
ENDING the POVERTY to PRISON PIPELINE



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About FPWA:

FPWA is an anti-poverty policy and advocacy organization committed to economic opportunity and upward mobility. Having a prominent New York presence for nearly 100 years, FPWA has long served New York City's social service sector, providing grants to help individuals and families meet their basic needs, and advocating for fair public policies on behalf of people in need and the agencies that serve them. FPWA's member network of more than 170 faith and community-based organizations reaches more than 1.5 million people in New York's communities each year. FPWA strengthens low-income communities, eliminates barriers to upward mobility, and fights entrenched poverty by fostering economic equity in three critical ways: creating ground breaking change by advocating for policy changes that improve the lives of millions of New Yorkers; supporting nonprofits from the ground up by strengthening the capacity of the human services sector to better meet the needs of the communities they serve; and strengthening individuals and families at the ground level by ensuring targeted financial support to help thousands of New Yorkers meet basic needs.

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Executive Summary

Poverty is Criminalized

If you are low-income and of color in New York City, you are at an increased risk of being drawn into the criminal justice system. Systemic racism drives both poverty and mass incarceration of low-income people of color, putting these communities especially at risk for justice system involvement. Low-income neighborhoods are the most heavily policed; social safety net benefits recipients are monitored, tracked, and prosecuted for fraud; low-income individuals of color are disproportionately drawn into the child support and welfare system and separated from their family members; justice system fees and fines have a greater punitive impact on low-income people; and exclusionary discipline in schools drives disengagement. Research suggests that low-income students of color are disparately impacted and systems that are purportedly designed to support and protect individuals and communities instead often draw people into the criminal justice system.

Understanding that poverty is not only concentrated geographically, but that Black and Latinx New Yorkers are particularly likely to live in high or extreme poverty neighborhoods,* FPWA investigated the statistical relationships between poverty, race, and jail incarceration rates in New York City's community districts. FPWA's analysis of publicly available data suggests that as poverty rates increase, jail incarceration rates increase in New York City community districts. FPWA's analysis also suggested that Black and Latinx New Yorkers are more likely to be incarcerated than White and Asian New Yorkers. Finally, community districts with high jail incarceration rates also experienced high rates of unemployment, psychiatric hospitalizations, and school absence rates. These community impacts serve as indicators of the complex relationship between poverty and justice involvement and also reveal needs that the health and human services sector is best positioned to address.

The Health and Human Services Sector is Critical to Ending the Poverty to Prison Pipeline

The human services sector emerged several centuries ago as a faith institution-initiated response to the needs of impoverished community members. The sector continues to provide critical supports through community-based services to help build economic stability. However, the rise of mass incarceration has impacted a vast number of low-income individuals, families and communities, with severe effects experienced during incarceration and lingering for years afterwards. Justice involvement deepens the challenges associated with economic survival and has long-lasting, often intergenerational destabilizing effects on peoples' lives. Health and human services agencies and the City of New York lack an integrated and specified approach to service delivery for this subset of low-income clients with justice involvement and continue to manage client

* Over half of low-income Black and Latinx New Yorkers lived in a high- or extreme-poverty neighborhood in 2011-2015. About 23 percent of poor Asian New Yorkers and about 30 percent of poor White New Yorkers lived in a high- or extreme-poverty neighborhood in 2011-2015, according to research by the NYU Furman Center.

crises without addressing the underlying cycles of poverty and justice involvement. Increasingly, New York City's health and human services sector must respond to a growing population of people who have been involved in the justice system or have loved ones with justice-system contact, without the resources or training to respond to the severity and complexity of client needs. The health and human services sector continues to serve these clients to the best of its ability and is best positioned to meet these complex needs in a non-punitive, client-focused manner, especially if the sector is adequately trained and supported.

The Ending the Poverty to Prison Pipeline Initiative

For nearly a century, FPWA's anti-poverty policy and advocacy work has partnered with community-based organizations in the health and human services sector to increase economic opportunity and upward mobility. In 2018, FPWA convened a Task Force of leaders drawn from community-based organizations, including health and human services, academia, faith communities, government, as well as criminal justice system-impacted individuals to work together to analyze the systemic pattern that we have named the "Poverty to Prison Pipeline." Ongoing engagement with the Task Force, a listening tour with additional experts and community members, and a qualitative and quantitative research and analysis found: 1. Poverty is criminalized, and justice-involvement deepens poverty; 2. New York City's health and human services sector is poised to lead the way to meet the needs of low-income clients and families impacted by justice system involvement; and 3. Research-based, community-driven approaches exist to interrupt the practices that create the pipeline from poverty to prison and back again.

The Ending the Poverty to Prison Pipeline Task Force identified policy and programmatic changes that must occur to bolster the success and survival of New Yorkers and to interrupt the pipeline. These changes were focused in four critical areas, including: improving the coordination of health and human services and building a continuum of care; increasing access to specialized educational supports and workforce development opportunities; building health and mental health care that is responsive to the needs of individuals experiencing poverty and justice involvement; and ending the stigma associated with justice involvement.

With a focus on the ways that poverty is criminalized at the systems level, the deep and often inter-generational impact of poverty and justice involvement, and ongoing successful efforts to support these community members, we seek to draw both NYC agencies and nonprofit services providers in the health and human services sector into a comprehensive initiative to end the Poverty to Prison Pipeline.

Poverty and Justice Involvement: An Introduction

If you are low-income and of color in New York City, you are at an increased risk of being drawn into the criminal justice system. Systemic racism drives both poverty and mass incarceration of low-income people of color, putting these communities especially at risk for justice system involvement. Low-income neighborhoods are the most heavily policed; social safety net benefits recipients are monitored, tracked, and prosecuted for fraud; low-income individuals are disproportionately drawn into the child support and welfare system and separated from their family members; justice system fees and fines have a greater punitive impact on low-income people; and exclusionary discipline in schools drives disengagement. Research suggests that low-income students of color are disparately impacted and systems that are purportedly designed to support and protect individuals and communities instead often draw people into the criminal justice system.

Decades of mass incarceration driven by policies targeting low-income communities have resulted in a dramatic increase in the number of justice-system impacted individuals — especially individuals of color. Since 1970, the U.S. incarcerated population has increased by 700 percent, with 2.3 million people in jail and prison.¹ Approximately one-third of the working age population in the U.S. has a criminal record, and the nation now houses roughly the same number people with criminal records as it does four-year college graduates.² In 2015, the incarcerated population in the U.S. was 56 percent Black and Latinx, although these groups make up only 32 percent of the population in the U.S. The NAACP reflected: “If African Americans and Hispanics were incarcerated at the same rates as Whites, prison and jail populations would decline by almost 40 percent.”³ This racial disparity exists despite evidence that some crimes occur across races and classes at similar rates, and there is systemic evidence that there is widely different treatment among all races in policing, prosecution, sentencing, and more for low-income communities and communities of color.⁴

While the national incarcerated population has been declining over the last two decades due to criminal justice policy changes,⁵ the justice system continues to impact individuals, families, and communities across generations. We can see these trends in New York State (NYS) and New York City (NYC), where significant policy changes have begun to shrink the incarcerated population. The Rikers Island jail population has fallen below 8,500 as of May 2018, and efforts to continue to shrink the population are still underway.⁶ However, the justice system continues to impact individuals, families and communities across generations. Of the 51,433 people paroled in NYS, 51 percent or 26,230 people, returned to NYC in 2017 alone.⁷ In 2016, the NYS juvenile justice population was 849,108 youth ages 7-15 years of age.⁸ Finally, an estimated 105,000 children in NYS have a parent serving time in jail or prison.⁹ These numbers reflect snapshots of the extensive and complex reach of the justice system that touches individuals, children, and families.

Many of these New Yorkers are living under community supervision or with criminal records and with systems’ effects that follow them throughout their lives. Families of low-income and justice-involved individuals also face financial, relational, and social impacts that can have long-lasting and sometimes intergenerational impacts. The consequences of justice involvement for low-income

individuals, families, and communities are severe and pervasive. In addition to the impact of poverty itself, many, if not most, experience: societal stigma; reduced access to housing, employment, and educational opportunities; extended involvement in the justice system via community supervision; and a devastating decrease in net worth and an increase in debt. In short, [the justice system deepens and extends poverty for involved and impacted individuals, families, and communities.](#)

The NYC health and human services sector, which is comprised of both City agencies and nonprofit providers,* is largely government-funded and directed and is tasked with supporting low-income individuals and families. This centuries-old supportive mandate has been complicated by massive societal and political shifts that have expanded the complexity of the experiences and needs of low-income individuals. Justice involvement presents particularly difficult and onerous consequences, and the sector is not adequately resourced and coordinated to meet the needs of low-income clients when they or their loved ones are also justice-involved.

Nonprofit providers are hampered by a lack of specialized training; a lack of knowledge about the legal requirements and repercussions facing justice-involved individuals, and the deeply embedded stigma and prejudice that individuals and families encounter because of justice involvement. As a result, excepting a small subset of organizations that have developed service models to specifically meet these community members' needs, the sector does not explicitly focus on serving the intersecting needs of these individuals and their families.

Finally, in the absence of both an analysis of the complex impacts of justice involvement and inadequate resources to manage them, some City-run agencies have developed policies and protocols that can reproduce systemic oppression by ultimately drawing people into (or back into) the justice system rather than addressing their needs. Given the considerable number of low-income individuals with some level of justice involvement, [NYC needs to stop the flow of people into the criminal justice system, help those currently detained or incarcerated prepare for a successful and stable reentry into communities, and connect impacted individuals and family members with the supports that they need.](#) The results of these actions will be a decarcerated city where low-income people and communities can survive and thrive, which will only be made possible by both shrinking the number of people entering the system and supporting a person's stability and success after exiting the system. The health and human services sector must engage to better support these community members.

Launching the Ending Poverty to Prison Pipeline Initiative

Recognizing the intersectional impact of poverty and justice involvement, FPWA launched the "Ending the Poverty to Prison Pipeline" initiative to advance strategies that engage the health and human services sector to more effectively support low-income and justice-involved individuals and families.

* A note on terminology: the use of "City agencies" refers to the City's government-run agencies such as the Administration for Children's Services, the Human Resources Administration, Department of Health and Mental Hygiene, and so on. Additionally, "providers" refers to the nonprofit organizations that provide services under contracts with various City agencies. While there are some for-profit providers, the overwhelming majority of health and human services are provided by nonprofit organizations, and they are the focus of this report. Finally, the "sector" includes both City agencies and nonprofit providers.

FPWA brought together a diverse group of leaders, experts, and advocates, including representatives from NYC government, health and human services community-based organizations, faith leaders, criminal justice reform advocates, academics, and individuals with histories of justice involvement to serve on the Ending the Poverty to Prison Pipeline Task Force. The Task Force analyzed the ways that poverty and justice involvement intersect and the impacts that they have on individuals, families, and communities.

Task Force Findings

1. **Poverty is criminalized, and justice-involvement deepens poverty.** Low-income communities are targeted for elevated levels of surveillance and drawn into the justice system through systems whose stated goals are to provide support for low-income individuals and families. Involvement in the justice system deepens poverty through fees and debt, and upon reentry into the community creates barriers to employment, education, access to services, housing, and benefits. Financial, mental and physical health, and interpersonal challenges can be exacerbated by justice involvement and can linger for generations for individuals, families, and communities.
2. **NYC's health and human services sector must lead the way to meet the needs of low-income clients and families impacted by justice system involvement.** The health and human services sector has a long-standing mandate to provide support for low-income communities and has developed extensive community-based and community-specific services and service delivery models. Although the majority of health and human services providers do not currently focus their service models to meet the complex needs of low-income and justice-involved individuals and families, this sector is best positioned to provide non-punitive, client-focused, supportive services that can interrupt the Poverty to Prison Pipeline.
3. **Research-based, community-driven approaches exist to interrupt the practices that create the pipeline from Poverty to Prison and back again.** While best programmatic practices for health and human services providers working with justice-involved individuals and their families exist both in NYC and elsewhere, they should be more widely implemented in NYC. Similarly, while some best practices to mitigate the risk of criminal justice system contact for low-income communities and communities of color are in place, these practices are not widespread.

With a multi-frame focus on the ways that poverty is criminalized at the systems level, the deep and often intergenerational impact of poverty and justice involvement, and the ongoing efforts to support justice-involved community members, **we seek to draw the health and human services sector into a comprehensive initiative to end the Poverty to Prison Pipeline.**

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Methodology

The Ending the Poverty to Prison Pipeline Initiative began with a review of the literature on poverty, justice involvement, the disparate impact of poverty and justice involvement on communities of color, and risk and preventive factors for both poverty and justice involvement. Simultaneously, FPWA launched a listening tour to learn from individuals and families impacted by the criminal justice system and poverty, criminal justice policy experts and researchers, leaders in the nonprofit field working at the intersections of criminal justice and service provision, government partners, and community leaders. Subsequently, FPWA convened a Task Force that met regularly from January 2018 to June 2018 to define the scope of the problem, discuss risk and protective factors for poverty and justice system contact for low-income New Yorkers, identify priority areas of focus, and develop policy and programmatic recommendations. Working groups comprised of Task Force members and their colleagues from their organizations also met to discuss three Task Force-identified areas of focus and presented a preliminary set of policy and programmatic recommendations to the Task Force in May.

In our research, FPWA found that poverty data is not included in many data sets related to justice system involvement, school disciplinary action, child welfare involvement, and more, making it difficult to analyze the scope of the criminalization of poverty in NYC in the same way that the scope has been established at the national level and in other jurisdictions. Additionally, gender data was not included in the primary dataset FPWA used to analyze the statistical relationships between poverty and jail incarceration, and gender-based analysis is therefore missing from the statistical analysis. Acknowledging these

“ The Ending the Poverty to Prison Pipeline Taskforce worked with service providers and people with lived criminal justice experience, city government representatives, academics, and religious leaders to identify ways that the health and human services sector in New York City must adapt to effectively serve low-income and disenfranchised and justice-involved New Yorkers and their families. The Fortune Society aims to create a world where all who are incarcerated or formerly incarcerated will thrive as positive, contributing members of society, and provides a range of prevention and reentry holistic services to our clients. However, to disrupt the pipelines into prison and ensure that all community members can achieve stability and success, the health and human services sector must develop a coordinated city-wide effort to end the criminalization of poverty. We urge New York City to join the efforts to end the Poverty to Prison Pipeline and begin to create healthy interconnected thriving communities.”

Stanley Richards, Executive Vice President, The Fortune Society

limitations, FPWA analyzed community district level poverty and jail incarceration data and found a statistically significant positive correlation between the two.

From late May through December, FPWA refined the policy environment analysis and initial policy and programmatic recommendations through quantitative data analysis of publicly available data sets — primarily the NYC Department of Health and Mental Hygiene’s (DOHMH) 2015 Community Health Profile dataset¹⁰ — further qualitative research, and additional listening tour discussions. Finally, the Task Force reviewed and provided feedback on the report, helping to craft the report content and the policy and programmatic recommendations contained herein.

SECTION 1:

Poverty is Criminalized

Poverty is criminalized, putting low-income people — especially low-income people of color — at increased risk of criminal justice system involvement. Involvement in the justice system deepens poverty upon reentry into the community and has long-lasting negative impacts on individuals, families, and communities. This phenomenon can be described as the Poverty to Prison Pipeline.

Key Take-aways:

- FPWA found a statistically significant positive correlation between poverty rates and jail incarceration, as well as jail incarceration rates and school absence, unemployment, and psychiatric hospitalization rates in NYC community districts.
- City systems criminalize low-income individuals — even systems that were established to support them push low-income people into the justice system.
- Justice involvement deepens poverty for low-income individuals and families, interrupts family relationships, creates health and mental health repercussions, limits work opportunities, and produces a stigma carried both by justice-involved individuals and their family members as they move forward with their lives.

With 40 percent of crimes attributed to poverty and 80 percent of incarcerated persons self-identified as low-income,¹¹ if you are low-income in America there's a greater risk that you will become justice-involved. The same can be said for NYC, as simply by living in a low-income neighborhood, one is faced with an outsized risks of police contact and jail incarceration. Additionally, racism is an undeniable element of criminalization in NYC and the criminalization of people of color has been well documented — from the overwhelming proportions of people of color stopped, frisked,¹² and summoned¹³ by the New York Police Department, to the number of people of color detained in NYC jails,¹⁴ to the individuals reentering into low-income neighborhoods of color¹⁵ and being subjected to the collateral consequences of justice system involvement.¹⁶ Low-income communities in NYC are disproportionately Black and Latinx, and here the criminalization of poverty is deeply felt.

Poverty and Jail Incarceration in NYC Community Districts

National studies have demonstrated that a substantial proportion of incarcerated individuals grew up or lived in deep poverty prior to incarceration and continue to struggle in the labor market after incarceration.¹⁷ FPWA set out to analyze the extent to which this is happening in NYC. Publicly available data about NYC's incarcerated population in jails includes demographic information about those incarcerated, offense types, and mental health diagnoses, but it does not include information about wealth and poverty levels. Available data shows that in NYC's largest jail complex, Rikers Island, 88 percent of people incarcerated are Black and Latinx, 93 percent are male-identified, and 42 percent have a mental health diagnosis.¹⁸ Despite these details about who is incarcerated the lack of information relevant

to the economic status of detainees — either before or after contact with the justice system — raised questions for FPWA about the extent to which poverty impacts risk of incarceration in NYC.

To answer this question, FPWA undertook a statistical analysis¹⁹ of poverty and jail incarceration rates in community districts across the city. The results suggest that there is in fact a statistically significant correlation between jail incarceration and poverty rates: as poverty rates increase across community districts, rates of jail incarceration increase significantly. While data was not available for individuals' economic status before and after jail incarceration, this analysis does suggest a co-occurrence of poverty and jail incarceration rates.

While the analysis found significant overlap between the most impoverished community districts in NYC and the community districts with the highest rates of jail incarceration, there were a few differences in the ranking of rates of poverty compared to jail incarceration in the most impacted districts. The maps and charts below show the concentration of both poverty and jail incarcerations rates — all of which were well above the average rate for NYC. **The five community districts with the highest poverty rates were also among the ten community districts with the highest jail incarceration rates.** Chart 1 highlights the community districts with the five highest rates of poverty and five highest rates of jail incarceration. Chart 2 makes it clear that there is an overlap in the community districts most impacted by poverty and jail incarceration in NYC. Charts 3 and 4 include poverty and jail incarceration rates by community district to provide more specific data about the most severely impacted community districts; even if their rankings do not follow the exact same order, the same districts and areas are experiencing high rates of both indicators.

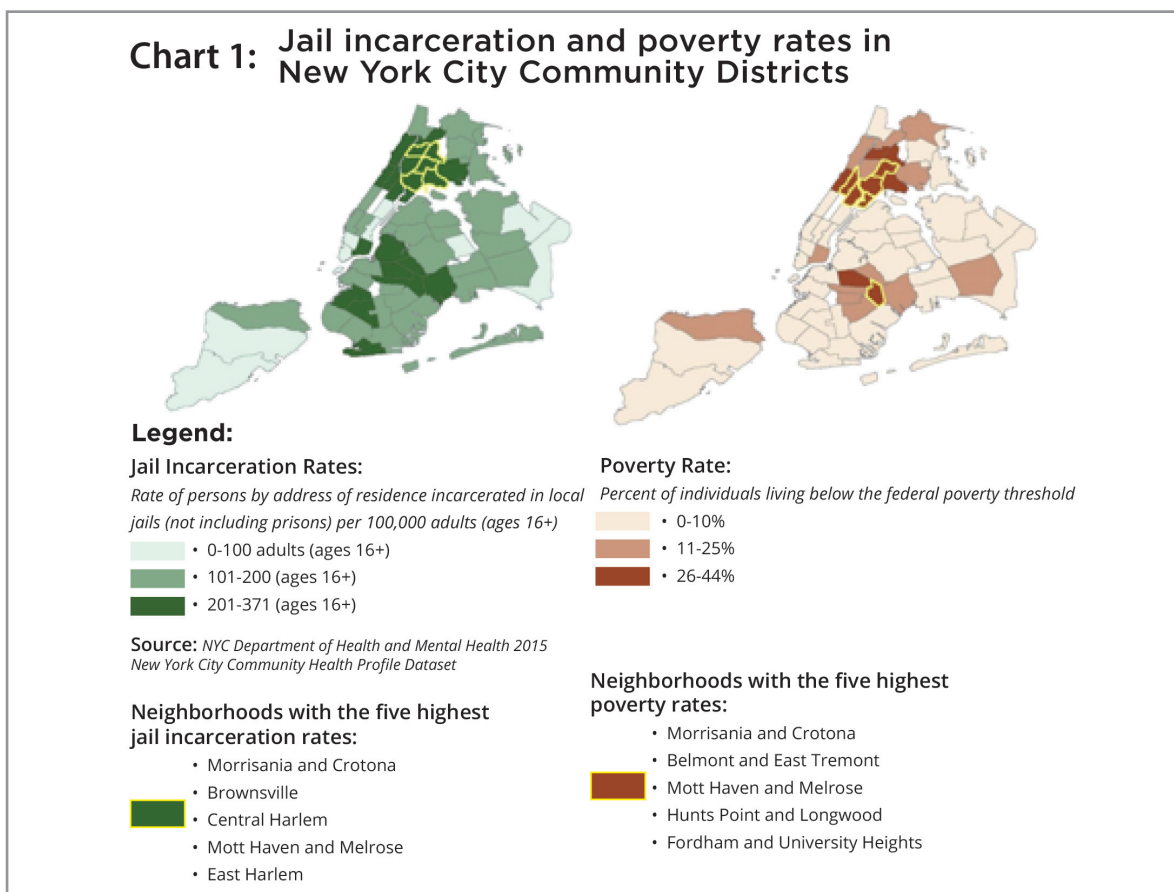


Chart 2: Jail incarceration rates and poverty rates overlaid in New York City Community Districts

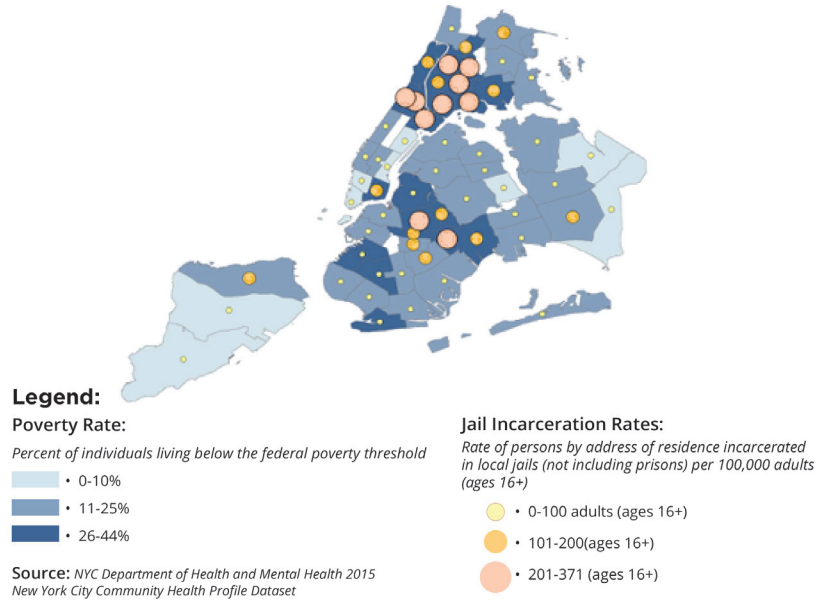


Chart 3 New York City Community District Ranked by Rate of Poverty*

*Includes borough and New York City rates

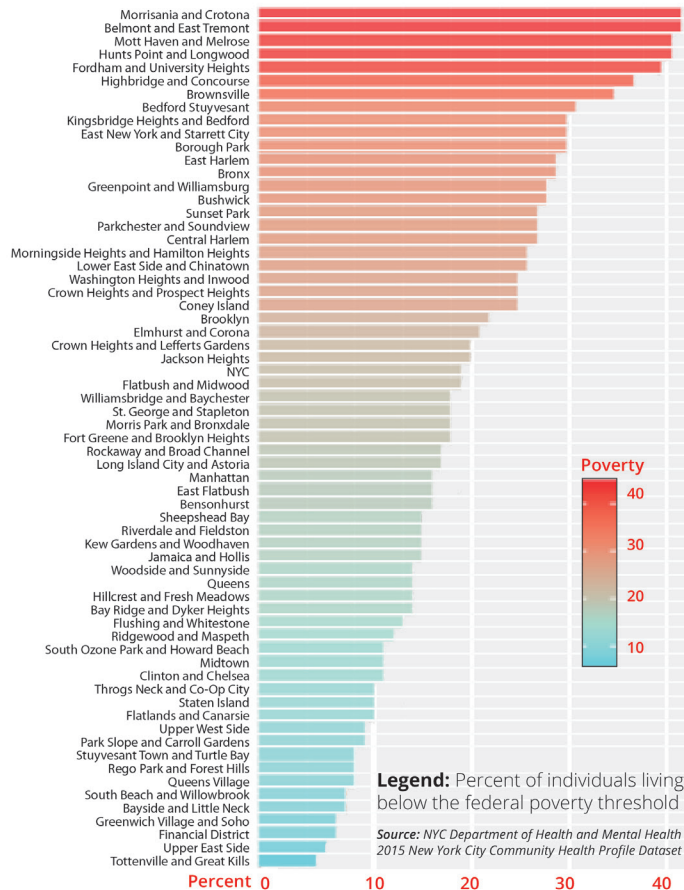
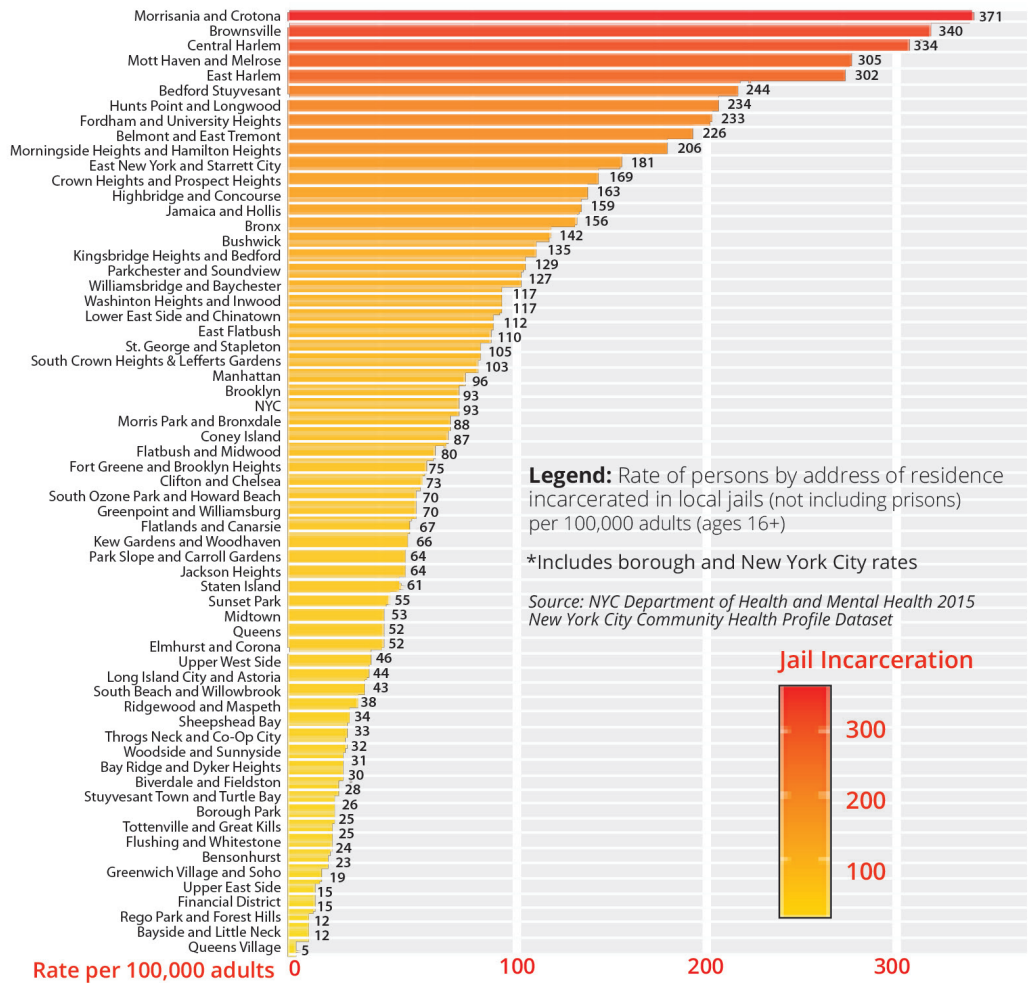


Chart 4: New York City Community District Ranked by Rate of Jail Incarceration*



FPWA's quantitative analysis examined additional factors beyond poverty and jail incarceration that the Task Force cited as critical areas of focus when serving low-income and justice-involved clients: mental health, educational attainment, and workforce success and stability. The analysis suggested a statistically significant positive correlation between high jail incarceration rates and rates of school absences, unemployment, and psychiatric hospitalizations.* In the next section of the report, we will discuss how the co-occurrence of these issues points towards additional community-level risks for entry into the justice system, as the justice system is used to respond to these needs.

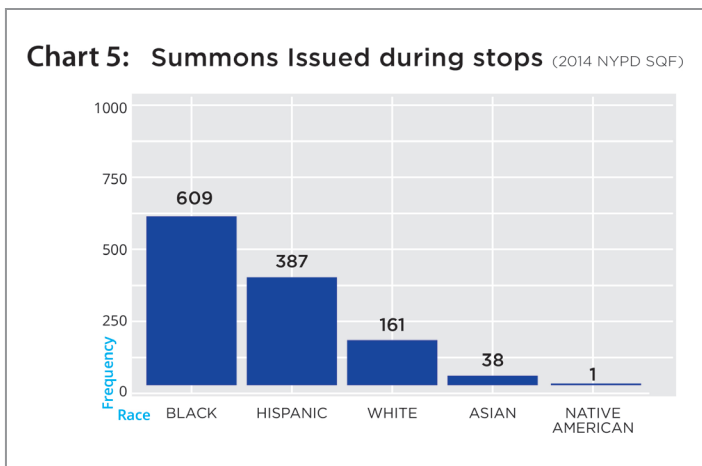
* Psychiatric hospitalization yielded a positive coefficient in the negative binomial regression model, also suggesting that for every one-unit increase in psychiatric hospitalization, the expected log count of jail incarceration increases by 0.00044. Additionally, for every one-unit increase in school absence rate variable, the expected log count of jail incarceration increased by 0.025. Controlling for age ranges between 0-17 suggest that for every one-unit increase in being ages 0-17, the expected log count decreases by 0.032. Lastly, a Pseudo R2 (McFadden) was utilized for this model, the results indicate a value of 0.2013 which means this model explains approximately 20 percent of the variance in jail incarceration.

The Criminalization of Poverty Through Systems

The criminalization of poverty occurs through a variety of entry points into the criminal justice system: direct contact with the justice system;* usage of the criminal justice system to address needs that could be supported by the health and human services sector;† and, referrals from agencies with supportive and service-focused mandates to the justice system.‡

Disproportionate Surveillance

Direct contact with the criminal justice system often begins with police contact, and can result in the issuance of warnings, tickets, summonses, or arrests, all of which draw individuals into further contact with the justice system. NYPD policies have targeted low-income neighborhoods that predominantly house Black and Latinx community members for surveillance. The Stop and Frisk method of policing, which officially ended as a policy with respect to racial profiling in 2014 under Mayor de Blasio, disproportionately targeted people of color. The densest concentrations of stops happened inside public housing buildings — “home to many of the city’s poorest families and where 90 percent of residents are Black or Hispanic.”²⁰ Not only are the stop rates disproportionate in low-income areas, but the practice has been shown to be ineffective as nine out of ten New Yorkers stopped have been innocent.²¹ While the de Blasio administration has launched efforts to end racial profiling by discontinuing the Stop and Frisk policy, and the rate of stops have declined in recent reports, the racial disparity



of stops remains and an appointed Federal Monitor has voiced concerns about underreporting.²²

A deeper level of contact with the justice system occurs when an individual is issued a summons to appear in court. Those issued a summons must appear in court initially, which requires time away from employment, caregiving duties, or school, and either future court dates — if one enters a “not guilty” plea — or fines and fees to be paid. If one does not appear for a civil summons, the City

decides the summons against the defendant and imposes penalties, which could include suspension or termination of a City license or entering a judgement in court against the defendant. Arrest warrants can also be issued.²³ Finally, FPWA analyzed the disparate impact of summons issuance in NYC

* Examples include: arrests, warrants issued for failure to pay fees and fines or child support, and more.

† Examples include: the substitution of prisons and jails for mental health hospitals and substance abuse treatment.

‡ Examples include: exclusionary school disciplinary practices, referrals from intimate partner abuse and child abuse and neglect reports to the justice system, the criminalization of homelessness, and the increased surveillance and requirements of social safety net benefits that limit opportunities when enrolled and increase fraud cases brought against supplementary and improperly reported income.

and found that summonses are overwhelmingly issued to Black and Latinx community members, following the general patterns of disparate impacts of criminalization previously discussed.²⁴

Bail

If a person is arrested and charged, they are arraigned, and the case is either dismissed or they are released on recognizance or bail. Cash bail is a massive financial burden for low-income individuals. With the median bail amount in NYC at \$5,000 on felony cases and \$1,000 on misdemeanor cases, over 7,000 people per day are detained before trial because they cannot meet bail.²⁵ In 45 percent of felony cases and 43 percent of misdemeanor cases, defendants do not make bail prior to disposition, resulting in detention.²⁶ Efforts to end cash bail have grown as the requirement to pay for one's freedom pending a trial is increasingly understood as another way that poverty is criminalized.²⁷

Fees, Fines, and Debt

Another way the criminal justice system imposes financial burdens that deepen poverty for low-income people is through the imposition of exorbitant fees and fines on those who become justice-involved. Since the rise of mass incarceration in the 1970s, the costs of maintaining the ballooning criminal justice system have increased astronomically.²⁸ State and local governments began imposing burdensome fees and fines on community members to fund their expanding justice system operations.²⁹ This cost-shift resulted in individuals being jailed for inability to afford bail, fines, or fees, and is described as the emergence of contemporary "debtors' prisons." The scale of the fiscal impact on individuals is enormous, as an estimated 10 million Americans owed \$50 billion in court debt as of 2015.³⁰ Even while one is detained as a result of an inability to pay bail, fees, or fines, the majority of U.S. states charge room, board, and medical fees in either state or county correctional facilities.³¹ These fees further burden individuals deprived of their liberty as well as family members who often help pay the fees, and increase the depth of indebtedness as people exit detention and incarceration.

Probation and Parole

Finally, individuals can be sentenced to probation or be released on probation, which releases an individual from detention or incarceration with legal requirements and community supervision. New Yorkers living under community supervision overwhelmingly live in the highest poverty districts in the Bronx and Brooklyn.³² Data from the Department of Probation reveals that individuals are returning to high-poverty neighborhoods of color when released on probation, further illustrating the cyclical nature of the Poverty to Prison Pipeline.³³ Finally, Columbia University's Justice Lab has noted that while NYC's jail population declined by 21 percent from 2014 to 2018, a subgroup of detainees is rising: the population of technical parole violators grew by 15 percent.³⁴ These parole violations result in reincarceration for (what are often) non-violent charges and perpetuate the Poverty to Prison Pipeline by returning parolees to prison and jail.

The Criminalization of Poverty Beyond Criminal Justice Agencies

However, it's not just criminal justice agencies that criminalize low-income community members. New Yorkers experiencing poverty often must navigate issues such as homelessness, lack of health and mental health services, or domestic violence, and the City agencies that are in place to assist with these issues. Regrettably, these very agencies can become entry points to the criminal justice system due to policies that impose punitive repercussions on clients.

Mental Health

Jail and prison systems in the U.S. have become major providers of mental health services. There are 10 times as many individuals with serious mental illness in jails and prisons as there are in mental health hospitals.³⁵ Inmates are often not properly diagnosed, do not have timely access to mental health professionals, and do not consistently receive care based on individualized treatment plans. Treatment is often limited to medication and typically does not include other mental health interventions and psychiatric rehabilitation programs. In the absence of robust services, some corrections agencies use solitary confinement and force as the default response to the behavioral symptoms of mental illness.³⁶

People with mental health needs can encounter multiple systems that fail to meet their needs or can exacerbate their conditions. The criminal justice system, the homeless services system, and the health system encounter people with mental health needs, and the same clients often cycle through these systems again and again.³⁷ This pattern of multiple systems contact without addressing people's underlying needs can include psychiatric hospitalization, multiple entries into the shelter system, and repeated arrests for incidents related to psychiatric episodes. For Americans with serious mental illness, it is estimated that as many as 50 percent will be arrested at some point in their lives.³⁸ Although mental health issues have not been found to increase rates of violent criminal activity,³⁹ inadequate systemic responses can result in criminal justice system contact. In NYC jails, the percentage of people with mental illness has grown from 29 percent in 2010 to 38 percent in 2014, with approximately 7 percent having serious mental illness diagnoses.⁴⁰ The underlying needs of frequent systems utilizers must be met, including opportunities for mental health services and the intersecting needs related to poverty, housing, and employment.⁴¹

The City has launched several initiatives to support the mental health needs of low-income and justice-involved individuals and families, but the Task Force cited the need for additional supports. Examples of mental health initiatives serving low-income and justice-impacted individuals include THRIVE NYC, which has launched a series of multi-agency initiatives and community-based trainings to connect New Yorkers to mental health resources and information about mental health issues and strategies for productive responses. THRIVE includes programs specifically for justice-involved individuals with mental health needs. Another example of the City's efforts to expand non-punitive mental health supports is the Frequent Users Service Enhancement 'FUUSE' Initiative, which matches client data across homeless shelters, emergency rooms, and jail records to identify and connect those who would benefit from targeted, supportive housing opportunities and services with these oppor-

tunities.⁴² While expensive, this multi-faced supportive housing program is one of the few evaluated interventions that has been shown to address cycles of offending, homelessness, and hospital use and assist individuals in achieving stability in their lives.⁴³ These specified initiatives are important resources for all New Yorkers, including low-income and justice-involved individuals, but further expansion and coordination of mental health supports are critically important.

Child Welfare

Similarly, while child welfare systems are mandated to promote the safety and well-being of children, they have an overwhelmingly negative impact on low-income families of color. One issue that contributes to this disparate impact is that these systems do not consistently account for underlying issues such as poverty or systemic racism that can contribute to findings of child abuse and neglect. While child abuse and neglect does occur and must be interrupted and addressed, underlying structural issues contribute to government overreliance on child welfare systems engagement and punitive responses. Much has been written about the co-occurrence of child neglect and poverty, especially as the definition of child neglect can echo the effects of poverty.⁴⁴ Some jurisdictions' definitions of neglect have been amended to include willful or intentional action on the part of parents or guardians to avoid punishing low-income individuals for their poverty, for example: "the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so."⁴⁵ In addition to poverty being conflated with child neglect, parents can encounter the justice system through arrests related to child abuse or neglect. This can lead to a myriad of further consequences including the loss of child custody, termination of parental rights, prison sentences, and immense barriers to reunification after reentry from prison.

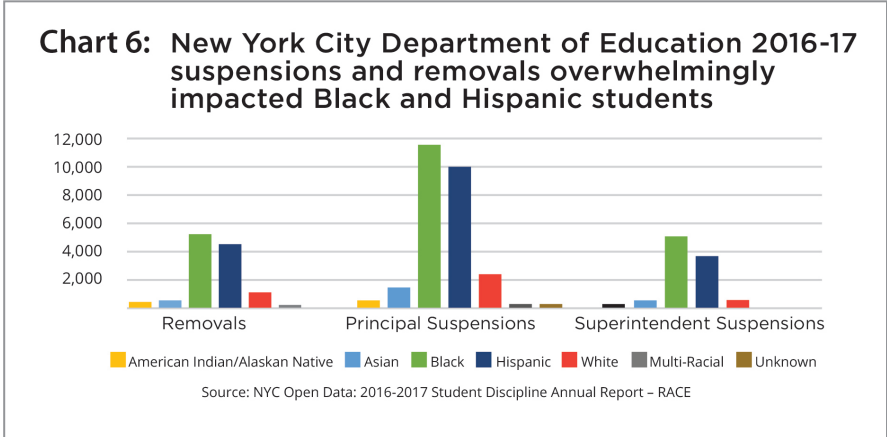
The child welfare system disproportionately engages with low-income families, most of whom in NYC are Black and Latinx families.⁴⁶ A national report identified possible causes of overrepresentation of children of color in child welfare systems, including: disproportionate and disparate needs of children and families of color — particularly due to higher rates of poverty; racial bias and discrimination exhibited by individuals; child welfare system factors (e.g., lack of resources for families of color, caseworker biases); and geographic context.⁴⁷ A study of the rates of incarceration among mothers of foster children in NYS found that more than one-third of these mothers experienced an arrest that led to a conviction, and more than one-fifth had been imprisoned.⁴⁸ Researchers reflected that "the intersection of prison and foster care is only one example of many forms of over policing that overlap and converge in the lives of poor women of color."⁴⁹ Without addressing systemic responses to poverty and underlying racial disparity and bias, low-income families and families of color will continue to encounter both the child welfare and criminal justice systems.

Education

Disparate educational attainment and disciplinary treatment have been documented for low-income children and youth, especially for Black and Latinx children and youth. Students of color have been subjected to more frequent and more punitive disciplinary actions than White students for the same offense. This has resulted in higher rates of suspension, expulsion, stigmatization, arrests, and referrals into juvenile and adult criminal justice systems for students of color compared to White students.

This racially biased disciplinary treatment is characterized as the School-to-Prison pipeline. Further analysis has found that punitive school disciplinary policies are more severe for low-income students, and especially for Black students eligible for free or reduced priced lunch. Additionally, Black students at lower-income schools are suspended at higher rates than black students at higher-income schools.⁵⁰ Researchers have found more broadly that “numerous school factors such as poverty, minority representation, low teacher expectations, and school mobility are linked to high rates of suspension.”⁵¹

Publicly available NYC disciplinary datasets included information substantiating disparate disciplinary actions for Black and Latinx students but did not include data measuring economic status at the community district or school level. NYC’s Department of Education (DOE) discipline data included school-level disciplinary actions that could be used to understand any existing correlations between poverty and disparate impact, but an analysis of this data



remains an area for future work. DOE 2016-17 statistics show an overwhelming disparity in school disciplinary actions on students of color, particularly Black, Latinx, and male students, and for students between the ages of 11 and 17. Suspensions and school removals can be severe, resulting in student arrest, drop out, and detention. The costs to youth of dropping out include lower lifetime earnings, higher likelihood of unemployment, and greater likelihood of health problems. High drop-out rates not only have negative impacts on individuals but also incur broader costs to society, including loss of tax revenue, higher spending on public assistance, and higher crime rates.⁵²

The Social Safety Net

Research has explored the over-policing of social safety net benefits recipients, finding that there has been a systematic shift from attempting to support low-income individuals through social safety net programs to “protecting taxpayer dollars from misuse.”⁵³ Benefits oversight methods have seen a growth in the surveillance and monitoring of recipients (including observation in homes), burdensome reporting and identity verification requirements (including fingerprinting and drug testing), and sanctions for not meeting work requirements that can result in loss of benefits.⁵⁴ A Brooklyn-based analysis conducted by the Open Society Foundation, found that a high rate of Temporary Assistance for Needy Families recipients were concentrated in neighborhoods with high rates of incarcerated residents, which suggests that economic need and justice involvement might co-occur for these community members or their families. Surveillance and monitoring of benefits in these neighborhoods add to the surveillance of targeted policing as well as the community supervision that can be a condition of parole/probation. The Open Society analysis recommended examining the opportunity for collaborations between criminal justice and health and human services systems to serve the poten-

tially coincident populations receiving TANF and with high rates of incarceration,⁵⁵ which could serve to stabilize and support rather than surveil individuals and families.

The criminalization of poverty happens through punitive treatment of individuals and families within government and social systems whose fundamental purpose is to support and assist them. These systems were surely not designed to be the entry points to the criminal system that they have become. Yet, agencies implement policies, regulations, and rules that create punitive responses to infractions or actions and ensnare people in the criminal justice system. Without addressing the many entry points into the justice system, as well as their disproportionate impact on low-income individuals and families, the Poverty to Prison pipeline will continue to disrupt lives and have devastating impacts on individuals and families. For too many New Yorkers, then, these systems become part of the Poverty to Prison Pipeline, extending the disruptive and devastating consequences of poverty.

The Toll of the Criminalization of Poverty on Individuals and Families

Poverty and justice involvement have both distinct and overlapping effects on individuals and families that can span generations. Justice involvement deepens poverty, interrupts family relationships, creates health and mental health repercussions, limits work opportunities, and produces a stigma carried both by justice system involved individuals and their family members as they move forward with their lives.

Financial Impacts

Justice system involvement is extremely expensive and the costs of survival in the system can burden entire families or households. **Nearly two out of three families with a justice system involved family member are not able to meet their family's basic needs.**⁵⁶ Legal fees and fines, as well as the costs of maintaining relationships with an incarcerated family member (phone calls and visits) present an immense financial burden for individuals and their family members, and can result in debt that stymies economic stability for entire families.⁵⁷ Failure to pay criminal justice debt constitutes a violation of parole or probation, and individuals who cannot afford to pay may be cut off from benefits that help make ends meet, including: Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program (formerly known as food stamps), housing assistance, and Supplemental Security Income for seniors and people with disabilities. The loss of benefits can have dire consequences, worsening the financial stability of families already struggling to meet basic needs, or making it more difficult for individuals on parole or probation to meet child support obligations.⁵⁸

Additionally, loss of income during incarceration and enormous barriers to work opportunities afterwards decimate household incomes. Approximately 60-75 percent of justice-involved individuals are jobless up to a year after release,⁵⁹ which Task Force members partially attributed to stigma against hiring people with criminal records, skills and educational gaps, trauma and mental health needs, and more. Studies have shown that obtaining consistent and quality employment is related to reducing the risk of recidivism for all formerly incarcerated individuals, while the individuals who fail to gain

such employment increase their risk of recidivism regardless of their education/training.⁶⁰ Thus punitive financial effects of justice involvement coupled with limited opportunities for employment upon reentry deepen and extend poverty for entire families and households.

Collateral Consequences

justice-involved individuals face long-lasting challenges upon exiting jail or prison because of community supervision and the continuing stigma of justice involvement. **Work and educational opportunities, access to supportive services, and contact with family and friends can be restricted by legal requirements that limit ones' mobility and necessitate time and financial resources.** A reentering individual might be court ordered to complete programming as part of pre-trial diversion or probation, but Task Force members reported that these services often do not match the needs of the individual or are not extensive enough in their scope or timeframe to allow for client success. For example, one Task Force member providing workforce development training and educational services for young men related that most of his clients were mandated to attend substance abuse treatment because they were convicted for a drug-related crime. However, most of his clients were selling drugs to bring in income, rather than to take them, and would be better served by accessing educational, workforce development, and employment opportunities.⁶¹

Challenges also arise when people are subjected to community supervision requirements that limit travel across NYC boroughs or state lines or establish curfews. These requirements present barriers to employment and educational opportunities,^{*} ability to participate in services, and ability to engage with support networks that could help stabilize one's life.[†]

Beyond legally imposed limitations, the Task Force identified collateral consequences that are experienced by low-income and justice-involved individuals and their families. **Collateral consequences are lingering structural or social impacts that justice-involved individuals must overcome after incarceration or detention.** These include a pervasive stigma experienced by many justice-involved individuals, as well as criminal records, when they try to access services, jobs, housing, education, or to connect interpersonally. The Task Force shared that individuals struggle with perceptions of dangerousness because of their criminal records, negative assumptions about personal aptitude, and other personal qualities when attempting to access services. Research has documented significant reductions to employment and educational opportunities and

“Justice involvement presents a wide range of challenges to individuals reentering society, but stigma, skill gaps due to lack of opportunity, and employment discrimination are especially huge obstacles to achieving economic stability and career success. Without addressing these barriers through individual, policy, and programmatic changes, employment opportunities will remain out of reach for many, and legal representation to challenge unlawful job discrimination will continue to be necessary.”

Bernadette Jentsch, Mobilization for Justice, Inc.

* Example, if you're living in a borough and not allowed to travel out of the borough or the city limits to access a program or job, you lose out on that opportunity.

† Stories have been told about individuals on parole needing to seek permission far in advance to travel to visit a dying loved one or attend a family gathering.

health care access for justice-involved individuals,⁶² and research has revealed the secondary stigma family members of justice-involved individuals have faced.⁶³

“ Gaps [in skills] are not just systemic or service related — isolation from society builds massive gaps in practical knowledge and skills due to justice involvement.”

Continuum of Care Working Group Member, 3/18/18

older rose by 46 percent, to more than 10,000. Older justice-involved individuals require more intensive health care during incarceration and after, and intensive employment, healthcare, and housing supports upon reentry.⁶⁴ One Task Force member asked meeting participants to imagine reentering society after 20 years of imprisonment and being confronted with technological improvements, gentrified neighborhoods, a labor market that is increasingly competitive and complex, and unaffordable health care and housing.

Older Adults

As justice-involved individuals age and reenter communities from incarceration, collateral consequences are compounded and complicated by age-related needs. In New York there is an increasing rate of older justice-involved individuals requiring support. From 2007 through 2016, the NYS total inmate count fell by 17.3 percent, to around 52,000 while the number of inmates aged 50 or

Parental/Caregiver Justice Involvement

Research has found that parental justice involvement increases the risk for their children of living in poverty, having low educational attainment, and experiencing negative health impacts and reduced employment rates. More than one-half of adult prisoners in the U.S. are parents of minor children.⁶⁵ More than 2.7 million children in the U.S. have an incarcerated parent, and approximately 10 million children have experienced parental incarceration at some point in their lives.⁶⁶ Parental involvement in the criminal justice system is significantly associated with children’s likelihood of experiencing economic strain and instability,⁶⁷ and young adults with a currently or formerly incarcerated parent are more likely to report income and food insecurity relative to those adolescents whose parents had never been to prison.⁶⁸ Longer term impacts of parental incarceration on children include increased risk of social exclusion, educational deficits, homelessness, and feelings of powerlessness.⁶⁹ Additionally, incarceration of a parent in childhood has shown significant increases in risk for engaging in teen crime and pregnancy and a significant decrease in early-life employment, with the effects concentrated most among children from the lowest-income families.⁷⁰ Findings from aggregate-level and ethnographic research also suggest that educational engagement and success have been found to be critical for prevention of youth justice involvement and for rehabilitation after justice involvement.⁷¹ **The Task Force highlighted the need for supports for all family members impacted by incarcerated or justice involvement, to stabilize individuals and respond to their needs as well as supporting the continuation of relationships and connections.**

“ The family is the first line of support and there is a need for work inside and outside of prison on family relationships. It’s difficult to help your family understand reentry. Reentry preparation should include family members... especially around building understanding about the background trauma that can lead to justice involvement. When someone comes back into the family, the family needs to understand the challenges.”

Aysha E. Schomburg, ACS, 3/23/18

Trauma

Criminal justice system involvement exposes individuals and families to a range of traumatic experiences, which in turn have compounding effects. Research on the long-term effects of traumatic experiences has been developed through several frameworks, including “Adverse Childhood Experiences (ACEs).” This body of research has found that the higher the number of ACEs that a person is exposed to, the greater the risk to an individual’s health and increased morbidity. Examples of ACEs include: having an incarcerated household member; physical, sexual, or emotional abuse; physical or emotional neglect; intimate partner violence; witnessing violence; substance misuse within household; household mental illness; parental separation or divorce; and more.⁷² Research has found that “compared to participants with no ACEs, those with higher ACE scores were more likely to report high school non-completion, unemployment, and living in a household below the federal poverty level.”⁷³ This evidence suggests that preventing early adversity can impact an individual’s health and life opportunities and can have an intergenerational impact.

As research on risk factors has evolved, related research focusing on protective factors and mitigating strategies for long-term impact have emerged as well. Protective factors are defined as “characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.”⁷⁴ They exist at relational, community, and societal levels and can strengthen resilience and positive coping mechanisms. This framework has informed programmatic design and can help identify necessary social and mental health services for individuals according to their needs. While these services are critical, researchers emphasize that “developing long-term, sustainable solutions to poverty requires understanding and addressing structural barriers that contribute to and perpetuate intergenerational poverty and reduced life opportunities.” This focus on programmatic approaches to support low-income and justice-involved individuals and families’ immediate needs and survival, and on underlying structural and policy change to create longer term opportunities for stability and success for individuals and families is a critical strategy.

SECTION 2: Supporting Low-Income Communities

The rise of mass incarceration has impacted an enormous number of individuals, families and communities, with severe effects experienced during incarceration and lingering for years afterwards. NYC's health and human services sector must lead the way to meet the needs of low-income clients and families impacted by justice system involvement. This sector has the opportunity to provide non-punitive, client-focused, supportive services that can interrupt the Poverty to Prison Pipeline. The chronic underfunding of the sector, in the face of increasingly complex needs, however, presents a significant challenge to this outcome.

“ Faith communities, faith leaders, and nonprofit service providers have the power to embrace all community members, help interrupt the poverty to prison pipeline, and change the ways that low-income justice-involved community members reenter society and the experiences of their family members. From interrupting violence on the ground to meeting people in our congregations with love and not judgement, we can build strong and successful communities!”

Rev. Dr. Demetrius Carolina, Central Family Life Center and First Baptist Church

Key Takeaways:

- Human service providers have been historically responsible for mitigating the effects of poverty and supporting the health, well-being, and economic success of low-income individuals. However, chronic problems in the health and human services sector increase the difficulty of meeting the full extent of client need.
- The criminalization of poverty has further complicated the demands placed on the health and human services sector and its clients.
- Research-based, community-driven approaches exist to interrupt the practices that create and perpetuate the pipeline from Poverty to Prison and back again, and they should be more widely implemented in NYC.

The Role of the Health and Human Services Sector

As the field of human services has evolved over the last few centuries, it has consistently maintained its mission to provide aid for community members with low incomes. The sector's purview includes protecting vulnerable populations from harm and helping people provide for themselves, thrive, and contribute to society.⁷⁵ Basic human needs are defined in many ways across the sector, and services provided range from emergency aid, to long term and in-depth counseling and training programs that seek to foster transformational success. Defining the scope of work for the human services sector is

therefore challenging and shaped by political contexts and ethical decisions that broaden or narrow the work, depending on the context.

In NYC, human services were originally provided by faith-based institutions that extended aid to low-income individuals and families. Over time, as faith institutions became overwhelmed by the community's needs, partnerships developed between privately funded health and human service organizations, government, and faith-based organizations.⁷⁶ Government relief and public spending for social welfare purposes remained limited⁷⁷ until the New Deal reorganized the provision of government supports and expanded spending on government programs and public works to increase purchasing power and employment.⁷⁸ Government contracting continues to be supplemented by philanthropic and charitable donations, all of which remain critical supports for human services today.

The Role of Faith Institutions

Faith institutions have long provided spiritual counseling, moral and spiritual leadership, and many also provide in-house or external connections to supportive services for low-income and justice-involved community members. Faith leaders are embedded in communities and can have influential, intergenerational, and personal relationships with members of their institutions. *These relationships and community spaces allow faith leaders to connect with communities that have been historically oppressed and stigmatized and are reluctant to engage with outside systems or services, thereby creating connection points for service provision and resources.*⁷⁹ A few models of service provision onsite in faith institutions include mental health clinics, for example, the H.O.P.E. Center at First Corinthians Baptist Church in Harlem; Mott Haven Reform Church's work to build connections across generations and facilitate visits between communities and prisons in the Bronx and in NYS; and health screenings via government partners provided at the First Central Baptist Church on Staten Island.⁸⁰

While models of faith institutions working with low-income and justice-involved individuals exist and provide critical connections to supports and services, Task Force members also discussed the stigma related to justice involvement that people have encountered within religious spaces. Community members or faith leaders may exclude justice system impacted individuals from congregational membership, make assumptions about peoples' characters and trustworthiness, or extend judgement about peoples' decisions or actions that lead to justice involvement. This stigma and judgement impacts not only justice-involved individuals but their family members as well.⁸¹ *Task Force members described the need for explicit conversations about structural oppression — including racism and mass incarceration — to help congregations and community members destigmatize both poverty and justice involvement.* During a Working Group meeting, a powerful story was shared by the mother of a son who was incarcerated, who felt ashamed to discuss her stress and anguish about this experience in her religious community. When her son came home, she began talking to mothers in her church who had incarcerated children and she formed a support group for these mothers. This work was expanded to encourage the leader of the church to speak explicitly about welcoming reentering community members back into the church. The Working Group member said that even though the church lost congregation members

“Those that are in the church also have to do the work... If we can walk with a person from arrest to release, and bring them into the churches, we can help them!”

Antoinette Donegan, Central Family Life Center

because of this inclusiveness, the church's focus has remained on supporting and welcoming community members.

As the challenges facing low-income individuals and families are increasingly compounded by justice system involvement, the health and human services sector and leaders in religious and secular communities must find ways to adapt their work and approaches. These leaders have an opportunity to guide the development of non-punitive, supportive responses to meet the needs of the community, but cannot do so without addressing the chronic issues already at play in the sector.

Chronic Problems in the Health and Human Services Sector

Currently, government agencies and community-based nonprofit organizations provide the bulk of traditionally defined, and often legally mandated human services to New Yorkers. This partnership between government and community-based nonprofits allows services to better reflect the needs of communities and populations. When sufficiently resourced, nonprofits are able to respond nimbly to changing needs, with efficiency and cultural competence. Many nonprofits originated in response to the needs of a particular community or in collaboration with faith leaders and institutions, and today they leverage services models that are tailored to meet those specific needs at a local level by community-based providers.⁸²

However, massive policy shifts such as welfare reform, the increasing privatization of the public sector, the rise of mass incarceration, and more, have limited the social safety net resources, changed the health and human services sectors' scope and services, and added a deeply disruptive and punitive set of consequences to the experiences of low-income individuals and families. Without adequate support and broad policy change, the human services sector's mandate to meet the needs of low-income individuals becomes more and more untenable as the needs of clients walking through their doors deepen and become more complex and intersectional.

The human services sector today faces an increasingly complex set of issues related to poverty and must meet expanding needs in a climate of chronic underfunding, the eroding social safety net, and funding structures that prioritize crisis management over longer term planning for success. Despite these difficult conditions, the sector remains NYC's best proven asset for compelling meaningful, non-punitive services and progress for meeting the needs of low-income and justice-involved New Yorkers.

Over the last century (and especially in the last few decades), the nonprofit human services sector in the U.S. has expanded greatly.⁸³ From 1990 to 2016, NYS' human services employment doubled, and in NYC, human services employment rose by 82 percent. This growth in human services employment occurred primarily among nonprofit organizations working under public contract and comprised 10 percent of NYC's private job growth.⁸⁴ For most of NYS' largest nonprofit human services providers, 80 percent have budgets that are 90 percent or more dependent on government funding.⁸⁵ This support is evidence of a critical partnership between nonprofits and government to deliver services for community members.

Inadequate Funding

Despite the growth in human services employment and increased reliance on nonprofit human service agencies to deliver much needed services, government funding and private resources have not kept pace with the costs of human service provision. A 2015 survey of NYS nonprofit service providers found that 44 percent reported that State contracts never cover the full cost of providing the services that they are contracted to provide, while another survey found that 18 percent of New York human services nonprofits are financially insolvent.⁸⁶ Additionally, 58 percent of NYS human services providers reported not being able to meet the need in their communities.⁸⁷ This acknowledgement is deeply troubling and raises concerns about the survival of our communities as the social safety net erodes.

Expanded and Increasingly Complex Community Needs

Not only are nonprofits expected to provide services that are not fully funded, the needs of the community have deepened in demand and complexity. The increasing need in NYC is clearly stated by Mimi Abramowitz in “The Largely Untold Story of Welfare Reform and the Human Services”:

“Requests for food pantry referrals rose at 70 percent of the agencies, for Medicaid/Health Insurance at 63 percent, for emergency cash at 58 percent, for shelter at 53 percent, for food stamps and regular cash benefits at 50 percent. Before welfare reform, workers could assume that government programs — however meagerly — met their clients’ basic need for income, food, housing, and medical care benefits. The availability of these benefits reduced family crises and freed workers to address other issues. We have become the safety net, which is not the way it is supposed to be.”⁸⁸

This trend is seen in New York and service providers have reported high rates of increasing need and pressure on their organizations to meet these basic needs in addition to the services they are contracted to deliver. Without a baseline social safety net, poverty-related needs are deepened and pressure on services providers is increased.

Workforce Impacts

The impacts of this unraveling support and co-occurring chronic underfunding on organizations include low wages, high staff turnover, and increasingly unfulfillable mandates. Moreover, there is a disproportionate impact on women of color, as the majority of the workforce is woman-identified, and more than half are people of color.⁸⁹ An FPWA report found that 60 percent of those working in the sector were themselves utilizing or had a family member utilizing public assistance benefits.⁹⁰ Service providers are faced with the need to fulfill mandates “without adequate time or resources and to take actions that may harm already vulnerable clients.”⁹¹ Despite this austerity, funders such as governments, private foundations, and individual donors continue to expect higher levels of performance and accountability from providers.⁹²

These chronic sectoral issues result in difficult working conditions and a focus on emergency response services rather than an adequately supported sector that can help low-income people both survive emergencies and attain long-term success and economic security. Without addressing the root causes of the sector’s issues, the human services sector will be unable to serve its clients to the full extent of its ability.

The Criminalization of Poverty and the Health and Human Services Sector

Human services agencies and the City of New York lack an integrated and specified approach to service delivery for the increasing subset of low-income clients with justice involvement and continue to manage crises without addressing underlying cycles of poverty and justice involvement. The impact of justice involvement deepens the challenges associated with economic survival and has long-lasting, often intergenerational destabilizing effects on peoples' lives. Increasingly, NYC's human services sector, which is tasked with responding to the needs of low-income people, must respond to a growing population of people who have been involved in the justice system or have loved ones with justice system contact. While some health and human services agencies have developed service models designed primarily to serve justice-involved individuals or family members, many agencies are not equipped to help those for whom justice involvement is an additional and often lifelong challenge.

Services Designed to Support Low-Income and Justice-Involved Individuals and Families

A small proportion of nonprofit health and human services organizations provide services explicitly designed to meet the intersectional needs of low-income and justice-involved clients and their families. As of 2012, approximately 31,040 NYS nonprofit human services organizations engaged in charitable, educational, literary, animal welfare, child welfare, public safety, religious, and scientific pursuits, with the health care and social assistance industry constituting almost half of all nonprofits in the state.⁹³ Just under half of nonprofit jobs in the state are based in NYC,⁹⁴ and there were approximately 4,518 nonprofits providing healthcare and social assistance in NYC as of 2016.⁹⁵ CONNECTIONS, a resource guide maintained by the New York Public Library for services for reentering individuals, lists approximately 250 nonprofit and faith organizations providing services for justice system impacted individuals and their families — approximately 6 percent of the total nonprofit organizations in NYC.⁹⁶ Of FPWA's 170 member organizations, fewer than 20 have programming intentionally designed to serve low-income and justice-involved individuals and families. Given that so few organizations are directing services towards these clients, most low-income and justice-involved clients must seek services at one of the thousands of other nonprofits in the city which do not provide services specified towards their needs.

“ There are health and human services that are working to do the best they can but might not meet the acute needs of the community.”

Task Force Member, 2/27/18

Best Programmatic Practices

The Task Force was able to identify best programmatic practices that can be adopted to respond to the risk factors and stigma commonly experienced by low-income and justice-involved clients and their families and to support the development of protective factors. These best practices included developing trauma-informed care and services; addressing oppressive ideology, behavior, and implicit bias in organizational structures, services, and staff interactions; and exploring service models that either provide complimentary service offerings or that connect clients directly and easily to additional services that they might need. The practices below are offered as a range of opportunities that can

be implemented across NYC health and human services agencies to different degrees and are not intended as a checklist for all organizations to implement. Recommendations informed by these practices are included in the final section of the report, and further specify what their implementation could look like if adequately supported and resourced.

Trauma-informed Care Models

Trauma-informed Care models are designed explicitly to address trauma in the lives of children, parents or caregivers, and adults. This trauma could include interpersonal violence and abuse and the other adverse experiences, including unaddressed trauma related to exposure to poverty and justice involvement. **These models were designed to address complex traumatic stress issues and connected problems that are common in the lives of children and adults encountering public service sector settings.** These clients often have severe and persistent mental health and/or substance abuse problems and are frequently the highest users of the costliest public inpatient, crisis, and residential services. Many clients who are frequent utilizers of multiple systems have histories of severe interpersonal violence and multiple adverse childhood experiences, and the recognition of the trauma underlying behaviors and diagnoses typically does not occur in public service sector treatment.⁹⁷

Trauma-informed care can occur at different levels of intervention: the creation of a physical environment in spaces encountered by low-income and justice-involved individuals that is trauma-informed and reduces re-traumatization; the implementation of training and supports for trauma-informed organizational interactions between staff and clients to provide more effective services for these clients; and the implementation of a research-based trauma-specific treatment model to directly and specifically address the symptoms of trauma.⁹⁸ The Task Force recognized that there is an immense difference in implementation, staff training,

and resource investment in these types of trauma-informed practices, and does not recommend that all health and human services implement highly specific and structured trauma-informed models. The examples given included the need to provide therapeutic rather than institutional environments, multiple types of training for staff to be able to deescalate trauma-triggered stress responses for clients or to help staff know better how to respond to client's sharing of trauma, and at the most intensive level, building out program models designed to address and treat client trauma. Examples of government implementation of trauma-informed care have been instituted in San Francisco⁹⁹ and Philadelphia.¹⁰⁰ These cities have developed trauma-informed services and training for their health and human services agency staff, which could be used as models in NYC.

“Populations who experience high levels of trauma have expectancies about what the treatment will be - providing information about what to expect helps with service retention and delivery. If you do this work early as a precursor to treatment it has a lasting effect. GOSO provides training on parasympathetic nervous system responses and is trying to build knowledge of what's happening with an individual to encourage them to reflect and react accordingly.”

Sarah Blanco, Getting Out Staying Out,

Anti-oppression Training and Undoing Stigma

Anti-oppression training, building cultural fluency and competency, and undoing stigma were raised as critical components of successful service provision for low-income and justice-involved individuals and families. Anti-oppression trainings can help staff respond to clients with reduced bias, preju-

dice, or stigma and can help ensure that services are meeting client needs. Anti-racism, -sexism, -xenophobia, and -homophobia training can help staff understand the structurally based biases that are ingrained in members of society from birth, and unpack the judgement, fear, and stigma often associated with justice involvement. To be effective, research has shown that anti-bias training in professional development settings needs to be reinforced by additional coaching and programmatic reinforcement.¹⁰¹

“ How do you create spaces that look like the communities that are being served? Cultural competency must extend to staffing and hiring staff with lived experiences. Clients can't relate sometimes without it. Lived experience, however, does not always equate cultural competency. Intracommunity marginalization happens.”

Health and Mental Health Working Group Member, 4/4/18

An additional layer of best practice is the inclusion of “cultural fluency or cultural competency training, practice, and program design,” to help staff understand cultural norms and practices for diverse cultures, communities, and religions; include opportunities to practice cultural competency within programming; and structure programs to explicitly include culturally fluent components. Both anti-bias training and cultural competency training can be supported and reinforced within an organization by hiring “credible messengers” as staff and organizational leadership. Credible messengers are community members who have similar lived experience as the clients served by the organization. In this case, the Task

Force defined the term broadly, to include low-income people who had encountered the criminal justice system, had a family member with that experience, or have grown up in communities that have a high rate of poverty and justice system involvement.

Co-located Services and Integrated Services Models

These practices seek to support low-income clients from communities that traditionally stigmatize mental health issues to access mental health services in non-institutionalized settings such as church basements, community spaces, and multi-service spaces that also provide child care and afterschool programming. The services provided across Task Force agencies varied, but many included multiple types of services that were housed under one roof and were coordinated/served the same clients. Co-located services helps retain clients that need multiple services. A best practice that was discussed by the Task Force was a “warm-hand-off,” which happens when service providers refer and transfer care of a client from provider to provider. Trust was cited as a critical issue for justice system impacted individuals and families, who repeatedly encounter punitive and destructive systems. When services are coordinated and under one roof, a service provider can walk a client down the hall to receive an additional set of services, introduce the other provider, and build trust in the agency's services to increase the likelihood of client retention and service uptake.

Integrated service models and co-located services also help build accessibility to services through de-stigmatization or can build the capacity of organizations that do not have the ability to offer complimentary or extensive services onsite. A powerful example of an integrated service model is Children of Promise, NYC, which provides afterschool programming for children and youth, as well as onsite mental health care services for children and families. Parents and guardians often start by enrolling their children in the afterschool program, and once trust is built begin utilizing the other services onsite. Staff working with children receive trauma-informed training and work closely with the

mental health staff to connect children with services as needed and integrate supportive responses in programming.

Co-located services can address the concern that FPWA member agencies have cited regarding their capacity to provide multiple or specialized services in addition to their existing work. Push-in service models allow an agency to partner with another agency that provides different services to broaden the scope of offerings for their clients without the need for an outside referral and possible client drop-off. An example of a push-in service is provided by Youth Represents, which sends lawyers to partner agencies to hold office hours or clinic hours onsite at host agencies. Another model for co-located services is to connect with and build partnerships with other providers geographically close by, or even housed in other offices in the same building. This allows for service providers to consult on cases, get to know each other and the offerings of other organizations, and build networks of support for clients. Finally, another coordination practice leveraged by Getting Out and Staying Out: GOSO, the Fortune Society, and others is to make first contact with clients while they are still detained to build relationships, help them and their families plan for reentry, and connect them with services that they can access immediately upon reentry.

“ We destigmatize mental health services through intersecting services. We focus on lifting the shame of silence, identifying with other children who have that experience, have been able to track progress of children, break the cycle of incarceration.”

Sharon Content, Children of Promise, NYC

While there are organizations that focus on serving justice-involved individuals and their families, the health and human services sector must learn from their best practices to improve the services for clients entering organizations providing generalized services. **Intentional, coordinated, well-researched and resourced opportunities must be developed for the sector to meet the needs of low-income and justice-involved New Yorkers.**

Meeting the needs of low-income and justice involved individuals and families includes not only comprehensive and responsive services during and after contact with the criminal justice system, but also interrupting punitive systems responses that draw people into the justice system. The health and human services sector and faith communities have long worked to support and stabilize low income community members in NYC; and are resourced with community connections, supportive and client focused service frameworks, and a mandate to help community members survive and thrive. If adequately trained and resourced, this sector could contribute to interrupting the Poverty to Prison pipeline.

SECTION 3:

Policy and Programmatic Recommendations

Coordinating Services and Building a Continuum of Care

1. The Mayor should create an Ending Poverty to Prison Pipeline Council to prevent and reduce justice system contact and connect low-income and justice-involved clients and their families with streamlined services. This council would include a dedicated leadership position and staff, to review health and human services coordination for clients at risk for or grappling with justice involvement and poverty and manage the development and implementation of a comprehensive continuum of care. The Council would:
 - a. Better coordinate care across City agencies, identifying and streamlining duplicative agency processes, learning from low-income and justice system impacted individuals and families about systems' failures and successes, and using their experiences to craft recommendations.
 - b. Plan, evaluate, and develop service coordination strategies and build continuums of care in consultation with impacted individuals, health and human services nonprofit providers, government agency leadership, academics, and faith leaders. The council would evaluate the gaps in care, identify opportunities for intervention, design and oversee the implementation of models for service coordination, and evaluate the impact of new practices.
 - c. Establish formal agreements between health and human services agencies detailing strategies to coordinate care for individuals and families involved in both the justice system and in need of health and human services. These formal agreements would oversee the design and ensure the fulfillment of agency service plans (see Recommendation 3). They would also lay out processes for interagency collaboration and include data sharing agreements where appropriate.
2. The Ending Poverty to Prison Pipeline Council should develop opportunities for faith leaders and other allied professionals to connect low-income and justice-involved individuals and families with health and human services, including:
 - a. Publicize and offer funded trainings that provide a foundational understanding of the needs facing low-income and justice-involved individuals and provide connections to resources and agencies providing substance abuse, physical, mental health, educational, and workforce development supports and resource materials to share with community members.

“ There are touch points that vulnerable people contact. There is an opportunity if you change the agency mandate, so that every city agency thinks beyond their services. There should be an agency mandate change to think systemwide.”

*Education and Workforce Development
Work Member 5/11/18*

- b. Ensure that small-scale faith leaders located on the ground in communities that are highly impacted by the justice system are connected to trainings and opportunities offered by this partnership. These faith leaders are often closely connected to the most impacted communities (specifically the lowest-income community members and justice-involved individuals and families) and are typically not included in mainstream faith leader outreach.
 - c. Work with faith leaders to identify opportunities to provide services onsite in religious organizations in the focus areas described above in 2.a. to destigmatize these services and deliver them in accessible settings where community members may be more comfortable.
3. The Mayor should issue an executive order requiring City agencies to establish service plans to ensure access to health and human services for individuals and families impacted by the criminal justice system, similar to the City-mandated Language Access Plan¹⁰² for health and human services agencies. The executive order should:
 - a. Require health and human services agencies to develop service plans to identify and respond to the acute needs of those impacted by the justice system.
 - b. Support the implementation of service plans by requiring dedicated systems navigation staff within each health and human services City agency to troubleshoot service provision issues and coordinate access to services.
4. Health and human services Requests for Proposals (RFPs) should include scored components that support best practices for serving justice-system impacted families and individuals. Points should be awarded for health and human services applications that:
 - a. Include a thoughtful service plan to deliver coordinated client services across community-based organizations. Providing referrals for services between agencies is not an effective practice without strong inter-organization collaboration and established staff relationships. Unless service providers can connect justice-involved clients directly with other service providers in a seamless manner, clients are unlikely to follow up.
 - b. Demonstrate completion of or plans to complete anti-oppression trainings by organizational staff, and an explicit commitment to build such a framework into their services. Low-income and justice-involved clients and their families need services that are responsive to the overlapping structural biases that many face: racism, sexism, homophobia, xenophobia, classism, and the stigma associated with justice involvement. Organizational trainings in anti-oppressive service provision can begin to address structurally-based barriers to effective service provision.¹⁰³
 - c. Include paid internship, staff, and leadership positions and board member opportunities for credible messengers/community ambassadors in the organization with lived experience relevant to the services being provided. Staff with lived experiences that reflect the populations being served strengthen client outreach, service delivery, and organizational cultural competence. Including impacted individuals (for this report, justice sys-

tem impacted and low-income individuals) in positions of leadership and oversight are not only critical opportunities for individuals (especially justice-involved individuals, who face enormous barriers to employment opportunities) but can help ensure that organizations meet and fully appreciate the needs of the communities they serve.

5. The City should explore structural opportunities to ensure that health and human services are provided in a supportive, and client-centric manner. The City is working to reduce the jail population and divert individuals to supportive programming, some of which is currently administered by the criminal justice system. However, it is important to examine and enhance opportunities for programs to be housed within agencies that have mandates to mitigate poverty and support the needs of low-income clients. Realigning systemic investment in and ownership of these services in the health and human services sector would streamline and more efficiently connect clients to a full-range of supportive health and human services.
 - a. The City should examine service-related programs currently provided within criminal justice agencies to identify opportunities to realign them into health and human services agencies. This would help to ensure consistent service delivery and better connections to programs and services that support client success.
 - b. The City should advance legislation to mandate the reinvestment of systemic savings from criminal justice agencies into health and human services agencies. The Office of Management and Budget has developed an internal unit devoted to identifying savings across City agencies that could help develop such a reinvestment initiative and realign funding and savings that occur from punitive approaches to individuals and families into health and human services to enhance supportive, client focused opportunities.¹⁰⁴
6. The City must standardize service entry-points to develop a “no wrong door” approach. Currently many health and human services are specialized and siloed, requiring that clients seek out services at multiple agencies to address the full extent of their needs. There are currently uneven and inconsistent intake, data gathering, and referral practices across agencies that create time consuming, redundant, and stressful conditions for clients and discourage client engagement. Additionally, there is a lack of collaboration and consistent information across agencies about service opportunities for clients and their families to improve collaboration and communications.
 - a. Remove administrative barriers to care. The City should standardize intake practices across City agencies, streamline and strengthen data-sharing practices across agencies, and ensure that agencies provide consistent information about available resources for low-income and justice system impacted individuals and families.
 - b. Foster collaborations between City agencies, faith leaders, and academic institutions to create accessible and consistently available resources for low-income and justice system impacted individuals. Strategies to do so include: creating funded opportunities for trainings across types of organizations and leveraging existing neighborhood-based services hubs/multi-actor task forces to connect service providers in City agencies to community-based resources and leaders.

Strengthening Health and Mental Health Care Services

7. The City must build a trauma-informed health and human services sector to prevent justice system contact due to trauma-related mental health and/or substance use issues, support mental and long-term physical health outcomes, and address trauma experienced by low-income and justice-involved individuals and families. The City should:
 - a. Partner with experts to conduct agency assessments, create a strategy, and develop and resource an implementation plan for a trauma-informed care framework for health and human services. Academic institutions provide trauma-informed consultation for agencies and institutions to plan for and help implement staff training, physical environment renovations, and trauma-informed program design.
 - b. Partner with academic institutions to develop a “trauma-informed” certification for service organizations that provide a suite of trauma-informed treatments. By implementing a standardized certification, the term “trauma-informed” can be further defined and service provision can become more consistent. This standardization and certification process could also help build out referral networks for agencies serving low-income and justice-involved individuals and families.

“ We need more resources, more compassion, and more political will to end the poverty to prison pipeline. We must also recognize the role of intergenerational trauma in creating the pipeline and provide mental health and trauma-informed services to those who are justice-impacted. As recommended in the report, let’s create a “trauma-informed New York,” where health and human service providers, managed care companies, policy makers, governmental agencies and community and faith leaders, have the tools to effectively work together to solve this crisis.”
 - c. Offer trauma-informed training for contracted CBOs, academic institution staff, and faith leaders to help develop the tools to address the trauma that can lead to and can be a result of justice system contact. Several types of trauma-informed training are available that range in intensity and depth. The intensity of training should be calibrated according to staff’s roles and responsibilities to clients.
 - d. Engage managed care companies to build support for trauma-informed practices for justice-impacted individuals and families. Managed care companies have considerable influence in NYC’s health landscape and by working with them to adopt trauma-informed care, NYC could continue to improve health outcomes and mitigate high-cost emergency health services usage.
8. Community-based health and human services providers should implement best practices and program models to enhance connection to critical preventive and supportive services to better serve low-income and justice-involved clients. Task Force members have implemented successful strategies to ensure access to health and mental health services, and recommend that programs:
 - a. Co-locate health and mental health services with other supportive services such as after-school programming and childcare to build client trust, reduce the stigma by normalizing mental health services, and increase the ease of accessing multiple services.

“ We need more resources, more compassion, and more political will to end the poverty to prison pipeline. We must also recognize the role of intergenerational trauma in creating the pipeline and provide mental health and trauma-informed services to those who are justice-impacted. As recommended in the report, let’s create a “trauma-informed New York,” where health and human service providers, managed care companies, policy makers, governmental agencies and community and faith leaders, have the tools to effectively work together to solve this crisis.”

Michael A. Lindsey, PhD, MSW, MPH, executive director of the McSilver Institute for Poverty Policy and Research, New York University

- b. Provide services in a community-based space, such as a faith-based institution or non-profit organization, also to build client trust and reduce the stigma by normalizing mental health services.
- c. Utilize outreach by “credible messengers” (trusted community members who have lived experience similar to the community they are serving) regarding services to help clients understand the benefits of services, navigate systems to access services, and reduce stigma and fear associated with engaging with these services.
- d. Expand programs that offer both mental health and substance abuse services at the same site. Current services are scattered, do not coordinate on a regular basis, and research has found that concurrent service provision increases the efficacy of both services.¹⁰⁵

Strengthening Education and Workforce Development Opportunities and Training

- 9. The Department of Education should require the implementation of restorative justice programming throughout the city’s districts and include community-based health and human services organizations and faith leaders in trainings and programming. Restorative justice practices are an in-school alternative to punitive and exclusionary disciplinary practices that contribute to the School to Prison Pipeline.

School suspensions and exclusions can result in missed work and learning. When returning to school from a suspension, students experience stigmatization and criminalization related to disciplinary practices from peers and school staff.¹⁰⁶ Participation in the current DOE restorative justice program is at the discretion of high school principals and is not yet universal.

“ We need a strategy for making restorative justice part of the fabric of the system, through the school support organizations, academics and school environments, certification, having standards — a lot of schools began to institute restorative justice before the official program began.”

Education and Workforce Development Working Group, 4/9/18

- a. Encourage the use of restorative justice practices in DOE-contracted community-based organizations outside of schools. This approach has been implemented in select NYC DOE schools, and alternative disciplinary practices are being developed systemwide. However, for restorative justice practices to be fully implemented and for non-violent norms to be established, the practices must be reinforced at the community level.¹⁰⁷ Continuity of restorative responses across agencies, programs and community-based organizations reinforces norms and strengthens non-punitive practices.
- b. Implement restorative justice practices systemwide and include faith leaders who work with youth and students to extend the reinforcement of restorative practices. Including faith leaders in the implementation of restorative justice practices in their youth and adult programming expands the familiarity and reinforcement of non-violent and non-punitive problem solving and responses to conflict.

- c. Include paid restorative justice internship opportunities and Summer Youth Employment slots in the expansion of the restorative justice program, to train youth to implement restorative practices and build opportunities for youth employment. This would not only create employment opportunities for youth but would deepen the ownership of the practice and build youth leadership.
10. The Department of Education should include low-income and justice-impacted children and families and health and human services providers in its school counseling/guidance program advisory council. This newly established council is charged with overseeing the design and implementation of school counseling and guidance programs in the district. NYC's schools serve justice-involved youth and children impacted by family/household justice involvement, and these families' needs should be considered in the development and implementation of the program.
 - a. Include justice-impacted individuals and health and human service providers in the planning process and advisory council to ensure that the comprehensive counseling programs are meeting the needs of these students and families.
 11. Institutions of higher education must develop higher education trainings in health and human services fields that draw on research-backed service strategies and trauma-informed diagnostic tools to effectively serve individuals with histories of justice involvement. Professionals that work with justice-involved individuals frequently do not receive specialized training to help providers address the needs of these clients.
 - a. Develop training programs for health, mental health, and social services providers. A few professions were identified as priority professions, including: nurses, dentists, doctors, social workers, guidance counselors, teachers, workforce development program managers, and mental health professionals.
 12. The City, community-based organizations, and institutions of higher education must collaborate to ensure that educational opportunities and alumni resources are available for individuals regardless of criminal justice system involvement. Workforce development and educational opportunities inside NYC jails are inconsistently offered and are not necessarily aligned with the interests or qualifications of the person seeking training. Additionally, there are barriers to accessing higher education and connections to workforce development opportunities upon reentry.
 - a. Standardize and expand programs and resources for individuals earning degrees and engaging in workforce development inside jails and upon reentry. Standardization of programming inside jails and connections to continuing education opportunities upon release is crucial to support student success.

“ Lots of program staff are not equipped or trained for the demographic that they’re working with- they may have the soft skills but also need the expertise for the people that are coming through!”

Antoinette Donegan, Central Family Life Center

“ Why is it so difficult for [low-income and justice-involved] people to get into different career areas? How do we open other doors? Hard skills trainings are provided but why are people exiting incarceration with a college degree, skills, talents directed to traditional workforce programs?!”

John Ducksworth, New York Theological Seminary 3/19/18

- b. Remove barriers to entry and sustain participation in higher education for justice-impacted students. In collaboration with the City and community-based organizations, academic institutions of higher learning should review admissions policies, credit transfer policies, financial aid opportunities, student counseling, peer supports, and student and faculty recruitment.
 - c. Engage faith leaders to build connections to local educational and workforce development opportunities available to their congregations and communities.
 - d. Engage the private sector to build connections to local educational and workforce development opportunities available to their communities.
13. Community-based organizations must ensure that workforce development programs meet the needs of low-income and justice system impacted individuals in-house or are connected to organizations that have expertise in serving justice system impacted clients that accept referrals and warm hand-offs. The following program features should be included in workforce development RFPs:
- a. Ensure that workforce programs acknowledge and reflect the diversity of individual needs and experiences for low-income and justice system involved individuals. Soft skills training modules (workplace decorum, professional communication styles, conflict resolution, and schedule management) as well as hard skill development (technology training, literacy, specialized skills) were cited as best practices for meeting their specific needs. Including mental health and trauma-informed training practices and providing legal services were also identified as practices that supported the success of participants in both the program and the workplace and should be provided onsite or in collaboration with partner organizations.
 - b. Connect community-based organizations whose models are built to meet the needs of justice-impacted individuals with organizations and health and human service agencies that do not focus specifically on serving individuals with justice involvement to build knowledge about legal, socio-emotional, and stigma-related complications faced by this group. This would help to establish a baseline understanding of the needs faced by clients with justice involvement, and a general understanding of available resources and referrals for programs that do focus on serving reentering individuals.
 - c. Explore opportunities to connect community-based organizations with local businesses and City agencies to link clients with entrepreneurial opportunities and ensure that business incubation opportunities are available to formerly justice-involved clients.

De-stigmatizing Poverty and Justice Involvement Across New York City

14. The City must review existing implicit bias and anti-oppression trainings undertaken by health and human services agencies and expand and supplement this work across the sector.
- a. Expand implicit bias and anti-racism trainings across City health and human services agencies. Trainings are mandated to occur in several City health and human services agencies but not all.¹⁰⁸

- b. Standardize and universalize core curricular elements in implicit bias and anti-racism trainings across agencies. Trainings differ by agency, and while some training customization by staff role and agency mandate is helpful, developing a citywide basis of understanding shifts the City's narrative and reinforces messaging and approaches.
 - c. Assess the efficacy of existing anti-oppressive trainings and expand and standardize training offerings across the city. As trainings occur, agencies should participate in a citywide assessment of the impact of the trainings to understand opportunities for improving training implementation and curricula.
 - d. Provide resources for continued coaching and ongoing reinforcement of norms in City agencies. Singular trainings need to be reinforced on an ongoing, systemic basis to have a lasting impact through continued coaching, opportunities for reinforcement, and supplemental training.
15. The City of New York must build upon existing Gender, Racial, and Other Equity Impact Assessments legislation by including justice-involved individuals as an "impacted group" to explicitly assess the impact of NYC legislation on individuals with criminal records.
 16. The Mayor's Clergy Advisory Council should pilot a faith community-focused public awareness campaign to End the Poverty to Prison Pipeline. This campaign would build an understanding about the structural criminalization of poverty and its outsized impacts on poor communities of color and de-stigmatize justice-impacted congregants.
 - a. Convene faith leaders to share best practices and inclusive, supportive strategies to engage congregation members and their families in conversations about the criminalization of poverty, and the ways that punitive systems trap people and their family members in intergenerational cycles of criminalized poverty.
 - b. Pilot trainings on the connections between poverty and criminal justice in the Mayor's Clergy Council's social justice ministries and faith leader education. This would provide faith leaders with tools to discuss the intersections of systemic oppression and the impacts on individuals, families, and entire communities, and would provide opportunities to engage in policy and political campaigns.

“ Training can be used as a vehicle to shift culture, systems perspective, and align work to the vision of the culture that you want to create!”

Education and Workforce Development Working Group Member, 5/11/18

Conclusion

Mass incarceration and its lifelong impacts deepen poverty and need, especially for the communities of color who are disproportionately besieged by criminal justice systems. The health and human services sector is tasked with responding to the needs of low-income individuals, families, and communities, in the face of the increasing complexity of challenges facing clients. However, the sector needs additional support and resources to meet the specific and complex needs of low-income community members who are justice-involved or impacted by the justice system. Of FPWA's 170 member organizations, fewer than 20 explicitly serve justice-involved individuals as a targeted client group. At the same time, we know that many more community-based organizations are serving this population, but without the resources, training or programming to effectively meet their specific needs. With a deep familiarity with and appreciation of the existing challenges the sector is already facing, the Ending the Poverty to Prison Pipeline Task Force identified the need for coordination of services and resources, additional training, information, and resources to adapt successful program models to serve these clients and their families. Additionally, the initiative identified a need to develop strong connections to organizations that specialize in addressing the specific needs of justice-involved individuals for effective referrals and skill/knowledge sharing. Finally, a coordinated effort to connect health and human services agencies to efforts to support justice-involved individuals and families must be developed and implemented. With this coordination and additional resources, supports and partnerships, the health and human services sector will be a most effective partner at the front lines of the effort to end the Poverty to Prison Pipeline and the decarceration of NYC.

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