



Catholic Charities

ARCHDIOCESE OF WASHINGTON

Inspiring Hope, Building Futures.

Volunteer Handbook

2024

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Welcome Letter

Dear Volunteer,

Thanks for responding to the call to care for the poor and vulnerable among us. You are every bit as precious to us as the people accessing our services and our amazing staff members.

Your generous gift of your time, talents, special skills and compassion makes the work we do even more enduring and more hope generating. You will deepen our culture of caring.

Thanks to you, someone's life will be better.

Welcome to Catholic Charities!

Maggie

Maggie O'Neill
Director, Volunteer Engagement

Purpose of this Handbook and How to Use it

This volunteer handbook will help you navigate becoming a long-term volunteer with a program of Catholic Charities of the Archdiocese of Washington.

In this Handbook, you will learn our history, mission, values, and the practices and procedures around volunteering. At our volunteer orientation and at your service site, your supervisor will answer questions not addressed here. In those settings, we will get to know each other and develop a good relationship.

This Handbook is intended to provide you with information about Catholic Charities policies and practices currently in force. No Handbook can anticipate every circumstance or question about policy. As the Agency continues to grow, we may need to change policies described in this Handbook. We reserve the right to revise, supplement, or rescind any policies or portion of the Handbook from time to time as we deem appropriate, at our sole discretion.

We hope this Handbook will make you feel comfortable with us. Your success as a volunteer is critical to our success caring for the people in our community who are most vulnerable.

Please read this Handbook and refer to it whenever questions arise. Also, please feel free to talk with your site supervisor or to contact the Volunteer Engagement Office (VEO): we are here to help.

The Volunteer Engagement Team
Volunteer@CC-DC.org

Catholic Charities of the Archdiocese of Washington DC

Our History

Since 1929, families, children and adults in need of help in and around Washington DC have been able to turn to Catholic Charities to find comprehensive, caring, and competent support. We are in the business of inspiring hope and building futures with people in our care by addressing immediate needs and providing support through various programs for lasting benefit. Programs include: housing, food, job training, education for people with developmental disabilities, legal help, medical and mental health care, and much more. Catholic Charities is the largest private social service agency in the area: we are big and sophisticated and effective.

Our Work

In Fiscal Year 2022, more than 167,000 men, women and children of all economic, religious and social backgrounds received help and hope from Catholic Charities. Our 700+ employees run more than 50 programs in 36 locations across the District of Columbia and the surrounding Maryland counties (Montgomery, Prince George's, St. Mary's, Calvert, and Charles).

Catholic Charities invites volunteers to serve in defined roles in each of our 7 departments:

- Adult and Children's Clinical Services (ACCS)
- Central Services (CS)
- Developmental Disabilities (DD)
- Enterprises, Education, and Employment (EEE)
- Family, Community, and Parish Outreach (FCPO)
- Homelessness and Housing Services (HHS)
- Newcomer Network (NN)

Our Mission

Catholic Charities is the social ministry outreach of the Archdiocese of Washington. Motivated by the Gospel message of Jesus Christ, and guided by Catholic social and moral teaching, Catholic Charities strengthens the lives of all in need by giving help that empowers and hope that lasts. To this end we affirm and support the dignity of all human life, strengthen families and serve the poor and most vulnerable.

Our Vision

Cognizant of our responsibility to the community, we will be recognized as an effective advocate for social justice. We will be a catalyst by which people are inspired and motivated to serve the poor and the vulnerable. We will create networks, work with parishes and partner with all who share our goals.

We will remain committed to the poor, especially the homeless, immigrant newcomers at-risk and persons with mental and developmental disabilities. We will help individuals and families move from crisis and isolation to stability and growth. We will be accessible to those in need through comprehensive, integrated and culturally competent services. We will help all who want to get and hold a job to do so.

By setting standards of excellence and best practices, we will provide an environment in which our staff and volunteers can grow, contribute their best efforts and value their investment in our mission.

Our Core Values

- We believe in the message of Jesus Christ that brings love, hope and redemption.
- We affirm the sacredness and dignity of all human life.
- We cherish the racial and cultural diversity of our staff and those we serve.
- We expect uncompromising integrity in all we do.
- We pursue excellence.
- We pledge service to those in need regardless of background, belief or circumstance.

Our Religious Identity

The mission and vision of Catholic Charities are aligned with the social justice teachings of the Catholic Church, Catholic Social Teaching.

- **Life and Dignity of the Human Person**

Each person is made in the image of God and has inherent dignity from the moment of conception to natural death. The measure of every institution is whether it threatens or enhances the life and dignity of the human person. Catholic Charities affirms that each person served and engaged with our work will be held in great esteem and with great respect.

- **Call to Family, Community, and Participation**

The person is not only sacred but also social. How we organize our society - in economics and politics, in law and policy - directly affects human dignity and the capacity of individuals to grow in community. The family is the critical institution which supports a flourishing society and must be supported and strengthened. We affirm that people have a right and a duty to participate in society, seeking together the common good and well-being of all, especially the poor and vulnerable. Catholic Charities encourages people in our care to contribute to and participate in their communities.

- **Rights and Responsibilities**

Human dignity can be protected, and a healthy community can be achieved only if human rights are protected, and responsibilities are met. Therefore, every person has a fundamental right to life and a right to those things required for human decency. Corresponding to these rights are duties and responsibilities--to one another, to our families, and to the larger society. Catholic Charities strives to protect these rights and meet these responsibilities.

- **Option for the Poor and Vulnerable**

A basic moral test is how our most vulnerable members are faring. In a society marred by deepening divisions between rich and poor, our tradition instructs us to put the needs of the poor and vulnerable first. Catholic Charities affirms that the most poor and vulnerable persons and families have a special claim to our services and programs.

- **The Dignity of Work and the Rights of the Workers**

The economy must serve people, not the other way around. Work is more than a way to make a living; it is a form of continuing participation in God's creation. If the dignity of work is to be protected, then the basic rights of workers must be respected--the right to productive work, to decent and fair wages, to the organization and joining of unions, to private property, and to economic initiative. Catholic Charities affirms the dignity of work and supports individuals in their goals to secure employment.

- **Solidarity**

We are one human family, whatever our national, racial, ethnic, economic, and ideological differences. We are our brothers' and sisters' keepers, wherever they may be. Loving our neighbor has global dimensions in a shrinking world. At the core of the virtue of solidarity is the pursuit of justice and peace. Catholic Charities affirms our call to promote peace and work for justice in a world filled with violence and conflict.

- **Care for God's Creation**

Care for the earth is not just an Earth Day slogan, it is a requirement of our faith. We are called to protect people and the planet, living our faith in relationship with all of God's creation. This environmental challenge has fundamental moral and ethical dimensions that cannot be ignored. Catholic Charities affirms that we are called to protect all people and our common home in stewardship of creation and out of respect for our Creator.

Volunteer Information

Role of Volunteers at Catholic Charities

Volunteers assist Catholic Charities staff members to provide hope and help to people in our care. The people accessing services at Catholic Charities are homeless, hungry, physically ill, mentally ill, diagnosed with a mental health condition, immigrants, refugees, returning from incarceration, experiencing crisis pregnancy, facing civil legal challenges, facing financial crisis; in other words, they are living very hard lives.

Catholic Charities staff members possess expertise to assist. Staff members engage volunteers to provide additional support for their programs and to the people in our care. Each year Catholic Charities engages several thousand volunteers in our mission: most in one-time projects and many hundreds in long term roles (that is, for a minimum of 6 months or 75 hours).

Catholic Charities designs roles for volunteers that:

- Provide the people accessing our services with community connection and human compassion
- Support our staff and programs in meeting critical needs of the vulnerable people in our care
- Multiply the efforts of our staff
- Meet **your** need to serve, give back or gain experience

Catholic Charities' Commitment to Volunteers

As a volunteer, Catholic Charities is committed to

- ✓ Treat you as a respected member of the team, not just as free help
- ✓ Be in a work environment that is safe and comfortable
- ✓ Orient you to the agency's mission, goals, staff, activities and policies
- ✓ Give you an orientation to the service site (see pages 29-30)
- ✓ Give you adequate and appropriate training to carry out the service role
- ✓ Give you assignments that take into consideration your personal preferences, needs and abilities
- ✓ Give you sound guidance and direction that conform to our culture of caring and ethical standards
- ✓ Being mindful of your contributions to the team through expressions of appreciation
- ✓ Seeking your opinion and input into projects and tasks that affect you and your commitment to service
- ✓ Provide documentation of your logged hours of service (certificate or letter) upon request

Responsibilities of Catholic Charities' Volunteers

As a volunteer, you have the *responsibility* to...

- ✓ Behave in a professional and courteous manner
- ✓ Participate in the volunteer onboarding process
- ✓ Follow agency procedures, including wearing your CC DC name badge and yellow lanyard
- ✓ Communicate with your staff liaison about any needs that arise related to your service
- ✓ Follow through on your obligations of your time and to complete tasks
- ✓ Honor Catholic Charities' investment in you
- ✓ Be open and honest with the agency about your abilities
- ✓ Maintain confidentiality and privacy with regards to agency information, clients and personnel
- ✓ Comply with safety practices and instructions
- ✓ Provide timely and constructive feedback to your placement liaison, the Volunteer Office or CC DC
- ✓ Be comfortable saying "no" if necessary
- ✓ Remember that you represent Catholic Charities to people accessing our services and others

Long-Term Volunteer Roles in Catholic Charities Programs

Catholic Charities volunteer opportunities include the following roles which have specific duties and special screening requirements depending on the program and client population served.

General Volunteers: Individuals who commit their time and talents to Catholic Charities and are assigned to a program to assist clients in a specified role, support the program, or the program staff. Volunteers are uncompensated. To qualify as a Catholic Charities volunteer, an individual must be willing to serve according to the practices and procedures of Catholic Charities.

Student Interns: Students who serve for four weeks or more to develop skills and apply knowledge gained in school while benefitting Catholic Charities. Students fulfilling a graduate or professional school practicum, for credit, serve under the direct supervision of a licensed or otherwise accountable professional employee of Catholic Charities. Interns are assigned to a staff person who supervises their service.

Pro Bono Consultants: Individuals with specialized skills, such as medical and legal professionals, who provide their services on a pro bono, or volunteer, basis to Catholic Charities program participants, or to persons referred by Catholic Charities or to Catholic Charities programs. Services may be provided on-site at Catholic Charities or in the consultants' own offices. Depending on the professional service donated, insurance coverage for the liability insurance associated with the volunteer service may be covered by Catholic Charities.

Clients who are Volunteers: Individuals who are clients of Catholic Charities and may benefit from being volunteers for the agency are welcome to do so. Clients may not serve in the same program where they receive services, and ideally, they would serve in a different Department. The client must complete the screening that is required for the particular role, the same as volunteers from the general public.

Process of becoming a Long-Term Volunteer with Catholic Charities

People who wish to serve in long term volunteer roles at Catholic Charities complete a process that ensures a good match between the needs of the programs and the interest, skills, and availability of the volunteer. The steps are:

- Complete an online volunteer application
- Attend Catholic Charities' general volunteer orientation session
- Complete screenings which include some or all of the following:
 - Criminal background check
 - Reference checks
 - Matching Expectations Conversation with program staff
 - Verification of professional credentials (if necessary for the volunteer role, such as pro bono professionals)
 - Health screenings (when required by the program)
 - Additional trainings (when required by the program)
- Sign the Volunteer Commitment Letter
- Attend initial orientation at the program site (see pages 29-30); this is scheduled after attending the general volunteer orientation

Once You are Placed in a Volunteer Role

Once matched with a program, you will begin serving under the supervision of the program manager, or his/her designee. Your service will include:

Program Orientation: The program manager will orient the volunteer to his /her tasks and responsibilities, the program in general, and the service location using the Volunteer Orientation Checklist (see pages 29-30).

Service: Volunteers are expected to perform the agreed upon service at the agreed upon schedule and for the duration expected. The following practices are in place at program sites where long-term volunteers serve:

Name Badge: Volunteers, like Catholic Charities staff, are expected to wear a temporary name tag at volunteer events or a permanent name badge during short or long-term roles while at the service site. (For on-site volunteers only; remote volunteers do not need an ID badge)

Check in and out: Volunteers will document their hours of service . Depending on the service site or if the role is remote or in person, this may require signing in and out in a written log or an electronic system.

Comportment: Each volunteer is expected to behave in a professional, courteous manner while serving Catholic Charities. As such, volunteers are expected to treat clients, visitors, business contacts, other employees and volunteers, and anyone else with whom they may have contact in their capacity as a volunteer for Catholic Charities, with respect and courtesy. Catholic Charities will treat volunteers with respect, courtesy, and appreciation.

Evaluate the Volunteer Experience: Volunteers are invited to complete surveys and share feedback with program staff and VEO staff about their volunteer experiences.

Departure: Volunteers must notify their site supervisor and VEO upon completion of their volunteer commitment, as well as in the event that the volunteer is unable to continue volunteering at Catholic Charities. Volunteers who have served in an ongoing role should be invited to participate in an exit interview to provide feedback on their experience to the program staff.

Talking to Media

Volunteer interaction with media should be facilitated by Catholic Charities staff person managing the volunteer. If you are contacted by the media to speak on behalf of Catholic Charities, you must respond that you are not in a position to comment. You should then refer the person making the inquiry to the Catholic Charities staff person supervising your volunteering; that person will coordinate with the Director of Communications, per the employee handbook.

Policies Relating to Catholic Charities Liability

There are several Catholic Charities policies and procedures which apply to volunteers. Volunteers are briefed on these policies at the general orientation and, as appropriate, at the service site.

Automobiles: In rare instances, volunteers may be authorized to operate a Catholic Charities vehicle or use their personal vehicle for Catholic Charities business. Those authorized volunteers are subject to the rules and requirements set forth in Catholic Charities **Practice & Procedure (P/P) #119: Vehicle Use** and will be trained as appropriate.

Prohibited Activities: In accordance with Catholic Mutual Insurance guidelines: volunteers under the age of 21 are not allowed to climb ladders or scaffolding. Also, in accordance with Catholic Mutual guidelines, volunteers are not allowed to perform any roofing operations or work on roofs.

Safety Practices: Each volunteer is expected to support and cooperate with loss prevention/safety efforts. Disregard for safe practices and procedures by any volunteer will be considered a violation of Catholic Charities policy.

Incidents Involving Volunteers

Injury, Sickness, Exposure to an Occupational Disease: In the event a volunteer is involved in any significant incident including, without limitation, injury, sickness or exposure to an occupational disease while providing volunteer services for Catholic Charities, the volunteer should seek immediate medical attention. The immediate supervisor of the volunteer is responsible for reporting the incident in compliance with the Catholic Charities policy on incident reporting (**P/P #901: Incident Management**).

Other Significant Incidents: In the event a volunteer is involved in any other significant incident while performing volunteer services, Catholic Charities policy should be followed, including, without limitation, the completion of a Catholic Charities Incident Report (**P/P #901: Incident Management**).

Volunteers' Personal Property: Catholic Charities will not be responsible for volunteers' personal belongings that are lost or stolen on Catholic Charities premises.

Insurance Coverage: Volunteers are covered under Catholic Charities liability insurance as long as the volunteer is acting within the scope of their defined volunteer duties as authorized by Catholic Charities. Volunteer will not be covered for willful or intentional acts that inflict harm or injury. Also, the results of any criminal acts by a volunteer will not be covered by Catholic Charities liability insurance.

Other Policies Applicable to Volunteers

The following is a non-exhaustive list of Catholic Charities policies applicable to all volunteers:

Non-discrimination/Harassment: Catholic Charities is committed to providing an environment that is free of violence or unlawful discrimination and harassment. Actions, words, jokes, printed material, or comments based on an individual's race, color, religion, gender, sexual orientation, ancestry, age, disability, or other legally protected characteristics are prohibited. Catholic Charities prohibits any acts of verbal threats, physical violence, or harassment toward any employee, volunteer, client, or business contact.

No authorized staff position is to be eliminated because of volunteer engagement.

Volunteer Referral: A Catholic Charities staff member who receives a volunteer referral should forward it promptly to VEO.

Non-Solicitation: Volunteers are prohibited from soliciting people they meet at Catholic Charities to be clients of their own business.

Ethical Conduct/Whistleblower Hotline: Volunteers must adhere to high ethical standards by avoiding conduct that may discredit Catholic Charities, disrupts operations, staff, clients or other volunteers, or is offensive to clients or staff. If, while providing volunteer services for Catholic Charities, a volunteer becomes aware of activity he or she in good faith believes is in violation of the law, ethical standards or Catholic Charities policies, they are strongly encouraged to discuss such with their direct supervisor or program director or contact the Whistleblower Hotline at 1-877-426-7060 or 202-266-3069. The Hotline is completely anonymous, unless you leave your name and telephone number for a direct response from Catholic Charities.

Drug and Alcohol-Free Policy: The use, manufacture, distribution, possession or transfer of illegal drugs or alcohol by a volunteer while providing volunteer services for Catholic Charities is strictly prohibited.

Volunteer Grievance Policy: In the event a volunteer would like to file a grievance regarding an issue or issues that have arisen during the volunteer's provision of services, the volunteer may do so in accordance with the procedure set forth herein. Initially, the volunteer should attempt to resolve the issue by discussing the issue with his or her immediate supervisor, unless the grievance is in regard to the immediate supervisor. If the grievance is in regard to the volunteer's immediate supervisor or cannot be resolved through discussion with the immediate supervisor, a written grievance may be submitted to VEO. The VEO will review the grievance in consultation with the Director of Parish, Family and Community Outreach, the affected Department Director and the Chief Operating Officer and a decision will be made on how to proceed to resolve the grievance. VEO may also consult with the Director of Human Resources as necessary. Through this procedure, Catholic Charities will make a reasonable attempt to resolve a volunteer's grievance.

Termination of Volunteer Relationship: The volunteer relationship may be terminated, at Catholic Charities' sole discretion, in the event a volunteer disregards and/or violates any applicable Catholic Charities Policy or engages in inappropriate behavior or behavior that puts Catholic Charities at risk. Dismissal information will be maintained in the volunteer's file.

Technology: All use of Catholic Charities owned electronic equipment (including but not limited to computers, copy machines, fax machines, hand held devices, PDAs, laptops, and cellular phones) shall be in compliance with the Catholic Charities policy on the use of technology (**Technology P/P #800: Acceptable Use of Technology**). The volunteer will be trained on this policy as appropriate.

Poverty: Resource Sale Activity

Instructions: Groups will be given a certain amount of money they can spend on the resources listed below. Each resource costs \$100. You can only buy one of each resource and you must spend all \$100 on the resource (i.e. you cannot buy \$50 of 1 resource and \$50 of another). As a group, decide which resources you will purchase with your amount of money. Make sure to select someone to share your choices with the larger group.

Resources for Sale

- Physical Health
- Family & friends
- Easy access to a grocery store
- Role Model
- Mentor
- Speak, read, & write English
- Knowledge of hidden rules of middle class & work culture
- Legal residency or citizenship
- Consistent Income
- Savings
- Stable Housing
- Mental Health
- Formal Education
- Ability to find & use information
- Optimism for the future
- Self-worth

Reflection Questions:

1. What was it like to do this activity?
2. How do you think this activity reflects what the people who access CC services go through? What are the similarities? Differences?
3. How will this knowledge help you as a volunteer?

Trauma



Chart by the Institute on Trauma and Trauma-Informed Care (2015)

“Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives”

- American Psychological Association

Many of the people we serve, as well as our staff members and volunteers, have experienced potentially traumatic events such as witnessing violence, parental separation, experiencing abuse, etc. People who have experienced trauma may react in ways that seem surprising to those who do not know about their trauma. People may perceive this behavior as a psychological disorder or "acting out".

We want you to keep this in mind so you:

- 1) Have an attitude of curiosity if clients, staff, or other volunteers act in way you would not expect - "What happened to you" vs. "What is wrong with you"
- 2) Help create a safe atmosphere where people can heal: have clear communication, boundaries, choice and control.

Characteristics and Needs of People We Serve **Alcoholism & Drug Addiction in Brief**

Terms and Definitions

According to the National Institute of Mental Health, nearly 17 percent of the U.S. population 18 years old and over will meet the criteria for alcohol, drug, or other substance abuse during their lifetimes. When regular use of drugs (including alcohol, "street" drugs, and prescription drugs) begins to interfere with a person's normal functioning, creating behavioral changes that would be undesirable to people from any cultural background, substance use has turned to substance abuse.

Although alcohol is a legal drug, for purposes of this brief, we will use the term *addiction* to include *alcoholism* and the term *drugs* to include *alcohol* as well.

Among the disorders related to the misuse of drugs, a distinction is made between substance **abuse** and substance **dependence**. Those whom psychiatrists and other mental health professionals would classify as "substance abusers" can't control their use of drugs. They become intoxicated on a regular basis--daily, every weekend or in binges--and often need the substance for normal daily functioning. They repeatedly try to stop the use but fail. Some drugs including crack cocaine and marijuana lead to psychological dependence which causes the person emotional discomfort when stopping use.

Those who are considered to be dependent on a substance suffer all the symptoms of abuse, with the addition that they have developed a physical tolerance for it, so that increased amounts are necessary for the desired effects. They also experience withdrawal symptoms and patterns of compulsive use. Some drugs, including alcohol and opiates (such as heroin and morphine) can lead to physical dependence in which the person develops physical withdrawal symptoms when he or she stops use.

The National Council on Alcoholism and Drug Dependence and the American Society of Addiction Medicine define alcoholism as "*a primary, chronic disease...characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.*" NCADD and ASAM further say that by "disease" they mean "involuntary disability," and that the symptoms of alcoholism may be continuous or may occur periodically. Further, the two groups say that the disease of alcoholism is often progressive and fatal.

General Characteristics and Causes of Addiction

People with addiction may exhibit one or more of the following general characteristics:

- Feeling that they need to drink or use drugs regularly and, in some cases, many times a day;
- Making certain that they maintain a supply of alcohol or drugs;
- Failing repeatedly in attempts to stop using and/or denying the presence of a problem;
- Doing things to obtain substances that the person would not normally do such as stealing;
- Using drugs to deal with problems;
- Driving or doing other activities that place the person or others at risk while under the influence.

Various factors, such as personality, genetic makeup and peer pressure, affect a person's likelihood of becoming a substance abuser or substance dependent. In addition, some drugs, such as heroin, cocaine and alcohol, produce a physical dependency making detoxification under medical supervision necessary in some cases.

Addiction appears to occur when repeated use of a drug alters pathways in your brain. The addicting drug causes physical changes to some nerve cells

(neurons) in your brain. Neurons use chemicals called neurotransmitters to communicate. The changes that occur in this communication process vary somewhat with the type of drug.

Social stigma has blocked the road to understanding of addiction. Society has long viewed addiction as the result of lack of self discipline or immorality. Physicians may ignore its symptoms and victims/family members deny its existence. Recent scientific breakthroughs, however, have begun to dramatically alter our views on addiction. The myth that addiction is solely a psychological issue is yielding under the weight of evidence that the disease has its roots in biological causes.

Needs and Services for People with Alcoholism and Drug Addiction

Achieving and maintaining sobriety is difficult, but not impossible. Support from professionals, family, friends, and other alcoholics and addicts, as well as inpatient or outpatient drug addiction treatment, all can be helpful:

Detoxification: For people with severe chemical dependency, a period of medically supervised detoxification while the drugs or alcohol leave the system may be necessary. A “social detox” in a medically supervised environment may also be used for people who use drugs that are not physically addictive.

Counseling: Individual or family counseling may help people resist the temptation to resume using drugs. Behavior therapies can help people develop ways to cope with cravings, suggest strategies to avoid using and prevent relapse, and offer suggestions on how to deal with a relapse if it occurs. Counseling with family members can help them understand addiction and to be more supportive.

Treatment programs: Treatment programs generally include educational and therapy sessions focused on establishing sobriety and preventing relapse. This may be accomplished in individual, group or family sessions. These programs are

available in various settings from outpatient to residential programs. Many are dual-diagnosis treatment centers meaning that they are also equipped to address psychological disorders that accompany the addiction.

Self-help groups (i.e. Narcotics Anonymous, Alcoholic’s Anonymous): Many, though not all, of these groups tend to use the 12-step model first developed by Alcoholics Anonymous (AA). Addicts and alcoholics provide structured support and direction to each other in thousands of groups world-wide that can sustain long-term recovery. In addition, groups for family and friends of alcoholics and addicts who are recovering or still using are available (i.e. Al-Anon, Alateen, Nar-Anon).

Catholic Charities Services: For survivors of addiction, Catholic Charities offers services including addiction counseling, medical assistance, and transitional housing programs for those moving from addiction to independence. We provide information and referrals for those needing treatment. Certified Addiction Counselors (CAC’s) and other addictions-certified professionals respond to calls and offer crisis response to access detoxification and outpatient treatment. Through Catholic Charities Institute, we offer a *Professional Counseling Education Program* for professionals working with persons with substance abuse illnesses.

Characteristics and Needs of People We Serve

Developmental Disabilities in Brief

Introduction

The Catholic Charities Developmental Disabilities Department, formerly known as the Lt. Joseph P. Kennedy Institute (JPKI), serves people with developmental disabilities and their families. *But what is a developmental disability and how does it manifest itself in a person's life?*

Developmental Disabilities (DD) Terms and Definitions

Developmental Disabilities are the umbrella referring to disabilities that, as defined in the Developmental Disabilities Act:

- are likely to continue indefinitely
- are attributable to mental or physical impairment
- begin before the age of 22 and
- result in substantial, functional limitation in 3 or more of the following areas of major life activity:
 - self care
 - learning
 - receptive & expressive communication
 - mobility
 - self-direction
 - capacity for independent living

Examples of DD include intellectual disabilities (formerly referred to as mental retardation), epilepsy, autism, cerebral palsy, pervasive developmental disorder (PDD), Downs Syndrome, spina bifida, visual impairment, and traumatic brain injury. Each of these disabilities under the DD umbrella has its own definition, and the people who have these disabilities are individuals with unique characteristics and needs for services.

Causes of DD

There are many possible causes of DD including: genetic disorders; the pregnant mother's health; birth difficulties; environmental factors; infection

or illness; metabolic disorders, and brain injury. In most cases, however, the cause is unknown.

Characteristics: Major Categories of DD

At Catholic Charities, the people served most often have the types of Developmental Disabilities listed below:

- Intellectual Disabilities (ID) refer to people with IQ scores below 70 as measured before the age of 18. In addition to IQ, people diagnosed with intellectual disabilities must also have difficulties in every day functioning in at least 2 of the following areas: communication; self-care; independent living; social skills; self-direction; functional academic skills; work; leisure; health; safety; or use of community resources.
- Cerebral Palsy (CP) is a disability resulting from damage to those parts of the brain that control and coordinate muscles. The cause of CP is unknown. It had been thought it occurred when oxygen did not reach the baby's brain during childbirth. The research now shows there are likely other causes. Cerebral palsy may occur with or without intellectual disabilities. The three most common types of CP are:
 - *Spastic CP*, which is marked by tight, rigid muscles, difficulty moving, and abrupt movements caused by muscle spasms
 - *Athetoid CP*, which is marked by low muscle tone and flailing movements
 - *Mixed CP*, which is marked by the two types above along with tremors.
- Epilepsy is a neurological disorder characterized by seizures. The three most common types of seizures are:
 - *Tonic Clonic (Grand Mal)* where the body stiffens/jerks violently and the person may lose consciousness;

- *Absence (Petit Mal)* where there is temporary loss of awareness (blank stare). This type often goes often goes unnoticed or is labeled “daydreaming;”
- *Complex Partial (psychomotor or temporal lobe)* where the person may display useless motions, walk aimlessly; or smack his/her lips. This usually lasts a few seconds or minutes.

As a rule of thumb, you should call 911 if a person is having a first-time seizure or if the seizure lasts more than 5 minutes. In Catholic Charities shelters, we call 911 for all seizures. Check with your supervisor to be sure. If you are working with people with epilepsy or just want to learn more, we have an excellent on-line class on the LMS you are welcome to take: *Catholic Charities On-line Seizure Management*. Seizure first aid is also covered in our First Aid classes.

- Autism Spectrum Disorder is a lifelong disorder of communication and behavior, typically beginning before age three. Intellectual functioning may or may not be impaired. In most cases, however, social interaction is impaired and verbal communication may be limited. Most people with autism experience a delay in developing spoken language and an impaired ability to initiate or sustain conversation. You may also see repetitive and stereotyped behaviors, repetitive activities (rocking), inflexible adherence to routines/rituals, and preoccupation with objects.

Needs and Services for People with DD

Throughout our nation’s history, attitudes towards people with developmental disabilities have affected the quality of their lives. Prior to the mid 1800’s, people with disabilities were part of their mostly rural communities, included as full members of their towns and villages. As the US industrialized and larger cities began to form, the first residential training facilities for people with developmental disabilities opened in the United States. These residential schools had the goal of

preparing people to return to their communities with skills they could use to lead productive lives. However, in the early 1900’s, people began to increasingly believe that that intellectual disabilities (then called mental retardation) were hereditary and responsible for a disproportionate amount of crime. This led to inhumane, long-term custodial care in overcrowded institutions. Fortunately, this thinking has changed through the years and, since the late 1960s, institutionalization has decreased steadily and supports have become increasingly community based and individualized! At Catholic Charities, we support our program participant’s efforts to self-advocate to improve their access to quality services and supports.

Catholic Charities offers a full range of services to people with developmental disabilities and their families from birth through old age. Infants, toddlers, children and adolescents are entitled, by law (Individuals with Disabilities Education Act or IDEA), to services through their 22nd birthday. For children, we provide: early identification and support services; a Child Development Center and preschool that includes children with and without disabilities; school programs that provide educational, therapeutic and vocational supports and services; inclusion services in local public and Catholic schools; and before and after school and summer programs (including programs for children with autism and intellectual disabilities in Montgomery County, Community Companions). For adults, we provide adult education, supported employment, a day treatment program for individuals with severe disabilities in Montgomery County (Community Options), and in-home community supports for people living in Montgomery and Prince George’s counties.

All the services we provide at Catholic Charities revolve around the common themes of inclusion and self-determination. We match programs to people, serving them in the most inclusive ways possible, focusing on their preferences and the goals and outcomes that they choose. Believing that all people have inherent worth and dignity, we provide support so that people can become involved in their communities, taking on valued roles and participating actively, if they so choose.

Characteristics and Needs of People We Serve

Homelessness in Brief

Terms and Definitions

Measuring homelessness and describing people who are homeless is challenging. There is no single set of people with a single set of needs. Homelessness is a temporary crisis for most people but a chronic condition for others. The variety of programs and services that address these complex needs simultaneously make up a

PIT COUNT BY CATEGORY			
Category	2016	2015	% Change
Total Number Counted	8,350	7,298	+14.4%
Total Number of Individuals	3,683	3,821	-3.8%
Total Number of Families	1,491	1,131	+31.8%
Total of <i>Persons in Families</i>	4,667	3,477	+34.2%

continuum of care (CoC) system. In 2016 The Community Partnership Annual Point-in-Time Survey (TCP) estimates that there were 8,350 (up 1.4% from 2015) persons who were homeless. Because of the instability of this population, the "homeless" are counted as two categories of people:

- **Literally homeless** include those without shelter and those sheltered or housed temporarily. It is estimated that there were 7,784 of such people in 2014, although this population is often undercounted.
- **Permanently supported homeless** are those in permanent supportive housing within the CoC who remain at risk of homelessness without such support.

Characteristics and Causes of Homelessness

There are many reasons a person or family may become homeless, such as illness, disability, substance abuse, domestic violence, or job loss. Research indicates that events that happen during a person's childhood are strong predictors of homelessness in their adult life. Predictors include physical abuse, parental absence or neglect, unstable living arrangements and placement in the foster care system. Structural problems within

society also contribute to homelessness such as such as affordable housing shortages, uneven access to services for people with disabilities, changes in the economy, low wages, uneven access to educational opportunities, and racial injustice.

The homeless population is comprised of subpopulations with unique service and housing needs. The box below contains information about people in Washington, DC who fall into various homeless subpopulations.

Quick Facts from DC's 2020 Point-in-Time

- **6,380** people were experiencing homelessness on January 22, 2020: 653 were unsheltered, 4,548 were in Emergency Shelters, and 1,202 were in Transitional Housing.
- Median age of unaccompanied homeless persons was **52 years** while median age among adults in homeless families was **28 years**.
- **9 unaccompanied minors** were counted in Emergency Shelters and Transitional Housing as were **1,422 children in families**.
- **309 persons** surveyed reported having served in the United States Armed Forces (**up 4%** from the 2019 count).
- **86.4%** of adults who are experiencing homelessness identified as Black or African American, while only 46.8% of District residents are Black or African American.
- **53.9%** of unaccompanied homeless adults and **24.1%** of adults in families reported that they have no income.
- **10.9%** of all homeless adults reported histories of substance abuse and mental illness concurrently; this was reported by **13.3%** of unaccompanied individuals and **1.4%** of adults in families.
- **18.2%** of adult homeless persons reported a chronic health problem, and **16.8%** reported a physical disability.
- **21.9%** of homeless adults reported histories of domestic violence and 40.3% of that group indicated their homelessness was due to domestic violence.

Nationwide, children under 18 years old account for 25% of individuals who are homeless; 45% of individuals who are homeless are single men, 14% are single females. Families with children are the fastest growing portion of people who are homeless (40%). Single mothers and children are the largest group of people who are homeless in rural areas. 22% of individuals who are homeless left their last residence due to domestic violence. Among single adults who are homeless nationwide, 20-25% have severe mental illness. At least 30% of single adults who are homeless nationwide have an addiction.

We are all aware that foreclosures are at an all time high. In District of Columbia, the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,300. To afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn \$52,440 annually (or about \$25/hour). In the District of Columbia, a minimum wage worker earns an hourly wage of \$9.50. To afford the rent for a two-bedroom apartment, a household must include 3.4 minimum wage earner(s) working 40 hours per week year-round (National Low Income Housing Coalition, 2015). 21.6% of individuals who are homeless are employed.

Needs and Services for Homeless People:

Each night, more than 1300 men, women and children find emergency transitional or permanent supportive housing through Catholic Charities in 23 programs in DC, Montgomery County, Charles County, Calvert County, and St Mary's County. Where possible, Catholic Charities provides the assistance that people need to stay in their homes. For others, we provide a temporary home in emergency situations. We also offer short-term homes for those working through barriers to independence: addictions, unemployment, psychological problems.

It is important to note that people who are transgendered are served in shelters, by law, according to the gender they self identify as. If someone says they are a woman, they must be

admitted to a women's shelter. If they identify as male, they are admitted to men's shelters.

Catholic Charities provides:

Emergency shelter consists of both overnight-only shelters and 24-hour facilities, both seasonal (Hypothermia) and year-round. For most adults, it is needed for less than 60 days out of a year, but people who are chronically homeless may need shelter for much longer.

Transitional housing provides adults and families a longer-term stay (up to two years) in programs that provide rehabilitative and supportive services to prepare people for self-sufficient living. People in transitional housing are considered "literally homeless" because they have no lease or other right to remain in the housing permanently.

Permanent supportive housing serves people who were "formerly homeless" but who continue to be at risk. A serious disability may make self-sufficient living unlikely. In these cases, the care extends into permanent housing programs supported by local and federal "homeless" dollars so that these individuals do not become homeless again. Our Fortitude Housing Program reflects the National "Housing First" initiative which is reaching out to find housing for people who have been homeless for many years.

Supportive services address employment, physical health, mental health, substance abuse recovery, childcare and other needs. These preventive and restorative services help homeless people achieve self-directed lives.

Every day about
1 in 13
of the District's poor
rely upon the homeless
Continuum of Care
for basic survival needs

Characteristics and Needs of People We Serve

Individuals and Families in Crisis

Terms and Definitions

Catholic Charities was there for me and my son when no one else cared," says Dorothy. Each year Catholic Charities serves thousands of men, women and children like Dorothy and her son through 50 social service programs at 26 community sites. *But, what types of problems do individuals and families who come to Catholic Charities in crisis experience, what are their needs, and what assistance can we provide?*

Caplan's classic definition of crisis is an upset in the person's steady state that occurs when an individual finds an obstacle to important life goals. This obstacle seems insurmountable, at least for a while, by use of every day methods of problem solving.

A crisis is a period of transition in the life of an individual, family or group, presenting individuals with a turning point in their lives, which may be seen as a challenge or a threat, a "make or break" new possibility or risk, a gain or a loss, or both simultaneously. Most crises are part of the normal range of life experiences that most people can expect, and most people will recover from crisis without professional intervention. However, there are crises outside the bounds of a person's everyday experience or coping resources which may require expert help to manage.

Characteristics of Crises

There are three basic types of crises:

Developmental crises: These are the transitions between the stages of life that we all go through. These major times of transition are often marked by "rites of passage" at clearly defined moments (e.g., those surrounding being born, becoming adult, getting married, becoming an elder, or dying). They are crises because they can be periods of severe and prolonged stress, particularly if the person does not have enough

guidance and support to prevent getting stuck while in transit.

Situational crises: Sometimes called "accidental crises", these are more culture- and situation-specific (e.g., loss of job, income and/or home, being charged with a crime, illness or accident, unwanted pregnancy, loss through separation or divorce).

Complex crises: These are not part of our everyday experience, so we may find them harder to cope with. They include:

- Severe trauma, such as violent personal assault, natural or man-made disasters, often directly involving and affecting both individuals and their immediate and extended support network, observers and helpers
- Crises associated with severe mental illness, which can increase both the number of crises a person experiences and sensitivity to a crisis. Reciprocally, the stress of crises can bring about episodes of mental illness in those who are already vulnerable.

Developmental, situational and complex crises may overlap, and one may lead to the other (e.g., a train driver distracted by being in crisis may make an error, causing a disaster).

Needs and Services for Individuals and Families in Crisis

Crisis intervention, especially for a complex crisis, is usually a team effort, involving a variety of professionals and services to deal with the various issues that led the individual or family to seek support.

The first step is to **assess the crisis**, including its type, severity, duration and risk of harm to self or others. Next, professionals must **assess what resources are available** to the person or family in crisis. These resources may be:

- **Personal:** buoyancy, resilience, experience, confidence
- **Social:** family, friends, colleagues
- **Cultural:** repertoire of cultural tools or rites of passage, extended kinship system
- **Professional:** doctors, counselors, community services that are available when the person's other resources are insufficient for coping with the crisis. Sometimes people just need further encouragement to draw on their existing resources, and low-key monitoring of progress.

When intervention is necessary, professionals provide ease of access and intensive support, allowing dependence in the short term. They discourage evasion of the problem and assist in setting realistic goals for a solution. They encourage people in crisis to explore possible solutions and future directions and to feel empowered to make their own decisions in their own time. They discuss and agree to a "contract" for managing the crisis, setting time limits and specific goals. Perhaps most importantly, they draw upon and strengthen social networks with the permission and direction of the person in crisis. If necessary, professionals coordinate the activities of other agencies to support the individual or family.

At Catholic Charities, we have a network of services to support people in crisis, including:

The **Adult and Children Clinical Services Department** provides legal services for people who are low income and need assistance in a non-criminal case. Through the Health Care Network, people who are low income and uninsured can receive assistance with finding primary care, special care, and/or accessing Medicaid as a primary insurer. Catholic Charities also operates two medical clinics and two dental clinics. ChAMPS, provides emergency support on-call to families and schools to assist children who are in crisis. People who present with serious mental health issues are supported through a variety of services in our Behavioral Health Programs (see *Mental Health Disorders in Brief*). The Sanctuaries for Life Program provides prenatal

and pregnancy support to women who are abortion vulnerable due to financial issues. Immigration Legal Services helps thousands of people every year, making sure that foreign born individuals and their families are provided with accurate information and competent representation. We also provide family preservation services for those families with children at risk of foster care placement, adoption services to include the recruitment and training of foster parents as well as home studies, assistance to teen mothers, and independent living support for young adults ages 18-21 who are in Child Protective Services.

The **Family Parish and Community Outreach Department's** Family Centers provide food from their food pantries, information and referrals to other local human service organizations and homeless shelters, budgeting assistance, help with Social Security applications or appeals, assistance with securing housing, and employment placement assistance. In certain circumstances, Catholic Charities provides financial assistance for rent, mortgage, utilities, non-narcotic prescriptions, non-elective medical and dental procedures, and funeral expenses.

The **Enterprises, Education and Employment Department** provides English language classes, job training and placement, and resettlement services for documented or undocumented immigrants, refugees and asylum seekers.

The **Homeless and Housing Services Department** provides assistance and shelter to those who have been evicted, are staying in a setting not their own, living in an emergency shelter, living on the streets, staying on places not fit for human habitation, or who are coming from treatment programs.

At Catholic Charities, we focus on prevention when possible, intervention when needed and advocacy when resources are inadequate. We help people when they are in crisis situations, but we also try to help individuals and families develop the skills and abilities that enable them to move from crisis and isolation to stability and growth.

Characteristics and Needs of People We Serve

Mental Health Disorders in Brief

Terms and Definitions

Catholic Charities' Adult and Children's Services Department operates dedicated behavioral health programs to help adults who struggle with mental illness maximize their life potential. *But what is mental illness, and how does it manifest itself in a person's life?*

Mental Disorders are individually diagnosed by licensed and trained psychiatrists, psychologists and other authorized mental health professionals in accordance with the specific guidelines contained in the *Diagnostic and Statistical Manual of Mental Disorders*. These disorders can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others, and capacity for coping with the demands of life.

Characteristics of People with Mental Health Disorders

Mental illnesses can affect persons of any age, race, religion, or income, and are not the result of personal weakness, lack of character, level of intelligence, or poor upbringing. Mental disorders fall along a continuum of severity. The most serious and disabling conditions affect five to ten million adults (2.6 – 5.4%) and three to five million children ages five to seventeen (5 – 9%) in the United States. Mental disorders are the leading cause of disability (lost years of productive life) in North America, Europe and, increasingly, in the world. Mental illnesses can strike individuals at any time of life.

Without treatment, the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, and suicide.

Unfortunately, there is still a great deal of stigma associated with mental illness. This stigma can prevent people from seeking treatment. The more you know, the more you can represent mental

disorders as real, treatable health conditions, helping break down these barriers.

Mental illnesses include such disorders as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, and panic and other severe anxiety disorders. These persistent mental illnesses result from chemical imbalances in the brain. Each of these diagnoses under the mental disorders umbrella has its own definition, and the people who have these disorders are individuals with unique characteristics and needs for services.

Needs and Services for People with Mental Health Disorders

Mental illnesses are treatable. The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports. Early identification and treatment is very important. Many people with serious mental illness need medication to help control symptoms, but also rely on supportive counseling, self-help groups, assistance with housing, vocational rehabilitation, income assistance, and other community services to achieve their highest level of recovery.

Catholic Charities Behavioral Health offers a variety of these services while assisting consumers in identifying and obtaining appropriate entitlements, housing, and employment. **Clinical treatment services** include diagnosis and assessment, medication and somatic treatment, individual and group counseling, community support services, assertive community treatment (ACT), supported employment and integrated behavioral health and primary care services through the Health Homes program provided on site or in a consumer's natural community environment. The ChAMPS program provides emergency support on-call to families and schools

to assist children who are in crisis. All services are recovery based case management, and provide life skills training and support services integrated with natural community supports to help consumers in their daily living environments. All services are designed to enhance the individual consumer's quality of life and address specific life challenges.

The services provided revolve around the common themes of inclusion and self-determination. Programs are adapted to meet people's needs, serving them in the most inclusive ways possible, focusing on their preferences and the goals and outcomes that they choose. Believing that all people have inherent worth and dignity, we provide support so that people can become involved in their communities, taking on valued roles and participating actively, if they so choose.

Anchor Mental Health was DC's first 5-star service agency!

Characteristics and Needs of People We Serve

Immigrants and Refugees

Introduction

Juan is a long-time lawful Permanent Resident in the United States. He struggled with learning English and thought that this would prevent him from passing the citizenship test. The Catholic Charities ESOL class for naturalization applicants helped him improve his English and pass the test. An attorney from Immigration Legal Services represented him in his application for naturalization. Today Juan is a US citizen!

Silvia's husband, a US citizen, had been abusing her and threatening to call Immigration to get her deported if she called the police. She left her husband and sought refuge at Angel's Watch Shelter where her caseworker helped her get her life back. An attorney at Immigration Legal Services helped her apply for permanent residence as an abused spouse. Silvia is now living a life without violence.

Raymond fled Ethiopia after being arrested and tortured because of his support for a political opposition party. An attorney at Immigration Legal Services represented him in a successful application for asylum before the Immigration Court. Raymond also received assistance with job placement at the Refugee Service Center. He also took the Building Maintenance class and has been able to start a new life in the US.

These are just a few examples of the types of services immigrants and refugees in the region can rely on Catholic Charities to provide. Whatever the challenge, using a holistic, culturally appropriate approach, our bilingual staff opens a single door to help and hope.

Terms and Definitions

- **Immigrant:** A person who migrates to another country, usually for permanent residence.
- **Refugee:** A person who flees for refuge or safety, usually to a foreign country, who is

unable or unwilling to return to his/her country due to persecution or fear of persecution because race, religion, nationality, membership in a particular social group, or political opinion. Refugee claims are processed outside the US and then refugees are resettled inside of the US.

- **Asylee:** A person who meets the definition of refugee, but is inside of the US applying for asylum status.
- **Green Card:** A US Permanent Resident Card, attesting that the person has permanent resident status. This person may be legally employed in the US.
- **H 1-B:** Allows US employers to seek temporary help from skilled foreigners who have a college education and will work in a specialty occupations.
- **Undocumented:** Lacking legal paperwork to be in the US (has none of the above).
- **Naturalized Citizen:** A person who has acquired a citizenship different from that person's citizenship at birth.

Characteristics and Scope of Need

Immigrants and refugees are now a significant portion of the United States' population. The population of immigrants is over one million in the DC Metropolitan area. Consider the following national statistics:

- One in four low-income children lives in an immigrant family.
- Three in five low-income non-citizens are uninsured.
- One in five K-12 school children is an immigrant or has an immigrant parent.

Arriving with hopes and dreams, countless refugees, political asylum seekers, and immigrants need help starting over. Some come to reunite

with family and friends, but many come with no human connection whatsoever. Our job is to empower them to make a safe, healthy, and loving new start.

The needs of newcomers run the gamut, and our services are equally wide ranging. Many newly arrived immigrants come from countries where medical care is substandard. That's why our medical and dental clinics are so important, offering a healthy haven where the uninsured can get the life-saving care they need. And once they're healthy, we help newcomers build the skills they need to assimilate, including English, math, and vocational skills, as well as housing referrals and job placement.

Catholic Charities Services for Immigrants and Refugees

Catholic Charities programs provide medical and dental services, English language classes, job training and placement, and resettlement services for documented or undocumented immigrants, refugees and asylum seekers. **Immigration Legal Services** helps thousands of people every year, making sure that foreign born individuals and their families are provided with accurate information and competent representation.

Programs include the following:

- **Medical and Dental Clinics:** Preventative and curative primary care and dental services for low income, uninsured adults and children.
- **Refugee Center:** Offers case management and employment services to DC Residents who are asylees or refugees.
- **Employment Programs:** Employment services leading to job placement and self-sufficiency. Pre-apprentice construction trades and ESOL classes are also offered.
- **Immigration Legal Services:** Immigration legal assistance in a range of immigration matters including: naturalization (citizenship); family and employment related immigrant

petitions; adjustment to lawful permanent residence; asylum; relief from removal; applications for relief under the Violence Against Women Act (VAWA) for victims of abuse; U visas for victims of crimes; T visas for victims of trafficking; Temporary Protected Status (TPS), etc.

- **Case Management:** Information and referral; emergency assistance with rent/mortgage/utilities; holiday baskets; case management; supportive counseling; weekly food distribution; emergency food and clothing distribution; enrollment and support of non-citizen children in public schools.
- **Economic Development:** Occupational English, Math, resume, and job placement assistance.

Characteristics and Needs of People We Serve

Returning Citizens in Brief

National Picture

In 2013 the Department of Justice reports that across the country 623,337¹ people returned to communities after a year or more in prison or jail. There are roughly 2.4M people incarcerated in the US². Most struggle with one or more challenges – including the need to find steady employment, a lack of appropriate housing options, health and mental health issues (including drug or alcohol addictions), and broken or strained bonds with family and friends. Approximately 67% of released prisoners are rearrested within three years³ (and 50% of that number are re-arrested in the first year⁴). There is a clear need for a multi-faceted strategy to address the many contributors to failure. Mentoring is a very effective method of intervention to assist offenders in transitioning successfully back to the community.

Mentoring is a relatively new strategy for assisting adult offenders to transition successfully from prison to the community. It has been more commonly used with school-aged youth and children of incarcerated parents. Given the positive outcomes of improved relationships and reduced delinquency with youth, interest in mentoring as an intervention for adult offenders is growing.

Generally, mentoring programs for adult offenders include the use of community volunteers or previously incarcerated individuals to provide guidance and support to people leaving prison either in a group setting or through one-on-one activities. Many re-entry programs pair mentoring with assistance in obtaining and sustaining employment, the goal of mentoring is to address offenders' needs for pro-social relationships and engaging them in the community.

¹<http://www.bjs.gov/content/pub/pdf/p13.pdf>

²<http://www.economist.com/blogs/democracyinamerica/2014/03/americas-prison-population>

³<http://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx>

⁴Ibid

Mentoring is defined as a relationship over a prolonged period of time between two or more people where caring volunteer mentors assist ex-prisoners in successfully and permanently reentering their communities by providing consistent support as needed, guidance, and encouragement that impacts participants in developing positive social relationships and achieving program outcomes such as job retention, family reunification, and reduced recidivism.

Preliminary research indicates there are positive outcomes associated with adult offender mentoring programs⁵: misdemeanor courts utilizing volunteer mentors found that only 15% of probationers recidivated within 5 years (as opposed to 50% of the probationers supervised by other courts). Offenders who received mentoring services in the national Ready4Work Initiative were more likely to find a job and stay employed, and recidivated at a significantly lesser rate than expected. (From Building Offenders' Community Assets Through Mentoring - Developed for 2007 Prisoner Reentry Initiative, sponsored by U.S. Department of Justice⁶)

Local Picture

In the metropolitan Washington area it is estimated that 25,000 men and women are released from jail each year. Using the statistics cited in the Department of Justice report, this means that 17,500 will be back behind bars within three years and that 8,750 will recidivate in the first twelve months.

In addition to the causes for recidivism listed above, another big problem is a lack of qualified and personal assistance. Most Returning Citizens

⁵ <http://csgjusticecenter.org/reentry/issue-areas/mentoring/>

⁶ <http://www.cepp.com/documents/Building%20Offenders%20Community%20Assets%20Through%20Mentoring.pdf>

(RCs) have nobody waiting for them, nobody able to help them navigate the myriad challenges and obstacles facing them.

The growing body of research shows that carefully structured, well-run mentoring programs can positively affect social, behavioral and academic outcomes for at-risk individuals – and Catholic Charities Welcome Home Reentry Program (WHRP) has decided to dedicate almost all of its effort to steering as many Returning Citizens (RCs) as possible into sustained relationships with a WHRP trained volunteer mentor.

Catholic Charities Services for Returning Citizens

The Welcome Home Reentry Program matches returning citizens with a mentor from the community for a year. The program has a proven record of helping returning citizens transition back to their communities in a lawful and productive manner. Returning Citizens who establish a relationship with a WHRP mentor are MUCH less likely to recidivate than the local and national norms.

Our mentoring program has helped Returning Citizens stay out of jail and make the transition to a lawful and productive life. The results for our fledgling program are outstanding. The following are numbers from our database for 2014:

- Washington, DC – 87 Mentor-Mentee relationships; 1 has returned to jail
- Montgomery County –37 Mentor-Mentee relationships; 0 have returned to jail

- Prince George’s County –9 Mentor-Mentee relationships; 0 have returned to jail
- In total: 135 Mentor-Mentee relationships – 1 person has recidivated = 99% success rate

Other services the Catholic Charities provides to people returning from incarceration include:

1. Reentry Fairs – Participants can meet with representatives from the Public Defender’s office, the Mayor’s Office on Returning Citizen Affairs, and other agencies dedicated to assisting Returning Citizens. Workshops are conducted that provide information regarding the process to expunge a criminal record. In addition, attendees receive information about the WHRP and will be urged to visit our offices.
2. Individual Reentry Plan - Every RC who signs up for the WHRP receives a thorough personal needs assessment. All of an individual’s critical needs; legal, housing, medical, substance abuse, family reunification, and employment are evaluated and the Individual Reentry Plan (IRP) is developed.
3. Referral to Catholic Charities- programs and services e.g.; Legal Network, Healthcare Network, JOBS, and other service providers are recommended to WHRP clients according to identified needs.
4. Case Management – assistance provided to WHRP clients who have moderate to severe mental illness.

A Few Words About **PEOPLE FIRST LANGUAGE** by Kathie Snow

Visit www.disabilityisnatural.com to see the original, full-length article.

People with disabilities constitute our nation's largest minority group. It's also the most inclusive: all ages, genders, religions, ethnicities, sexual orientations, and socioeconomic levels are represented.

Yet the only thing people with disabilities have in common is being on the receiving end of societal misunderstanding, prejudice, and discrimination. And this largest minority group is the only one that *anyone*

The difference between the right word and the almost right word is the difference between lightning and the lightning bug.
Mark Twain

can join, at any time: at birth, in the split second of an accident, through illness, or during the ag-

ing process. If and when it happens to *you*, how will you want to be described?

Words matter! Old and inaccurate descriptors perpetuate negative stereotypes and reinforce an incredibly powerful attitudinal barrier—the *greatest obstacle facing individuals with disabilities*. A disability is, first and foremost, a *medical diagnosis*, and when we define people by their diagnoses, we devalue and disrespect them as individuals. Do *you* want to be known primarily by your psoriasis, gynecological history, or the warts on your behind? Using medical diagnoses incorrectly—as a measure of a person's abilities or potential—*can ruin people's lives*.

Embrace a new paradigm: "Disability is a natural part of the human experience..." (*U.S. Developmental Disabilities/Bill of Rights Act*). Yes, *disability is natural*, and it can be *redefined* as a "body part that works differently." A person with spina bifida has legs that work differently, a person with Down syndrome learns differently, and so forth. People can no more be *defined* by their medical diagnoses than others can be defined by gender, ethnicity, religion, or other traits!

A diagnosis may also become a *sociopolitical passport* for services, entitlements, or legal protections. Thus, the *only places* where the use of a diagnosis is relevant are medical, educational, legal, or similar settings.

People First Language puts the person *before* the disability, and describes what a person *has*, not who a person *is*. Are you "cancerous" or do you have cancer? Is a person "handicapped/disabled" or does she "have a disability"? Using a diagnosis as a defining characteristic reflects prejudice, and also robs the person of the opportunity to define himself.

Let's reframe "problems" into "needs." Instead of, "He has behavior problems," we can say, "He needs behavior supports." Instead of, "She has reading problems," we can say, "She needs large print." "Low-functioning" or "high-functioning" are pejorative and harmful. Machines "function;" people live! And let's eliminate the "special needs" descriptor—it generates pity and low expectations!

A person's self-image is tied to the words used about him. People First Language reflects good manners, not "political correctness," and it was started by individuals who said, "*We are not our disabilities!*" We can create a new paradigm of disability and change the world in the process. Using People First Language is right—*just do it, now!*

A FEW EXAMPLES OF PEOPLE FIRST LANGUAGE

Say:	Instead of:
Children/adults with disabilities.	Handicapped, disabled, special needs.
He has a cognitive disability.	He's mentally retarded.
She has autism.	She's autistic.
He has Down syndrome.	He's Down's/mongoloid.
She has a learning disability.	She's learning disabled.
He has a physical disability.	He's a quadriplegic/crippled.
She uses a wheelchair.	She's confined to/wheelchair bound.
He receives special ed services.	He's in special ed; a special ed kid.
People without disabilities.	Normal or healthy people.
Communicates with her eyes/device/etc.	Is non-verbal.
Congenital disability/Brain injury	Birth defect/Brain damaged
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.

Ethical Standards Exercise

Directions: Match the ethical standard that guides our work with a description of it below.

- | | | |
|----------------------------|--------------------------|-------------------------|
| A. Informed Consent | F. Duty to Report | K. Cultural Sensitivity |
| B. Release of Information | G. Non-Discrimination | L. Boundary Issues |
| C. Best Interest of Client | H. Conflicts of Interest | M. Fair Fees |
| D. Client Rights | I. Standard for Service | N. Competence |
| E. Duty to Warn/Protect | J. Confidentiality | |

____1. Volunteers and staff members are expected to avoid personal relationships with people we serve.

____2. Volunteers and staff may not share

information about individuals we serve with others.

____3. In certain circumstances, staff members

are required to inform third parties of **potential** harm that may be perpetrated by clients in our care.

____4. Care should be reasonable, prudent and appropriate to the presenting and assessed needs of the person(s) served.

____5. Volunteers and staff are expected to be aware of and avoid situations in which their own personal aims interfere with or jeopardize their ability to provide unbiased delivery of services.

____6. Volunteers and staff members are expected to have knowledge of and to demonstrate competence in providing services that are **sensitive to the differences among people**.

____7. Volunteers and staff are expected to respect the dignity and worth of those we serve at all times.

____8. Volunteers and staff are expected to demonstrate genuine concern for all persons served and to be **client-centered** and **client-directed** in their intervention efforts.

____9. The agency follows procedures to set reasonable charges for certain services, if and when necessary.

____10. People we serve are offered services, told the purpose of the services, and agree to them before accessing the services.

____11. Staff members are to inform authorities of alleged incidents of abuse or neglect of protected groups.

____12. Persons we serve are given reasonable access to their records.

____13. Volunteers and staff are expected to act within the scope of their training and expertise.

____14. The agency shall not engage in any harassing behaviors or refuse services on the basis of race, color, creed, age, gender, sexual orientation, religion, disability or nationality.



Volunteer Orientation Ethical Decision-Making Scenarios

Scenario 1:

A client of Catholic Charities shares with his mentor that he has a goal of getting his state-issued Maryland ID. Together they research the process of getting an ID: the several pieces of information the mentee will need to bring, what the fees are, where he needs to go to get the ID and how to make an appointment. After several months of work, the client has all the original documents he needs and the money to pay the fee. Together they make an appointment, choosing a location that is close to a bus line that runs by the mentee's home. Now all that remains is showing up! They agree to meet at the Motor Vehicle Administration and celebrate afterward.

What factors led to the mentee's success?

Scenario 2:

A service recipient in the program where you volunteer is having a really hard time with a family member who is abusing drugs. Your family has had this same problem, so you consider sharing what you did in a similar situation with the resident.

Is sharing your personal story in this situation a good idea or not? Why?

Scenario 3:

A service recipient in the program where you volunteer desperately needs to work. You have some odd jobs that need to be done around your house: babysitting; car washing; house cleaning; yard work. If you don't hire this person, you will just hire someone else. It's a win-win situation. Or is it?

What is the dilemma and what would you do?

Scenario 4:

A person emails you at your service project because they are looking for someone who, based on their information, frequents the program. They want to look through the program files to find this person's contact information.

Catholic Charities Volunteer/Intern Site Orientation Checklist

Volunteer's Name:	Date:
Volunteer Role:	Program:
Supervisor:	Department:
Supervisor Email:	Supervisor Office Phone:
Supervisor Cell Phone:	Program Phone (Front Desk):
Other Important Contact Information:	
Volunteer Schedule:	

***Supervisor:** Please review the topics below that are relevant to your program with your new volunteer or intern. Please sign the form, ask the volunteer to sign it, and return it to the volunteer or intern for his or her reference. Thank you for making sure that our valuable volunteers are well oriented to their responsibilities!*

Position/Program Specifics

- Program history, mission, vision and values
- Description of individuals served and services provided
- Review volunteer role description, duties and responsibilities
- Review conduct/performance expectations
- Review/discuss service goals and products
- Review supervision process
- Quality Assurance

Tour of Facilities

- Location of work areas
- Introduction of staff
- Location of restrooms, storage areas for personal belongings, break areas
- Coffee and lunch procedures; location of cafeteria and local eating places

Transportation

- Parking
- Transportation tips

Attendance

- Review of volunteer hours
- Absence notification process
- Contact information for supervisor and facility
- Sign in & out policy

Operating Procedures

- Program-specific operations manual or procedures
- Answering phones; personal calls
- Supplies
- Personal appearance and dress

Communications

- Telephones/voice mail
- Office equipment and computers

Safety/Security/Emergency Procedures

- Building hours and access
- Name badge
- Security precautions and procedures for facility and neighborhood
- Location of exits: fire safety, fire drills, and location of fire extinguishers
- Location of first aid kits and AED
- Use of universal precautions

Best Practices and Ethics

- Customer service
 - Review of what constitutes an incident and how to report to supervisor
 - Review of confidentiality requirements
 - Review of HIPAA procedures
 - Duty to warn, duty to protect and mandatory reporting
 - Policies and procedures regarding confidentiality and disclosure of client information and penalties for violation
- Positive behavioral supports Responding to crisis and behavior episodes
 - Positive engagement with individuals and families receiving services
 - Referring individuals receiving services to public assistance, government subsidies, financial and other community resources
 - How to identify the impact of socioeconomic environment on the people we serve
 - How to empower the people we serve to advocate on their own behalf
 - Other best practices and ethics