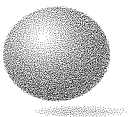


**Assessment of Reentry Programs and Services
for Women at the
Correctional Treatment Facility,
Washington, D.C.**

Final Report

September 27, 2011



Submitted by The Moss Group, Inc.

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I. INTRODUCTION

In June, 2011, The Moss Group, Inc. (TMG), a criminal justice consulting firm based in the District of Columbia was engaged by the Executive Office of the Mayor, Office of Justice Grants (Director Melissa Hook), to develop a descriptive overview of reentry programs and services currently available for women returning as citizens to the District, primarily from the Correctional Treatment Facility (CTF). TMG was tasked with the identification of strengths and challenges in the current reentry efforts within the District, and the identification of opportunities for building a stronger reentry strategy resulting in positive outcomes for women. TMG was engaged for a contractual period from July 1, 2011 to September 30, 2011 and the following report is submitted as the final project deliverable. The report reflects the themes and recommendations that emerged as a result of a document review, interviews, on-site observations, focus groups and data analysis.

Nationally, studies show that female offenders are being incarcerated at increasing rates. Concurrent to this, recidivism rates for women are growing. As we strive to understand both reentry case planning and the service gaps for the female population, we must first look at the unique needs of the females involved in the criminal justice system. Evidence suggests that gender-specific programming targeting critical risk areas such as substance abuse, decision-making, trauma and abuse, employment, housing, relationships, income stability and mental health is vital to successful community reentry.^{1,2,3,4,5,6} A number of jurisdictions have intentionally focused on building successful reentry strategies for females. The work is systemic in nature and requires a full complement of services available to respond through a targeted effort to female-specific needs.

Our team worked in partnership with the Executive Office of the Mayor, The District of Columbia, the DC Department of Corrections (hereafter referred to as the DOC), and the Correctional Treatment Facility's

¹ Glaze, L. E. (2010). *Correctional Populations in the United States, 2009*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Available at: <http://bjs.ojp.usdoj.gov/content/pub/pdf/cpus09.pdf>

² Modley, P., Giguere, R., (2010). *Coaching Packet: Reentry Considerations for Women Offenders*: U.S. Department of Justice, Bureau of Justice Assistance, Center for Effective Public Policy. Available at: <http://www.cepp.com/documents/Reentry%20Considerations%20for%20Women.pdf>.

³ Bloom, B., Owen, B., and Covington, S., (2005). *Gender-Responsive Strategies for Women Offenders: A Summary of Research, Practice, and Guiding Principles for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. Available at: <http://nicic.gov/Library/020418>.

⁴ Fowler, S. M. (2010). *Gender-Responsive Strategies for Women Offenders: Employment and Female Offenders: An Update of the Empirical Research*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. Available at: <http://static.nicic.gov/Library/024662.pdf>.

⁵ Federal Partners Committee on Women and Trauma (2011). *Report of the Federal Partners Committee on Women and Trauma: A Federal Intergovernmental Partnership on Mental Health Transformation*. Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration. Available at: <http://static.nicic.gov/Library/025082.pdf>.

⁶ VanVoorhis, P., Salisbury, E., Wright, E., Bauman, A. (2008). *Achieving Accurate Pictures of Risk and Identifying Gender-responsive Needs: Two New Assessments for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. Available at: <http://static.nicic.gov/Library/022844.pdf>.

private provider, Corrections Corporation of America (hereafter referred to as CCA), to document the agency's current reentry offerings. In order to do this, TMG reviewed documentation provided by both CCA and the DOC prior to conducting the on-site work. As we implemented the project, we reviewed documentation of grant requests and initiatives reflecting ongoing efforts and interest in the area of reentry and women's services, which provided further data for consideration in our recommendations for this work. Our team spent considerable time interviewing staff and offenders at the CTF, Correctional Detention Facility (operated by the DOC), and executive leaders at the Department of Corrections. Numerous non-profit organizations and other key District criminal justice agencies (e.g., CSOSA (Court Services and Offender Supervision Administration) and Public Defender's Office) were interviewed, often at their offices or facilities, which allowed for tours of program areas and interaction with staff responsible for working with women reentering District neighborhoods.

This documentation of the reentry processes, programs and services is intended to serve as a foundation with which decision makers may more effectively build on the considerable strengths of current strategies, from key stakeholders and partners, available to females. This review may be used to prioritize the work through a multi-year strategic planning effort, to increase collaboration, formalize a more defined safety net for women returning, and explore gaps in programming and service delivery, thereby maximizing productive time spent in the jail setting by the females spending time in the jail setting.

II. APPROACH AND METHODOLOGY

Approach

The Moss Group's approach to this work is grounded in research-based practice, gender-responsive principles, the subject matter expertise of the consultant team, and information gathered from the project tasks. Our work aims to provide a comprehensive "picture" of the current status of women's reentry in the District of Columbia, and is guided by a core value of respect for the staff who work to address the needs of the women offenders and for the community of stakeholders contributing daily to the reentry efforts within the District. The Moss Group team appreciates the complexity of promoting a truly collaborative approach to reentry among system stakeholders to ensure that reentry is not just a program, but a comprehensive approach that supports success for the women.

Scope of Work

Based upon the contractual agreements with the District of Columbia Mayor's Office, The Moss Group committed to conducting nine tasks designed to objectively assess women's reentry services and programs at the Correctional Treatment Facility (CTF) and the impact these services and programs have on successful outcomes for women in their return to the community. This was completed over the course of a three-month period beginning July 1, 2011 and concluding September 30, 2011.

Methodology

The Moss Group approached this initiative by designing a protocol to serve as the operating guideline for all aspects of the work. This protocol included (1) a review of relevant written documentation prior to and during the site visits at the CTF and within the community (*see Appendix 1*), (2) the identification of the areas to be reviewed, (3) the preparation, coordination, and execution of the on-site work (including staff and offender interviews, focus groups, facility observations) (*see Appendix 2*), (4) conducting site visits and interviews with community providers, and (5) a review of best practices and relevant research.

Our team was comprised of five experienced professionals with expertise in national reentry strategies, gender-responsive practice and research, policy development related to reentry and community partnerships, assessment of facility and organizational culture, facility operations and management, and project management and work plan development. The specific subject matter experts and researchers included:

- Ms Donna Deutsch, B.A.
- Ms. Phyllis Modley, M.Ed.
- Ms. Andie Moss, M.Ed.
- Ms. Shaina Vanek, M.S.
- Dr. Reginald Wilkinson, Ed.D.

Biographical sketches for each of our team members are available in *Appendix 3* of our report.

The onsite review at CTF and with community partners focused on:

- Documenting the programs and services available to meet the women’s reentry needs;
- Assessing management and operational practice related to women’s reentry;
- Reviewing CCA and DC DOC policies and procedures informing the mission and operations of the CTF – particularly those that could support a gender-responsive approach to reentry case planning and services;
- Reviewing mental health services and gender-responsive programming as they relate to reentry (non-clinical review);
- Assessing the formal and informal cultural norms within both the DOC and CCA that contribute to and/or detract from a mission of successful community reintegration;
- Determining the degree to which the agency goals and the facility goals are aligned in shared mission and vision for preparing women for reentry;
- Identifying trends and perspectives among the women with respect to their needs and readiness for reentering the community; and
- Assessing the inter-connectivity and capacity of community-based reentry services serving women leaving the CTF and reentering the community.

To gain an understanding of these interrelated issues at the CTF and within the community, the on-site methodology included:

- Individual and group interviews with staff from both the CTF, CDF and Fairview Halfway House;
- Individual and group interviews with women at the CTF, CDF, Fairview Halfway House and in the community;
- A “mapping session” that was designed to track a woman’s entry into the CTF – from her initial intake at the CDF, transfer to CTF, the services available at CTF, and discharge planning activities – to her release, derived from a focus group with a cross section of staff and community partners with substantive expertise in working with the women from both a process and operational perspective;
- Observations of staff, women, and facility operations across the day and evening shifts;
- Observations and operational review of core aspects of the reentry process (e.g., needs assessment and classification, programming and services, staffing and supervision, access and continuity of community-based services); and
- Interviews and briefings with key stakeholders, executives, and managers.

The resultant outcomes, recommendations, and findings are presented in Section VI of our report.

III. RESEARCH AND PRACTICE FRAMEWORK

Effective reentry begins with the earliest contact with the criminal justice system (pre-trial screening, detention and release supervision) and focuses on a) accurate defendant/offender risk and needs assessment, b) case planning and referral services; interventions targeted to individual risk factors; provision of needed services during custody and community supervision; release planning and release supervision and services. It includes efforts to coordinate essential services for offender success between multiple agencies external to corrections, including state and local health, mental health and substance abuse services; financial assistance; education, training and employment; housing; family services, and many others. The families and communities to which offenders return play critical roles in improving the chances for successful reentry.

The Moss Group's assessment of reentry practices in the CTF was guided by evidence based and gender informed practice developed from a large body of research and best practice that has grown significantly during the past 15 years. These resources promote the core concept of reentry as a process, not a program. In particular, the assessment draws on the following:

- The National Institute of Corrections' (NIC) Transition from Prison to Community (TPC) Initiative (<http://nicic.gov/TPCModel>).
- The U.S. Department of Justice (DOJ) Office of Justice Programs (OJP) research, technical assistance and financial support to state and local jurisdictions that has framed the elements of successful reentry (<http://www.ojp.usdoj.gov/>).
- The National Reentry Resource Center funded by the OJP Bureau of Justice Assistance (<http://www.nationalreentryresourcecenter.org/>).
- The literature that defines gender-responsive strategies for women offenders and the specific implications for women and reentry,⁷ emerging research on gender informed assessment tools,⁸ a women offender case management model,⁹ and ongoing research on women's sexual safety¹⁰ provide improved screening tools for identifying the specific risk factors and needs of women for successful case planning, treatment and services. Additional seminal work on women and reentry has been supported by the Substance

⁷ Bloom, B., Owen, B., and Covington, S., (2005). *Gender-Responsive Strategies for Women Offenders: A Summary of Research, Practice, and Guiding Principles for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. Available at: <http://nicic.gov/Library/020418>.

⁸ Van Voorhis, P., Wright, E., Salisbury, E., & Bauman, A. (2010). *Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement*. *Criminal Justice and Behavior*, 37(3): 261-288.

⁹ Orbis Partners, Inc. (2006). *Women Offender Case Management Model*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. Available at: <http://nicic.org/Downloads/PDF/Library/021814.pdf>.

¹⁰ Owen, B., Wells, J., Pollock, J., Muscat, B., and Torres, S. (2008). *Gendered Violence and Safety: A Contextual Approach to Improving Security in Women's Facilities*. Washington, DC: U.S. Department of Justice, National Institute of Justice. Available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/225338.pdf>.

Abuse and Mental Health Services Administration (SAMHSA) through its National GAINS Center (<http://gainscenter.samhsa.gov/>) and the National Center for Trauma-Informed Care (NCTIC) (<http://www.samhsa.gov/nctic/>).

- The Gender Informed Practice Assessment (GIPA), Prison version, developed by the National Institute of Corrections, and The Moss Group's PREA (Prison Rape Elimination Act) protocol for assessing the sexual safety of women in custody. (These specifically provided guidance in designing the interview and observation protocols for this study).
- The Urban Institute's research on improving reentry from jail to the community supported by both NIC and the OJP Bureau of Justice Assistance, in which the specific reentry concerns of local jails and communities are explored.
- The National Resource Center on Justice Involved Women supported by BJA (<http://cjinvolvedwomen.org/>).

IV. DESCRIPTION OF THE DC WOMEN OFFENDER POPULATION

Introduction

Women incarcerated in the District of Columbia are housed at the Correctional Treatment Facility (CTF) in Southeast Washington. The average daily population of women offenders is 230 to 250 and they are housed throughout seven units in the CTF as follows:

Current Population as of 9/1/11	# of units	# of women	%
General Population	2 units	84	34%
General Population (Behavior Modification)	1 unit	48	19%
RSAT (Residential Substance Abuse Treatment Program)	1 unit	22	9%
AOAT (Adjusting our Attitude Training)	1 unit	50	20%
Mental Health/Juveniles/Status Inmates	1 unit	25	10%
U.S. Marshals (out of DC jurisdiction holds)	1 unit	18	7%

General Statistics

Each year, approximately 2,500 females are processed through the DC jail system, and currently approximately 30% of the incarcerated females are 41-50 years of age, 27% are 31-40 and 32% are 21-30; 8% are 51-60 years of age and 4.4% are under 21.

- Females make up 8-10% of the DC Jail Population.
- The median age of the female inmates is 35-42 years of age.
- Almost 90% of all female inmates are African American. 9% are Hispanic and the remaining are White or Other.
- Approximately 25% of the females are incarcerated with violent charges.
- 33% of the females suffer from mental illness, as diagnosed in the DSM IV under ICD 9 Codes, Axis I disorders.
- 15% of the females in 2011 currently suffer from substance abuse disorder, and 49% of all female intakes have been diagnosed with substance abuse disorder either in 2011 or in the past.
- 80% self-report they abuse alcohol. Overall, female inmates tend to have co-occurring substance abuse and mental health disorders.

- More than 50% of the female inmates are functionally illiterate, and average only nine years of formal education.

Length of Stay

While the overall average length of stay for females is between 80 and 100 days, the median length of stay is 13 days, with 22% of females released within one day and 65% of females released in less than 31 days. Thus, the majority of the females have a length of stay of eight days to one month, a short timeframe in which to impact the females. This abbreviated window requires an immediate and focused reentry effort as soon as a female enters the facility.

Outlined below are average length of stay statistics for females at the CTF:

LENGTH OF STAY	%
More than 1 year	5%
9-12 months	3%
6-9 months	8%
3-6 months	19%
31-91 days	33%
3-31 days	27%
Less than 3 days	5%

Halfway House

Fairview Halfway House is funded by contracts with CSOSA, Bureau of Prisons and the District of Columbia Department of Corrections. Fairview is a work release program facility serving females who are pretrial, on electronic monitoring, released from the CTF, are from the Bureau of Prisons (feds), and on supervision from CSOSA. The facility currently houses 60-65 females of which 20-25 are pretrial. Many of the females have mental health issues that make them less employable. Similarly, Fairview is receiving females with serious health conditions that do not allow for immediate employment. The length of stay for females at Fairview ranges from one week to one year. Currently, only 5 to 7% are employed. While the mission is work release, staff and stakeholders involved with the halfway house reported that it is difficult to meet the mission given the residents' barriers to meeting the objectives of the program.

Recidivism

While there are varied definitions for recidivism, the DC Department of Corrections defines the term as re-incarceration. Recidivism reduction is the primary goal of the District's reentry strategy for men and women. There is cause for concern with regards to women's recidivism; the 12-month recidivism rate is considerably higher for women at CTF than for men (31% versus 17%), although the rates become similar in the three-year re-incarceration evaluation (approximately 47% for both men and women). Assessing and documenting who the women are and why they are returning so quickly is crucial to understanding and determining what needs to be done within the community to keep women from returning to jail and increasing the likelihood of successful reentry.

V. THEMES AND RECOMMENDATIONS

The following section will highlight a comprehensive list of recommendations. They are categorized as follows:

1. Systemic
2. Staffing and Training
3. Receiving and Intake
4. Classification and Assessment
5. Case and Transitional Planning
6. Offender Programming
7. Discharge and Transition to Community
8. Community Services/Partners

The "Recommended Next Steps" section at the end of the report is offered to guide planning and to encourage the development of a multi-year strategic plan. The prioritization of action steps will be critical to managing a realistic and successful reentry process for women.

1. Systemic

As referenced earlier in this report, reentry planning has multiple components. Without a comprehensive view of reentry, including multi-system coordination of services, and attention to critical elements such as assessment, case planning, programming and discharge services, the well intended efforts of many stakeholders may not accomplish the desired results of more successful outcomes for women. The recommendations in this section are "systemic," meaning they are overarching across multiple agencies and functions – within and outside of corrections.

A facilitated systemic planning approach is recommended to ensure that all stakeholders are connected in building a model of reentry that is specific to the District and is strengthened and anchored in a coordinated effort. Issues are raised in this section that go beyond women's reentry but nonetheless are critical to this initiative as well as others (i.e., coordination of data, continuity of case management).

The recommendations will be stated briefly.

Recommendations

- Consider the creation of a re-entry task force of DC and Federal agencies focused specifically on the reentry issues of pre-trial and sentenced women. The task force should be comprised of justice, human services, policy officials, and community service providers to continue the examination of reentry gaps and barriers, and to develop concrete short and long term plans to address those gaps. The forming of this task force should be guided by understanding current workgroups or initiatives within the District of Columbia. This structure should allow for being

part of a larger structure but should remain committed to the unique issues presented by women in reentry.

- Expand the mission statement of the CTF to intentionally focus on the critical goal of successful reentry for all defendants and offenders. Promote staff awareness and understanding of CTF's reentry mission and philosophy with respect to women offenders by communicating the expectation that all staff take responsibility for fulfilling the mission.
- Increase the alignment of the mission and programming activities of the Fairview Halfway House as a work release center working with stakeholders, including judges.
- Consider creating a new position, tasking a current position or contracting a position at CTF with oversight responsibility for coordinating, scheduling and distributing comprehensive community program information for women's reentry services. Many of the non-profits reported capacity to offer more programming and pre-release information in the jail setting but reported difficulty in coordinating efforts with the CTF.
- Continue collecting demographic and social data on women offenders and consider establishing a process to review reentry data for process improvement/corrective action. By having a better understanding of the women who are coming in and out of the CTF, case management, programs, and services could be modified to be more responsive to the needs of the women.
- Explore the possibilities of enhancing information sharing within the current technological limitations of the Management and Information Systems (MIS). There are currently a number of stand-alone MIS systems and databases that do not "talk" to each other, resulting in (1) the duplication of efforts by different agencies and individuals in CSOSA, the DOC, CCA/CTF, and community service providers, (2) an over-reliance on self-reported data from the women, and (3) inadequate case planning due to lack of verified and gender-relevant information.
- The DC DOC is encouraged to provide contractual guidance to the CCA related to both a gender-responsive policy and reentry philosophy.
- Explore conducting a jail exit survey using a current, gender-informed risk/needs tool for women to develop a more accurate picture of the offense profiles (current charge/offense, criminal history, and criminal justice status), lengths of stay, demographic characteristics and life circumstances, and dynamic risks and needs of the women related to re-offending. Such a survey could inform the redesign of reentry services in the jail, critical service connections (in-reach services from justice, human service and community agencies) and release supervision and services in the area of both necessary types/content and capacity requirements.
- Continue the emphasis on graduated responses to non-compliance of pre-trial and community supervision (reducing setbacks or revocations to jail).
- Continue with current District efforts to minimize - if not eliminate - collateral punishments for women unrelated to a criminal conviction, e.g., if a woman is convicted of child molestation, she should not be able to get a license to work in a day care center; however, if she were to be convicted of substance abuse or related charges, she should be allowed to get a license as a barber or cosmetologist. A felony or misdemeanor conviction alone should not deny a formerly incarcerated person from seeking licensure in careers areas where there is no nexus to the crime committed.

2. Staff Training

Deployment of staff and the training they receive are essential components to any correctional operation. At the CTF, civilian and custody staff provide a variety of essential services. Over the course of the assessment, the consultant team was able to observe the delivery of these services, conduct formal and informal interviews with the staff, observe their interactions with both the women offenders and each other, and learn about their training needs. Some of the key themes identified included:

- Many line staff and supervisors are sensitive to the unique needs of women and are able to articulate how important variables – such as mental health status, parental roles, domestic violence – influence women’s time at CTF and upon release. They may not use gender-specific terminology, but they demonstrate an awareness that women offenders are different than their male counterparts. They would, however, benefit from further exposure to gender-informed principles, and more recent training materials, such as NIC’s series of programs for working with women (Mbuehl@bop.gov).
- There is not a formal system (or expectation) of collaboration between the DOC/CDF and CCA/CTF when it comes to working with the women. One of the contributing factors may be that once women are placed in the CTF, they are no longer the day to day operational responsibility of the DOC/CDF. While some individual staff members within both the CDF/DOC and CCA/CTF have developed positive working relationships in which they regularly share information and communicate across facilities and agencies, increased communication would further support understanding of roles among staff, supervisors, and managers.

There appears to be a gap in coordination of staff roles and responsibilities that could be enhanced through additional training grounding in an expanded understanding of each staff member’s contribution towards positive outcomes for women’s reentry.

Recommendations

- Develop an overall training plan for working with women offenders with an emphasis on the reentry mission.

Examples of staff training needs include (1) reentry philosophy and responsibilities, (2) supervisory training (e.g., helping supervisors and managers to be good coaches while also holding staff accountable), (3) role clarification between and within agencies, (4) case management (e.g., the development of case planning expertise, group and individual facilitation skills, motivational interviewing, referral knowledge and skills), (5) working with women offenders and their unique pathways into criminality and needs while incarcerated, (6) general communication and interpersonal skills, and (7) specialized training in mental health awareness (e.g., mental health and trauma symptoms to look for).

- Evaluate current training offerings to determine the need for updating materials to support staff development in working with women offenders. Identify training options that would be cost

effective and targeted for stated outcomes. Delivery strategies could include traditional classroom modules, eLearning platforms, and on the job training.

- Enhance training resources through coordination with non-profit organizations with subject matter expertise.

Explore no cost training opportunities through the National Institute of Corrections and the BJA funded Resource Center for Justice Involved Women (*see Resources, Appendix 7*).

3. Receiving and Intake

Women offenders enter the CTF through one of three ways: (1) they come directly from Federal District Court and are escorted by officers from the United States Marshals Service (USMS), (2) they come directly from D.C. Superior Court as pretrial detainees or sentenced inmates, or (3) they have outstanding warrants in the District as a result of non-compliance with CSOSA supervision conditions or are transferred from other jurisdictions after initial court appearances.

Prior to their housing assignment at the CTF, all female offenders go through a receiving process at the CDF, located next to the CTF and operated by the DC DOC. During the receiving process, each woman goes through a series of procedures designed to verify identity, gather pertinent personal information, and ensure physical and emotional safety prior to their initial housing assignment. These activities include: (1) name verification, (2) pulling the Institutional Record from the DOC/CDF's Jail and Community Corrections System (JACCS) if it is available, (3) collecting demographic data on the "face sheet" through an interview/self-report process, (4) inventorying and recording personal property and having the woman sign off on what has been collected, (5) having the women remove any hair extensions under staff supervision, (6) conducting strip searches (completed by a female officer/supervisor), (7) providing a shower, (8) taking a photograph for institutional identification/ records, (9) recording fingerprints in the institutional file, and (10) issuing an ID wristband.

During the receiving process at CDF, a preliminary medical and mental health screening is conducted by Unity Health Care professionals (contracted through the DOC to provide medical and mental health care services for all offenders under DOC supervision). The medical and mental health intake process consists of: (1) taking a self-report medical history, (2) conducting a general exam, (3) determining if any mental health indicators are present (and, if so, conducting a mental health exam), (4) accessing the Electronic Medical Record (EMR) if the woman has been at CTF within the previous two years and/or if she is a client of Unity's in the community, and (5) scheduling a Nursing Screening Appointment (to occur within two weeks of her assignment at the CTF).

Once the woman has been cleared through the initial receiving process at CDF, she is escorted (generally as part of a group) to the CTF through a secure catwalk connecting the two facilities. She then begins her initial intake activities. These activities include: (1) conducting a scan for metal contraband via use of a Body Orifice Security Scanner (BOSS), and (2) placement in a temporary housing unit prior to classification. Within the next 24 hours, the intake officer pulls and reviews the Institutional JACCS Record (if available from DOC/CDF), checks for known conflicts, enemies, et cetera (need for protective

custody), conducts a Sexual Predator / Victimization (Prison Rape Elimination Act compliance) Check, and inputs data into CCA/CTF's Offender Management System (OMS) computer system.

A visual 'map' of what has been described above may be found in *Appendix 4: Women's Reentry Process and Programs: Mapping the Flow*.

Some of the key recurring themes within the receiving and intake process identified by the assessment team include:

- CDF (DOC) staff was patient with the women, clearly communicating expectations and next steps of the process during their time in the receiving area. This was helpful for women who were new to the process as they were understandably scared and unsure. For the women who had been through the process before, there was a respectful dialogue with the staff, resulting in a noticeably calm environment within the CDF.
- There is significant reliance by the CDF and CTF staff on self-report data from the women. From basic demographic data to current medications, family/child services issues, homelessness, or drug use/history, much of the initial data collected is self-reported by the women in response to questions asked in an open/semi-public setting. According to both staff and offender reports, many of the women who come in to the CDF are not always capable of accurate information sharing. Whether due to alcohol/other drug use or general psychological distress, details and dates are often confused or forgotten by the women, or not recorded appropriately during the receiving process. This is further exacerbated by the inadequate information verification arrangement via the Management and Information Systems (MIS) available to the staff.
- Some of the most challenging issues identified were related to information sharing and gaps within the MIS systems utilized. As noted above, much of the information used by CTF staff to make custody and programming decisions regarding the women comes from the women themselves. They do not have direct access to the Jail and Community Corrections System (JACCS) because it is operated and controlled by the DOC/CDF and, to access information about an offender contained on that system, the CTF staff must rely on one of their counterparts at CDF to obtain and share the information with them. They must then go and enter the relevant pieces of information obtained into their own system – the Offender Management System (OMS). As a result, there is overreliance on self-report data and frequent duplication of efforts by different individuals in the DOC/CDF and the CCA/CTF staff.
- Further, staff at CTF lacks the ability to access other data systems within the District that could aid them in verifying information about the women who enter the facility. For example, if CTF staff had read-only access to other District agencies computer systems, they would be able to verify important characteristics such as homelessness, medical histories for women who are not Unity clients, child protective services complaints/judgments, drug history and treatment, employment status, educational background, et cetera. This, in turn, would be incredibly helpful in making appropriate classification, placement, and case management decisions during their time at CTF.

At virtually every stage of the receiving and intake process, staff reported (and demonstrated) their interest and commitment to doing their jobs well in order to help the women in custody at CTF. Though they work very hard to do this, the staff face substantial barriers related to data collection and verification. This has an impact on the staff's productivity and, more importantly, on the women's placement and case management while at the facility. Eventually, this negatively impacts the women's ability to reintegrate into the community upon release.

Recommendations

- Create electronic data sharing strategies to ensure that intake information collected by CSOSA, DOC, and the CTF/CCA is appropriately shared in order to reduce duplication of data collection effort and speed case planning and service referral actions.
- Explore additional or modified ways of evaluating the mental health needs of the women entering the CTF during the receiving process, particularly when offenders are under the influence of substances that could impact initial evaluations.
- Consider developing an alert system to increase communication between the DOC's CDF and CTF/CCA during the receiving process. Moving beyond the current dependence on self-reports taken during the receiving process (or repeating the questions once transferred over to CTF) is not reliable.

4. Classification and Assessment

While the CDF manages the initial intake and medical/mental health screening of all inmates, the CTF conducts a more comprehensive intake process that includes custody classification (housing assignment), and orientation to the facility. As described in the previous section, the custody level decision is based on official records (JACC, Jury Argument in Criminal Cases, judgment court orders, and the OMS) and occurs administratively. A group orientation covers sexual misconduct/PREA concerns, protective custody, and the facility rules including visitation and phone privileges. A personal interview with each woman of approximately 15 minutes includes an initial evaluation of RSAT (Residential Substance Abuse Treatment) and AOAT (Adjusting Our Attitude Training) program eligibility and interest, as well as programming recommendations that are passed on to the unit's case manager. The estimated daily intake is 10 to 15 women.

The DOC uses a single custody (external) classification instrument for men and women that was last validated for men and women in 2006 by Dr. James Austin. The facility does not conduct an assessment of the dynamic risks, needs and strengths of the inmates early in the intake process for the general population. There are two exceptions to this: the women who participate in the RSAT program and women eligible for transfer to a halfway house (eligible misdemeanor offenders within 120 days of their release dates). These assessments are critical for identifying the top criminogenic needs of women (risk areas most associated with their criminality) and directing women toward the CTF and community reentry programs and services that will most effectively reduce their risks of re-offending. Interestingly, the CSOSA Pretrial Services and Community Supervision Agencies collect information on clients' risks and needs in their case files; however, there is no indication that these records are shared with CTF.

The research and prevailing guidelines recommend the use of custody classification and risk assessment tools that are valid and predictive for women and, critically, are relevant to women's unique needs and pathways to offense-related behavior. Such tools prevent the over-classification of women (higher custody levels that actual behaviors warrant) and ensure that case managers have a full and accurate picture of the risks, needs and strengths of the individual woman. Developing a full and accurate picture of each woman's risk factors for re-offending is an indispensable tool for effective case and discharge planning. An aggregate picture of those dynamic and gender-relevant factors is a critical resource for policy officials when developing an array of effective and adequate programs and services.

Recommendations

- As stated in previous data sharing recommendations, we suggested improving the information sharing capability of the CDF/CTF with key DC criminal justice agencies to ensure access to criminal history, criminal justice status, and risk/needs assessment information contained in their files. This would help the jail make more informed custody decisions and identify women in different release statuses, e.g., pretrial holds awaiting preventive detention hearings (required within 5 – 10 days of detention) for whom pretrial release plans need to be developed quickly in coordination with Pretrial Services, and other pretrial detainees with longer expected lengths of stay due to previously established court dates. It would also inform critical decisions on connections with mental health, substance abuse, and housing services that should be central to effective release plans (especially for short-term stay women) and that would support more effective custody and risk/needs assessment.
- Consider ways to gain access to verified information (available in DC human service agencies) regarding mental health status, homelessness, medical information, child protective services, drug history, and other factors for use during both classification and case management.
- Adopt a gender-informed (risks/needs/strengths) assessment instrument for women for use in case and discharge planning in the jail and for use as the foundation of more effective collaborative case planning among DC criminal justice agencies.
- Explore the provision of access to the 'CourtView' database to enable classification specialists to incorporate court dates, pending charges, and warrants into their decision making process.

5. Case and Transitional Planning

The CTF provides case management services to women in custody at the unit level. Unit case managers have many responsibilities: they serve as the key source of information for inmates about their criminal justice status and court dates; they refer women to the available educational, vocational and treatment services; and they conduct group and individual counseling sessions. There is one case manager per approximately 100 women (two units of 50 women). Currently, the CTF case managers do not prepare written case or discharge plans for the general population. Case plans are prepared within the RSAT program, and a dynamic risk assessment (LSI-R, Level of Service Inventory-Revised) is conducted for women eligible for transfer to the halfway house, however, this is not a full case plan.

Many pretrial and sentenced women serving jail time for non-compliance with supervision conditions are already on the caseloads of the CSOSA Pretrial and Community Supervision agencies. However, typically, there is no active case planning with CTF staff during the period of custody. Further, the CSOSA Community Supervision Agency is responsible for completing pre-sentence investigation reports (PSI's) for women adjudicated guilty and awaiting a sentencing hearing, as well as conducting the PSI interviews in the CTF. Currently, there is no mechanism for sharing the risk and needs assessment information of the PSI with CTF case managers.

In recent years, new models of case management have been designed specifically for women to better support treatment and programming in custody settings and transition to the community. The NIC Women Offender Case Management Model (<http://static.nicic.gov/Library/021814.pdf>) is a helpful resource.

In the dynamic climate of the jail, where lengths of stay for many women are unpredictable and short, a triage or layered approach to assessment and case planning is necessary. For instance, women who may be discharged prior to trial require rapid and effective connections to pretrial services and community support services as well as survival plans. For women with longer lengths of stay, the CTF will have the time to do more careful assessments of risks and needs, provide short term counseling and support and, again, develop strong community release plans with direct connections to providers.

This analysis suggests a major paradigm shift in the role of the CTF to that of a partner in the reentry business, and in which CTF is one of a group of agencies responsible for conducting comprehensive assessments, developing consistent and high quality discharge plans, and forming linkages to other DOC and CSOSA agencies and service providers in the community in order to develop a coordinated reentry plan. This would involve improved information sharing and joint/team case and discharge planning, and insertion of mental health and substance abuse expertise from DC Department of Mental Health and APRA (Addiction Prevention and Recovery Administration) in this assessment process. This assumes that most of the actual services are most effectively provided in the community (and realistically will take place in the community due to short average lengths of stay for many women). Unlike prisons (even those with short term prisoners) where lengths of stay are determinate, jails are inherently places of transition.

Recommendations

- Develop a triaged or layered approach to assessment and case planning in the CTF that recognizes the unpredictable and short term nature of custody terms for many women. The approach should seek to (1) ensure quick and accurate assessments of health, mental health, substance abuse, and personal safety factors, (2) direct referrals to community services and survival/safety options, and (3) inform more detailed assessments and services for medium and longer-term custody women.
- Consider expanding CTF's case manager positions and/or capacity to ensure that all case managers are trained in the critical knowledge and skill sets of gender-informed case management (motivational interviewing, multi-disciplinary teams, engagement and problem solving, ensuring the woman is a part of the planning team).

- Develop formal, documented case plans for every woman offender at the CTF and share them – as appropriate – with service providers in the community upon release.
- Expand the number of case managers in the CTF and consider the balance between this capacity expansion and the case manager needs of other agencies (CSOSA, pretrial services and community supervision), because these agencies are already responsible for the overall supervision of women who have violated pretrial and sentenced conditions (1329 Step Backs for non-compliance).
- Consider development of joint case management teams involving CTF and other agencies.
- Consider evaluating Electronic Medical Record (EMR) access for appropriate information-sharing under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to enhance case management planning – a critical component of successful reentry.

6. Offender Programming

The opportunity to participate in quality programs during incarceration/stay prior to sentencing is an important piece of women's treatment plans, contributing to their potential for successful reentry into the community. Currently, the following program and treatment offerings at the CTF include: (1) Adjusting Our Attitude Training (AOAT), (2) mandatory Testing of Adult Basic Education (TABE) prior to enrollment in educational programs, (3) educational programs including Adult Basic Education (ABE) and General Equivalency Diploma (GED), (4) vocational training including commercial cleaning, computer literacy, cosmetology, and graphic arts, (5) life skills (parenting, household budgeting, et cetera), and (6) employment techniques (résumé writing, interviewing techniques, et cetera).

A visual 'map' of what has been described above may be found in *Appendix 4: Women's Reentry Process and Programs: Mapping the Flow*.

Some of the key themes identified by the assessment team included:

- As noted earlier in this report, the women are not always capable of making good choices when they first come to the CTF due to alcohol/other drug use and/or mental health issues. According to reports from both the women and facility staff, many do not participate in programs and instead utilize their time at CTF as an opportunity to "rest and sleep." Since program participation – including education, vocational training, counseling, et cetera – is voluntary for the women, there is no implicit motivation for them to participate.¹¹ This was verified by program participation data, documented inmate idleness figures, and program vacancies despite a substantial average daily population of 250 women.
- The program offerings for male and female offenders are reportedly disparate, with the male offenders having access to additional vocational programs and more frequent

¹¹ The only program in which women could be required to participate is the court-ordered Residential Substance Abuse Treatment (RSAT) program.

educational classes. These reports came from staff at both the CDF and CTF, as well as from the female offenders themselves.

- There is an absence of gender-responsive programming opportunities, particularly those programs related to exploring the impacts of trauma, developing and sustaining positive relationships, and family reunification.
- Most program and treatment offerings are structured in such a way that offer very little flexibility or customization based on the needs of the women, the lengths of their sentences, or their interests.
- Establish a formal pre-release program for the women, similar to the men. Groups interviewed are interested in assisting with the development of such a program. For instance, the Public Defender's Office meets regularly with the Men's Reentry Program. Initial conversations indicated willingness to do similar activity with the women.

Though there are a number of core program and treatment programs available to the women, there are clearly a number of factors that detract from their use as part of their case management plans. Some of these barriers are structural, while others are related to the lack of expectations placed on the women. Increased programming opportunities, exposure to the options available to them, and options tailored to the length of the women's incarceration/stay at the CTF are critical to women's successful reentry.

Recommendations

- Offer quality, quantity, and individualization of services to women offenders that are comparable to what the male offenders receive and ensure that they are gender-informed.
- Explore the enhancement of family-oriented programming within the CTF, including current family therapy and visitation practices. A special, increased focus on life skills, child development, and reunification is recommended.
- Consider developing a monthly program schedule, to include all programs and services available to women by selection, by sign up, or open to all. The schedule should provide women and staff a complete picture of information and education opportunities available to them within CTF, based on meeting specific requirements.
- Explore the expansion of the RSAT program to make short-term (less than 120-day) treatment options available for women offenders.
- Consider increasing mental health services (e.g., individual counseling, group therapy, use of motivational interviewing techniques, et cetera) on the units.
- Review access and requirements for entry into and exit from programs to increase engagement of all women regardless of length of stay.
- Consider increasing women offenders' exposure to the availability of and process for participating in programs and services – both at CTF and once they reenter the community.

7. Discharge and Transition to Community

Women are discharged from the facility with and without supervision. When women are discharged from the facility, they return to supervision by CSOSA Pretrial Services or Community Supervision Services. Selected misdemeanants may be discharged to a halfway house. CSOSA is responsible for the adult probation and the parole supervision functions for the District of Columbia, and manages ex-offenders upon their release. Whether supervised or unsupervised, the ex-offender may or may not have housing, and ex-offenders without housing may be connected to one of several multi-service agencies. In our document review and interviews with community providers, we learned there are significant resources and options available to women. However, the women reported in interviews and focus groups that they have a hard time finding housing and other wrap-around services. Documents that could be helpful do not always appear to be widely distributed among staff or offenders.

Several multi-service agencies provide wrap-around services and case management, allowing women to receive information on housing, mental health and medical services, legal assistance, clothing, transportation assistance, and other services through one focal point. Collaboration of community partners and case management contributes to smoother and more successful outcomes for women. The core reentry services paramount to successful reintegration to community include: housing, substance abuse treatment, medical and mental health services, legal services, employment training and job placement assistance, family services, victim services, mentoring, and other general services such as faith-based groups, clothing, and transportation assistance.

A visual ‘map’ of the discharge and transition process described above may be found in *Appendix 5: Transition to Community and Reentry Services*. Currently, the reentry system that DC women face upon release to the community is fractured. Women must identify and contact multiple agencies to meet their complex needs with minimal case management oversight, coordination or meaningful assistance. By addressing each individual, their families, and communities in a holistic and comprehensive manner, the reentry process can become a model of success. The preparation for reentry should begin at 60 days out for sentenced women; however, the model must be adjusted and expedited for sentenced and pre-trial women with very short sentences. In DC, the median stay is 40 days, and 65% of women leaving in less than 30 days.

The coordination, communication and collaboration between the community, the DC DOC, CCA, CTF and Fairview Halfway House when women are discharged from the jail should be enhanced. To weaken or break the cycle of female incarceration rates, and to decrease illiteracy, poverty, desperation, mental illness, victimization and crime, emphasis must be placed on the community to develop programs and services that meet the needs and life circumstances of women. Solid coordination currently exists with the RSAT population, but not with the broader population. A transitional program that provides access to housing opportunities for women leaving 30 days or less that range from shelters to short term and long term housing, including Section 8 vouchers and similar aid, should be instituted and include a laminated card of key numbers and resources within the community, ideally by ward.

Recommendations

- Evaluate existing reentry programs and services for (1) concrete and realistic milestones for the women and (2) their effectiveness. Consider sunsetting or finding ways to improve programs that do not meet documented criteria and/or do not deliver desired outcomes.
- Develop a discharge planning process consistent with the women's length of stay prior to women leaving the facility that includes an in-depth assessment of needs based programs and services post-release, including housing, job training, insurance, primary care and existing illnesses identification, mental health referral, disabilities identification, social services forms, and a treatment plan. Establish an action plan based on the assessment.
- Consider methods to increase the women's exposure to and knowledge of community-based reentry services. Strategies could include the creation of a Reentry Resource Center at the CTF with satellite support in the housing units, increased contact with community providers through in-person visits in the unit, and simplified publication of community-based resources.
- Explore ways of integrating the internal CTF reentry planning with community-based programs to promote continuity upon release. Such a systemic process would require that every female offender have a confirmed () wrap-around plan prior to leaving the CTF, and participate in discharge planning and reintegration classes.
- Consider ways of augmenting current services for the continuity of less acute physical and mental healthcare for women offenders upon release to create more opportunity for stabilization and avoid decompensation or deterioration.
- Explore and enhance avenues for a formal mentoring program with community partners to provide broad access and availability to interested women.
- Consider a process of aftercare services for women leaving with no supervision.
- Create a greater base of knowledge for all staff around appropriate referrals to community-based services. Use of this knowledge will vary based on staff roles.
- Bring in partners. As mentioned above, many partners are willing to increase participation in a successful transition process.

8. Community Services/Partners

The District is home to an extraordinary number of nonprofit organizations, many of which are committed to providing resources and supporting women who are or have been in the criminal justice system. As seen in the Community Partners chart (*Appendix 6*), we identified 17 agencies that provide services directly to the women either in the jail, or upon release, or both. Through this core group of agencies, we identified over 100 agencies providing housing, employment, mental health, substance abuse, medical, supervision, spiritual, legal, veterans and wrap-around services to women offenders.

Some of the recurring themes within the realm of community services/partners identified by the consultant team included:

- An interest in/ openness to providing services to the women as they reenter the community;
- A desire among the staff to provide support and referrals to appropriate providers; and
- The challenge to/inability of eager community providers to gain access to the CTF due to the lack of consistent oversight by CTF staff.

Partnership development between community partners, CTF/CCA, and DC DOC is critical to increase the effectiveness of women's reentry services and long-term sustainability. Establishing roles, coordinating efforts and services, and ensuring consistent communication between the CTF and community partners are critical components to developing and sustaining a successful reentry process. We acknowledge that other organizations have created tools to help reentry women navigate the complicated maze of service options available. Two specific resources include the Public Defender's Office, Adult Directory of Resources, and Georgetown Law's, A Housing Guide for Reentering Women in D.C. Examples of groups expressing interest in increased coordination of services for women are represented on the Community Partners Map (*see Appendix 6*).

The majority of community service providers we spoke with mentioned Our Place DC as the group that they work through, connect with, and send referrals to. Our interviews with close to 20 agencies, provided us with additional layers of organizations and agencies that are interested and expressed a willingness to play a role in providing key services to women reentering the District of Columbia. However, roadblocks exist as these groups expressed an inability to get to the women directly. Many are dissatisfied but accepting that they must play an indirect role and hope that the women find them. A significant opportunity exists for community services to be enhanced exponentially for the women. This opportunity will result from development of direct connection with the community providers to the CTF/CCA, followed by careful planning, implementation of services, monitoring and ongoing evaluation of the utilization and impact of the services on the women. Groups such as the Public Defender's Office, Office of Returning Citizens, and the Visitor's Center have intentions of increasing services for the women.

Recommendations

- Improve community partners' and service providers' access to the CTF by identifying and addressing barriers. Ensure staff consistency with understanding the importance of effectively managing the process for community groups to access the CTF and ensure staff consistency with the process guidelines.
- Explore ways to further support the structure of the Linking Institutional, Neighborhoods & Community Services (LINCs) meetings to determine whether outcomes are aligned with the group's organizational goals; awareness and understanding of complementary services and goals among stakeholder and services is key to the group's success. It is recommended that DOC be available to provide ongoing support with LINCs to foster expanding working partnerships.
- Consider developing a Career Exploration Program to assist with job placement for women offenders. This could be supported via a memorandum of understanding (MOU) between the CTF and groups such as the City Job, Office of Returning Citizens, Visitor's Center, and Family Services Agency.

- Explore ways of encouraging community agencies to assist children of incarcerated women with personal and adolescent development in order to promote healthy family development.
- DOC should consider periodically surveying community service providers regarding their experiences in working in the CTF and review recommendations for process improvement.

VI. RECOMMENDED NEXT STEPS

A clear and intentional plan should be developed within the District to make a positive movement for women's reentry. Consistent with a planning process, short term goals could be developed to impact positive outcomes for women.

1) Strategic Planning

- Consider the creation of a reentry task force of DC and Federal agencies focused specifically on the reentry issues of pre-trial and sentenced women. The task force should be comprised of justice, human services, policy officials, and community service providers and should continue the examination of reentry gaps and barriers and develop concrete short and long term plans to address those gaps. This work will require:

- Participation of officials with the authority to make decisions or submit proposals to the DC Criminal Justice Coordinating Council (CJCC) for specific actions that will improve reentry success of women in pretrial and sentenced status.
- Careful decision making regarding the structure of the women's reentry task force in relation to existing DC CJCC work groups, in particular the Reentry Task Force and the Mental Health Service Coordination Group.
- Collaboration with key community partners identified as being essential to the success of women's reentry in DC. These partners would include, but not be limited to: the Public Defender's Office, CSOSA (Pretrial and Community Supervision), Our Place DC, DC Department of Corrections and CCA.
- Development of a charter that will include such goals as: 1) improving the sharing of electronic information on the risks and needs of women among justice and human service agencies (particularly the Department of Mental Health and Addiction, Prevention and Recovery Administration (APRA)), 2) ensuring early, coordinated assessment, case planning, and connection to needed services for women in pretrial status (for example, a large percentage of women are released within two weeks), and 3) improving discharge planning for all women serving sentences of various lengths.

2) Require DC-funded grantees to attend quarterly meetings to ensure coordination across a wide array of stakeholders and to participate in strategic planning sessions as developed in Item 1) above.

3) Identify any District laws which create a barrier to women's reentry as a goal or objective of the jail.

4) Coordinate short term efforts guided by recommendations in this report.

- a. Increase accessibility to the jail
- b. Enhance pre-release programming with primary community partners

- c. Develop an overall training plan for working with women offenders with an emphasis on the reentry mission. Training topics should include:
 - i. Reentry philosophy and responsibilities
 - ii. Supervisory training
 - iii. Role clarification between and within agencies
 - iv. Case management (development of case planning expertise, group and individual facilitation skills, motivational interviewing, referral knowledge and skills)
 - v. Working with women offenders and their unique pathways into criminality and needs while incarcerated
 - vi. General communication and interpersonal skills
 - vii. Specialized training in mental health awareness
 - viii. Updated training to support staff development in working with women offenders.
- d. Evaluate training and explore low / no cost targeted training support from external resources with delivery strategies to include traditional classroom modules, eLearning platforms, and on the job-training. Training resources can be enhanced through coordination with non-profit organizations with subject matter expertise. Explore no-cost training options through NIC and the BJA-funded Resource Center for Justice Involved Women. Increase distribution of reentry resource material.
- e. Begin preliminary conversations with stakeholders responsible for coordination of case management data throughout the women's process from intake to the community
- f. Evaluate intake and assessment tools for gender specificity
- g. Identify the status and roles of current/existing reentry task force and committee efforts.

VII. SUMMARY STATEMENT

Approaching successful reentry for women - as with men - requires the ability and willingness to create a full system of programming and services that “wrap around” the realities of returning citizens. These realities are, to a great degree, documented. Data provided by the DC Department of Corrections demonstrates that District women involved in the criminal justice system have documented needs for greater support and guidance than what is currently accessible even when there may be resources available.

Patterns of behaviors and criminality are often formed out of economic survival, medical and mental health challenges, housing, substance abuse, parenting, limited education, and destructive adult relationships. The complex combination of these factors provides clarity around the need for a comprehensive model of reentry involving stakeholders from a full community of officials, non-profit providers, the faith community, the mental and medical health community, and engaged citizens.

The development of this descriptive overview of reentry for women in the District of Columbia has created an opportunity for critical dialogue among the decision makers and stakeholders that have the ability to make a remarkable difference in many women’s ability to access a path to productive citizenry in the District. Obviously, not all women are the same. In building a system of reentry it is important to acknowledge that many of the women with a history of recidivism conveyed a fragile belief in their ability to be successful to the consultants. Programming and services must be built with accurate data about the women and be designed to incorporate the realities of women’s lives and their pathways to criminal behavior - including the cycle of returning to crime. The professionals throughout the system who work with women need training and grounding to embrace a commitment to a reentry philosophy. Within the jail, it is particularly critical to establish a reentry mission that promotes a common goal for every program and service, prioritizing a focus on successful reentry - encouraging the women to believe that they can build healthier lives in the community.

The themes and recommendations within this report represent the voices of the women, the staff at the jail, the Fairview Halfway House, many non-profits, and all levels of agency and government leadership. Most recommendations within the report represent the strong themes found throughout consultant communication with stakeholders. Our team encountered little disagreement on the need for increasing successful reentry for women. Unexpectedly, consultants found that many community resources are not being fully accessed by the women who so desperately express a need for the services. Throughout this three month process, this lack of connection between the moving parts of the reentry system and the women themselves emerged as an overarching theme.

Defining success is an important part of the discussion, and well-trained case managers, clinicians, educators, and policy makers are urged to build a common understanding of the women they all serve - a seamless system of assessment – and a structure for stronger collaboration and processes for communicating critical information across systems of care.

All of these activities enabled The Moss Group team to review the formal structures (e.g., policies, procedures, and the mission of the facility) and the informal elements of the culture (e.g., the values, beliefs, and perceptions of both staff and the females in custody), objectively assessing the strengths, challenges, and opportunities that influence the DC Government’s ability to provide the most successful reentry strategies for women in both custody and community settings. Our team thanks all the staff,

women and community partners that provided their voice of experience and vision for the opportunity to increase the success of building a vibrant and effective reentry program for women.

VIII. APPENDICES

APPENDIX 1 – Document Review: Requested Documents

Request for Documents from The Moss Group, Inc.

The following items will assist The Moss Group consultant team in initiating the work of assessing the reentry programs and services for women offenders at the District of Columbia's Correctional Treatment Facility (CTF).

Please send 2 **copies** of all materials to the name and address below to:

Donna Deutsch
The Moss Group, Inc.
1312 Pennsylvania Avenue, SE
Washington, DC 20003

Should any of the materials be available in electronic format, please send them (in addition to hard copy) to: ddeutsch@mossgroup.us.

List of Requested Documents

1. CTF mission statement and/or guiding principles.
2. DC DOC and/or CCA policies and procedures informing the mission and operations of the facility, and any policies related specifically to managing the women offender population. These may include but are not limited to:
 - Intake;
 - Placement of offenders (classification);
 - Cross-gender searches;
 - Staff/offender relations;
 - Reentry; inmate programming;
 - i. Training requirements
 - ii. Volunteer services
 - iii. Contractual services
 - Offender discipline process; and
 - Offender appeals and/or grievance process.
3. Copy of classification and/or assessment tools in use in working with the female population.

4. Copy of a sample offender case plan.
5. An overview of available programs and educational offerings for the female population, including goals, capacity and length, and eligibility criteria.
6. A list of existing contractors/outside groups that provides services for the women at CTF.
7. Summary data on CTF's existing women (e.g., population demographics (age, race, custody level, sentence length, offense), criminal histories, risk and need factors, etc.).
8. Data related to the timeframes for release for the women, as well as percentage of women who are on pretrial status.
9. A sampling of offender incident reports during the last six (6) month period.
10. A sampling of offender disciplinary reports during the last six (6) month period.
11. In accordance with our contract language regarding confidentiality, any major reports relevant to the treatment and/or programming for the female population.
12. CTF organizational chart, with both position titles and names of individuals assigned to each key position (e.g., management team, department heads, etc, including lines of supervision).
13. Staff roster, to be provided in a format that includes demographic information such as: name, position title, regular days off, gender, race, age, and – if possible – years at the facility.

APPENDIX 2 – Points of Contact: DOC/CDF, CCA/CTF, and Community

Points of Contact: Women's Reentry Project

(Updated 09/11/11)

DOC / CDF

- Tom Hoey, Interim Director
- Carolyn Cross, Deputy Director
- James Murphy, Community Affairs
- Marie Amato, Office of the General Counsel
- Sharon Hargrove, Correctional Program Specialist
- Simon Wainright, Warden
- Leona Bennett, Deputy Warden
- Brenda Scott, DOC Contract Monitor
- Brenda Ward, Special Assistant to the Director
- Dr. Reena Chakraborty, Statistician

N = 10

CCA / CTF

- Isaac Johnston, Warden
- Walter Fulton, Assistant Warden
- Nicole Wallace, Training Manager
- Joyce Allen, Grievance Coordinator
- Lt. L. Allan, Visitation
- Laretta Johnson, Chief of Security
- Stanley Waldren, Chief of Unit Management
- Lenette Nesbit, Classification
- Betty Green, Chaplain
- Essie Knuckles, Psychiatrist
- Acra Johnson, Jobs Coordinator
- Ms. Aneesa Salaam, Intake Case Manager
- Mapping Process for Womens' Intake and Discharge (n = 16)
- Focus Groups / Discussion Groups
- Staff: Programs and Treatment (n = 11)
- Staff: Custody (n = 8)
- Staff: Unit Managers (n = 3)
- Women: 2 Groups (n = 13)

N = 63

Community

- Charles Thornton, Return to Citizen Office
- Jim Knight, Angie Rodgers, Jubilee Housing
- Terry Flood, Jubilee Jobs
- Ashley McSwain and Courtney Cross, OurPlace DC
- Traci Outlaw, Unity Healthcare
- Roula Sweis, Addiction Prevention and Recovery Administration (DOH)
- Robert Williams, Federal City Recovery Services
- Ebony Smith, Visitors Service Center
- Thomas Smith, Salvation Army
- Calvin Johnson, Director of Research and Evaluation, CSOSA Community Supervision Services
- Susan Shaffer, Director of CSOSA Pretrial Services Agency
- James Murphy, L. Jones, Chantay Mahogany, plus residents (n = 8), Fairview Halfway House
- Christel Nichols, House of Ruth
- Rebecca Stelle, Becoming Church
- John Bess, Public Defender's Office

n = 28

APPENDIX 3 – Consultant Team Biographical Sketches

Donna Deutsch, B.A.

Donna Deutsch is an Associate with The Moss Group, Inc., a Washington, DC-based criminal justice consulting firm. Joining the company in 2010, Ms. Deutsch's focus has been on business development, women's reentry research, technology solutions and project management in the areas of cost containment, training development and technical assistance.

Ms. Deutsch brings more than 20 years of operations, strategic planning and business/product development experience. Her well-rounded base of knowledge and experience in building businesses, evaluating and enhancing systems and operations, and identification of strategic partners allow for the cultivation and expansion of new opportunities and relationships within the criminal justice arena. This experience is especially critical in the identification of reentry solutions between community and correctional facilities.

Prior to joining The Moss Group, Ms. Deutsch worked in leadership positions within the education, technology consulting, consumer electronics and publishing industries, and has successfully instilled positive, business-building blueprints throughout her career.

Andie Moss, M.Ed

Andie Moss is President of The Moss Group, Inc., a Washington, DC-based criminal justice consulting firm established in 2002. The Moss Group, Inc. provides consulting services to federal, state and local agencies and private organizations using the expertise of experienced practitioners with a commitment to excellence. Through her organization, Ms. Moss has managed multiple strategies to assist the field in the implementation of the Prison Rape Elimination Act. Ms. Moss has served as an expert to the National Prison Rape Review Panel, the Vera Institute of Justice, the National Institute of Corrections, the Bureau of Justice Assistance, the Bureau of Justice Statistics and the National Prison Rape Elimination Commission.

Ms. Moss has an extensive history working on sensitive correctional management issues, particularly with women offenders. In the Georgia Department of Corrections she provided oversight for reform in women's services. Later on, as an Assistant Deputy Commissioner in the Georgia Department of Corrections during the Cason v. Seckinger lawsuit in the early 1990's, and as a Program Manager with the NIC from September 1995 - February 2002, she was involved in the development of early strategies to address staff sexual misconduct in the field of corrections. Throughout her career, Ms. Moss has valued the importance of addressing staff-offender sexual abuse by understanding the nature of the organizational culture of correctional settings as well as the day-to-day operational practice.

Through both her work with the National Institute of Corrections and through independent contracts, Ms. Moss has consulted onsite with over sixty correctional organizations, both in the adult and juvenile arenas. Currently, among other initiatives, Ms. Moss continues to manage the NIC PREA cooperative agreement, is a partner in the Office of Justice Programs and Bureau of Justice Assistance Resource Center of Justice Involved Women, and is a subject matter expert and advisory member for the NIC-funded Gender Informed Practice Assessment.

Ms. Moss is published in professional periodicals and authored a chapter in a correctional administrator's textbook on staff sexual misconduct. She is active in professional organizations, is the Chair for the ACA Women Working in Corrections Committee, and is immediate past President of the Association of Women Executives in Corrections. Ms. Moss has received numerous honors for her work including the NIC Executive Director's Award.

Phyllis Modley, M.Ed.

As a Senior Manager with the Center for Effective Public Policy, Phyllis Modley provides training and technical assistance expertise on gender-informed practice for women offenders, evidence based practices to reduce pretrial misconduct and reoffending, offender reentry, guidance to collaborative policy teams on the design of more purposeful and rational policy and practice. Projects of particular interest to this proposal include:

- team member on training for correctional agencies on strategies for successful reentry;
- team member and site coordinator for pilot test of the National Institute of Correction's Gender Informed Practice Assessment (GIPA), Facility Version 2009 to 2011; and
- member of framework design and technical assistance provider to two counties in the evidence based decision making for local criminal justice systems (EBDM) Initiative, sponsored by the National Institute of Corrections, 2008.

Previously, Ms. Modley has served as facilitator on TMG workshops focused on defining critical issues in implementing the Prison Rape Elimination Act (PREA) Standards, one on classification and sexual safety and another on the impact on women and girls. She also served as co-trainer for the TMG project: Delaware Community Corrections: Working with Women Offenders, Training for Trainers.

From 1978 – 2008, Ms Modley worked at the National Institute of Corrections, Community Corrections Division, as a Correctional Program Specialist. She designed and managed policy development, technical assistance and training programs in many areas of adult community corrections.

Shaina Vanek

Shaina Vanek is a Senior Associate with the Moss Group, Inc, bringing over thirteen years of program development and management experience. Having joined the Moss Group in 2009, her primary focus has been on internal project management, evaluating office operations, project management, and the use of technology, as well as enhancing business strategies.

Over the past eight years while working at another firm, Ms. Vanek oversaw cooperative agreements for the Linking Culture and Performance project and the related Leading and Sustaining Change project – both of which were supported by the National Institute of Corrections. These projects are intended to (1) assist correctional facilities – prisons, jails, and juvenile facilities – in identifying the underlying causes for problems that seem resistant to traditional means of intervention in order to improve organizational performance and (2) provide tools to assist institutions in developing long-term strategies for culture change. She is a seasoned assessor, having engaged in all types of fieldwork and lead or participated in

twenty-eight assessments of institutional culture across the country. Ms. Vanek has lead focus group meetings, conducting numerous one-on-one interviews with both institutional staff and inmates, and engaged in post-visit data analysis and report-writing.

Since joining the Moss Group, Ms. Vanek has had extensive involvement in a number projects in various local, state, and federal facilities serving both adult and juvenile populations. She has experience managing PREA technical assistance delivery strategies in multiple jurisdictions. These efforts have included conducting needs assessments, developing staff training programs, conducting facility management assessments, working with consultants in coaching executive leaders, supporting staff teambuilding efforts, and coordinating organizational change efforts. Ms. Vanek has also provided project management for a number of short-term technical assistance efforts through the National Institute of Corrections, including a recent high-profile review of sexual abuse and staff misconduct in a Midwest state.

Ms. Vanek earned her Bachelor of Arts in the fields of sociology and psychology from the University of Vermont, and her Master of Science degree in Criminal Justice Counseling from Central Connecticut State University. She has also served as a Visiting Guest Lecturer in the psychology department at Trinity College in Hartford, Connecticut.

Reginald A. Wilkinson, Ed.D.

Dr. Reginald Wilkinson is presently the President & CEO of the Ohio College Access Network. He is also President of Connecting the Dots, LLC, a consulting practice.

Dr. Reginald Wilkinson chairs the U.S. Department of Justice's Review Panel on Prison Rape. He is also a current member and the immediate past Chairperson of the National Institute of Corrections Advisory Board.

After a 34-year career with the Ohio Department of Rehabilitation and Correction, Dr. Wilkinson retired in 2006 as the agency's Director, a position he held for 16 years. He is also a past president of the American Correctional Association and the Association of State Correctional Administrators.

Dr. Wilkinson holds both a B.A. and M.A. from The Ohio State University. He also has a Doctorate of Education degree from the University of Cincinnati. He has received numerous awards from organizations such as the National Governor's Association, the Volunteers of America, and American Correctional Association.

APPENDIX 4 – Women’s Reentry Process & Programs: Mapping the Flow

APPENDIX 5 – Transition to Community and Reentry Services

APPENDIX 6 – Community Partners Chart

APPENDIX 7 – Recommended Resources

Over the past five to ten years, women's reentry has become an increasingly important topic as a record number of women have entered correctional facilities. Listed below are a sampling of resources and websites that address the topic of women's reentry and gender-responsivity.

- *Adult Directory of Resources*. The Public Defender Service for the District of Columbia. Updated November, 2010. Available at: <http://www.pdsdc.org/Resources/ORD/Adult-Directory-11-1.pdf>
- Best, Zachary; Heidelberg, Cynthia, and Susan Smith Webb. *A Housing Guide for Reentering Women in D.C.* The Community Justice Project, Georgetown Law 2011. Available at: <http://www.csosa.gov/reentry/resources/housing-guide-reentering-dc-women.pdf>
- *The Transition from Jail to Community (TJC) Initiative*. National Institute of Corrections and Urban Institute, April 2010. Available at: <http://www.urban.org/projects/tjc/Toolkit/>
- *Breaking Cycles, Rebuilding Lives: Gender Analysis of Programs & Services for Incarcerated Women in Santa Clara County*. County of Santa Clara Department of Correction Commission on the Status of Women and the Office of Women's Policy, May 2008. Available at: <http://www.sccgov.org/SCC/docs/Women%27s%20Policy,%20Office%20of%20%28DEP%29/attachments/April%202008/Breaking%20Cycles%20Rebuilding%20Lives%20May2008.pdf>
- *Women on the Outside: Understanding the Experiences of Female Prisoners Returning to Houston, Texas*. Urban Institute, Justice Policy Center, June 2009. Available at: http://www.urban.org/UploadedPDF/411902_women_outside_houston.pdf
- Modley, Phyllis and Rachelle Giguere. *Coaching Packet: Reentry Consideration for Women Offenders*. Prisoner Reentry Initiative Grant Program, sponsored by the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and administered by the Center for Effective Public Policy, 2010. Available at: <http://www.cepp.com/documents/Reentry%20Considerations%20for%20Women.pdf>
- Rose, Dina; Michalson, Venezia; Wiest, Dawn and Anupa Fabian. *Women, Reentry and Everyday Life: Time to Work?* The Women's Prison Association, March 2008. Available at: <http://www.wpaonline.org/pdf/Women%20Reentry%20and%20Everyday%20Life%20-%20Final%20Report.pdf>
- *Mentoring Women in Reentry: A WPA Practice Brief*. Women's Prison Association and the Institute of Women and Criminal Justice, October 2008. Available at: <http://www.wpaonline.org/pdf/Mentoring%20Women%20in%20Reentry%20WPA%20Practice%20Brief.pdf>
- Ney, Becki and Teri R. Martin. *Gender-Responsive Strategies for Women Offenders: Using Jail Exit Surveys to Improve Community Responses to Women Offenders*. U.S. Department of Justice, National Institute of Corrections, December 2005. Available at: http://www.wcl.american.edu/nic/documents/13.GenderResponsiveStrategies_JailExitSurveys.pdf?rd=1

- Soloman, Amy; Osborne, Jenny; LoBuglio, Stefan; Mellow, Jeff, and Debbie Mukamel. *Life After Lockup: Improving Reentry from Jail to the Community*. Montgomery County Department of Correction and Rehabilitation, Bureau of Justice Assistance, John Jay College of Criminal Justice and Urban Institute, May 2008. Available at: http://www.jjay.cuny.edu/Final_Life_After_Lockup.pdf
- Gaynes, Elizabeth. *Reentry: Helping Former Prisoners Return to Communities: A Guide to Key Ideas, Effective Approaches, and Technical Assistance Resources for Making connections Cities and Site Teams*. Edited by Jacqueline Lalley. The Technical Assistance Resource Center of the Annie E. Casey Foundation, 2005. Available at: <http://www.aecf.org/upload/publicationfiles/ir2980d32.pdf>
- Covington, Stephanie. "A Woman's Journey Home: Challenges for Female Offenders and Their Children." in *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities*. Institute for Relational Development, 2002. Available at: <http://www.stephaniecovington.com/pdfs/3.pdf>
- Combs, Tom. *Gender-Specific Programs Help Women "Break the Cycle"*. Corrections Today, Vol. 72, nbr 6, December 2010. Available at: <http://law-journals-books.vlex.com/vid/gender-specific-help-women-break-cycle-250296046>
- Bloom, Barbara; Owen, Barbara; and Stephanie Covington. *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*. National Institute of Corrections, May 2005. Available at: <http://www.asca.net/system/assets/attachments/2868/018017.pdf?1306719219>

Websites:

- Federal Interagency Reentry Council – www.nationalreentryresourcecenter.org/reentry-council-meeting
- National Reentry Resource Center – www.nationalreentryresourcecenter.org
- Transition from Prison and Jail to the Community Initiative (NIC) – <http://nicic.gov/TPJC>
- Reintegration of Ex-Offenders (DOL) – www.doleta.gov/REXO/
- Incarceration and Reentry (HHS) – <http://aspe.hhs.gov/hsp/11/Incarceration&Reentry/>
- Court Services and Offender Supervision Agency – <http://media.csosa.gov>
- National Resource Center on Justice Involved Women - <http://cjinvolvedwomen.org/about>
- Women's Prison Association – www.wpaonline.org
- Center for Effective Public Policy – www.cepp.com
- The Moss Group, Inc. – www.mossgroup.us