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None of this good work would be possible without our partner organizations. We are so grateful to have them as our partners:

**Partners**

- EMAGES
- Habilitative Systems Inc. (HSI)
- Healthcare Alternative Systems, Inc. (HAS)
- Heartland Alliance Health
- Housing Choice Partners
- KAM Alliance
- Kolbe House Jail Ministry
- Legal Council for Health Justice
- RISE Reentry
- St. Leonard’s Ministries
- Transforming Reentry Services/
  Men and Women Prison Ministries
- Trilogy
- Treatment Alternatives for Safe Communities, Inc. (TASC)
- University of Illinois Hospital
  and Health Sciences System
- Women’s Justice Institute

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- Meridian Health
- The Robert R. McCormick Foundation
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## Acknowledgements

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Introduction
COVID-19 and the Governor’s Executive Order 2020-21

Background
On April 6, 2020, Governor J.B. Pritzker issued Executive Order 2020-21 (COVID-19 Executive Order No. 19) to address the spread of the Coronavirus Disease 2019 (COVID-19) in Illinois prisons. The executive order gave the Director of the Illinois Department of Corrections (“IDOC”) the authority to provide “early release” to individuals who were near the end of their sentences and medical furloughs for incarcerated individuals with vulnerable health. The Executive Order zeroed in on the “36,000 male and female inmates in 28 facilities, the vast majority of whom, because of their close proximity and contact with each other in housing units and dining halls, are especially vulnerable to contracting and spreading COVID-19.”

A few weeks earlier, on March 21st, Safer Foundation (“Safer”) had received word from the Governor’s Office that these decarceration efforts would go into effect. Safer and several partner organizations throughout Cook County met to develop a process to address the immediate reentry needs of the “thousands of people” IDOC was considering releasing due to COVID-19. The state informed Safer Foundation that the early release program would target non-violent inmates; the elderly, pregnant women, people with medical conditions, and those nearing the end of their sentence who with sentencing discretionary credits could be released. Safer Foundation agreed to coordinate reentry services for participants in the COVID-19 Early Release effort that return to Chicago and Cook County; Treatment Alternatives for Safe Communities, Inc. (TASC) agreed to serve the rest of the state and those currently returning from Sheridan and Southwestern Illinois Correctional Center.

Between March and August 24, 2020, (the time period for this report), IDOC released 9,365 people. To address the needs of those returning to Chicago and Cook County, Safer Foundation recruited a network of community-based providers. These providers specialize in providing social services that address social determinants of recidivism, such as: healthcare, behavioral health, housing, food & nutrition, and employment. Safer Foundation launched this network as the Prison Emergency Early Release Response (PEERR®) program at the end of March 2020. This network received 1,029
calls to a dedicated hotline; triaged 660 direct referrals from IDOC, and provided intensive navigation supports to 323 residents returning to Chicago or other parts of Cook County.

The COVID-19 early release program provided a unique window into the reentry experience of returning residents to the city of Chicago and Cook County at large. As expected, several flaws in the reentry process were highlighted and exacerbated by the pandemic. This report seeks to shed light on the challenges faced by returning residents and recommend solutions towards a more holistic and just reentry process for individuals released from prison. The current moment offers a unique opportunity for the city, the county, and the state to invest in a sustainable social service model that can fulfill the needs of its returning residents and decrease recidivism. We believe that PEERRSM provides that model.

1 https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-21.aspx
2 Ibid.
3 https://www2.illinois.gov/idoc/Offender/Pages/CommunityNotificationofInmateEarlyRelease.aspx
Safer Foundation’s Response: The PEERR\textsuperscript{SM} Network
In response to the Governor’s call for assistance, Safer Foundation created the PEERRSM model, launched a hotline and worked with IDOC on a referral process. IDOC shared information about the services available from Safer Foundation with people identified for early release. They then provided direct referrals if inmates chose to sign a consent form. The consent forms allowed Safer Foundation to contact people directly once they were back in their communities. Those that did not sign consent forms were provided the hotline number and information on Safer Foundation and TASC as a resource, if the need arose.
Safer Foundation’s Response: The PEERRSM Network

The Safer Foundation created Reentry Navigator positions for the PEERRSM program. These Reentry Navigators connected with returning residents and conducted an assessment for the following:

Food & Nutrition
Does the individual have access to food? Need to apply for SNAP?

Income
Does the individual have access to cash assistance until they secure employment?

Employment
Are they interested in employment? What is their work history? Do they need a resume?

Access to Technology
Does the individual have access to a cell phone, computer, laptop or desktop?

State Identification
Does the individual have a valid ID and social security card?

Medical and Behavioral Health
Was the individual taking medications while incarcerated and how much were they given upon release? Does the individual need a referral for health, behavioral health care or help securing prescriptions for continuity of care?

Coverage
Does the individual have medical coverage? Will they need coverage reinstated under Medicaid? Do they need a new application? If the need is urgent, does the application need to be expedited?

Housing stability
Does the individual have stable housing?

Parole Mandates
Are there any parole mandates that the individual needs help with? This could include enrolling in a substance use rehabilitation program, mental health evaluation, anger management, sex offender counseling, and domestic violence.
WITHOUT A REENTRY NAVIGATOR
Client has to navigate 5-10 CBOs on their own

WITH A REENTRY NAVIGATOR
Navigator provides direct referrals and assistance
**PEERR℠ Provider Network**

The Safer Foundation recruited providers to participate in a network dedicated to serving those in the COVID-19 Early Release program. The providers addressed basic income and supports, healthcare & behavioral health, food & nutrition as well as assistance with Social Security applications. The Safer Foundation created a HIPAA compliant referral process for health and behavioral health providers. Participating providers established a dedicated process with a single point of contact for receiving PEERR℠ referrals. These providers, and representatives from IDOC and the Lt Governor’s Office, participated in a bi-weekly trouble-shooting call with Safer Foundation to manage any service delivery challenges related to COVID-19, such as bureaucratic challenges related to Medicaid applications or securing state IDs via the IL Secretary of State’s Office. The weekly call also identified a running list of issues that are unique to service delivery during COVID-19 as well as long standing reentry challenges for returning residents.

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⁺ Serving individuals returning to areas outside of Cook County and all individuals returning from Sheridan and Southwestern Illinois Correctional Center.
Reentry Challenges Experienced by COVID-19 Early Release Population
Safer Foundation and Smart Policy Works conducted journey mapping with participants in the early release program and providers in the PEERRSM network. Journey mapping combines two powerful instruments – storytelling and visualization – to help define, detail and reveal barriers in the reentry process and systems. Mapping the PEERRSM participant’s experience with public systems and reentry services helps us capture another data point in understanding what worked and what could be “working better” for reentry, both for this population and for all reentry services.

Interviews were conducted with ten individuals who were a part of the early release program between March and June of 2020, and the Safer Foundation surveyed 323 of those they served during the period. These participants are a small sample of the 660 individuals referred to PEERRSM as of August 24th, 2020, but their narratives provide insights into the discharge process and the amount of assistance the state was able to provide its returning residents. Overall, they detailed the hardships of leaving prison with minimal assistance in the community. Their experiences echo the work of scholar Keesha M. Middlemass, who defines a felony conviction as a “social disability.” As she explains in *Convicted and Condemned: the Politics and Policies of Prisoner Reentry*:

> “Felons are legally disabled and incapacitated which limits their ability to engage with and in society. When felons exit prison, society stigmatizes, discredits, and fears them, which results in a societal exclusion that is more complete than for adults living with a disability.”

Participants interviewed expressed feeling the weight of this social disability. They needed help navigating a whole new world, especially now that they were marked with a conviction. All interviewees emphasized the importance of both pre-release and post-release reentry services and navigation supports. The following themes were found across all interviews and illustrate some of the challenges that returning residents face.

Reentry Challenges Experienced by COVID-19 Early Release Population

**PEERR™ DEMOGRAPHIC**
323 participants

**GENDER**
- 299 male
- 20 female
- 1 transgender
- 3 not identified

**RACE**
- 195 black
- 25 white
- 24 hispanic
- 3 asian
- 6 other
- 70 not identified

**AGE**
- 139 age 18-30
- 77 31-40
- 56 41-50
- 32 51-60
- 10 61-78

**BACKGROUND**
- 152 high school or equivalency
- 110 less than high school
- 9 occupational licensing
- 24 associate or bachelor’s degree

**AVERAGE PARTICIPANT**
- Black
- Male
- 18-30 years old
- High school or equivalency
Reentry Challenges Experienced by COVID-19 Early Release Population

Basic Financial Needs and Access to Technology
Everyone interviewed received basic assistance from the PEERR℠ network. Some of the basic needs Reentry Navigator’s identified for participants included food, clothing, technology, and money. PEERR℠ provided basic assistance in the form of care packages, Visa and grocery store gift cards, help in accessing SNAP benefits, assistance with receiving their stimulus checks, clothing and smartphones provided by Safer, and employment services. Of 323 individuals surveyed:

- 94 received help accessing SNAP benefits
- 58 were assisted in getting their stimulus check, of which 4 were referred to our Tax Fraud specialists due to identity theft
- 60 received a smartphone from Safer
- 160 requested help with employment

While these forms of assistance relieved some client needs, the most pressing need was financial. Most participants expressed that getting a job was their top priority after leaving IDOC. A job means economic opportunity and mobility. But interviewees often expressed that to make money, they needed to have money. As R.K., 56, puts it,

“Financially. You can’t buy certain things with just food stamps. I do catering. I’m a caterer. I’ve done it for a bit of time. I need a nice shirt, a nice black tie, a few things that I need that I can’t buy with food stamps. If I can get them then I’d probably be on my way to qualify for different jobs that I’m qualified for.”

Besides the stigma that participants already face for their conviction records, the pandemic, lack of State ID, lack of digital literacy, limited financial resources, and unstable housing made employment even harder to come by for PEERR℠ participants. A job is a pathway for a better life, but PEERR℠ participants lacked the map, the gear, and the equipment to find the path.
Reentry Challenges Experienced by COVID-19 Early Release Population

Parole requirements and electronic monitoring also limited movement during the summer months of 2020. Of 273 clients who were surveyed on the condition of their parole, 39% were on electronic monitoring. These restrictions on movement make it difficult to gain part-time employment that operate during overnight shifts or early morning shifts, jobs which are typically more friendly to people with records. In many cases participants were on complete lockdown due to the quarantine and civil unrest. It hindered them from getting access to care packages, food, clothing, employment, and healthcare services. As T.J. explains, “We were told we can’t get a job here when I was first released, because of the COVID. There was very strict movement. And when that actually got released on the 3rd of this month [June], then parole put us on lockdown because of the protests. So, just recently, like, last week we’ve been released off of this and I went out running around getting my ID, filing my taxes, getting my bank cards... Now it’s time to start looking for a job.” T.J. was unable to get his finances in order, get his ID, or get a job due to these limitations. Restrictions in movement disable returning residents from accessing the resources they need to reacclimate in their first two months home.

Lack of digital literacy was a major barrier that limited access to resources, as well. PEERRSM participants that spent over 10 years in prison had difficulty navigating reentry services during the time of COVID-19 because they lacked basic technology and the skills to operate it. Of the 323 individuals in the PEERRSM program:

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Even though some had access to technology (smart phone, computer, laptop) they had no idea how to navigate it. According to A.D., 50, who served a 26.5-year sentence, “Right now I’m still learning of the gigabytes and the different apps that come on the computer, so I’m still learning. It gets a little frustrating sometimes when I’m not able to get into my meetings and do certain things, but I’m still learning about how to work the computer and the phone and stuff like that.” Clients who served longer sentences like A.D. had the most difficulty. The world of technology has changed so much year to year, that even younger participants felt lost. J.H., 28, who was imprisoned for nearly ten years,
puts it simply, “my last phone was a BlackBerry Pearl.” Returning residents come to the modern world with a major gap in knowledge about technology.

The gap in digital literacy makes access to essential services very difficult. Having an email and access to the internet is often a required part of accessing services, benefits, and employment applications. When cash assistance was made available online, for example, some Reentry Navigators spent 1-2 hours on the phone with people trying to help them access their email, do two-step verifications to log in, enter necessary information, and eventually submit these web-based applications for financial assistance. Due to office closures related to COVID-19, this was the only way Safer could connect individuals to these critical benefits. Without digital literacy, returning residents face an uphill battle in accessing services and supports. The first two months after release are pivotal to readapting to society. All these factors gave returning residents a late start on financial access and economic mobility.

**Access to a State Issued ID Card**

Obtaining State ID cards proved to be among the greatest challenges expressed by PEERR℠ participants. Of the PEERR℠ participants surveyed, 60% did not have state IDs when they returned to the community.

COVID-19 made access to State IDs even more complicated because the Secretary of State (SOS) offices were closed from March 24th, 2020 until June 1st, 2020. The Secretary of State was able to offer a limited number of IDs during the pandemic, but the complications from COVID-19 made accessing IDOC facilities challenging for SOS staff.
The state tried to ameliorate the closure of SOS offices by issuing temporary IDs that could be redeemed for a permanent ID from the SOS’ Division of Motor Vehicles. However, these temporary IDs were not recognized by other government agencies, financial institutions and employers as valid IDs. As A.D. explains, “They gave me this piece of paper and told me that I can use that as a temporary ID. It had my photo on it, it had the information on my case on the bottom of it, and it also had... my IDOC number and a few numbers on it... Every time I took it out and showed it to somebody, they said I need a number that they need to type into the computer that I just didn’t have.” Nearly all who were interviewed for this report had a similar experience. Banks, government agencies, and employers would not accept this form of identification. PEERRSM participants’ reentry progress stalled without a recognized and accepted form of identification in the community.

During the period when the SOS was closed, 90 PEERRSM participants stated that they did not have a state ID and so were unable to start jobs. W.W. explains how this made the transition more difficult, “We need IDs to do most anything you need to do. We want to work, but we can’t work because, one, we don’t have IDs. Not having IDs is the biggest thing. Everybody wants identification, especially if you want to work. And all these guys here do want to work.” Not having identification became socially disabling for these clients.

Having no ID card also prevented clients from having access to their own finances. They were not able to withdraw or deposit funds in their own bank account – or set up a bank account. T.J., who was serving a 7-month sentence, explains the financial hardships he experienced:

“My girlfriend went and picked up my property and Will County, for whatever reason, I guess they held my ID, which had been a real problem when I got out... Like, I couldn’t get a bank card, I couldn’t do anything. I couldn’t file my taxes, nothing like that. So with everything shut down because of COVID it made it really hard to do everything. And then when I went to the DMV and they had to turn me away because they said they weren’t doing any duplicate IDs there, and they said to get it online, and I’m like, “How can I get it online if I can’t get my bank card without an ID?” And they were like, “I don’t know. You’re going to have to talk to the bank manager about that.” So, I had to go through all this thing... I’m waiting for the one in the mail. I don’t know why Will County could take my ID. It wasn’t expired at all.”

T.J. / 41 years old
Those who were able to acquire ID through one of IDOC’s existing programs had a smoother reentry process. J.H. was able to get her ID through the SOS Mobile Unit. She explains, “The Secretary of State came to IDOC one day and gave everybody that was like a month, two months till release, to get their ID card while incarcerated.” This facilitated JH’s ability to get a job with UPS shortly after release.

Providers in the PEERRSM network, like Transforming Reentry Services, have been critical pre-COVID, and continue to provide essential services to help those released getting their ID now that the Secretary of State has opened. They help individuals with the required documentation they need to get a permanent ID including a birth certificate — or a suitable alternative such as a school transcript, a social security card or substitute documentation — and the proof of residency that is needed. IDOC also worked with the PEERRSM network and SOS during COVID-19 to develop a manual process to help those released quickly to obtain their identifications. If programs like the SOS Mobile Unit and the manual ID process were automated and uniform across IDOC facilities, it would greatly help facilitate the reentry experience for so many individuals.

Continuity of Health & Behavioral Healthcare
COVID-19 has changed the Illinois landscape for healthcare. According to the Illinois Department of Health, as of July 23, 2020 there were 166,476 confirmed COVID cases and 7,540 deaths in the State. Health coverage proved to be a significant challenge for those interviewed. Reentry Navigators served 323 participants, and of those, 45% of returning residents had inactive Medicaid Coverage (benefits restricted) or no coverage upon release. They received assistance from PEERRSM with either reactivation of Medicaid benefits or new applications for Medicaid. Of the 323 participants surveyed on medical history, 47% said they were taking medication for a chronic medical condition or mental health condition at IDOC.

45% of returning residents had inactive Medicaid Coverage
47% had a chronic medical condition or mental health condition at IDOC
Reentry Challenges Experienced by COVID-19 Early Release Population

Most PEERR℠ participants leaving IDOC facilities reported receiving access to consistent healthcare while imprisoned, some for the first time in their lives. Finding access to health services in the community, however, proved challenging. B.B. is bipolar and was taking prescribed medication for his condition. When IDOC released him, he was given a fourteen-day supply of his medication, but he was not given a prescription to refill it. Trying to find a healthcare provider who would prescribe him his medication was complicated. As he describes, “I reached out to this program out here and they said they couldn’t help me because the physicians aren’t there for mental health, and then they wanted to sign me up for all these classes and stuff, and I said, ‘I can’t do that right now.’ They directed me to the hospital, to the emergency room, and then the lady said she had no problem with giving me a script for my meds.” Without a “warm hand-off” between IDOC and a community-based health provider, returning residents end up going to the Emergency Room for services that could have been managed in the community. Without support and without health insurance coverage, returning residents are often lost as to where they can go and experiences gaps in care.

While most people had at least a two-week to a month supply of their medication and a prescription for a refill, the majority did not have health insurance to use the prescription afterwards. E.B., for example, critically needed his medications for his arthritis and bipolar disorder. As he explains, “If it wasn’t for Victor, I wouldn’t have my medication, because when I got out, they told me to call him, and he set up, because I didn’t have no insurance, no nothing, and everything was closed, so IDOC just gave me a prescription with a two-week supply. And then they gave me a 30 days prescription, but I didn’t have a doctor to go to, so Victor had to find me it.” Most returning residents do not have access to the kind of help Victor at Safer Foundation was able to provide EB. Without support and without employment, it is very difficult for returning residents to get access to medical insurance, especially if they do not have access to technology or are not digitally literate. This lack of coverage and delays in activating benefits delayed Safer’s ability to assist with continuity of care concerning medications, substance use, and mental health care. Many providers cannot get paid if the client is uninsured and most pharmacies will not dispense unless the client has active coverage.

There is also a significant barrier for continuity of care due to lack of communication between IDOC healthcare providers and community-level or governmental healthcare providers for returning residents. For example, W.W. could not get his medication for his diabetes because the VA didn’t have any information on his health status other than the IDOC issued prescription he had on hand:
Communication between the U.S. Veterans Affair Department ("VA") and IDOC is important for justice impacted veterans. Without a medical record to communicate his health history, W.W.’s ability to immediately attain medicine for his diabetes was delayed. While adequate care in prison is accessible, access to care once individuals return to their communities is uncertain and often left to individuals to navigate themselves. Dr. Dempsey from Heartland Alliance Health said, “It’s really difficult for providers to effectively treat people when all they have when you see them is a prescription. We need to know why people were prescribed medication and what treatment they received while incarcerated.”

Those PEERRSM participants who managed to secure health and behavioral health care in the community, especially for mental health and counseling, stressed the importance it had for their transition. For many people returning to the community, mental health services are the difference between moving forward with their lives or going back to old habits. D.H. explains:

“I was incarcerated for 10 years, and I had planned to get myself together, get my life together. I get ready, get released, and I come to find out we have a pandemic out here. Now, all my plans was shot, going down the drain. So it was real easy for me to have a thought to just call my drug dealer and go back around to the old neighborhood, the old playground, the old friends, and start by doing what I used to do. And here come the lootings. The lootings and the riots, the chaos is going on in Chicago, and I almost fell right back down the same slump hole. [But] I stuck that out and I stayed in contact with Ms. Arriazola. I stayed in contact with Safer, and I stayed home for a couple of days and I got refocused. [Then] Home Depot called and they hired me. I was so happy I didn’t give up. So, now, everything is fine and looking up... I’m working for CORE and I’m working for Home Depot.”

D.H. / 50 years old
Reentry Challenges Experienced by COVID-19 Early Release Population

D.H.’s contact with and support from Safer Foundation’s PEERR℠ teams gave him the hope he needed to stay sober and find a job, to a point where he no longer felt like he needed to return to his old habits. Without access to these services, D.H. could have had a very different story.

Housing & Family Support
Of 323 PEERR℠ participants served, 244 went home to family or friends and 62 were released to IDOC contracted halfway houses, most of which were also licensed as recovery homes. Additionally, 7 were renting, 5 were transitioning from Adult Transition Centers (ATC), and one was living on the streets. From the interviews conducted, 7 went home to family or friends and 4 were at halfway houses or shelters.

A PEERR℠ network provider at Kolbe House explains the difficulty recently released individuals face upon release to halfway houses. “If an individual gets released, they really don’t know what they need to do, and they have no idea how they’re going to begin the integration process. So, they’re coming out without contacts. They get put somewhere if they’re lucky, for a temporary place to live. But once they get to the place to live, the people that are there that are maybe a week or two ahead of them are basically their teachers on what to do and how to navigate the world.”

Those who returned to recovery or transitional homes often felt like they had little support and few resources, being far from their family. The participants who reunited with family reported having more access to basic needs and financial support than those returning to recovery homes, however, many felt they were not always understood or supported by family in an emotional way. Those interviewed talked about how grateful they were
Reentry Challenges Experienced by COVID-19 Early Release Population

to reunite with family especially during COVID-19, but also noted the difficulties of reconnecting after incarceration. Providers interviewed talked about the importance of families in successful reentry. “Families want to support their loved ones when they come back, but they don’t know what they don’t know,” said Jacqueline Hernandez, H.A.S. While the state has on-line resources for families, they are hard to find and navigate.

“... because you’re a felon now, everybody judges you.”

Families also need help with understanding the impact of incarceration on their loved ones. Many leaving prison have few if any digital literacy skills, so they had to rely on their families to help with applying for services or employment on-line. This leads their family to become very involved in their reentry process. J.H. explains how she felt a lot of pressure and feelings of not belonging at home: “Honestly, at first, it was really… I thought it was like picture perfect. But the third day in, a lot of my family was kind of on my back about a lot of decisions and I kind of had to tell them to back off because it was too much for me at one time... But since I’ve been home, I honestly feel like I walk on eggshells. I feel like I’m different. Nobody can relate to me, and it’s really hard to be accepted, especially, not only because I am gay, or lesbian, that’s also very judgmental, but also because you’re a felon now, everybody judges you.” J.H. felt that her identities, not only as a lesbian but also as a felon, were not understood or accepted by her family. Several participants expressed that hostile family situations had them urgently looking for their own place, but it is difficult for those with certain convictions and no credit or job to find housing. Individuals who feel misunderstood at home may turn to the streets, looking for a place to belong.

Most people who serve long sentences must reintroduce themselves to their families. They are different people from when they first went into prison. Reacclimating socially becomes another source of frustration that is added on to the other systemic barriers that returning residents encounter daily upon return. J.H. said that anger management and therapy services were helping her navigate this reintroduction to her family with more patience. Resources to help families anticipate some of the issues and supports needed for successful reentry – for example conditions of parole, electronic monitoring, and programming requirements – could go a long way in helping them understand the pressures their loved one is facing.
PEERRSM providers made a significant impact for those trying to reacclimate into the community. The services were critical, but the support and care they gave were essential to their overall well-being showing the high need for intensive case management services. A.D. shares how her community navigator helped: “I’m so grateful for Rucha. I feel like God sent her. Every time I speak with her, I let her know. Her spirit is calm, she’s very sweet, she’s very helpful, she always thinks of me. I be so excited just to speak to her because I know she’s on my side, she believes in me, she know I can do it.” While family members may not always know what to do or how to help, case managers provided support for both individuals and their families to readjust.

Throughout their experiences, all PEERRSM participants expressed that they felt like they had to fend for themselves. Reentry Navigators like Rucha and the providers in the PEERRSM network helped fill those gaps in supportive services that made all the difference in reacclimating.
**DISCHARGED**
Gary was discharged from IDOC on April 15th. He went directly to his sister’s house upon discharge. He received a packet of materials upon release about his conditions of parole and he got one month’s worth of medication for his diabetes.

**TECHNOLOGY GAP**
Gary doesn’t have a cell phone, computer or laptop. Applications for benefits and services Gary needs are online. His sister lets him use her smart phone, but she doesn’t have a computer so he is completely reliant upon her cell phone to submit applications for benefits and to look for jobs. This adds to the tension between Gary and his sister.

**NO HEALTHCARE INSURANCE**
Gary’s diabetes flared up and he doesn’t have a Medicaid card. He has difficulty applying for Medicaid because he still doesn’t have a state ID. Gary spent the day sitting at the Emergency Department at Cook County Hospital so he could get treated for his diabetes and get more insulin.

**NO STATE ID OR SSN**
Gary can’t access his bank account without a state ID. His sister wants him to help pay for food and to reimburse her for clothing she bought for him, but he can’t get money out of his account nor can he deposit his benefits until he gets a state ID.

**NEEDS A JOB**
Gary can’t apply for work without a state ID. He’s also worried about going to interviews because he doesn’t know how to talk about the fact that he has a record. Until he gets a job, he can’t afford to get a cell phone so he has his own phone number for potential employers.

**MENTAL HEALTH EVALUATION**
Gary needs a mental health evaluation as a condition of parole. He received a referral for behavioral health when he was at the Cook County Hospital ER, and he calls the office several times but he doesn’t have a cell phone, so he can’t leave a call back number.

**HOUSING FALLS THROUGH**
Gary needs to leave his sister’s house because of family dynamics. He needs to find new housing fast or he could be returned to prison on a technical violation of parole. His sister told him he has two weeks to find a new place to live. Gary doesn’t know what to do.
Recommendations for Improved Reentry Services for Returning Residents
Recommendations for Improved Reentry Services for Returning Residents

Long before COVID-19, the reentry community has called for investment in service coordination around social determinants of recidivism and supporting social determinants of health (SDOH) for returning residents. While the Safer Foundation created the PEERRSM model specifically for the COVID-19 early release population, the model itself and lessons learned should continue beyond the pandemic. The City of Chicago, Cook County and the State of Illinois have an opportunity to make strategic investments and targeted systems change to improve reentry services for returning residents.

Recommendations for Cook County and the City of Chicago
We believe the county and city have both a strategic and an economic interest in ensuring returning residents have access to a broad range of services and supports to facilitate successful reentry. To that end, the Safer Foundation and Smart Policy Works have the following recommendations for Cook County and City of Chicago:

Recommendation 1
**Cook County and the City of Chicago should each invest in an Office for Returning Residents.** Given more than 50% of those leaving IDOC’s custody return to Cook County and Chicago, we believe the county and city can play a pivotal role in improving reentry services in Illinois. Specifically, an Office for Returning Residents at both the county and city can coordinate across respective County and City departments and sister agencies to establish and meet county and citywide reentry and recidivism reduction goals. In addition, the county and city offices can work directly with the State of Illinois on critical data and information technology infrastructure that connects returning residents with important documentation like state IDs, reactivates public benefits like Medicaid, and enrolls people in important public benefits that will position them to be successful members of our community.

Specifically, an Office of Returning Residents for Cook County and the City of Chicago can:
Coordinate with community-based organizations in Chicago and Cook County for post-release services that address the needs of returning residents. The Office of Returning Residents should designate direct points of contact to reentry service providers in Cook County and the City of Chicago who can immediately connect people to subsidized transitional housing and shelters. What is needed is a direct point of contact who can be responsive to reentry service providers and cut through the bureaucratic red tape and gain timely access to transitional housing during this crucial period.

Develop and implement a meaningful Second Chance Hiring Pledge that increases employment of returning residents in government positions in the City of Chicago and Cook County by 20% by 2023. A county and city government-wide second chance hiring pledge should require all Cook County and City of Chicago departments and sister agencies to identify meaningful positions that lead to career pathways. Within three years, the county and the city should meet the established goal of increasing meaningful employment in city government for returning residents by 20%. The County and Citywide hiring pledge should prohibit any blanket bans on city hiring based on specific conviction types. Further, the city should adopt a hiring policy that prohibits the use of non-conviction records in city hiring decisions.

Offer grants for Digital Literacy and Access to Technology. As organizations move to virtual and remote service delivery, people being released from jails and prisons need access to cellphones and the internet to connect with the organizations providing critical services. Instruction on how to navigate these devices, how to set up an email, and the equipment required for this is significant enough to warrant its own funding. Cook County and the City of Chicago should partner with telecommunication companies to create grants to subsidize the purchase of cell phones and short-term coverage for individuals released by IDOC.

Recommendation 2

Cook County and the City of Chicago should invest in post-release reentry services like the PEERRSM Network model. Safer Foundation created PEERRSM in response to COVID-19, however, we’ve known for decades that post-release case management model should be a standard benefit provided to all individuals leaving prison that individuals can opt-into. The case management should address the whole person connecting the individual to resources that span from basic needs support, to medical and behavioral health needs, educational needs, employment and housing. The PEERRSM network provides a blueprint for coordinating and formalizing post-release services for Chicago’s returning residents. Specifically, the city and county should substantially increase the number of Reentry Navigators helping individuals access these critical services.
The majority of PEERR℠ participants returned to two Chicago communities—Roseland and Chatham followed by Auburn Gresham, West Garfield Park and Austin.
Reentry Challenges Experienced by COVID-19 Early Release Population

Currently, immediate assistance services like the PEERR\textsuperscript{SM} Network is not a service solution funded by local and state governments. The philanthropy and corporate community provided funding for PEERR\textsuperscript{SM} including the Chicago Community Trust, United Way, AT&T and Meridian Health. In order to sustain this critical service and scale it to meet the needs of all those returning to their communities, government funding needs to be prioritized for this service model.

Recommendation 3

**Cook County and the City of Chicago should each create an Interagency Reentry Council to ensure that each county and city agency is responsive to the needs of returning residents.** Modeled after the Obama administration’s Interagency Reentry Council, the Cook County and Chicago councils could be key vehicles to promote county and city-wide adoption and implementation of reentry programs and initiatives.

Recommendation 4

**Cook County and the City of Chicago should each create a Reentry Advisory Committee.** The Advisory Committee should develop a long-term reentry plan for Cook County and the City of Chicago. The Reentry Advisory committees should engage key stakeholders including service providers, advocates, people impacted by the justice system and their families. Leaders from the business community as well as housing providers should be engaged as well.

Recommendation 5

**The City of Chicago should embrace and promote the adoption of the Just Housing Ordinance to eliminate barriers to the Chicago Housing Authority ("CHA") housing services and supports based on non-conviction records.** The Chicago Reentry Housing Pilot has demonstrated that many CHA’s policies around Chicagoans with records is outdated and unnecessary. Currently, CHA considers non-conviction records in housing decisions. Aligning CHA policies with the Just Housing Ordinance will increase access to much needed housing for Chicago’s returning residents. The city should also ensure that notices on the Just Housing Ordinance are accessible to people with limited English proficiency and people with limited literacy skills. If a housing applicant speaks any other language spoken by more than 5% of the Cook County population, the housing provider must provide the applicant with a notice in their respective language.
Although the city faces economic shortages the cost of inaction in supporting our returning residents would far exceed the cost of ensuring returning residents become healthy, productive and law-abiding residents.

Recommendations for the State of Illinois

Governor JB Pritzker and Lieutenant Governor Julianna Stratton have expressed their desire to improve reentry services for Illinois’ returning residents. Key to successful reentry is a concerted investment in both pre-release and post-release services for Illinois’ returning residents. Based on the needs participants expressed during our Journey Mapping interviews (see Section III), Safer Foundation and Smart Policy Works created recommendations that fall in the following three categories:

Direct funding for post-release community-level non-profit organizations for reentry services coordination, case management and programming support;

Direct funding to IDOC for pre-release discharge planning services including case management and family engagement in service planning at least 60 days prior to release from custody of IDOC; and,

Funding for information technology for state agencies to ensure returning residents are able to secure state IDs, reactivate benefits like Medicaid and/or apply for public benefits at the time of release from IDOC.

Recommendation 1

The State of Illinois should make an investment in post-release reentry services like the PEERR℠ Network model. Navigation supports and case management services should be a standard benefit provided to all individuals leaving prison. People need everything ranging from basic needs support, to medical and behavioral health needs, educational needs, employment and housing. The PEERR℠ network provides a blueprint for coordinating and formalizing post-release services for returning residents in the State of Illinois. Specifically, the state should substantially increase the number of Reentry Navigators helping individuals access these critical services. Non-profit and corporate philanthropy have been the only consistent source of funding for community-level reentry services for Illinois returning residents. If the state wants to see recidivism rates in Illinois decrease it must commit to strategic and targeted investments in services like the PEERR℠ network.
Recommendation 2

The Illinois Secretary of State’s office should automate the issuance of state IDs for returning residents prior to release from IDOC custody. People released from IDOC custody need state identification cards to access critical resources such as employment, prescription medications, and certain public benefits. Employers will not hire people without this piece of identification and banks will not establish bank accounts to people with this identification.

Recommendation 3

Illinois should make the infrastructure investments to fully automate Medicaid enrollment to ensure active Medicaid coverage on day 1 of release for all returning residents. Approximately half of the individuals engaged in PEERR either had no health insurance coverage or their Medicaid benefits were still suspended for weeks post-release. Lack of health insurance coverage and delays in benefits activation creates barriers to health and behavioral health care and much needed medications. Many community-level any providers can’t get paid if the client is uninsured and most pharmacies won’t dispense medications unless the client has active coverage. Until federal Medicaid law is modified, the only systematic, fool-proof solution to is for Illinois to automatically enroll individuals in Medicaid prior to leaving IDOC custody. Such a change will require an inter-agency data exchange between IDOC and the Illinois Department of Healthcare and Family Services (“HFS”) database systems to verify identity and complete the enrollment. The state of Pennsylvania has been doing automatic enrollment in Medicaid since 2018 via a partnership between their state Medicaid agency and their Department of Corrections, through a mixture of federal and state funds.123

Recommendation 4

IDOC should provide a “medical record” for people released from its custody that documents known medical and behavioral health conditions and medications prescribed, including detail on conditions for prescriptions. As mentioned previously, returning residents often had very little information on their health status and why medication was prescribed. Without a medical record, continuity of care is almost impossible for returning residents with vulnerable health.
Recommendation 5

**IDOC should provide at least one month of medication and a prescription for people being released from its custody.**Often people are being released with two weeks’ worth of medications. The process of reinstating Medicaid benefits that were suspended during incarceration and applying to Medicaid often takes more than two weeks. In recent months, Safer Foundation has seen people released with a month’s worth of medication. Safer recommends this process be permanently continued and that an additional month’s worth be covered via a prescription. Doing so gives individuals more time to ensure their benefits are activated and more time to ensure linkage to a medical home upon release.

*IDOC put this policy in place in September of 2020 after the report was completed.

Recommendation 6

**Illinois should permit Restore, Reinvest and Renew (R3) funds to be used to acquire and rehab property to create stable housing for returning residents.**Many grants released by the state with the goal of promoting housing development often prohibit the use of said funds to purchase and rehab property. This includes the recent release of R3 funds. There are a number of funding streams available for housing and support services (i.e. 1115 waiver, Medicaid, emergency grants, etc. and for daily beds in recovery homes). However, there is a general lack of sufficient funding to help organizations cover the up-front costs associated with acquisition and development which would increase the state’s overall transitional housing stock. The up-front costs associated with housing are often omitted from grant opportunities. This barrier prevents organizations from being able to tap into the previously mentioned funding streams. Grants to fund case management activities related to housing do not address the brick and mortar need to provide actual housing. Grants allocated at this issue must include funding to purchase and rehab property into transitional housing and subsidized affordable housing.

Recommendation 7

**Establish a housing subsidy that can be administered by community-based organizations to subsidize the transitional housing costs of people leaving jails and prisons.** A subsidy that provides six months’ worth of rent could be funded by the state’s share of the Emergency Solutions Grants or its share of the Community Development Block Grants provisions of the Federal CARES Act. The subsidy could be issued by the Illinois Housing Development Authority and foundations to be administered by community-based organizations that are providing reentry services to people reentering communities. Operating the program this way would allow community-based organizations to connect people reentering communities to critical transitional housing.
Recommendation 8

**Direct funding to provide take-home Narcan kits to individuals upon release that are identified as having a substance use disorder.** Studies show that Individuals released from prison are at higher risk of death due to overdose in the weeks following release\(^6\). Providing Naloxone to these individuals is a public health approach to the high-risk period after being released from incarceration.

Recommendation 9

**Offer grants for Digital Literacy and Access to Technology.** As organizations move to virtual and remote service delivery, people being released from jails and prisons need access to cellphones and the internet to connect with the organizations providing critical services. Instruction on how to navigate these devices, how to set up an email, and the equipment required for this is significant enough to warrant its own funding. The State should partner with telecommunication companies to create grants to subsidize the purchase of cell phones and short-term coverage for individuals released by IDOC.

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The Impact of PEERRSM – A Path Forward
When Governor Pritzker issued Executive Order 2020-21 (COVID-19 Executive Order No. 19), the returning residents we talked to were quickly thrust into a brave new world. On one hand, they were relieved to be released from prison after months, years, or even decades of confinement; on the other, they were bewildered and stymied by a fragmented services system they had no idea how to access but desperately needed. For many, the bureaucratic maze of services is unnerving. As Dr. Middlemass explains in *Convicted and Condemned*:

> “While living in a total institution, prisoners have no autonomy; they are told what to do, how to do it, and when to do it every day. Therefore, the process of transitioning home is challenging as former prisoners must largely manage their own transition from a highly regulated environment of mundane predictability to an unknown environment where they have to make their own choices. This is a tough transition: the ultimate goal of surviving prison is to get out but coming home and learning how to navigate a new world is daunting.”

The returning resident’s new world can be overwhelming and feel nearly impossible to navigate on one’s own. D.H., for example, needed help accessing a state ID, Medicaid, and behavioral health services. He told us, “Without Safer Foundation a lot of ex-offenders would be lost because I’m going to tell you, you have those thoughts when you are released from prison, and then to be released and it looks like everything is knocking you back down, even if you come out with right intentions, but coming out during this pandemic, coming out during this looting, all this happening at one time, and even if you take that out of the equation, it’s hard.” D.H. was better positioned than most prior to leaving IDOC– he had acquired his truck driving certification and was ready to
The Impact of PEERRSM – A Path Forward

work. However, he couldn’t plan for the obstacles created by COVID-19. By the time he connected with a reentry navigator he had experienced several failures and was close to despair. He credits Safer’s services with helping him persevere and stay on the right path.

Dr. Middlemass suggests that D.H.’s experience is all too common, even without a global pandemic:

“To make not going back to prison a reality entails participants renegotiating society’s rules and relearning how to be in the world as a contemporary outlaw. Theoretically the process of reentering is easy: get a job, find a place to live, stay out of trouble, and desist from crime. However, rarely does this ‘simple process’ unfold in an orderly sequence of steps when one is homeless, hungry, and marked by a felony... instead of an orderly process, the reality of reentry resembles a series of forward, backward, and sometimes side way steps.”

With the many challenges that individuals face upon release, and the high numbers returning to communities, the PEERRSM network has emerged as an effective, collaborative approach to provide holistic wraparound services to returning residents. Those that participated in PEERRSM - providers and participants alike – spoke of the substantial positive impact of holistic wraparound services and a strong network of care. Tom Marthaler from Kolby House, shared, “We serve the same community and one of the most positive things that have come out of these last few months has been collaboration across organizations. So we just found it to be a great way to work more effectively to support those who are being released. Working together I think allowed us to kind of use our resources more efficiently, count on some organizations for certain parts of the process, like as an example with Safer.” PEERRSM providers were able to combine strengths and capacity to best serve returning residents, in an unprecedented way.

8 Ibid., 28.
Support received from the Reentry Navigators and PEERRSM providers not only helped increase access to basic needs and services, but those interviewed reported improved social connectedness and a feeling of belonging and purpose. Many of the policy recommendations in this report came directly from the experiences and suggestions of interviewees. Participants reported feeling empowered to think further into how they can start becoming productive members of society.

A.D. shares:

“I want to be able to go out and get a nonprofit organization for people who are incarcerated, that are dealing with having to sign up as a sex offender, because there are a lot of different places that are out there for me, but there are none for women [with sex offenses].”

M.M. explains how her connections with other formerly incarcerated women have led her towards social entrepreneurship:

“There’s somebody who wants me to help them start their dog grooming, daycare, and boarding center for them. This dog training program is going to be a non-profit organization of pilot programs for women who have successfully completed [dog grooming] training while they’ve been incarcerated and got their certificate. If they want to come out here and get a job with us, they’re welcome.”

J.H. says:

“I definitely want to give back to the community. Gun and gang violence and let, especially, young girls know not to end up like me. As long as I can help change one life to not get into the system, that would mean the world to me.”
These outcomes were achieved because PEERR\textsuperscript{SM} participants were given a fair chance to access all the services they needed to successfully reenter society. The recommendations set forth in this report provide a pathway towards making the reentry process as smooth as possible for returning citizens. In this moment, the City of Chicago, Cook County, and the State of Illinois have an opportunity to make restorative justice the new status quo.

The Safer Foundation and Smart Policy Works are indebted to the men and women who shared their experiences with us for this report. While COVID-19 crisis put a spotlight on the gaps in services returning residents need, it also highlighted how community-level providers are uniquely situated to improve reentry services. As the State, County and City seek ways to improve reentry for its returning residents, we believe that the PEERR\textsuperscript{SM} network model provides policymakers a blueprint for making strategic investments in reentry services. We look forward to continuing the work with our partners to make some of the recommendations in this report a reality.