CIC Pop-Up Think Tank: Reimagining CTF Summary Report

Photo courtesy of Gabriela Bulisova

Introduction

The DC Corrections Information Council (CIC) conducted the second of its "Pop-Up Think Tank" series entitled "Reimagining CTF" on July 14, 2016. As the DC Department of Corrections (DOC) comes closer to assuming operations of the Correctional Treatment Facility (CTF) on February 1, 2017, the think tank engaged over 20 loved ones of incarcerated DC residents, community advocates, and interested stakeholders who shared their ideas about inmate composition, programs, and services to be provided at CTF in the coming years. Attendees worked through various scenarios to examine and prioritize suggestions for CTF, taking into account the needs of incarcerated DC residents and how a "reimagined" CTF might help overcome the challenges these individuals may face.

Key Findings

The CIC identified seven key findings from the think tank discussions:

I. All incarcerated DC residents require **comprehensive DC reentry services**;
II. CTF should prioritize **family engagement** opportunities;
III. Young adults face unique challenges and require **age-appropriate care**;
IV. CTF must consider the unique needs of **women** when providing services and programming;
V. Individuals with **intellectual and learning disabilities** have specific educational and safety needs;
VI. Staff at CTF should be trained on how to address **mental health and trauma** related issues; and

Background

CTF was activated in 1992 as a medium security institution and, subsequently, has been operated and managed by the Corrections Corporation of America (CCA), a private company. The contract between CCA and DOC will expire January 31, 2017, at which time the DOC will assume the operations of CTF.

Although often confused with the Central Detention Facility (CDF, or DC Jail), CTF is a distinct entity. This misunderstanding is in large part due to the close proximity of CTF and CDF as well as their similarly named addresses: 19th and D St. SE for CTF and 1901 D St. SE for CDF. The two buildings are also joined via a "cat walk," which presents the appearance of one large structure.

Photo courtesy of Gabriela Bulisova

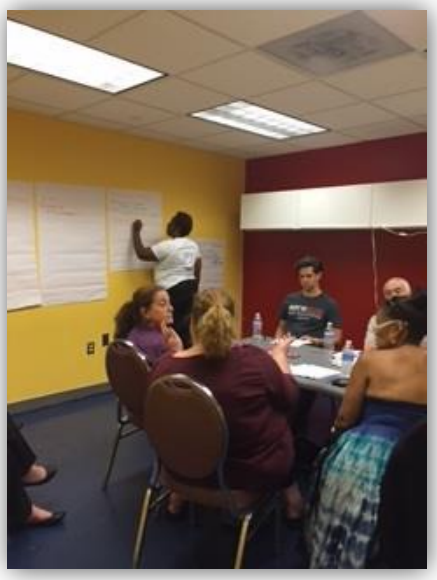
The table below provides a basic comparison of the two facilities:

	Correctional Treatment Facility (CTF)[1]	Central Detention Facility (CDF / DC Jail)[2]
Age	24 years	40 years
Capacity	1400-1500	2164
Occupancy	578 (41% capacity as of 7/8/16)[3]	1310 (61% capacity as of 7/8/16)
Security Level	Low, Medium	Low, Medium, High
Population	• Adult males and females who are awaiting trial or a parole revocation hearing and are subject to pre-trial detention; have been convicted of a misdemeanor; or have been convicted of a felony and are awaiting transfer to a BOP facility. • Youthful inmates (youths charged as adults) of both sexes • Up to 200 Federal Bureau of Prisons (FBOP) inmates designated to serve sentence in DC • Protective custody inmates • Some U.S. Marshal Service inmates	• Adult males who are awaiting trial or a parole revocation hearing and are subject to pre-trial detention; have been convicted of a misdemeanor; or have been convicted of a felony and are awaiting transfer to a BOP facility • No BOP sentenced inmates
Structure	Five separate wings (referred to as "buildings") on 10.2 acres of land next to the CDF, each with separate areas for administration, programs, housing, and services.	Three-story complex consisting of two interconnected structures, one for housing and one for the jail's administrative and support functions.
Visitation	In-person contact visits in open cafeteria area	Combination of video visitation and in-person visitation behind Plexiglas for those in jail over 30 days.
Special Needs	Holds special needs inmates, including those with physical disabilities	Has Mental Health Unit, Mental Health Step Down Unit, and Age 50+ Unit

Unity Healthcare provides medical care for both facilities, and mental health services are provided by the DC Department of Behavioral Health. At CTF, the Secure Residential Treatment Program (SRTP) is offered exclusively for men as a 180-day program in a 32-bed unit while the Residential Substance Abuse Treatment (RSAT) unit facilitates up to 25 women and 75 men. Additionally, although young adults are housed at CTF, the unit is operated by the DOC rather than by CCA staff.

[1] *Correctional Treatment Facility: The CCA Way,* Corrections Corporation of America (CCA), 2013.
[2] *D.C. Prisoners: Conditions of Confinement in the District of Columbia*, Washington Lawyers Committee for Civil Rights and Urban Affairs, June 11, 2015. http://www.washlaw.org/pdf/conditions_of_confinement_report.pdf
[3] *DOC Official Population Counts by Facility*, DC Department of Corrections (DOC), July 8, 2016.

Scenarios



The CIC invited participants to "reimagine" CTF by first working through two scenarios involving fictitious incarcerated DC residents. Participants were divided into two groups and engaged in a facilitated discussion regarding these individuals' needs, challenges they may face, and how the DOC takeover of CTF might help meet these needs and overcome challenges. The two scenarios are as follows:

Scenario 1: Joe is 34 years old male who has nine months left to release. He is designated to a medium security prison. Joe is ready for reentry planning but is unsure whether he wants to leave the FBOP and return to DC.

Scenario 2: Mark is 19 years old male who has been sentenced to 24 months for arson. He is in a high security FBOP facility and has mental health needs.

After discussing these two scenarios, participants were asked to create their own scenarios that involved incarcerated DC residents with unique characteristics regarding, for instance, medical or mental health issues, substance abuse, learning disabilities, or language barriers. After selecting the individual's security designation, sex, time to release, and willingness to go to CTF, participants then discussed the individual's needs and challenges and how CTF might address these issues.

Discussion Topics

Seven key topics emerged as participants worked through the scenarios and discussed a "reimagined" CTF: comprehensive DC reentry services, family engagement, young adults, women, learning and intellectual disabilities, mental health and trauma, and safety.

I. Comprehensive DC Reentry Services

The provision of quality reentry services has been identified time and time again as one of the most critical needs of incarcerated DC residents. Our think tank was no exception to this conversation. The majority of the think tank discussions revolved around the numerous reentry services that returning citizens almost always require but are not always provided. Employment, housing, health care, education, and family support services were just a few of the needs that participants identified and which grounded many other aspects of discussion.

Reentry services are crucial to reducing recidivism and improving the lives of returning citizens and their loved ones. Think tank participants largely agreed on what they wanted to see for reentry programming. According to participants, individuals should be brought back to DC for reentry planning at least 18 to 24 months in advance of an incarcerated individual's release date, and it must incorporate resources and training from both the facility staff and groups in the community who are not affiliated with nor employed by a corrections agency. For example, a successful job training program would include enrollment in staff-led employment skills classes, access to job fairs and information tailored to

returning citizens, and engagement with third-party groups dedicated to providing support and serving as a liaison between incarcerated DC residents and the DC job market. Similar services should be available for every facet of a returning citizen's reentry needs.

II. Family Engagement

Think tank attendees focused on the issue of family engagement and the unique challenges that DC residents face in this area. Approximately 25% of DC residents are incarcerated over 500 miles from DC, and even those located within 500 miles are often incarcerated in facilities not accessible by public transportation.

This distance poses a serious problem in terms of successful reentry and reducing the likelihood of recidivism. Studies have continuously shown that when incarcerated individuals remain engaged with their family and community, they are much less likely to commit a new criminal offense after they are released. By facilitating a strong support system within their home community, DC residents are investing in a positive future. However, such an investment is next to impossible for those who are sent to facilities located hundreds of miles away from their homes.

Participants noted that a new approach to visitation that is currently being implemented in some correctional facilities is video visitation, which allows for family members of DC residents in federal custody to speak with their incarcerated loved ones via computers equipped with video conferencing software. While this approach is better than no visitation at all, think tank attendees generally agreed that CTF should maintain in-person, contact visitation because it is more conducive to maintaining healthy family and community relationships.

Additionally, an updated CTF should provide incarcerated individuals and their visitors with a family-friendly room for visitation, keeping in mind that some incarcerated individuals may have young children who visit them regularly. One participant also suggested that CTF should ensure that inmates have access to an email system similar to TRULINCS, which is used at federal facilities. Increased opportunities for visitation and communication will help reintroduce incarcerated DC residents to the community and thus increase the chances that they will have a successful and positive reentry experience.

III. Young Adults

Both think tank groups discussed in great detail the need for age-appropriate care for young adult offenders, specifically male offenders between the ages of 18 to 24. Participants were in agreement that young adults require extensive services and support such as:

- Educational programs, specifically those that lead to a GED;
- Relevant skills development, job training, and employment;
- Trauma and abuse counseling units with staff trained on dealing with young adults, especially those with mental health issues;
- A Mental Health Step Down Unit that models that of the DC Jail;
- Recreation, such as art, yoga, and Free Minds Book Club; and
- Housing support upon release.

Participants then identified the many barriers that prevent meeting these needs. Because family engagement is particularly important for young adults, the negative effects of incarcerating them far from home are further amplified when their families struggle to visit and stay in touch. Young adults also require additional care while receiving medical and mental health care because of they are more likely to be impulsive and sensitive. Regarding employment, young adults lack experience in the professional world, which makes employment difficult upon release if they did not have proper job training while incarcerated. Participants also noted that young adults may become targets for abuse when housed with older males and that they often lack support systems consisting of people their own age.

One very specific challenge identified by participants is the perception that offenders between the ages of 18 and 24 are particularly difficult to manage. Groups mentioned that this age group is often the most dangerous and challenging to handle, so few people would be willing to provide them with the services and programs that they need. Participants agreed that correctional staff require age-specific training in order to overcome the challenges associated with managing young adults and that incentives may be provided to encourage them to work with offenders of these ages.

After discussing needs and challenges, participants were asked to explore potential solutions. One controversial idea was to create a separate wing at CTF for young adults who are incarcerated. Some argued that housing young adults together would be dangerous because they are an "at-risk" group. Those in favor argued that a young adult wing would facilitate more age-appropriate programming and volunteer groups from the DC community. These volunteers could be young adults themselves and could serve as mentors or support groups for these inmates. Those in favor also mentioned that, in order for a separate young adult wing to work, staff would need to change their mentality and stop viewing incarcerated young adults as "animals."

As a side discussion, one participant mentioned that Connecticut recently changed the age of majority such that all 16 and 17 year olds would not be automatically considered as adults. Participants discussed a goal of charging young people between 18 and 21 years old as juveniles to reduce the number of offenders who are charged as adults. The same group also mentioned that offenders between 16 and 18 years should not be held in in an adult jail.

IV. Women

Participants noted that women are often overlooked by the correctional system. Generally, resources provided to female incarcerated individuals are often not gender-responsive and thus lack effectiveness. Participants agreed that there needs to be more consideration of women's issues throughout the correctional system, from health care to programming to reentry. One contributor stated that even basic needs, such as clothing, are often hard to obtain for returning female citizens. Organizations such as Dress for Success, which provides low-income women with clothes and job training, provide great resources that are accessible only after release.

Additionally, many attendees suggested that treatment for women needs to be based on the principles of trauma-informed care. From health service providers to correctional officers, all members of staff in

correctional facilities need to be fully aware of the mental, physical, and emotional effects of trauma, given that many women who enter the correctional system have prior experience with traumatic events that affect their behaviors and attitudes. Female incarcerated individuals need access to residential, long-term health services that work not only to address the trauma they have faced in the past, but also to improve their outlook on life and empower them to create a better future for themselves.

Participants noted that it is a promising practice for CTF to offer incarcerated female residents information about organizations that work to meet women's needs. CTF should continue to partner with local DC groups that provide direct services to returning female citizens to allow residents access to necessary resources prior to reentry.

V. Learning and Intellectual Disabilities

Regarding those with learning and intellectual disabilities, think tank participants discussed the need for education support, more frequent medical checkups, and a safe environment. In one group, participants noted that a comprehensive needs assessment is critical while at FBOP or upon returning to DC. Additionally, they suggested that CTF needs to create and make accessible an electronic system of various DC direct service organizations that can meet the needs of individuals with learning and intellectual disabilities. Participants also stressed the importance of in-person visitation and community engagement to support this particular group of inmates.

Both discussion groups agreed that skills development and educational resources, such as opportunities to participate in Adult Continuing Education (ACE) classes, are crucial to supporting this group of individuals. Inmates with learning and intellectual disabilities also require Individualized Education Program (IEP) documents to ensure they are provided with the special education assistance and programming they need. As such, participants noted that CTF should offer quality educational support for learners of all levels and that staff should be trained appropriately to meet the needs of this unique population.

Participants also stressed that CTF should maintain a safe environment for inmates with learning and intellectual disabilities. These inmates are more vulnerable to abuse by both staff and inmates, which greatly compromises their ability to safely and successfully reintegrate into society. Additionally, CTF should help these inmates access specific health and disability support upon release such as Supplemental Security Income (SSI) and other forms of public assistance.

VI. Mental Health and Trauma

One particular area of interest to think tank participants was how CTF would need to meet the needs of incarcerated DC residents with mental health and trauma issues. Some of these needs include:

- Psychological assessments;
- Mental health counseling;
- Access to social workers;
- Cognitive-behavioral therapy; and
- Anger management treatment.

Participants agreed that inmates with mental health issues need to receive psychological evaluations and counseling immediately upon and throughout incarceration. Participants noted that it is crucial to have someone from the Department of Behavioral Health at the facility in order to meet the needs of those who require mental health care. In addition to psychological and psychiatric care, inmates need proper counseling, such as in the fields of depression, loss of family, and victim impact. Additionally, one group mentioned that offenders need to be taught about criminal thinking and its effect on the behaviors and actions that brought them into prison. Cognitive behavioral therapy would be helpful to inmates to address underlying psychological issues and prevent them from recidivating.

When formulating the types of support CTF could provide to these inmates, participants emphasized training staff on trauma-informed care. This type of training would be mandatory for all staff and/or associated with incentives for receiving this training. Staff should also understand that inmates with mental health issues may be more vulnerable to abuse by other inmates, which is yet another source of trauma. One group also suggested that CTF create a residential trauma unit and also a Mental Health Step Down Unit similar to the one at CDF.

Participants also discussed how inmates with mental health needs would benefit greatly from consistent family engagement and maintaining ties with their community. CTF should provide these inmates with in-person visitation and the ability to connect with direct service providers in the DC area. Additionally, engagement with the community should also include facilitating employment upon release, and CTF should prioritize inmates' participation in a DOC work release program that also takes into account mental health specific needs.

Conclusion

The CIC's ability to report effectively on conditions of confinement largely hinges on our ability to engage the community. This think tank provided us not only with the opportunity to gauge how the community members and local leaders "reimagine" the CTF, but also with strategies on how to overcome barriers to successful reentry for incarcerated DC residents. We are immensely grateful to the returning citizens, council member personnel, service providers, attorneys, professors, and advocates for volunteering their expert knowledge in this important discussion.

While there has been much discussion outside of this meeting about building a new correctional complex in DC, this think tank focused discretely on DOC takeover of CTF in 2017 and what can be accomplished in the interim. Throughout this discussion, the DC community identified a number of compelling reasons for allowing incarcerated DC residents in the FBOP to return to the CTF for reentry preparation prior to release. The overall consensus is that in order to provide our returning residents meaningful resources – e.g., reentry support services, family and community engagement opportunities, age-appropriate care, gender-responsive programming, support for individuals with intellectual and learning disabilities, mental health and trauma support, and a safe environment – we must bring them home.

The CIC think tank findings distinctly mirror the collective thoughts of the DC community and the information we have received directly from incarcerated DC residents. Data collected from CIC surveys and interviews indicate that the overwhelming majority of incarcerated DC residents would like to move back to DC for reentry preparation. If the transition of CTF from CCA to DOC control can become a conduit to facilitate this relocation, then the findings in this report may provide a substantive starting point to deciding which services and support should be provided at CTF.

Participants agreed that maintaining the safety of all inmates is critical in any institution. While the notion of safety is most commonly associated with protecting the community from incarcerated individuals, those in custody need protection as well. The need for a safe environment is particularly important for groups that are highly vulnerable to abuse and exploitation. Youth, women, and those with intellectual and learning disabilities are among the most at-risk groups.

As we continue to work towards improving the conditions of confinement and meaningful reentry resources for incarcerated DC residents, we invite all interested stakeholders to visit our website at http://www.cic.dc.gov for information on future CIC "Pop-Up Think Tank" events.

District of Columbia
Corrections Information Council

The electronic version of this report is available on the CIC website: **http://www.cic.dc.gov/**