Volunteers of America RRC

District of Columbia
Corrections Information Council

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District of Columbia Corrections Information Council

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About the District of Columbia Corrections Information Council

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in correctional facilities where inmates from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (BOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the BOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or provide legal representation or advice, individuals are encouraged to contact the CIC. Reports, concerns, and general information from incarcerated DC residents and the public are very important to the CIC, and they greatly inform our inspection schedule, recommendations, and reports. However, unless expressly permitted by the individuals or required by law, names and identifying information of inmates, corrections staff not in leadership, and members of the general public will be kept anonymous and confidential.

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TABLE OF CONTENTS

Facility Demographics ............................................................................................................. 4
Introduction ................................................................................................................................. 5
  Background .............................................................................................................................. 5
  Residential Program .............................................................................................................. 6
  Home Confinement Program ................................................................................................ 7
Recommendations ..................................................................................................................... 7
Medical .................................................................................................................................. 8
  Background ............................................................................................................................ 8
  Comments from Residents ..................................................................................................... 9
  Recommendation .................................................................................................................. 9
Home Confinement .................................................................................................................. 10
  Background ........................................................................................................................... 10
  Comments from Residents .................................................................................................... 11
  Recommendation ................................................................................................................ 12
Movement ............................................................................................................................... 12
  Background .......................................................................................................................... 12
  Comments from Residents ................................................................................................... 13
  Recommendation ................................................................................................................ 13
Programs and Services .......................................................................................................... 14
  Background .......................................................................................................................... 14
  Comments from Residents ................................................................................................. 14
  Recommendation ................................................................................................................ 15
Conclusion ............................................................................................................................... 15
Appendix A: Methodology ....................................................................................................... 16
Appendix B: BOP Response ..................................................................................................... 17
Facility Demographics

Rated Capacity: 148  Average Length of Stay: 4 months
Current Population: 102  Security/Custody Level:
DC Residents in Population: 51  Minimum/community
DC Residents Supervised on Home Confinement: 37
Survey Respondents: 15

The CIC conducted virtual visitation with the residents of VOA on November 19, 2020 based on a survey regarding their RRC experience during the COVID-19 pandemic. Fourteen respondents provided information about their length of stay in the federal system, which ranged from 15 months to 34 years. The total time served by the 14 men was almost 116 years. One of the men had served 34 years. The others served an average of 6 ¼ years. Half of the men served five or fewer years.
Introduction

Background

Volunteers of America (VOA) is a Residential Re-entry Center (RRC) located at 5000 E. Monument Street in Baltimore, Maryland. Volunteers of America has provided re-entry services for more than forty (40) years. The mission statement of VOA states: “Volunteers of America Chesapeake empowers self-reliance and inspires hope. As a church without walls we do this through personalized housing, ministry, health and human services that benefit vulnerable individuals, their families, and the community.” VOA also contracts for mental health and addiction treatment services, including sex-offender treatment programming from Royal Minds, which is located walking distance from the facility. According to Director Solomon Hejirika (subsequently referred to as “the Director”), VOA makes sure resources from community providers are available for re-entry, obtaining identification, and building employment skills and opportunities.

The RRC in Baltimore re-located to its current site in 2013. The facility has 148 beds total: 20 are reserved for women, 128 are reserved for men; and the facility may accommodate 50 individuals on home confinement. According to the Director, there are approximately 42-45 staff members, which includes eight case managers, two employment specialists, and one person to manage the GPS for those on home confinement. When providing information about staffing, the Director did not include food service workers since they are contractors. At the time of the visit, there were several security positions that were vacant.

According to the Director, VOA normally relies on the provision of programming from community-based organizations. In response to concerns about COVID-19, almost all programming was suspended or terminated. On November 19, 2020 the only programs available to residents were Royal Minds, which is an off-site treatment program (one block from VOA) that has a contract with the BOP, and Voices for a Second Chance (VSC), which is an on-site first-responder program occurring weekly on Tuesdays from 10 AM to 4 PM.

According to the Director, with the advent of COVID-19, the RRC (with approval from the BOP) has tried to transition people from on-site residential accommodations to home confinement as quickly as possible. The CIC is still awaiting previously requested information explaining the BOP’s contract revision, which increased the number of people on home confinement to depopulate the residential program.

Comment from the Federal Bureau of Prisons:

The BOP did not execute contract modifications as a result of the CARES Act, however they did issue technical direction. This information is available on the BOP public website at the following link: https://www.bop.gov/coronavirus/index.jsp. Guidance and technical direction for RRC and HC providers can be located at the bottom of the page.

1 “First Responder Services” assist people during and after incarceration by connecting people with services and resources while providing guidance. VSC staff works with individuals to design a reintegration plan.
The RRMB requests the CIC coordinate their requests for follow-up information through the Bureau of Prisons Coordinator, rather than directly to a RRC.

Residential Program

VOA has a contract with the Federal Bureau of Prisons (BOP).

The BOP contracts with residential reentry centers (RRCs), also known as halfway houses, to assist inmates who are nearing release. RRCs provide a safe, structured, supervised environment, as well as employment counseling, job placement, financial management assistance, and other programs and services. RRCs help returning citizens gradually rebuild their ties to the community and facilitate the supervision of activities during their readjustment phase.²

VOA previously served some pretrial residents but stopped because of COVID-19. Upon arrival, residents meet with the intake coordinator who initiates an interview, screens temperatures, creates an ID photo, assigns resident to room, provides linens, and conducts a tour of facility. The facility contains 16 male dorms consisting of eight beds each: four on each side of a partition. The female side contains two dorms with 10 beds each, but the female units are currently locked because all women are on home confinement. Common areas include two gyms and 10 laundry machines. The gyms and basketball courts are currently closed due to COVID-19.

According to the Director, VOA has instituted additional health and safety measures in response to concerns about COVID-19. Resident roll call is conducted five times per day. Masks must be worn in common areas, staff is instructed to stay home if sick, temperature screenings are conducted when staff or residents return to the facility.

On November 19, 2020, there were 102 residents. Fifty-one of the 102 men receiving residential services are DC residents. The BOP controls the assignment of people to Residential Re-Entry Services, as well as home confinement. According to the Director, VOA has tried to transition people as quickly as possible from residential services to home confinement so that short stays are - to some degree- a measure of success. The length of stay is not specified by any document, but - according to the Director - since the onset of the pandemic, a residential stay is generally no longer than 90 days. The DC Corrections Information Council received previously completed questionnaires from 15 of the 51 men from DC. Of the fifteen men who completed surveys, eleven had resided at VOA for less than a month. People with a housing plan approved by the BOP are quickly placed on home confinement. Three of the four men who had resided at VOA for more than a month noted that they lacked permanent housing and believed they would be staying until their release date. Of the eleven men who were at VOA for less than a month; four (4) indicated they had permanent housing; five (5) said they needed permanent housing; and two (2) did not indicate one way or the other.

Several of the men expressed that the process of re-integration was rushed because they were not designated for residential re-entry services until they had only a few months remaining on their sentences. People most concerned about feeling rushed were those who had served sentences that exceeded ten years. According to the Director, the greatest challenges in serving DC

residents involve finding employment and housing, especially for sex offenders. The men expressed concerns about the transition from the BOP to VOA, and stated they were forced to rely upon their own resources instead of reliable connections to programs and services designed to help their transition in an orderly manner. Residents also stated that they are not permitted to assist with preparation of meals and must rely on vending machine snacks for the 12-hour period between dinner and breakfast the next morning. Additionally, men in the residential program discussed the lack of natural light, since there are no windows in the male sleeping area.

**Comment from the Federal Bureau of Prisons:**

*The District of Columbia has not had a designated RRC for offenders returning to the district since May 2020. VOA Baltimore has been providing critical re-entry services to returning citizens releasing to the District. It is not the intent of the VOA Baltimore RRC contract to be the main service provider for this population nor was it contemplated in the contract.*

**Home Confinement Program**

Volunteers of America provides supervision for people on home confinement. The BOP states that “home confinement is a time of testing and an opportunity for inmates to assume increasing levels of personal responsibility while providing sufficient restriction to promote community safety and continue the sanction of the sentence.” Some returning citizens are granted direct home confinement, meaning they are released from a secure institution to the VOA in order to receive an electronic monitoring device, then are released to the community the following day. Others reside at VOA for a period, then move to home confinement. The Director noted that VOA is trying to send folks with disabilities or major health issues to home confinement.

To qualify for home confinement, a person is generally required to have served the shorter of all but six months or nine-tenths of their sentence. Prior to the pandemic, an in-person home visit by VOA staff and a landline were also required. However, in the interest of efficiency and public health, alternative means of home verification were employed, such as phone communication. On November 19, 2020, there were 37 DC people on home confinement.

**Recommendations**

- Medical issues: Provide information and direct connections to DC medical services, including Unity Health Care and the DC Department of Behavioral Health.
- Home Confinement: Provide clear eligibility information regarding the process of transitioning to home confinement, especially all requirements about suitable housing.
- Movement: Provide safe and appropriate means of transportation for residents to attend appointments and family reunification events in the District of Columbia.

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• Programs and Services: Develop and maintain strong, collaborative relationships with DC agencies and organizations and ensure that DC residents are directly connected to services.

Medical

Background
A smooth transition from a secure facility to the community requires continuous medical care. The Director stated that a smooth transition of medical services, including medical records, is facilitated by Naphcare. Naphcare is the largest third-party administrator for the BOP, and it manages the medical process, including scheduling appointments and processing claims. During the process of BOP transfers, an exit summary, medical records (paper or electronic), and medications are transferred with the designated inmate. The Director stated that if residents arrive without medication, the intake coordinator has the medication overnighted from the facility to VOA. Seven out of fourteen survey respondents indicated that they received medications upon their departure from the BOP, and seven indicated they did not. Five survey respondents indicated that they were currently receiving needed medications while at VOA.

When a resident seeks medical care, the resident consults a case manager, who then submits a request to Naphcare. Naphcare usually approves requests within one day. Then, the resident goes to the hospital, which bills Naphcare directly. If there is an emergency and 911 is contacted, VOA contacts Naphcare the following day. There are five hospitals in close proximity to VOA.

In order to refill a prescription prior to the pandemic, residents would request a pass to retrieve medication from CVS or Walmart. However, medications are now retrieved by staff on a daily basis. The arrangement with Naphcare creates unique difficulties for DC residents. People in the custody of VOA are required to have Naphcare. Since multiple health insurances are not permitted, they cannot apply for Medicaid. This means that Voices for a Second Chance cannot arrange re-entry services through Medicaid, which has more DC based resources for primary medical care, behavioral health, or substance abuse services. Continuity of services is important upon an individual’s release, and residents expressed frustration with eligibility restrictions and the logistics of switching insurance. They must wait until they are no longer in the custody of VOA before applying for Medicaid. If there are any delays during the Medicaid application process, individuals are unable to access medications, and they encounter long waits to access care providers and detox or substance abuse services through the DC Department of Behavioral Health.

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5 It is possible that some people who did not receive medication upon their departure may not have required it.
Comment from the Federal Bureau of Prisons:

Residents of RRCs are encouraged to apply for Medicare and Medicaid. While they may not be eligible to receive the benefits until they are transferred to home confinement, the application process can begin up to 90 days prior to the anticipated transfer. The BOP does not determine eligibility for Medicare or Medicaid. These programs and their eligibility requirements are regulated by other agencies.

Comments from Residents

Several residents spoke about the lack of medical services at VOA and the need for on-site medical services upon release. Returning citizens are accustomed to the on-site medical and pharmacy services provided at BOP institutions, and some, especially those who have served lengthy sentences, possess limited knowledge of how to independently navigate those services. Survey comments included:

“They don’t have a medical staff here period. Whatever medication I received I have to go through [outside medical providers and pharmacies] to get my psych medication. No medical staff here at all.”

“Not even a regular nurse or a PA to deal with medical issues, never seen anybody checking guys’ blood pressure, don’t test for COVID, no physical when you arrive.”

Residents also noted that they had to pay for their own medical devices including heart monitors. Others complained about laxity in getting medical appointments or medication refills. Two residents contrasted the lack of medical care and the difficulties of navigating the process through Naphcare with the ease of walking a few blocks from the now closed Hope Village RRC to Unity Health Care, which would provide immediate medical care while completing the insurance enrollment process.

Comment from the Federal Bureau of Prisons:

Our contracts with RRC services does not require the RRC Contractor to have medical staff at the RRC. All medical services are handled through a separate contract, and Naphcare is the only third-party administrator that is used for RRC medical care.

Recommendation

Provide information and direct connections to DC medical services, including Unity Health Care and the DC Department of Behavioral Health.

Comment from the Federal Bureau of Prisons in response to the recommendation:

It was not the intent of the VOA Baltimore RRC Contract to be the main service provider to the returning citizens for the District. As such, they are much better suited to provide information and direct connections to medical and mental health providers closer to the area in which they are located and in the area of which it was intended for them to provide services.
Home Confinement

**Background**

VOA supervises people on home confinement in addition to providing residential services. In response to the pandemic, during the spring/summer of 2020 - the BOP’s contract with VOA increased from 148 individuals to 291 individuals, and 189 of those slots were allocated for supervising people on home confinement. There were no women currently in the residential program at VOA, and 14 women were on supervised home confinement. According to the Director, the number of people on home confinement increased to depopulate the residential program in response to concerns about COVID-19. Despite this rapid increase, there is only one staff member assigned to supervise the GPS devices used by people on home confinement.

Some people arrive from a secure facility to VOA already approved by the BOP for direct home confinement. If there is an electronically monitored program available, an inmate who does not require CCC transitional services may be placed directly on home confinement from an institution. Generally, an inmate may be considered eligible for direct placement on home confinement if he or she has no public safety factors; has excellent institutional adjustment; has a stable residence with a supportive family; has confirmed employment (if employable); and has little or no need for the services of a CCC. A person’s stay may be as brief as a few hours, which is long enough to obtain an ankle bracelet and set up a supervision schedule.

People assigned to the residential program may also “graduate” to home confinement once they have completed the requirements, including securing appropriate housing. When an inmate has employment and a place to live and has demonstrated that s/he no longer requires the level of accountability and services the CCC provides, the inmate may be placed on home confinement. The housing arrangements are generally made with family members who complete the necessary paperwork, which is then forwarded to the BOP for approval. For various reasons, some inmates may never progress to a level of responsibility which would warrant placement on home confinement. Due to concerns about COVID-19, VOA is relying on telephone communication with family members rather than conducting on-site home inspections for home confinement placements. Also, if a person’s sentence requires supervision by another jurisdiction after home confinement with VOA is complete, VOA must first locate the proper entity in that supervising jurisdiction to also secure their approval of the home confinement location before VOA can transition them to their home confinement location. Because of the several steps involved, the BOP approval process can take several days. Once assigned to home confinement, people must continue to see their case manager biweekly and provide a urine sample for drug testing.

Prior to the adjustments due to COVID-19, people on home confinement were required to return to VOA four times a month, if participating in drug treatment programs, and talk with case

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6 These numbers are subject to regular fluctuations.
8 Id.
9 Id.
10 Id.
managers to monitor progress. That requirement was modified to twice a month by the BOP on Nov. 12, 2020.

Voices for a Second Chance (VSC) stated that home confinement services are the same as residential program services. However, once people return to their communities, VSC case managers can complete more comprehensive intakes and facilitate connections to medical and mental health care, housing, and employment services. The case managers can employ a holistic approach that considers the entire family and community during the transition process.

Comment from the Federal Bureau of Prisons:

The BOP has Community Treatment Services (CTS) in DC as well as Baltimore. Services can be transferred from one contracted provider to another once they are approved for HC.

Comments from Residents

Residents’ comments about home confinement varied based upon experiences. The following comments reflect a range of outlooks regarding the process:

“Paperwork and everything has been done, already been approved to go, so just waiting to get the monitor on and leave.”

“I’ve been here since end of September and home confinement date coming up and they haven’t done process of home visit etc to see if address is valid or not.”

“Some inmates [are] here past their [eligibility]date because family doesn’t want to take us.”

Some residents expressed confusion about the eligibility requirements and transition process for home confinement. Ten out of 15 survey respondents stated they were eligible for home confinement. Of the ten, only four stated that they had permanent housing. Therefore, some residents were unaware of the permanent housing requirement for home confinement eligibility. Residents are free to reside in a shelter upon release (i.e. completion of their sentence); however, they are not permitted to reside in a shelter while on home confinement. Some residents feel like BOP guidance conflicts with VOAs role since VOA does not provide the transitional housing. One respondent remarked, “If a federal institution is putting you down for transitional housing, staff at VOA is not helping to get you into transitional housing.”

Former VOA residents noted that they are still highly involved with case managers and parole officers during their home confinement. They expressed that continual check-in requirements and approval requests serve as hindrances to reintegration for people already subject to the stigma of wearing a GPS monitor.

Comment from the Federal Bureau of Prisons:

The supervising district must approve an inmate’s home plan. Regardless of the housing plans assisted and developed by the RRC, the USPO/CSOSA must approve the plan and/or may make other recommendations.
**Recommendation**

Provide clear eligibility information regarding the process of transitioning to home confinement, especially all requirements about suitable housing.

**Comment from the Federal Bureau of Prisons in response to the recommendation:**

*Information regarding the home confinement program and eligibility is outlined in the VOA Baltimore RRC resident handbook. Each resident is counseled regarding the home confinement program during orientation and subsequent case management meetings. Finding suitable housing in the DC area has been difficult at times. The VOA Baltimore has made a tremendous effort to become familiar with services in the DC area which would assist each resident in finding housing in the District.*

**Movement**

**Background**

While transitioning from a secure institution to the community, residents value the freedom and flexibility of “being halfway back” and having the ability to make and keep appointments for needed services, such as obtaining identification and securing employment. Nine survey respondents stated that they had a job promised to them upon release. None of those men were currently able to use those employment opportunities due to COVID-19 restrictions, which prevented them from leaving the facility.

While the residents held the administration of VOA responsible for the constraints, the administration stated that lack of movement was primarily in response for concerns about the spread of COVID-19. The Director stated that VOA conforms with COVID-19 restrictions for Baltimore, Maryland. On November 19, 2020, the state of Maryland reverted to Phase I of COVID-19 restrictions. Therefore, residents and people on home confinement, even those physically residing in the District of Columbia (DC), were required to comply with Baltimore restrictions.

The Director noted that during October while in Phase 2 residents could move about more freely. For example, residents were permitted to go to DC for appointments, programming, and employment. Prior to the onset of the pandemic, residents were also permitted leisure time and time to visit family Monday through Friday, using ten-hour passes to accommodate travel to and from DC.

Since Maryland was currently in Phase I of restrictions, visitation and programming were restricted (essentially eliminated), as well as all travel to DC. The Director stated that most residents were not allowed to travel to DC for job searches or visits, and leisure had been cancelled to minimize community spread of COVID-19. He stated that only residents with a verified DC address were allowed to travel to DC for appointments with the Department of Motor Vehicles, or to get birth certificates and Social Security cards. Eleven survey respondents needed a current, valid form of identification.
Residents are permitted to own smart phones to talk to family and set up employment, and ten survey respondents indicated ownership. Residents must acquire the phone, then register it with VOA, and people convicted of sex offenses have restrictions on their phone and internet usage, which is monitored by security staff. Nine respondents noted that no DC government agency had attempted to contact them; however, five respondents stated they had been contacted by DC non-profit organizations.

Approximately 60% of survey respondents indicated they had permanent housing, regardless of whether or not located in DC. Residents without an approved DC address noted the difficulty in obtaining identification. VOA has a policy stating that DC residents without an approved home address must obtain ID using VOA’s address. The Director noted that due to the proximity of DC and MD, some residents desire two sets of identification. He noted that if the Mayor’s Office on Returning Citizens Affairs (MORCA) was open, residents could use that address to obtain DC identification; however, since the MORCA office was under renovation at the time, it was unable to serve as a person’s mailing address.

Voices for a Second Chance (VSC), which provides on-site case management services every Tuesday, noted that transportation is challenging for their clients. VSC stated that clients would benefit from transportation to specific organizations that assist with housing and employment needs.

**Comments from Residents**

Several respondents provided comments explaining that they felt geographically isolated and immobilized. All residents’ comments focused on the frustration of being unable to go to DC for appointments or family visits.

Other residents stated that caseworkers needed to provide more information about available DC resources. 60% expressed that their case managers are very helpful; 20% expressed that their case managers are somewhat helpful; and 20% noted they were not helpful.

**Recommendation**

Provide safe and appropriate means of transportation for residents to attend appointments and family reunification events in the District of Columbia.

**Comment from the Federal Bureau of Prisons in response to the recommendation:**

*VOA Baltimore provides access to transportation vouchers and assist with making arrangements for offenders releasing to the District.*
Programs and Services

Background

In response to concerns about COVID-19, almost all programming was suspended or terminated. On November 19, 2020 the only programs available to residents were Royal Minds, which is an off-site treatment program (one block from VOA) that has a contract with the BOP, and Voices for a Second Chance (VSC), which is an on-site program occurring weekly on Tuesdays from 10 AM to 4 PM.

Voices for a Second Chance is a DC-based non-profit that provides “first responder services”, which includes assisting clients with obtaining birth certificates, drivers’ licenses, identification, social security cards, and housing information, as well as links to support services for clothing, shoes, coats, personal protective equipment, and toiletries. Voices for a Second Chance also supplies writing materials for residents to communicate with family. The DC Office of Victim Services and Justice Grants (OVSJG) provides grant funding that supports some of VSC’s work at VOA. VSC would like more resources for individuals with cognitive challenges and more on-site wellness programs. Residents of VOA and staff of VSC also noted the special needs of people who have served long sentences, which means they are returning to different family and neighborhood dynamics, and their support systems may also need additional resources, such therapy and subsidies.

Through an MOU with VOA, VSC is permitted to conduct on-site intake and conduct assessments in the visitation room. During that time, no VOA staff is present, so residents may confidentially communicate. In addition to the on-site services, residents are provided with the contact information for VSC staff, and may call and email them as needed.

Royal Minds offers group and individual counseling, as well as alcohol and drug addiction treatments and psychosocial rehabilitation. The staff includes professional and licensed counselors.

Comments from Residents

Both residents and staff provided positive feedback about the work of VSC. However, residents and staff noted that VOA needs greater knowledge and coordination of DC-based resources and services.

Most resident comments about programming expressed frustration with the lack of programming and the attitudes of VOA staff when residents request assistance:

“[VOA] staff is disrespectful, case managers not doing anything for me.”

“Communication between [VOA]staff and us here is not productive to say the least.”

“I haven’t seen nobody yet, haven’t seen my caseworker yet, so I don’t know what’s going on.”
“[There is] no orientation where they sit in a room together and hear how things are supposed to go.”

Other residents expressed their appreciation for current efforts by VSC:

“VSC there every week, really trying to help people get IDs, really are trying, certainly helping individuals from DC who need help bringing clothes or other stuff.”

“VSC when they come they have so much stuff to do it’s too much for them.”

Several residents also expressed concerns about the links to mandatory services:

“I thought once we get here we’d be entitled to parole officer, I don’t even know who my parole officer is, we should be able to get in touch with our parole officer.”

“I haven’t been in touch with parole or CSOSA.”

“72 hours after my release from VOA I guess I have to call CSOSA and try to find out going on and where they are and who[1] have to report to.”

**Recommendation**

Develop and maintain strong, collaborative relationships with DC agencies and organizations and ensure that DC residents are directly connected to services.

**Comment from the Federal Bureau of Prisons in response to the recommendation:**

*VOA Baltimore places emphasis on developing and maintaining strong, collaborative relationships with re-entry agencies and organizations. Their goal is to ensure all residents releasing to communities serviced by the VOA Baltimore RRC are connected to the appropriate re-entry services. The RRMB encourages the CIC to coordinate any additional information pertaining to re-entry services available to DC offenders with the Bureau of Prisons Coordinator.*

**Conclusion**

The BOP contracts with Residential Re-Entry Centers to assist inmates who are nearing release. In addition to providing a safe, structured, supervised environment, RRCs provide programs and services to help returning citizens rebuild their ties to the community. Many residents from DC feel that the VOA needs improvement regarding how to effectively serve its DC population. Returning citizens expressed disappointment and frustration with the lack of programming and limited re-entry supports, especially while living apart from their families and communities. Due to both restrictions in response to the pandemic and the distance from DC, residents desire improvements on issues regarding medical and insurance services, home confinement eligibility, access to transportation, and DC-specific programs and services. However, improvements in those areas are beneficial to the DC population, regardless of the existence of a pandemic.
Appendix A: Methodology

The CIC conducted virtual interviews at the Volunteers of America Residential Reentry Center during the pandemic due to the prohibition of in-person visits. The DC CIC initially mailed a paper survey to approximately 40 VOA residents on September 20, 2020. Only one resident mailed a completed survey back to the CIC, and several surveys were returned as undeliverable because those people were released from VOA. Subsequently, the CIC contacted VOA leadership and arranged to conduct interviews with residents via video.

On November 19, 2020, CIC analysts conducted two group interviews. VOA staff set up the facility visiting room with approximately twelve desks spaced apart from each other, and a computer monitor equipped to allow residents to speak with CIC staff via Zoom meeting. When the men arrived for the group sessions, they were provided a printed survey to complete. The group sessions began with an introduction of the CIC by staff and general inquiries about conditions and concerns. The initial group session, which contained ten residents, lasted approximately 45 minutes, and the second group session, which contained five residents, lasted approximately 20 minutes. At the conclusion of each session, the men provided their completed surveys to VOA staff, who then scanned and emailed the surveys to the CIC.

On November 20, 2020, a close-out meeting was held via Zoom with VOA Director. The CIC also met with staff from Voices for a Second Chance via Zoom on December 3, 2020.
Appendix B: BOP Response

Responses from the Federal Bureau of Prisons are embedded throughout the report.
The electronic version of this report is available on the CIC website:
http://www.cic.dc.gov/