatic services to incarcerated individuals who will be transferred to a BOP facility or released shortly after intake. In 2018, 9,986 individuals were booked into DOC custody.⁹ The average time spent in DOC custody in Fiscal Year (“FY”) 2018 was 72 days, and 57% of men and 70% of women released spent fewer than 31 days incarcerated.¹⁰ A majority of DOC incarcerated individuals were being held pretrial, including 57% of men and 54% of women.¹¹ In 2018, men held pretrial with felony charges spent an average of 225 days incarcerated, while women of the same category spent an average of 105 days.¹² In 2016, sentenced incarcerated individuals stayed between 58 and 198 days on average.¹³ That same year, slightly less than half of incarcerated individuals left DOC facilities in transit to another jurisdiction or justice agency, such as BOP.¹⁴ For incarcerated individuals who were awaiting transfer to BOP, there was an average of 57 days between sentencing and BOP designation.

Due to recent legislation and policies that move away from a punitive incarceration-based approach to violence reduction and toward a public health approach, the incarcerated population could potentially decrease over time. For example, in 2016, the D.C. Council passed the Neighborhood Engagement Achieves Results Amendment Act, which prioritized community-

³ Vera Institute of Justice, Center on Sentencing and Corrections, PowerPoint Presentation (April 15, 2019), on file with the Task Force.

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ Vera Institute of Justice, Center on Sentencing and Corrections, *Memorandum to: District Task Force on Jails and Justices re: Mental Illness, Substance Abuse, Prevalence and LOS* (July 9, 2019).

⁹ Vera Institute of Justice, Center on Sentencing and Corrections, *Memorandum to: District Task Force on Jails and Justices re: Young Adult Bookings in DC Jail* (July 9, 2019).

¹⁰ American Civil Liberties Union, *Blueprint for Smart Justice: The District of Columbia*, 9 (2019), <https://50stateblueprint.aclu.org/assets/reports/SJ-Blueprint-DC.pdf>.

¹¹ *Id.* at 5.

¹² *Id.* at 9.

¹³ The Moss Group, Inc., *Final Report on the District of Columbia Custodial Population Study: Seeking Alignment between Evidence Based Practices and Jail Based Reentry Services*, ii (September 2017), <https://www.jrsa.org/pubs/reports/jrsa-dc-custodial-pop-study-9-2017.pdf>.

¹⁴ *Id.*

centered violence interruption practices, promoted access to housing, healthcare, and jobs as effective ways to address crime, and increased the number of good time credits per month an incarcerated individual can receive while incarcerated. Other recently implemented programs, such as the Pre-Arrest Diversion Program run by the Metropolitan Police Department and the Department of Behavioral Health, could also help decrease the incarcerated population, but these programs have not yet been measured to quantify their effects on the jail population. The District could also consider other ways to responsibly decrease the incarcerated population, including using sanctions other than jail time to address appropriate parole and probation violations and reevaluating the need to hold so many people pretrial. Additionally, the District is investing in violence interruption, restorative justice programs, and providing trauma-informed care to victims of violence, which should be studied to evaluate the impact on jail population.

Conversely, the District has also implemented another criminal justice reform that is driving up DOC's population: the Incarceration Reduction Amendment Act of 2016, or "IRAA". Under IRAA, individuals who were sentenced as juveniles for D.C. Code offenses and who have served at least 15 years can petition the Superior Court for sentence review. IRAA petitioners – incarcerated in BOP facilities across the country – can be brought back to DOC on writs while their petitions are pending. Approximately 40 men petitioning for sentence reduction are currently housed in either the CDF or CTF. The D.C. Council is now considering legislation to raise the age before which an individual would have had to have committed their offense from under 18 to under 25, which would expand the IRAA-eligible population significantly.¹⁵ IRAA petitioners come to DOC from the unique social culture of BOP facilities and have expressed difficulty integrating into the general population at the CDF.¹⁶ Any new facility/ies should consider providing separate housing for individuals in the DOC on writs from BOP facilities, and particularly for IRAA petitioners, who have been incarcerated since their teen years.

III. Background on the Federal Bureau of Prisons' Population

Ideally, no District resident would be sent out of the District to serve a felony sentence. However, the reality is that District residents incarcerated for felony offenses are currently imprisoned across the country; in 2017, District incarcerated individuals were held in more than 117 facilities across 33 states and the District of Columbia.¹⁷ That year, Rivers Correctional Institution in North Carolina, USP Hazelton in West Virginia, FCI Cumberland in Maryland, and USP Canaan in Pennsylvania were the most common facilities housing District men.¹⁸ The most District women were sent to SFF Hazelton in West Virginia.¹⁹ Other District offenders are

¹⁵ It is unclear exactly how many IRAA petitioners would annually return to DOC on writs; not all IRAA-eligible incarcerated individuals may seek to file petitions or be brought back for their hearings. Currently, approximately half of the IRAA-eligible incarcerated individuals are housed in DOC.

¹⁶ Corrections Information Council, *Thematic Report: IRAA Incarcerated Individuals in DOC Custody* (Feb. 7, 2019), <https://cic.dc.gov/sites/default/files/dc/sites/cic/publication/attachments/IRAA%20DOC%20Report%20final%20FINAL%20%282.7.2019%29.pdf>.

¹⁷ American Civil Liberties Union, *Blueprint for Smart Justice: The District of Columbia*, 9-10 (2019), <https://50stateblueprint.aclu.org/assets/reports/SJ-Blueprint-DC.pdf>.

¹⁸ *Id.* at 10.

¹⁹ *Id.*

incarcerated much farther away, including in Florida, Minnesota, and Texas.²⁰ The fact that BOP facilities are so far from the District creates significant barriers for families who want to maintain relationships with their loved ones and can also limit access by these incarcerated individuals to programming and reentry support.

The number of people imprisoned for D.C. Code offenses has dropped in recent years, with a 30% decrease between 2008 and 2017.²¹ As of 2017, 4,415 people were in prison for convictions of D.C. Code felonies.²² In 2014, the majority of admissions to federal prisons for D.C. Code felony convictions were for nonviolent offenses, including 28% for a drug crime and 13% for a property crime.²³ Interestingly, 78% of admissions to prison for a drug offense were individuals who were revoked from community supervision, rather than newly committed.²⁴ Whereas the number of incarcerated individuals has decreased, the average amount of time that District offenders spend in prison has risen; between 2007 and 2013, the average time served increased by 47% from 3.6 years to 5.3 years.²⁵

The BOP-incarcerated population differs from the DOC-incarcerated population in a few important ways. BOP incarcerated individuals are slightly older, are more in need of educational supports, and are more likely to have served time for drug and weapons offenses.²⁶ In FY15, 2,108 federal prisoners returned to the District from BOP, 92% of whom were male, and 92% of which were African American.²⁷ Only 165 of those released were women.²⁸ Those released were on average 38 years old.²⁹ Young adult offenders (ages 18-24) made up 13% of the population released.³⁰ Among the BOP population, 42% did not have a GED. Women and young adult offenders were even less likely than men to earn a GED while incarcerated in BOP.³¹ On average, this population had sentences ranging from 3.5 years to 75 years.³² The majority (57%) of District prisoners were classified as “infraction free” (defined as having no guilty findings for any infractions) during their period of BOP incarceration.³³ Almost half of these incarcerated individuals were released on good conduct, while another 38% were released at the expiration of their sentences, mandatory release, or time served.³⁴ A small portion – 10% – were released on parole.³⁵

²⁰ *Id.*

²¹ *Id.* at 4.

²² *Id.*

²³ *Id.* at 8.

²⁴ *Id.*

²⁵ *Id.* at 10.

²⁶ The Moss Group, Inc., *Final Report on the District of Columbia Custodial Population Study: Seeking Alignment between Evidence Based Practices and Jail Based Reentry Services*, viii (September 2017), <https://www.jrsa.org/pubs/reports/jrsa-dc-custodial-pop-study-9-2017.pdf>.

²⁷ *Id.* at vii.

²⁸ *Id.* at viii.

²⁹ *Id.* at vii.

³⁰ *Id.*

³¹ *Id.* at viii.

³² *Id.* at vii.

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

Reentry planning for federal incarcerated individuals should be prioritized, given their lack of physical presence in the District while incarcerated. The Resources to Empower and Develop You Center (“READY Center”), which opened on October 1, 2018, previously served only DOC incarcerated individuals and BOP incarcerated individuals who were released from DOC; the Center recently began serving incarcerated individuals released from BOP custody, as well. The READY Center is a physical space located near the CTF, where other District agencies and providers offer post-release services to incarcerated individuals leaving custody. The services provided include housing and employment assistance, educational opportunities, and assistance in applying for vital documents and benefits. BOP incarcerated individuals can also receive reentry services from the Mayor’s Office on Returning Citizen Affairs.

Successful reentry for BOP incarcerated individuals can often hinge on an incarcerated individual’s ability to maintain family and community connections during his or her time in custody. This can be challenging if an incarcerated individual is incarcerated across the country or even just a few hours’ drive away. District incarcerated individuals often serve long sentences away from the District, and when they return home, they find that their communities and support systems have changed drastically or even disappeared. In the face of these difficulties, the District must think creatively about how to facilitate the maintenance of connections between BOP incarcerated individuals and their families and about how to reach out to BOP incarcerated individuals with resources and information for reentry services.

In addition, the District should execute an agreement with BOP to give incarcerated individuals the option to serve at least the last six months of their sentences at DOC, and the new facility/ies should include space for this purpose. This way, incarcerated individuals could have the opportunity to reacclimate to the District, learn about services offered to returning citizens in the District, and reconnect with family members before being released. However, unless the DOC population drastically declines, the District would need to build a larger facility/ies to house the returning BOP population or build a separate facility or facilities for this population. The Committee would like to emphasize that this policy, if implemented, should not serve as a replacement for providing access to a halfway house for District residents. Halfway houses remain a preferable option for many returning citizens, and it is crucial that one be located within the District.

IV. Physical Facility, Staffing, & Location

The CDF and CTF are currently located in Ward 7 between the Hill East neighborhood of Ward 6 and the Anacostia River, just south of RFK Stadium. The facilities have been in this location for decades and have become an established part of the community. Current plans for development on and around the site will facilitate integration with residential and commercial uses and prioritize access to the facilities via public transportation.

The CDF was built in 1976 – nearly half a century ago. The physical structure is in desperate need of repair. As stated above, thousands of incarcerated individuals come through DOC facilities annually, and this volume, along with the high turnover, strains the maintenance and environmental systems. In February 2019, the Office of the D.C. Auditor (“ODCA”) released a report detailing conditions at the jail titled, “Poor Conditions Persist at Aging D.C. Jail; New

Facility Needed to Mitigate Risk”.³⁶ The report found numerous violations related to environmental conditions, including water penetration through the walls due to a leaking roof, mold growth on walls, damaged shower stalls, and temperatures outside of allowable standards.³⁷ In March 2018, the Department of Health (“DOH”) found that the jail was out of compliance with standards to ensure that: (1) heating and AC were maintained; (2) cells and common areas were in good repair; (3) clothing and bedding were in good condition; (4) light levels in cells were adequate; and (5) incarcerated individuals had access to operable showers with hot and cold running water.³⁸ These findings confirmed the widely acknowledged fact that the structure is deteriorating with age and must be replaced.

Because the structure is aging and deteriorating, maintenance at the CDF and CTF is extremely costly. The District’s Capital Improvements Plan (“CIP”) for FY20-25 includes a large increase in funding for DOC projects at both facilities. Overall, there is \$82.3 million in the CIP – only \$6 million of which was in the CIP for FY19-24, approved last year. However, in FY23-25, there is only \$11.5 million budgeted in total, and \$5 million of that amount is in FY25 for the design and planning of the new facility/ies.

The CDF and CTF are also chronically understaffed. Overtime costs at DOC have been increasing every year since FY13. The increase was particularly sharp in FY16, when actual costs began to significantly outstrip the approved budget. In FY18, actual overtime costs were almost \$20 million more than the approved overtime budget. This fiscal year, as of June 30, DOC has spent \$10.7 million on overtime – already exceeding the approved overtime budget of \$8.6 million. Of course, permanent staffing and overtime needs would change dramatically for a new facility/ies, depending on the populations housed, the physical structure, and the location.

The new facility must emphasize staff development and training, morale, and physical and mental well-being. Correctional officers also experience the trauma of incarceration and the resulting negative effects on mental health. Nationally, correctional officers suffer from PTSD and commit suicide at rates much higher than law enforcement staff in other agencies and in the military.³⁹ The effects of working in a correctional facility can extend beyond the hours on the job and cause physical and mental health issues and lower life expectancy.⁴⁰ All of these problems are exacerbated by understaffing.⁴¹ In the new facility/ies, officers should be provided access to mental health treatment and emotional support, as well as be given training on coping mechanisms to deal with anxiety, hypervigilance, and exhaustion that can be caused by the job.

Traditional physical design and layout of correctional buildings contribute to a general atmosphere of dehumanization, isolation, and institutionalism.⁴² The spaces within most facilities are built in a utilitarian manner with little color, light, or ornamentation.⁴³ The architecture is

³⁶ Office of the District of Columbia Auditor, *Poor Conditions Persist at Aging D.C. Jail; New Facility Needed to Mitigate Risks* (2019).

³⁷ *Id.* at 7.

³⁸ *Id.*

³⁹ Vera Institute of Justice, *Reimagining Prison*, 28 (October 2018).

⁴⁰ *Id.* at 28-29

⁴¹ *Id.* at 29.

⁴² *Id.* at 20.

⁴³ *Id.* at 20-21.

designed in a fashion that discourages positive individual or group experiences and instead maximizes movement control and security.⁴⁴ There is no evidence to support that this type of design improves public safety or prevents recidivism. In a new facility, the architecture should reflect the guiding principle of human dignity and include open spaces for programs and activities, ornamentation, and access to natural light.

Human connection is a vital component of human dignity, and at minimum, a correctional facility should ensure that its residents have opportunities to develop and grow personal relationships both within and outside the correctional facility.⁴⁵ To facilitate personal relationships inside, a new facility or facilities should include the following: an environment that minimizes echoes and excess noises; spaces for recreation, including outdoor areas with spaces for physical recreation; spaces that are fully accessible to individuals with physical disabilities; day rooms that facilitate group activities and personal interactions between staff and incarcerated individuals; and kitchen areas where incarcerated individuals can work together to prepare food.⁴⁶

In addition, traditional structural designs and institutional policies limit connection to the outside world for incarcerated individuals. This creates obstacles to maintaining personal relationships with family and friends, which exacerbates the isolating experience of prison. With the ideal of human dignity in mind, facilities should implement policies and practices that encourage families and friends to visit, facilitate the presence of outside organizations within the facility, and provide opportunities for incarcerated individuals to spend constructive time outside the facility, as appropriate.⁴⁷ Some suggestions to put this ideal into practice include: housing incarcerated people in facilities close to family; developing in-person visitation policies that permit physical contact, allow for numerous visits, and provide reasonable accommodations for visiting; making phone calls, emails, and video calls available at reasonable rates or free of charge, and using these tools to supplement rather than replace in-person visitation; forging relationships with local organizations and giving these organizations reasonable access to the facility and incarcerated individuals; providing incarcerated individuals with a meaningful opportunity for leave to attend important family events, participate in employment or educational programs, and prepare for reentry; and implementing a compassionate release program.⁴⁸

V. Programming & Services

The coordination, communication, and collaboration of the incarcerated individual's transition between custody and community providers is key to breaking the cycle of recidivism. According to the Moss Report, incarcerated individuals at DOC frequently lacked knowledge about facility-based program offerings.⁴⁹ Incarcerated individuals also shared that, depending on their status and sentence, they may be unable to benefit from the facility-based programs that are offered.⁵⁰

⁴⁴ *Id.* at 21.

⁴⁵ *Id.* at 59.

⁴⁶ *Id.* at 63.

⁴⁷ *Id.* at 64-65.

⁴⁸ *Id.* at 65-68.

⁴⁹ The Moss Group, Inc., *Final Report on the District of Columbia Custodial Population Study: Seeking Alignment between Evidence Based Practices and Jail Based Reentry Services*, at ix (September 2017), <https://www.jrsa.org/pubs/reports/jrsa-dc-custodial-pop-study-9-2017.pdf>.

⁵⁰ *Id.*

Placement into programs is based on eligibility and admissions criteria, which leaves out many incarcerated individuals.⁵¹ Individuals with sex offense histories and higher classification incarcerated individuals are not eligible for some programs and services.⁵² In addition, most programming is also only available to sentenced or BOP incarcerated individuals due to their defined release dates.⁵³ Incarcerated individuals without release dates are not placed into programs with defined timeframes.⁵⁴

Based on these findings, it is recommended that the new facility/ies thoroughly advertise programmatic offerings and expand eligibility requirements for these programs. Programmatic opportunities could include: staffing facilities with ample social services staff to help develop reentry plans and goals for employment, education, health care, and family responsibilities during and after incarceration; providing access to education at all levels from literacy to postsecondary education and including technical training and language instructions for non-native English speakers; supplying up-to-date reading materials; offering restorative justice programs inside the facility; encouraging incarcerated individuals to exercise their right to vote; engaging incarcerated individuals in the creation and enforcement of rules governing them; providing work opportunities and fair compensation for work performed; and offering behavioral and mental health counseling, addiction treatment, and disability assessment.⁵⁵

Overall, policies and practices should not dehumanize, cause humiliation, or demonstrate a lack of respect. A few further suggestions for implementing an environment supporting human dignity include: requiring staff to call incarcerated people by their names rather than by institutional terms like “incarcerated individual”; providing high-quality health care on-site; permitting incarcerated individuals to make individual choices about attire (offer choices between a variety of institutionally assigned clothing); providing an adequate supply of hygienic products and offer additional products at a reasonable cost or free of charge in the commissary, taking into account the cultural and personal preferences of the population; instituting meaningful remedies for grievances; access to medical and mental health care; and access to support groups.⁵⁶

One example of these guiding principles being put into practice in the United States is at the Cheshire Correctional Institution in Connecticut.⁵⁷ There, the Connecticut Department of Corrections, inspired by the German approach to incarceration, instituted the T.R.U.E. program in 2017. The program is a therapeutic unit for young men that focuses on developing their sense of self, autonomy, and responsibility, while focusing on preparing the men for life after prison.⁵⁸ The program demonstrates that a corrections system can prioritize human dignity and lead to transformative results.⁵⁹

⁵¹ *Id.* at xi.

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ Vera Institute of Justice, *Reimagining Prison*, 72-73 (October 2018).

⁵⁶ *Id.* at 57-58.

⁵⁷ *Id.* at 83.

⁵⁸ *Id.*

⁵⁹ *Id.*

Similarly, DOC currently offers the “Young Men Emerging” (“YME”) program, which is a housing unit at CTF - like the T.R.U.E. model - dedicated to young adult male incarcerated individuals ages 18-25. The YME offers programming geared toward the unique developmental needs of young people, blending counseling, structure, and a measure of self-governance. The YME includes a classroom and a computer lab, as well as a meditation room, a self-expression room, and a laundry room. It is staffed and supported by mentors – men currently in DOC’s custody on writs from BOP, and some pending the Superior Court’s consideration of their Incarceration Reduction Amendment Act petitions. DOC’s goal with the YME is to create a restorative community that incorporates age-appropriate programming and maximizes reentry outcomes. Programming focuses on education, behavioral health, wellness, life skills development, entrepreneurial learning, financial literacy, and workforce development. There are several considerations for admission to the program: age, exhibiting a positive attitude and willingness to participate, and the incarcerated individual’s custody level. YME participants are engaged in educational programs and have much lower incidences of disciplinary actions. Young adults constitute a significant subpopulation in DOC’s custody, with 25% of those in custody between the ages of 18-24.⁶⁰ This population is less likely to have a high school diploma or GED and more likely to be unemployed than older incarcerated individuals.⁶¹ These types of programs are essential to the success of incarcerated individuals once they leave custody and should be expanded in a new correctional facility/ties, including to young women.

DOC also provides incarcerated individual physical and mental health treatment through Unity Healthcare that includes daily access to sick calls, 24/7 urgent care, in-house and outside specialty care, full pharmaceutical services and hospital services, dental care, and HIV/AIDS prevention education. Mental health care includes psychiatric and psychological care, clinical social workers, group therapy and individual counseling, substance abuse programs, an Intensive Mental Health Unit, and a Step-Down Mental Health Unit. Because of the transient nature of the population at DOC facilities, however, it can be difficult to maintain continuity of both behavioral and physical care for incarcerated individuals. Incarcerated individuals who enter DOC facilities may only be in the facility for a few days, making it difficult to assess and create a treatment plan. Being incarcerated can also disrupt existing treatment plans, so it is imperative that individuals are seen by healthcare professionals within the jail immediately upon arrival.

In 2018, 35% of all bookings were individuals diagnosed with serious mental illness, and 54% of bookings were individuals diagnosed with substance abuse or dependency disorders.⁶² The majority (63%) of people booked into DOC custody have some kind of need for substance abuse and/or mental health treatment.⁶³ The median length of stay and pretrial length of stay tend to skew longer for people with serious mental illness, substance abuse, or dual diagnoses, though more research is needed to understand why this is the case.⁶⁴ The primary charges among this population

⁶⁰ The Moss Group, Inc., *Final Report on the District of Columbia Custodial Population Study: Seeking Alignment between Evidence Based Practices and Jail Based Reentry Services*, at iv (September 2017), <https://www.jrsa.org/pubs/reports/jrsa-dc-custodial-pop-study-9-2017.pdf>.

⁶¹ *Id.*

⁶² Vera Institute of Justice, Center on Sentencing and Corrections, *Memorandum to: District Task Force on Jails and Justices re: Mental Illness, Substance Abuse, Prevalence and LOS* (July 9, 2019).

⁶³ *Id.*

⁶⁴ *Id.*

are parole/probation violations and simple assaults (same as the population with no diagnosis).⁶⁵ The median pretrial length of stay for individuals: (1) with no diagnosis is 4 days; (2) with a serious mental illness diagnosis is 15 days; and (3) with a substance abuse diagnosis is 11 days.⁶⁶

According to the Moss Report, the drug of choice for incarcerated individuals varied widely – with alcohol as the most frequently used substance (26%), followed by heroin/opiates (21%) and cocaine/crack (18%).⁶⁷ More than 70% of incarcerated individuals had either detoxification or substance abuse treatment prior to being surveyed for the Moss Report.⁶⁸ On average, this population had attended treatment 2.8 times, with a range from between 1 and 30 times.⁶⁹ Additionally, 58% had attended a twelve-step program or other group substance abuse meetings.⁷⁰

Making employment and education programs available to incarcerated individuals is crucial to reentry success. Many incarcerated individuals in DOC custody are lacking a GED (38%) and are unemployed (60%).⁷¹ Women are even more likely to be unemployed and are less formally educated than the male population.⁷² Currently, DOC offers several education programs, including basic education, GED, college courses, vocational programs, and job readiness services. However, these programs are not as widely available as they should be for a variety of reasons, including lack of programmatic space in the CDF. In addition, again because of the transient nature of the population, it can be difficult to provide these types of services, which traditionally require a more stable population.

More than half of those in DOC custody are parents, and this population has an average of two children.⁷³ At least 36% of young adults in DOC custody have dependent children.⁷⁴ Parental incarceration is stressful and traumatic for children and can cause economic and social disruption in their lives.⁷⁵ Incarceration also inhibits a parent’s ability to fulfill their parental responsibilities.⁷⁶ This can also make it difficult for parents to mend relationships with their children once they are released from incarceration.⁷⁷ Policies and practices that restrict contact between incarcerated people and family and other people on the outside can exacerbate the disruption of these relationships.⁷⁸

⁶⁵ *Id.*

⁶⁶ *Id.*

⁶⁷ The Moss Group, Inc., *Final Report on the District of Columbia Custodial Population Study: Seeking Alignment between Evidence Based Practices and Jail Based Reentry Services*, at iii (September 2017), <https://www.jrsa.org/pubs/reports/jrsa-dc-custodial-pop-study-9-2017.pdf>.

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ *Id.* at ii.

⁷² *Id.* at iii.

⁷³ *Id.* at i.

⁷⁴ Vera Institute of Justice, Center on Sentencing and Corrections, *Memorandum to: District Task Force on Jails and Justices re: Young Adult Bookings in DC Jail* (July 9, 2019).

⁷⁵ The Urban Institute, *Model Practices for Parents in Prison and Jails: Reducing Barriers to Family Connections*, at 1 (2019).

⁷⁶ *Id.*

⁷⁷ *Id.*

⁷⁸ *Id.*

A new correctional facility should implement policies and practices that provide incarcerated people opportunities to communicate and interact with their families, through in-person visitation and other methods. Such policies may also improve incarcerated individuals' well-being and lower misconduct and violence in the facility, as well as lower recidivism after release.⁷⁹ As a result, not only do such supportive policies promote parent and child connection and reduce barriers upon reentry, they enhance the safety and security of facilities.⁸⁰ There are implementational challenges to such policies: not many facilities have implemented family-centered contact visiting programs with additional supportive services.⁸¹ Many facilities also have limited resources, space, and staff to devote to such practices.⁸² In addition, correctional staff may see visitors as generating contraband risks and feel these risks outweigh the benefits.⁸³ Caregivers may also want to keep a child away from a jail or from their incarcerated parent.⁸⁴

To facilitate family connections between incarcerated individuals and those on the outside, correctional facilities should: (1) have community-based service providers offer parenting classes and moderate parent support groups in the facility;⁸⁵ (2) partner with community-based organizations and local government agencies (*e.g.*, libraries and social services agencies);⁸⁶ and (3) build staff buy-in on the importance of family-centered practices and train staff to interact with family members, especially children, of incarcerated individuals.⁸⁷

As a side note, the Committee would like to explicitly state that investment of the kind discussed in this section in any new facility/ies must not replace investment in programs and services offered in the community. Access to similar – in fact, more robust – services and programs must be available to District residents outside of a secure facility. Incarceration cannot serve as the only path to a GED or to mental health care, for example. However, while jail should not be an attractive destination, the District must provide programs and services to incarcerated individuals within its care. As this Report envisions a new jail, the Committee focuses its recommendations on programs and services that should be available within any new facility/ies rather than outside in the community – but the two should not be considered mutually exclusive.

VI. Specific Recommendations

Guiding Principles

1. Every design, programmatic, housing, staffing, and funding decision made in conjunction with a new jail facility/ies should:

⁷⁹ *Id.*

⁸⁰ *Id.* at 1-2.

⁸¹ *Id.* at 2.

⁸² *Id.*

⁸³ *Id.*

⁸⁴ *Id.*

⁸⁵ *Id.* at 7.

⁸⁶ *Id.* at 9-10.

⁸⁷ *Id.* at 16.

- a. Prioritize the dignity and humanity of those incarcerated, including by considering historical, cultural, and identity-based contexts, in a manner consistent with public safety;
- b. Utilize evidence-based practices to define public safety, and to ensure the safety and security of the community, incarcerated individuals, correctional staff, and the families of those incarcerated;
- c. Focus on rehabilitation, rather than “correction”, and addressing root causes of crime;
- d. Center harm reduction and restoration as core values;
- e. Be reentry- and rehabilitation-driven, with the ability to rapidly deliver resources to those incarcerated for short periods of time and – if the facility accommodates incarcerated individuals prior to their release from BOP – those incarcerated for lengthy sentences;
- f. Engage and integrate subject-matter and community-based expertise;
- g. Be contextualized within other government and non-profit systems to facilitate continuity (including the local and federal justice and social services systems, and violence prevention and intervention programming);
- h. Incorporate internal and public-facing data collection and analysis; and
- i. Emphasize culturally and developmentally appropriate social and emotional learning.

Location

2. The Committee does not have a recommendation as to whether the District should build one or more than one new facility. However, if the District decides to build more than one structure, the Committee believes it will be more efficient to use a single site rather than several different sites located throughout the District. The Committee recommends siting the facility/ies near the current location of the CDF and CTF. Future economic development on and around that site will facilitate the jail’s integration with other residential and commercial uses and prioritize public access to the facility/ies via Metrorail and Metrobus.
 - a. The District government should fund public transportation stipends and/or establish shuttles for those family and friends visiting incarcerated loved ones.
 - b. For those family and friends who do not wish or are unable to visit in person, the District government should ensure a robust network of free, remote video visitation sites integrated into other community uses, particularly those uses (*e.g.*, libraries, recreation centers) near areas with high concentrations of family members with incarcerated loved ones.
3. The new facility/ies should be designed to complement the surrounding community, including in its aesthetics and the way in which it implicates transportation planning and traffic, parking, and the environment – particularly as the current site is proximate to the District’s waterways. Integrating community engagement staff in the new facility/ies would promote community-responsive decision-making.

Physical Structure and Design

4. The facility/ies must be designed with ample, dedicated space for:
 - a. In-person visitation, with family- and child-responsive design and practices;
 - b. On-site service providers, including District agencies, community-based organizations, and legal services, with space for at least one one-stop reentry space;
 - c. On-site, not-for-profit physical, mental, and dental care that is integrated within the District's wider health care system;
 - d. On-site educational instruction for learners at different levels (including a high school diploma program, GED program, and post-secondary education), incorporated with modern, adaptable technology;
 - e. On-site vocational, career, and technical training opportunities;
 - f. Private meetings between incarcerated individuals and their attorneys;
 - g. Staff wellness and professional development;
 - h. Green spaces, specifically for growing food;
 - i. For those incarcerated individuals who choose to partake, practicing their faith in an interfaith setting;
 - j. Individual and group counseling, including restorative justice practices;
 - k. A well-stocked and staffed District of Columbia Public Library branch;
 - l. Modern, adaptable technology to facilitate reentry;
 - m. Civic engagement, and specifically voting; and
 - n. Employment opportunities within the facility/ies, including non-traditional employment such as mentorship of other incarcerated individuals.

5. The facility/ies' design should emphasize:
 - a. Deinstitutionalized aesthetics and thoughtful use of building materials;
 - b. Open spaces and circulation whenever possible, consistent with the safety and security of both incarcerated individuals and staff;
 - c. Decoration and color;
 - d. Individualization and personality;
 - e. Natural light;
 - f. Quiet and mindfulness;
 - g. Indoor and outdoor recreation;
 - h. Access for individuals with disabilities;
 - i. Collaboration among incarcerated individuals and between incarcerated individuals and staff;
 - j. Maximization of privacy for incarcerated individuals, consistent with safety and security;
 - k. Multi-purpose uses;
 - l. Physical integration into the surrounding neighborhood;
 - m. Sustainable and resilient features that minimize environmental impact and can withstand climate change;
 - n. Emergency preparedness, including multiple back-up water, heating, and cooling systems, and plans for evacuation of the facility/ies in case of catastrophic events;

- o. Safety and security of incarcerated individuals, visitors, and staff; and
- p. A healthy workplace environment for staff.

Housing Considerations

6. The District should execute an agreement with BOP to allow incarcerated individuals to serve at least the last six months of their sentences in the District, and the new facility/ies should include space for this purpose. This should not serve as a replacement for a halfway house located in the District.
7. The new facility/ies should adopt a smaller “pod” model of housing rather than housing large numbers of incarcerated individuals together. This model could more easily build cohesion and community among incarcerated individuals and between incarcerated individuals and staff.
8. The new facility/ies should consider prioritizing housing decisions based on incarcerated individuals’ age and security level unless best practices dictate otherwise (*e.g.*, the YME Unit). In making this recommendation, the Committee recognizes the need for operational flexibility in housing decisions.
9. The facility/ies should take into account and respond to the specific housing needs of incarcerated women and LGBTQ-identified incarcerated individuals.

Programming

10. The District should expand innovative programming, such as the Young Men Emerging Unit, throughout the new facility/ies. The District should also develop similar programming for young women.
11. The facility/ies should include multiple programmatic spaces, including ones that are spatially separated from housing tiers.
12. The new facility/ies must prioritize staff development and training, morale, and physical and mental wellness. Staff should be provided access to mental health and emotional supports, as well as be trained on coping mechanisms to deal with anxiety, hypervigilance, and exhaustion that can be caused by their responsibilities. This could include physical fitness facilities, lounges, on-site free counseling, and other wellness programming.
13. The facility/ies should employ staff with specific expertise in responding to the programming needs of incarcerated women and LGBTQ-identified incarcerated individuals. Relevant training should be provided to all staff.
14. The new facility/ies must provide ample space for diverse educational offerings including a high school diploma program, GED programming, adult basic education courses, college course offerings, and post-secondary vocational and workforce training. The facility/ies must accommodate students with special education needs by providing a variety of

classrooms and spaces for related services and therapies such as counseling. The space should be designed such that the units and the school are proximate or so that students can easily be transported to and from the classrooms by staff. There should be adequate space in each educational program to accommodate all eligible students, including those in restrictive housing. If students in restricted housing cannot access the main educational space, dedicated education space should be set aside within restricted housing units. Space should not serve dual purposes, but instead should be designed to allow for extended programming throughout the day.

15. The new facility/ies should offer comprehensive care for those with mental health, medical, dental, and substance use disorder needs. The facility/ies should be designed to incorporate on-site mental health care for various levels of need and facilitate connectivity to the community. This includes acute mental health, step down, and substance use disorder programming/housing. For medical health care, the facility/ies should include infirmary level care, respite/hospice for an aging population, and on-site specialty care (e.g., dialysis, physical therapy, telemedicine, radiology, pharmacy, and dental care). Additionally, the space must be designed to take into consideration the specific security status of patients who need medical and mental health services to ensure the safety of the staff and patients. The facility/ies should also be designed to ensure male and female patients are offered equitable levels of services.
16. The new facility/ies should include expansive opportunities for pre-release reentry planning that are incorporated throughout all programming. These opportunities should be available to all incarcerated individuals, regardless of their release date (or lack thereof) or custodial status (District or federal). Re-entry programs should be staffed with employees responsive to the unique needs of the population (such as returning citizens themselves).
17. The new facility/ies should offer employment opportunities within the facility/ies, including non-traditional employment such as mentorship of other incarcerated individuals. Incarcerated individuals should be paid at least the District's minimum wage and receive financial literacy training to support reentry.
18. Nothing within this recommendation should imply these services should only be available and accessible through a jail or detention facility.

Policy Recommendations

19. The District should further analyze:
 - a. The factors contributing to DOC's large pre-trial population, particularly for those held on non-violent charges, and the non-violent misdemeanor population;
 - b. The types of parole and probation violations for those individuals incarcerated only on the violation; and
 - c. The efficacy of the District's pre-trial hold statutes.

20. The District should consider how sentence review and other relevant legislation would affect the design and programming of any new facility/ies, if passed.
21. Any contractors, including architecture/design firms, selected by the District to design the new facility/ies should appreciate the guiding principles listed in this report.