



## **HONORING THE REENTRY JOURNEY WITH HUMANITY AND REFORM**

### **INTRODUCTION**

Reentry from confinement should be understood as a critical piece of any racial justice agenda. Imprisonment rates are five to eight times higher for Black Americans than any other racial/ethnic group, and historically disenfranchised neighborhoods receive the vast majority of people returning to community post-confinement.<sup>1</sup>

Research has demonstrated that health, housing, skill development, mentorship, social networks, and the collaborative efforts of public and private organizations collectively improve the reentry experience.<sup>2</sup>

Although activists and directly impacted communities advocated for a holistic response to mass incarceration for decades, a global pandemic was the most effective challenge to the way we utilized surveillance and social control through policing and incarceration. The COVID-19 pandemic forced jails and prisons to release thousands of people back to the community in order to try and limit the devastating impact of viral spread within confinement settings.

Reimagining reentry during the ongoing pandemic creates opportunities to remove barriers to facilitate successful reentry while simultaneously addressing the broader racial disparities embedded within our legal system. Now is the time to move away from a policy framework that focuses on punishment as a tool for controlling risk in favor of a focus on human rights, harm reduction, and the social, political, and economic reintegration of individuals who have been incarcerated.

### **1. SIGN CONTRACTS TO ENSURE CLOSING RIKERS ISLAND MOVES FORWARD**

On October 19, 2019, in response to years of organizing by people who have experienced Rikers Island, the City Council voted with a count of 36-13 in favor of closing Rikers Island. This vote

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<sup>1</sup> Clear, Todd. R. *Studies in crime and public policy*. Imprisoning communities: How mass incarceration makes disadvantaged neighborhoods worse. Oxford University Press, 2007. Sampson, R. J., & Loeffler, C. "Punishment's place: the local concentration of mass incarceration." *Daedalus*, vol. 139, no. 3, 2010, pp. 20–31. Available at: doi:10.1162/daed\_a\_00020. Simes, Jessica Tayloe. "Essays on Place and Punishment in America." Doctoral dissertation, Harvard University, Graduate School of Arts & Sciences, 2016.

<sup>2</sup> Goger, Annelies and Henderson, Howard. *The Brookings Institution Report: A better path forward for criminal justice: Prisoner reentry*. April 2021. Available at: <https://www.brookings.edu/research/a-better-path-forward-for-criminal-justice-prisoner-reentry/>

passed a plan to permanently close the existing, decrepit jails in New York City (14 jails with approximately 17,500 beds) and establish a much smaller system of four borough-based jails, reducing New York City's jail capacity by 75%. The borough-based jails will have the capacity to detain no more than 3,300 people, while improving conditions of confinement for anyone who remains incarcerated. In November 2020, the City map was changed to prohibit incarceration on Rikers after August 31, 2027.<sup>3</sup>

Along with this plan, the City also committed to a set of community investments<sup>4</sup> that represented just the beginning of what the City needs to do to repair the harm done to communities through decades of mass criminalization. A trio of bills<sup>5</sup> also passed along with the plan, setting new minimum standards for detention facilities, new reporting requirements, and established a commission on community reinvestment that will be made up primarily of people who have been impacted by incarceration.

To realize the goal of closing Rikers Island and creating borough-based jails, elected officials must uphold the agreements and promises made to the community. Actionable steps must be taken to sign the contracts necessary to begin dismantling Rikers Island and planning for implementation of the borough-based jails system. Reducing the number of people currently detained on Rikers Island remains paramount. The Independent Commission on NYC Criminal Justice Reform and the Center for Court Innovation created a roadmap of the policy changes this achievable goal demands.<sup>6</sup>

If the contracts required to advance the plan are not signed by the Mayor in January, closing Rikers Island will be delayed. The need to move forward with the Borough-Based Jail Plan Points of Agreement is urgent. Delaying this plan creates further harm to our communities and allows the trending uptick in violence on Rikers Island to persist.

## **2. EXPAND ALTERNATIVES TO CONFINEMENT PROGRAMS IN COMMUNITY**

A well-developed, evidence-supported action plan for enhancing transitions from confinement to community focuses on increasing independence, reducing racial and ethnic disparities, and achieving public safety. Alternative-to-Detention (ATD), Alternative-to-Incarceration (ATI), and Supervised Release programs are proven highly successful models. Alternative community-based programs reduce the jail population in two ways: 1) individuals who otherwise would have received city jail sentences are instead diverted into programming in the community; and 2) individuals involved in ATI/ATD programs are provided with services to address needs that often are directly related to repeat involvement in the legal system. These community-based programs are critical to minimizing interaction with the legal system and building community capacity to address the needs of justice-involved individuals.

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<sup>3</sup> Rikers Island Public Place Mapping. ULURP # C200143MMY. The original date on the proposal (December 31, 2026) was changed due to the delays the Mayor attributed to Covid-19.

<sup>4</sup> Borough-Based Jail Plan Points of Agreement. Office of the Mayor, City of New York. October 18, 2019.

<sup>5</sup> Intros 1742, 1759, and 1762, voted on in October 17, 2019 Council Stated Meeting.

<sup>6</sup> Center for Court Innovation and The Independent Commission on NYC Criminal Justice Reform. "Closing Rikers Island: A Roadmap for Reducing Jail in NYC." July 2021. Available at:

[https://www.courtinnovation.org/publications/reducing\\_jail\\_rikers](https://www.courtinnovation.org/publications/reducing_jail_rikers)

The New York City Mayor's Office of Criminal Justice (MOCJ) currently funds 24 ATI programs run by 15 non-profit organizations across the City.<sup>7</sup> Services include mental health and substance use treatment, vocational and educational supports, and trauma-informed individual and group counseling tailored to participants' needs, as well as supervision and regular reporting to the court. Recidivism rates are as low as 8-11% for individuals that engage with these programs.

The City and State should provide additional funding to further expand the capacity of existing service providers while identifying additional partners for expansion. Each ATI and ATD providers' contract should be, at minimum, tripled in capacity. Supervised Release programs should be expanded to serve 35,000 New Yorkers city-wide.

ATI, ATD, and Supervised Release programs yield cost savings for New York City and State. The City's proposed fiscal year 2022 budget details a \$2.6 billion corrections allocation, more than \$1 billion above the nation's second most expensive jail system.<sup>8</sup> Los Angeles has three times as many people in jail, yet a budget half the size of New York's. Every other jail system invests less than \$500 million in its jails—a fraction of New York City's \$2,276,133,447 budget.<sup>9</sup> In 2020, NYC spent \$438,000 per year to incarcerate a single person.<sup>10</sup> ATI and reentry programs help New York City and State correctional systems save more than \$100 million every year. New York State spends over 100 times more on jails and prisons than they do on ATI/reentry programming.<sup>11</sup>

Incarcerated people on Rikers Island facing a sentence of less than 1 year should be diverted to community-based alternative programming by humanitarian and fiscal logic. People on Rikers Island with mental health designations (BradH) should be evaluated for community-based program alternatives. BradH status is a designation given to individuals who have met with mental health staff at DOC and are deemed to have at least some symptoms of mental illness. As of August 30, 2021, there were 6,014 people in custody on Rikers Island, of that total population, 2,890 people

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<sup>7</sup> Mayor's Office of Criminal Justice. Available at: <https://criminaljustice.cityofnewyork.us/programs/alternatives-to-incarceration/>

<sup>8</sup> The New York City Correction budget allocation includes \$1.2 billion for department spending, \$776 million for fringe benefits, \$553 million for pensions, and \$124.5 million for debt service. Jacques Jiha, The Executive Budget of the City of New York for the Fiscal Year 2020: Expense Revenue Contract (New York: Mayor's Office of Management and Budget, 2021), 101E, <https://perma.cc/R3KJ-K3HS>. By contrast, in Los Angeles, the fiscal year 2022 recommended budget includes \$825.1 million for sheriff custody, \$375.4 million for correctional health, and \$44.8 million for an "inmate welfare fund." Fecia A. Davenport and Arlene Barrera, County of Los Angeles 2021-22 Recommended Budget: Volume 1 (Los Angeles: County of Los Angeles, 2021), <https://perma.cc/BBE6-P49H>; and Fecia A. Davenport and Arlene Barrera, County of Los Angeles 2021-22 Recommended Budget: Volume 2 (Los Angeles: County of Los Angeles, 2021), <https://perma.cc/SMP9-GZCP>.

<sup>9</sup> Mayor's Office of Management and Budget, The City of New York Executive Budget Fiscal Year 2022: Message of the Mayor (New York: Mayor's Office of Management and Budget, April 26, 2021), 107, <https://perma.cc/Y8UH-EM4T>.

<sup>10</sup> Citizens Budget Commission analysis of the NYC Comptroller Checkbook data feeds for Department of Correction cash expenditures for fiscal year 2012 to fiscal year 2020. In fiscal year 2020, New York City spent \$2.559 billion on the Department of Correction. The average daily jail population for fiscal year 2020 was 5,841. To calculate the cost of incarcerating one person for a year, the total budget of the department is divided by average daily jail population. New York City Comptroller, Checkbook NYC Data Feeds (database) (New York: Office of the Comptroller, 2021), <https://www.checkbooknyc.com/data-feeds>; and Mayor's Office of Operations, Mayor's Management Report: September 2020 (New York: Mayor's Office of Operations, 2020), 73, <https://perma.cc/52QT-7ES8>.

<sup>11</sup> The Legal Action Center ATI/Reentry Coalition. Available at: <https://www.lac.org/major-project/ny-ati-reentry-coalition>

had a BradH status designation.<sup>12</sup> Community-based mental health treatment is effective and generates cost savings. Fountain House is a national model for such services, and they report that members receiving services are hospitalized and experience crisis significantly less than others with serious mental illness, resulting in 21% lower Medicaid costs. Fountain House members with a history of incarceration and justice involvement, rates of recidivism are less than 5%.<sup>13</sup>

Finally, nonprofits providing gender-responsive programming, services to people in transitional reentry housing (reentry hotels) and the shelter system, and models that reduce intimate partner violence should be prioritized for expanded contracts to enhance these providers' abilities to meet the unique needs of vulnerable justice-impacted New Yorkers.

### **3. COORDINATE HEALTHCARE FROM CONFINEMENT TO COMMUNITY**

By working in close collaboration with justice-involved individuals, advocates, and experts, the Mayor can use his authority to create a unified reentry system that coordinates the actions and policies of the Department of Correction (DOC), Mayor's Office of Criminal Justice (MOCJ), Department of Health and Mental Hygiene (DOHMH), Department of Social Services (DSS), and Department of Housing Preservation and Development (HPD). Coordinating care is particularly important for transitioning healthcare services from confinement to community settings.

People leaving confinement settings are often released without immediate access to health insurance or a sufficient provision of medication. Many service providers are unable to quickly access health records, creating challenges to meeting clients' urgent health needs, particularly for people who struggle with mental health and substance treatment needs.

An important resource was funded by the Office of the Manhattan District Attorney (DANY). DANY invested \$7.2 million to expand healthcare, education, housing, and employment opportunities for New Yorkers reentering their communities from jail or prison. The NYC Health Justice Network will link primary care sites to community-based organizations in Upper Manhattan to serve the primary care and social service needs of reentering justice-involved individuals. The Network will implement trauma informed care in primary care clinics and train practices on the legal system and associated health risks. Additionally, persons with a history of legal system involvement will be recruited and employed as patient advocates and navigators to primary care and other necessary services, including housing, transportation, and employment services.<sup>14</sup>

The Mayor should ensure that the Department of Correction (DOC) and Correctional Health Services (CHS) guarantee continuity of care between correctional and community settings, working with reentry service providers. The Mayor's Office should evaluate the effectiveness of the NYC Health Justice Network and consider allocating the resources necessary to bring this initiative to scale allowing the network to serve more New Yorkers with legal system involvement.

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<sup>12</sup> Vera Institute of Justice. People in Jail in NYC: Daily Snapshot. Available at: <https://greaterjusticenyc.vera.org/nycjail/>

<sup>13</sup> Fountain House: Our Impact. Available at: <https://fountainhouse.org/about>

<sup>14</sup> Criminal Justice Investment Initiative. Available at: <http://cjii.org/funding/funded-programs/>

In addition, New York State should resubmit a request to the federal government so that Medicaid can be “turned on” prior to release from jail or prison. The New York State Department of Health (DOH) submitted but then withdrew a waiver request during the Trump administration requesting permission to activate Medicaid for those who are incarcerated 30 days prior to discharge from prisons and for a 30-day period as needed in jails. This request should be urgently resubmitted.

#### **4. INVEST IN CURE VIOLENCE & RESTORATIVE JUSTICE INITIATIVES**

As a City, we must invest in the capacity of communities to address conflict, prevent violence and harm, and to heal from trauma in sustainable ways. The NYC Crisis Management System is a network deploys teams of credible messengers who mediate conflicts on the street and connect high-risk individuals to services that can reduce the long-term risk of violence. From 2010 to 2019, data shows the Crisis Management System has contributed to an average 40% reduction in shootings across program areas compared to 31% decline in shootings in the 17 highest violence precincts in New York City.<sup>15</sup> Backed by a \$36 million investment from the Administration and the City Council, the Crisis Management System is operated in partnership with a network of non-profit providers in 21 precincts.

Teams of “violence interrupters” (typically credible messengers who have turned their lives around) engage individuals most likely to be involved in gun violence. The teams work to deescalate disputes before crisis or violence erupt and connect high-risk individuals to extensive networks that provide job training, employment opportunities, mental health services and legal services to increase the likelihood of long-term violence reduction.

To ensure the continued success of The Crisis Management System, the City must support the development of community mediation, trauma, and healing centers in the neighborhoods most impacted by mass incarceration. Investments should be made with a particular focus and attention on the unique needs of youth, the benefits of diverse healing methodologies (arts-based, therapeutic animals, nutritional healing), and engagement of peers in providing programming. These centers should be integrated with restorative justice initiatives and the Crisis Management System. To be truly safe community spaces, these community-based healing centers must have no affiliation with the police. Instead, nonprofit agencies and credible messengers, such as Exodus Transitional Community, should be funded to provide these services.

The Center for Trauma Innovation at Exodus Transitional Community serves as a model for promoting healing and resiliency in underserved communities. The Office of the Manhattan District Attorney awarded \$8 million to Exodus Transitional Community to create a first-of-its-kind Center for Trauma Innovation (CTI) located in East Harlem and serving Northern Manhattan. Untreated trauma and exposure to trauma play a significant role in perpetuating cycles of violence. The CTI will address the needs of individuals exposed to trauma by enhancing and expanding trauma-informed and trauma-specific services and resources. It will focus on communities of color that experience disproportionate rates of violence and have less access to trauma services.

In addition, the Anti- Gun Violence Employment Program (AGVEP) should increase capacity and resources ten-fold. AGVEP is a seasonal employment program that employs participants (14-24)

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<sup>15</sup> New York City Office to Prevent Gun Violence. Available at: <https://www1.nyc.gov/site/peacenyc/interventions/crisis-management.page>

who are serviced through the New York City Crisis Management System. The program consists of two phases: a 6-week summer program and a 25 week school year program. Job responsibilities include but are not limited to community canvassing, asset mapping, data/research gathering, community outreach and coordinating/ conducting shooting responses.

In our city's public schools, as called for by the Dignity in Schools Campaign, the City must invest in the commitment to restorative justice by allocation \$30 million directly to schools to build their own school climate initiatives, to hire people in roles such as peacebuilders, mental health and healing support staff, youth advocates and restorative justice coordinators. Social worker to student ratios should be brought to scale with at least 1:50 in schools with large high-needs populations. Staffing ratios for therapists, career advisors, mentors, resource liaisons, health service workers and attorneys should also be significantly increased.

The City should also make additional investments necessary to support existing Student Success Centers and additional funding should be allocated to establish these school climate initiatives in 40 new high school campuses in the communities most impacted by mass incarceration.

## **5. PROVIDE IDENTIFICATION UPON RELEASE**

Individuals are released from Rikers Island without their personal belongings, including identification, and many people lacked valid identification while in the community. Identification cards are critical for accessing housing and public benefits, and the lack of these documents can lead to further police abuse. In addition, vital documents, such as social security cards are needed to obtain permanent housing and unsubsidized employment. Under Intro 1881,<sup>16</sup> all persons leaving Rikers Island would be equipped with their birth certificates, social security cards, and school transcripts.

The City Council can and should pass Intro 1881 as soon as possible. In addition, an executive order by the Mayor or the Human Resources Administration (HRA) Commissioner Steve Banks, followed by interagency collaboration, could ensure that every person released from Rikers Island is equipped with IDNYC – NYC's municipal identification card program.

## **6. STRENGTHEN LOCAL LAW 103 TO INCREASE AUTHORITY/COORDINATION**

No single City agency or individual has oversight of reentry services nor is held accountable for the outcomes of individuals once released from jail. By working in close collaboration with justice-involved individuals, advocates, and experts, the mayor can use his authority to create a unified reentry system that coordinates the actions and policies of the Department of Correction (DOC), Mayor's Office of Criminal Justice (MOCJ), Department of Health and Mental Hygiene (DOHMH), Department of Social Services (DSS), and Department of Housing Preservation and Development (HPD). The City Council can codify changes into law.

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<sup>16</sup> The New York City Council. Intro 1881. Available at: <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=4329698&GUID=4A3BD8C2-0D2A-4D76-A3D4-95EED93071BD&Options=&Search=>

One way this can be achieved is by strengthening Local Law 103 of 2016<sup>17</sup> which mandated that the Mayor establish a Municipal Division of Transitional Services and appoint a coordinator to lead it. While the law calls for the division to create a coordinated reentry system, it does not give the division the authority to mandate policy and program changes by other agencies. The requirements of the law are currently being carried out by MOCJ.

The Mayor should work with the City Council, justice-impacted New Yorkers, advocates, and service providers to amend the law to ensure that the coordinator is a high-level position reporting directly to the mayor or a deputy mayor and the division has the authority and accountability necessary to mandate needed changes. It should be strongly encouraged that the position be filled by someone directly impacted by the justice system.

## **7. IMPROVE FLEXIBILITY & EFFECTIVENESS OF FUNDING**

Funding structures for community-based nonprofit service providers should support the quality of care received not merely the quantity of people served. Cost per participant models must be completely revamped to account for the full cost of providing holistic quality services, including increased indirect cost rates (IDC) that meet agency infrastructure needs and support important renovation costs that enhance the quality of services provided. Cost considerations should be afforded to program models that best serve communities in a client-centered methodology. Furthermore, delays in receiving payments for City contracts for services rendered put nonprofits at great risk and must be eliminated. Enforceable consequences to deter City agencies from late payment must be instituted. To allow for better oversight, a public-facing tracking system is needed.

## **8. EXPAND THE CONTINUUM OF HOUSING OPTIONS AVAILABLE FOR PEOPLE IMPACTED BY THE LEGAL SYSTEM EXPERIENCING HOMELESSNESS**

Refer to Exodus Transitional Community’s recommendations in “Creating Pathways to Housing Opportunities for People with Legal System Involvement.”

## **CONCLUSION**

Eliminating racial disparities in our legal system and improving reentry outcomes requires a holistic, client-centered approach that involves rethinking our orientation towards “criminal justice,” rather than piecemeal reforms that lack enforcement/oversight or isolated new programs. With a firm belief in human resilience, Exodus Transitional Community delivers innovative programming tailored to adults and youth affected by the justice system, and advocates for a society in which all can achieve social, economic, and spiritual well-being. We look forward to providing ongoing essential services to our communities and advocating for an equitable legal system for all.

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<sup>17</sup> The New York City Council. Intro 1150-2016, Local Law 3. Available at: <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=2683896&GUID=5A93D30B-5A34-48E3-AAC7-C9EE8B1329A5&Options=&Search=>