

Holistic Reentry:

a blueprint for action
2021–2024



Acknowledgements

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Safe Pathways to Successful Reentry for
Returning Residents in the Chicago Area
and the State of Illinois**

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Foreword by Keesha M. Middlemass

Forward by Keesha M. Middlemass, Ph.D.

Author of *Convicted & Condemned: The Politics and Policies of Prisoner Reentry*

Every year in Illinois approximately 32,000 people return home from prison¹ and 267,000 return home from pre-trial detention². They each face an enormous set of obstacles as they attempt to reenter society exacerbated by their time incarcerated, race, and socio-economic status. These challenges include but are not limited to, finding secure housing, accessing behavioral and health care services, securing food, and thinking about how they are going to purchase basic necessities, like toiletries and weather-appropriate clothes, obtain a cell phone and a transit card. The process of returning to the community has been exacerbated by COVID-19 as housing hosts have lost jobs, service organizations moved online and government offices shut down or operated for limited hours.

In response to the pandemic, Governor Pritzker signed COVID-19 Executive Order No. 19, which was designed to reduce the number of people imprisoned in an effort to slow the spread of the coronavirus. As a respected agency with nearly half a century of experience serving those most impacted by mass incarceration, Safer Foundation was tapped to lead the local response in Cook County. The Safer Foundation provided support to hundreds of individuals via the Prison Emergency Early Response Model (PEERRSM) and connected returning residents to Reentry Navigators to assist them in securing necessities. However, despite the coordinated efforts across service providers and reentry partners, returning residents face challenges beyond COVID-19.

Reentry is complicated because there is no “right” or “standard” way to reenter the community after incarceration, and success depends on a combination of an individual’s needs and ability to secure resources. The reentry process is not linear, is not managed by one office; there is no “Illinois Department of Prisoner Reentry” nor is there a county or city office dedicated solely to prisoner reentry. Although Chicago has an “ex-offender re-entry initiatives” program in the mayor’s office, these initiatives can easily change because they are not in the municipal code and the programs are found across several city departments.¹

Housing, for example, is important because it provides returning residents with a place to stay so they can focus on things such as health and behavioral concerns, family reunification, skills building and securing employment. Without housing and no income,

returning residents fail to successfully reenter. Although employment and housing get a lot of attention, it is just as important to focus on the institutional barriers that result in social disability.

Social disability describes how society disables returning residents via a felony conviction.

Statutes and policies use a felony conviction to deny returning residents access to public services and benefits. The denial of rights creates a sub-population that is disconnected from society.

To address the challenges returning residents face and decrease recidivism rates, we argue that the state of Illinois, the county and the city of Chicago must re-think reentry. The current system socially disables returning residents. The emergence of COVID-19 has created an opportunity and the necessity to reimagine a system that provides targeted help. Here are some suggestions designed to lead to better reentry outcomes:

FIRST/ create a “one-stop” reentry office that provides holistic services. Research demonstrates that a “one-stop” service center cuts down on the replication of services and helps returning residents find the services they need. The PEERRSM Model shows that when a holistic approach is taken helping individuals return to the community, they are more likely to receive the services they need. Helping returning residents determine what is best for them is also important in teaching life skills and self-advocacy.

SECOND/ we must scale up the investment in reentry services to meet the true demand that exists each year. Public grants should be coordinated and tied to outcomes and tied to partnerships. Having reentry service organizations that provide similar programs compete for limited public funds means that public funds are addressing small pockets of returning residents. Connecting public funds to outcomes and partnerships would create coordination and strengthen service models that address the needs of returning residents and fund programs that have a track record of success.

THIRD/ to improve reentry outcomes, the institutional barriers to reentry must be addressed. For instance, revising ILCS 730 5/5-5-5 would be a good start. This statute, “Loss and Restoration of Rights,” places structural limitations on individuals’ ability to secure employment. These restrictions create social disability – returning residents are

disabled and hindered by the state from gaining a license for a wide array of professions. Illinois and Chicago should evaluate all laws that use a conviction to deny returning residents the right to a second chance. Additionally, as it relates to employment practices, Chicago and other townships in Cook County should evaluate their public hiring guidelines to eliminate hiring barriers.

1 Illinois Department of Corrections Prison Population Data Sets. <https://www2.illinois.gov/idoc/reportsandstatistics/Pages/Prison-Population-Data-Sets.aspx>

2 Reichert, J., & Gatens, A. (2018, June 7). An Examination of Illinois and National Pretrial Practices, Detention, and Reform Efforts. ICJIA Research Hub. <https://icjia.illinois.gov/researchhub/articles/an-examination-of-illinois-and-national-pretrial-practices-detention-and-reform-efforts>.

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Executive Summary: Safer Foundation's Blueprint for Action 2021-2024

Executive Summary

Safer Foundation's Blueprint for Action 2021-2024

The Safer Foundation is one of the nation's largest nonprofits working tirelessly to disrupt the cycle of recidivism and social injustice in our society. For nearly 50 years, we've been a leader in the fight to break down barriers and provide people with arrest and conviction records the opportunity for a fair chance. Supporting over 5,000 men, women, and youth in attaining gainful employment each year, we help people build better lives, stronger families, and safer communities. Our holistic approach includes job training and placement, education assistance, behavioral health services, housing, and community engagement, as well as policy and advocacy work. Whether it's getting an ID, an updated resume, a high school equivalency diploma, transitional job, permanent employment, or even obtaining industry-recognized credentials. We help people thrive and build a future they never thought was possible.

Through Safer's involvement at every step of helping individuals impacted by the criminal legal system re-adapt and re-integrate back into their communities, our experience has shown us that contact with the criminal legal system can permanently disable an individual's ability to readapt to their community resulting in substantial social and economic costs and a lifetime of social stigmatization. People with arrest and conviction records are permanently deprived of certain rights and stripped of opportunities for housing, education, employment, social services, and other necessities. Black people and other people of color are disproportionately impacted by the criminal legal system. The economic fallout is widespread across all systems, compounding the negative effects of poverty, food insecurity, housing insecurity, employment, violence, physical health needs, mental health needs, drug overdoses, and education.

SOCIO-ECONOMIC DISPARITIES:

When compared to the general population, men and women with a history of incarceration face disparities concerning healthcare, violence, employment, and discrimination.

31%

31 percent of individuals on probation had not finished high school or acquired a GED compared with 18 percent of the general population.³

30%

30% are unemployed a year post-release.⁴

70% | 8%

Nearly 70% of formerly incarcerated individuals have a drug and or alcohol use disorder,⁵ compared to 8% of population.⁶

15% ↔ 4%

Approximately 15% of men and 30% of women have serious mental illness,⁷

compared to 4% of the general population.⁸

8X

In the United States, individuals transitioning from jail are 8 times more likely to die from overdose than the general population.⁹

10X

Formerly incarcerated individuals are 10x more likely to experience homelessness than the general public.¹⁰



Of those unsheltered in Chicago, 55.9% of males and 39.6% of females have been incarcerated.¹¹



UNIVERSITY OF CHICAGO CRIME LAB – “REPORT: GUN VIOLENCE AMONG SCHOOL-AGE YOUTH IN CHICAGO” MARCH 2009.

90% of all committing homicide in Chicago have prior arrest records. ¾ of all Chicago homicide victims have prior arrest records.

<https://www.issuelab.org/resources/9537/9537.pdf>



Over the past 20 years, Safer Foundation has helped secure policy victories for people with arrest and conviction records across the state of Illinois. Our expertise has helped push change through research, advocacy, community organizing, and legislative assistance. We push for change in areas that address the social determinants of health and recidivism such as healthcare, behavioral health, housing, food and nutrition, and employment.

The Safer Foundation's Holistic Blueprint for Action aims to increase the understanding of the broader socio-economic benefits of re-entry and to inform and advocate that:

- / The movement for racial justice compels the city of Chicago, Cook County, and the state of Illinois to invest in re-entry.**
- / The impact of incarceration in Illinois has created a public health emergency. If we significantly reduce recidivism, violence will decrease.**
- / Supporting returning residents should be prioritized among local and state governments as a cost effective approach to addressing a multitude of socio-economic problems.**
- / Providing holistic services to returning residents would have the greatest impact by addressing the multitude of complex needs faced by this population and expediting access to critical supports.**
- / Community-based providers are uniquely situated to deliver re-entry services.**

This policy blueprint discusses how reentry is directly tied to a wide range of socioeconomic problems faced by people impacted by mass incarceration, each with their own set of bureaucratic, legal, social, and financial obstacles. As a state, county, and city, we must pursue a shared commitment to support practical solutions for reentry and criminal legal system reform in order to act swiftly and decisively.

Executive Summary: Safer Foundation's Blueprint for Action 2021-2024

- 3 Citation: Bureau of justice statistics special report education and correctional populations (2003). US Department of Justice, Office of Justice Programs. Retrieved from <https://www.bjs.gov/content/pub/pdf/ecp.pdf>.
- 4 Couloute, L. and Kopf, D., (2018). Out of prison & out of work: Unemployment among formerly incarcerated people. Reterieved from <https://www.prisonpolicy.org/reports/outofwork.html#fn:15>
- 5 Karberg, J. and James, D. (2005). Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002. (NCJ 209588). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics
- 6 Lipari RN, Park-Lee E, Van Horn S. America's Need for and Receipt of Substance Use Treatment in 2015. 2016 Sep 29. In: The CBHSQ Report. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2013-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK409172/>
- 7 Steadman, H. J., Osher, F. C., Robbins, P. C., et al. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60, 761–765.
- 8 Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from [https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf](https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf)
- 9 Lim, S., Seligson, A. L., Parvez, F. M., Luther, C. W., Mavinkurve, M. P., Binswanger, I. A., and Kerker, B. D. (2012). Risks of Drug-Related Death, Suicide, and Homicide During the Immediate Post-Release Period Among People Released from New York City Jails, 2001-2005. *American Journal of Epidemiology*, 15;175(6).
- 10 Lucius Couloute, Nowhere to Go: Homelessness Among Formerly Incarcerated People (Prison Policy Initiative, August 2018) <https://www.prisonpolicy.org/reports/housing.html>.
- 11 Voorhees, Nathalie P. City of Chicago 2019 Homeless Point-in-Time Count & Survey Report. www.chicago.gov/content/dam/city/depts/fss/supp_info/Homeless/2019PITReportFinal110819.pdf.

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Understanding the Current Landscape

Understanding the Current Landscape

The COVID-19 pandemic has exacerbated the difficulties associated with reentry, as the pandemic has prompted a wave of early releases. The challenges that people impacted by mass incarceration face are numerous and deep, and the inequities being revealed by the pandemic will only be deepened without aggressive, proactive action.

Research has shown that as recently as 2019 the City of Chicago was home to 35% of returning residents released from Illinois state prisons.¹² Nearly all returned to six of the Chicago's 77 Community Areas: Austin, North Lawndale, East Garfield Park, West Englewood, Humboldt Park, and Englewood.¹³ With over 3.3 million Illinoisans arrested or convicted of a crime since 1979¹⁴ and 54% of these individuals expected to have returned to Chicago¹⁵, it is possible that within Chicago Cook County there currently reside as many as 1,782,000 individuals with records.

35%

as of 2019, the City of Chicago was home to 35% of returning residents released from Illinois state prisons.¹²

6/77

Nearly all returned to six of the Chicago's 77 Community Areas:

3.3M

over 3.3 million Illinoisans arrested or convicted of a crime since 1979¹⁴

1.78M

it is possible that within Chicago Cook County there currently reside as many as 1,782,000 individuals with records.

Given the United States' system of mass incarceration is institutionally racist, it is not surprising that black people and people of color are arrested and incarcerated at higher rates than that of whites. In Illinois, nearly 1/3 or 28.9% of people arrested or convicted of crimes in IL are black even though they represent only 13.8% of the adult population.¹⁶ For Black women, the impact is compounded with 34.3% arrested or convicted in Illinois, but they only make up 14.5% of all adult women.¹⁷

1/3 ——— 13.8%

In Illinois, nearly 1/3 or 28.9% of people arrested or convicted of crimes in IL are black

even though they represent only 13.8% of the adult population.¹⁶

34.3%

For Black women, the impact is compounded with 34.3% arrested or convicted in Illinois, but they only make up 14.5% of all adult women.¹⁷

As record numbers of men and women return to their communities, disproportionately people of color, it is imperative that state and local leaders provide the critical services required for successful reentry to avoid high rates of recidivism.¹⁸

People who are re-entering their communities from incarceration must be recognized as being amongst the most vulnerable members of society.

The economic fallout of the pandemic has strained local, state, and federal budgets, and those most vulnerable will bear the brunt of cuts to social services and re-entry programming.

People with arrest and conviction records are permanently deprived of certain rights and stripped of opportunities for housing, education, employment, social services, and other necessities. As such, they are overrepresented within a range of socioeconomic crises, presenting significant costs both socially and economically. For example, according to Guyer, Bachrach and Shine, 4.2% of adults who have had contact with the criminal justice system are accountable for an estimated 7.2% of hospital costs and 8.5% of emergency department expenditures.¹⁹ In Illinois, the lack of affordable permanent housing options for people returning to community means that as many as 60% of unsheltered men and 58% of women report being previously incarcerated.²⁰ Furthermore, a National Institute of Health study found that 90% of people with records were food insecure.²¹



as many as 60% of unsheltered men report being previously incarcerated.²⁰



as many as 58% of unsheltered women report being previously incarcerated.²⁰



90% of people with records were food insecure.²¹

Understanding the Current Landscape

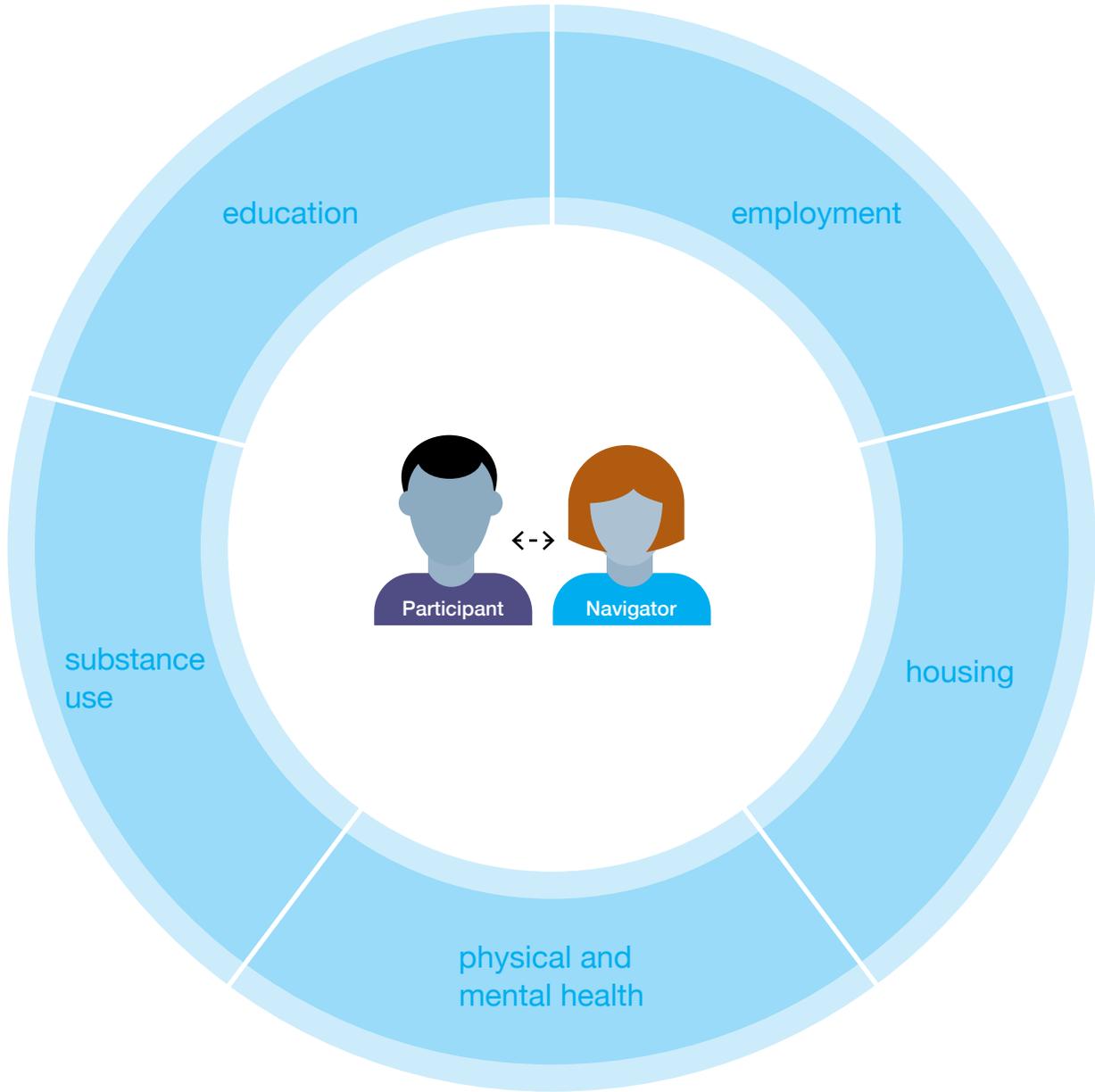
According to the World Health Organization, poverty is the single largest determinant of health and worms its way through every component of existence, in particular for those with records.²² In impoverished and oppressed communities “housing, employment and educational opportunities, transportation infrastructure, and health care services are inaccessible, limited, or nonexistent”.²³ In consideration of this, any successful reentry model must consider the impact poverty has upon the six factors of greatest importance to the reentry population: health, education, employment, housing, substance use, and recidivism.²⁴

Women returning to the community face a larger and different set of challenges than men, requiring a holistic set of services that address childcare, housing, substance use, psychological treatment, domestic violence education, and mental health. Over the past quarter-century, there has been a profound change in the involvement of women within the criminal legal system. This is the result of more expansive law enforcement efforts, stiffer drug sentencing laws, and post-conviction barriers to reentry that uniquely affect women.”²⁵ Despite national trends towards declining incarceration rates, nearly all of the decrease in the number of people in state prisons since 2009 has been among men, with the female prison population actually growing by 834% over the past 40 years, doubling the rate of men over the same period.²⁶

By viewing the issue of reentry through a holistic lens and appreciating the complexity and unique experiences of people with records, it becomes clear that the issues aren’t as simple as “crime” or “violence”, but a complex web of interrelated socioeconomic inequities embedded within much of the fabric of America.

WHAT WE MEAN BY HOLISTIC SERVICES

These are the factors of greater importance



The Social Determinants of Health, Incarceration and Recidivism

THE SOCIAL DETERMINANTS OF HEALTH AND RECIDIVISM



Economic	Health	Housing	Education	Criminal Justice
Poverty	Abuse & Neglect	Segregation	Skills Gap	Overpolicing
Unemployment/ Underemployment	Substance Use	Discrimination	Access to Quality Education	Criminalization of Behavior
Wage Discrimination	Mental Health	Homelessness	Affordability	Discriminatory Legal System

Having a record, regardless of having “served one’s sentence,” condemns people to a lifetime of hardship by systematically negatively impacting the primary social determinants of quality of life, such as safe housing, health care, education, sustainable job opportunities, job trainings, social supports, exposure to violence, and the associated effects of concentrated poverty.²⁷ Navigating the systems that surround these social determinants are made infinitely more complex when one has an arrest record or conviction, which can easily result in a cycle of poverty and recidivism that directly impacts family and the broader community.

Currently, relevant state, county, and city agencies are siloed in a range of service sectors, including health and behavioral health, housing and homelessness, employment, criminal justice, family, and social services. As is, reentry is made up of a hodge-podge of policies and programs carried out by an unorganized collection of agencies cobbling together various funding streams made of private, city, state, and federal sources. Ultimately, the allocation of insufficient resources to reentry efforts has resulted in an infrastructure inadequate to the task of facilitating the successful reentry of the formerly incarcerated. Indeed, a report by the Collateral Consequences Resource Center (CCRC) states “there is nothing coordinated about the current system.”⁹

While there are organizations providing post-release case management, Illinois needs a scaled up, coordinated reentry system with reentry navigators. Any reentry system must be accessible, effective, coordinated, fair, and administrable. In addition, developing such a system requires an understanding of the great diversity of the formerly incarcerated, and the equally diverse, yet unique, challenges they face “as an essential first step”.²⁸

The Safer Foundation’s Blueprint for Action: Building Safe Pathways to Successful Reentry for Returning Residents in the Chicago Area and the state of Illinois

The Safer Foundation’s Blueprint for Action builds upon the work and progress of the Illinois Legislative Black Caucus to pass criminal legal system reforms and police accountability measures. We propose a holistic policy agenda that recognizes that the services required for successful reentry are among the most important areas of social investment.

Safer’s Blueprint for Action builds upon current research and is informed by the lived experiences of Illinoisans impacted by mass incarceration. These narratives illustrate the complexity of re-entry and were core to the Blueprint’s recommendations for dedicated and holistic reentry services. When multiple agencies come together to execute the right plan, we can end the cycle of re-offending and re-incarceration by providing and creating opportunities for economic mobility and opportunity.

In crafting this policy blueprint, we are guided by the following five priorities:

1 The movement for racial justice compels the city of Chicago, Cook County, and the state of Illinois to invest in re-entry.

Black people and other people of color are disproportionately impacted by the criminal legal system. As a result of systemic and institutional racism and discrimination: collateral consequences of conviction that ban or limit legal access to employment, licensure, and education supports; and a limited investment in resources for the large number of people returning each year, these individuals, who are predominately Black, return to

their communities without the basic support and tools needed for long-term success. Providing local and state resources for workforce development and reentry helps to ensure greater success and addresses unfair barriers that exist as a result of systemic racism and inequities that disadvantage individuals directly impacted by the criminal legal system.

2 The impact of incarceration in Illinois has created a public health emergency. If we significantly reduce recidivism, violence will decrease.

There are over 3.3 million Illinoisans arrested or convicted of a crime since 1979²⁹ and over 1.7 million individuals with arrest and conviction records in Chicago-Cook County, with an average of 54% of Illinois residents returning from IDOC facilities to Chicago-Cook County every year between 2005 and 2019.³⁰ An arrest record or conviction can easily result in a cycle of poverty and recidivism that directly impacts family and the community. Research shows that the close quarters involved with incarceration has negative effects on community-level social dynamics as well as public safety and health disparities. The concentration of justice-impacted individuals can lead towards a stigmatization of the community, leading towards the criminalization of the medically underserved, spiraling educational achievement gaps, and family dissolution as children lose parental support, both emotional and financial. High rates of incarceration can become “criminogenic rather than deterrent, increasing the likelihood of victimization and associated stressors among members of high-incarceration communities”.

3 Supporting returning residents should be prioritized among local and state governments as a cost effective approach to addressing a multitude of socio-economic problems.

\$151,662

The average cost associated with one recidivism event is \$151,662.³¹

96%

Roughly of the people admitted to prison eventually return to the community with 43% recidivating every three years, and 17% recidivating within one year.

\$13B

Given current recidivism trends, over the next 5 years, recidivism will cost Illinois over \$13 billion.³²

The sheer numbers of people impacted by mass incarceration is nothing short of a crisis and investment in key areas to avoid recidivism would be cost effective and efficient. Considering that the Illinois Sentencing Policy Advisory Council (SPAC) calculates that each individual reconviction costs taxpayers an average of \$151,662,³³ and considering that 17% of formerly incarcerated people will reoffend within one year and 43% within three years³⁴, the cost to Illinois taxpayers could reach \$13 billion by 2023.³⁵ The Council estimates that reducing recidivism by a mere percentage point could potentially save the state of Illinois \$10 million annually.

The benefits to sufficiently supporting holistic reentry services will be counted both in dollars and in lives. Instead of relying on failed incarceration policies and practices, we should turn to programs with track records of success and policies that remove barriers to opportunities for returning residents. Several studies confirm the efficacy of community-based employment training and job assistance programs. According to the Illinois-Sentencing and Policy Advisory Council's Cost-Benefit Analysis, employment training/job assistance in the community yields the highest benefit to cost ratio of \$20.26 to \$1.00.³⁶ Considering the current fiscal state of the country and Illinois and the inevitability of rising unemployment, it is now more critical than ever that we act decisively and proactively to get in front of the problem by investing the resources required to provide a smooth transition back into society for individuals exiting from incarceration. The state of Illinois can work to reverse the cycle of mass incarceration, while receiving a better return on its public safety investment by moving away from law and-order policies and practices and refocusing its resources and efforts on policies, and cost-effective programs that are proven to work.

4 Providing holistic services to returning residents would have the greatest impact by addressing the multitude of complex needs faced by this population and expediting access to critical supports.

This blueprint addresses the most basic needs of people with records and works to address those needs with the goal of helping this population achieve sustained recovery, reduced recidivism, upward economic mobility, and overall wellness. This includes treatment, supported employment, case management, education, engagement into primary care, and the incorporation of Medication-assisted treatment. In addition, an effective re-entry model needs to address the specific challenges that women face by investing in establishing a new model of re-entry. Women's re-entry programs and services need to empower women to address and move beyond the trauma of their past – and not create new trauma by releasing them into communities with limited resources, support, and fear of parole technical violations.

5 Community-based providers are uniquely situated to deliver re-entry services.

Community-based organizations play a critical role in providing services and eliminating the collateral consequences of an arrest or conviction record. Research has shown that as recent as 2019, the City of Chicago was home to 35% of returning residents from Illinois State Prisons.³⁷ Chicago houses several of the top reentry neighborhoods in Illinois. Of Chicago's 77 Community Areas, nearly all returned to the six neighborhoods of Austin, North Lawndale, East Garfield Park, West Englewood, Humboldt Park, and Englewood.³⁸ Research shows that community partners that reflect the people they serve through location, experience, and service priorities are best positioned to deliver services and provide guidance in helping people navigate re-entry.³⁹

Understanding the Current Landscape

- 12 Carson, E. A. (n.d.). Bureau of Justice Statistics: Prisoners in 2019. Retrieved from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6846>
- 13 Carson, E. A. (n.d.). Bureau of Justice Statistics: Prisoners in 2019. Retrieved from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6846>
- 14 Heartland Alliance, Never Fully Free: The Scale and Impact of Permanent Punishments on People with Criminal Records in Illinois (June 2020), <https://socialimpactresearchcenter.issuelab.org/resource/never-fully-free-the-scale-and-impact-of-permanent-punishments-on-people-with-criminal-records-in-illinois.html>
- 15 Visher, C., & Farrell, J. (2005). Chicago Communities and Prisoner Reentry. PsycEXTRA Dataset. doi:10.1037/e720022011-001
- 16 Heartland Alliance, Never Fully Free: The Scale and Impact of Permanent Punishments on People with Criminal Records in Illinois (June 2020), <https://socialimpactresearchcenter.issuelab.org/resource/never-fully-free-the-scale-and-impact-of-permanent-punishments-on-people-with-criminal-records-in-illinois.html>
- 17 Heartland Alliance, Never Fully Free: The Scale and Impact of Permanent Punishments on People with Criminal Records in Illinois (June 2020), <https://socialimpactresearchcenter.issuelab.org/resource/never-fully-free-the-scale-and-impact-of-permanent-punishments-on-people-with-criminal-records-in-illinois.html>
- 18 Ebert, J. (2020, October 14). Illinois prison population decreased by 18 percent since start of pandemic. Retrieved from <https://thedailyline.net/chicago/10/14/2020/illinois-prison-population-decreased-by-18-percent-since-start-of-pandemic/>
- 19 Guyer, J., Bachrach, D., & Shine, N. (2015). Medicaid Expansion and Criminal Justice Costs: Pre-Expansion Studies and Emerging Practices Point Toward Opportunities for States. State Health Reform Assistance Network.
- 20 Metropolitan Planning Council. (2019). Re-entry Housing Issues in Illinois: The Current Situation, Challenges, and Possible Solutions.
- 21 Cook County Food Access Task Force. Final Recommendations: Improving Food Access for Individuals with Justice-System Involvement and Their Families. (2020, May 13). Retrieved from https://www.chicagosfoodbank.org/wp-content/uploads/2020/06/2020_CCFATF-Report.pdf
- 22 World Health Organization: Regional Office for Europe. (2020, November 17). Poverty and social determinants. Retrieved from <https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/activities/poverty-and-social-determinants>
- 23 Jonson, C. L., & Cullen, F. T. (2015). Prisoner Reentry Programs. *Crime and Justice*, 44(1), 517-575. doi:10.1086/681554
- 24 Washington State Institute for Public Policy Benefit-Cost Results (2019). Retrieved from <https://www.wsipp.wa.gov/BenefitCost>.
- 25 Hill, H. (2019, July 10). Incarcerated Women and Girls. Retrieved from <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>.
- 26 Prison Policy Initiative, P. (2018, January 9). The Gender Divide: Tracking women's state prison growth. Retrieved from https://www.prisonpolicy.org/reports/women_overtime.html.
- 27 Office of Disease Prevention and Health Promotion. (n.d.). Social Determinants of Health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- 28 Christy Visher, Nancy G. La Vigne, and Jeremy Travis, *Returning Home: Understanding the Challenges of Prisoner Reentry (Maryland Pilot Study: Findings from Baltimore)* (Washington, DC: The Urban Institute, 2003).
- 29 Heartland Alliance 2020 Poverty Report. (2020). Retrieved October 14, 2020, from <https://www.heartlandalliance.org/heartland-alliance-2020-poverty-report/>
- 30 Visher, C., & Farrell, J. (2005). Chicago Communities and Prisoner Reentry. PsycEXTRA Dataset. doi:10.1037/e720022011-001
- 31 Illinois Sentencing Policy Advisory Council. (2018). Illinois Results First: The High Cost of Recidivism 2018 Report. Retrieved from <https://spac.illinois.gov/publications/cost-benefit-analysis/high-cost-of-recidivism-2018>

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- 32 Illinois Sentencing Policy Advisory Council. (2018). Illinois Results First: The High Cost of Recidivism 2018 Report. Retrieved from <https://spac.illinois.gov/publications/cost-benefit-analysis/high-cost-of-recidivism-2018>
- 33 Illinois Sentencing Policy Advisory Council. (2018). Illinois Results First: The High Cost of Recidivism 2018 Report. Retrieved from <https://spac.illinois.gov/publications/cost-benefit-analysis/high-cost-of-recidivism-2018>
- 34 Lyon, E. (2019). Illinois Calculates the High Costs of Recidivism. Retrieved from <https://www.prisonlegalnews.org/news/2019/feb/5/illinois-calculates-high-costs-recidivism/>
- 35 Illinois Sentencing Policy Advisory Council. (2018). Illinois Results First: The High Cost of Recidivism 2018 Report. Retrieved from <https://spac.illinois.gov/publications/cost-benefit-analysis/high-cost-of-recidivism-2018>
- 36 State of Illinois, Illinois Sentencing Policy Advisory Council. (2016). Illinois Results First: A Cost Benefit Tool for Criminal Justice Policymakers. Retrieved from the Illinois Criminal Justice Authority website: http://www.icjia.state.il.us/spac/pdf/Illinois_Results_First_Consumer_Reports_072016.pdf
- 37 Carson, E. A. (n.d.). Bureau of Justice Statistics: Prisoners in 2018. Retrieved from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6846>
- 38 Carson, E. A. (n.d.). Bureau of Justice Statistics: Prisoners in 2018. Retrieved from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6846>
- 39 Thomson, C., Sakala, L., King, R., & Harvell, S. (2018, February). Investing Justice Resources to Address Community Need. Retrieved from https://www.urban.org/sites/default/files/publication/96341/investing_justice_resources_to_address_community_needs_1.pdf

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Policy Recommendations to Building Safe Pathways to Successful Reentry for Returning Residents in the Chicago Area and the State of Illinois

Recommendations to Build Coordinated Pathways to Successful Reentry

Currently, Illinois does not have a **holistically oriented, statewide reentry system** with case management and re-entry navigators to assist people in accessing the variety of services people need to ensure successful reentry. The absence of a sufficient state-wide system to facilitate reentry can be overcome with the organization and coordination of existing agencies and institutions and the provision of sufficient and reliable resources required to ensure the maintenance and improvement of the re-entry system.

The need to establish formalized pathways to successful reentry, scale up reentry services, and build strong support networks in the state of Illinois are critical in addressing record unemployment rates, poverty, homelessness, violence, drug overdose and health and behavioral health conditions.

Perspective on re-entry during the pandemic

Alana Dunn (alias) is a Safer Foundation client and PEERRSM participant who was released early due to COVID-19. She explains,

Alana Dunn

“You want to feel the independence, and getting all the no’s, and you need to do this, you need to do that. It can become very discouraging, and if I didn’t have the support system I had, I can see why people go back to some of their old ways, then they end up back in the institution because they feel like they were set up for failure to begin with.”

The state of Illinois, Cook County and the City of Chicago should prioritize programs and services that support family reunification during and post incarceration.

Across Illinois, 200,000 children have had a parent in jail or prison.⁴⁰ According to the Task Force on Children of Incarcerated Parents, regular visits between children and their incarcerated parent not only improve the outcomes of children’s mental and physical health however, but it also increases the likelihood that parents will stay out of the criminal legal system once released.⁴¹ The state of Illinois should do more to provide and fund community-based programs and services that support family reunification during and post-incarceration in order to reduce recidivism and the trauma and stress for both children and parents. The Women’s Justice Institute Statewide Task Force recently released “Redefining the Narrative” a comprehensive strategy to cut the women’s prison population by 50%+ and Beyond. The Statewide Women’s Justice Task Force of Illinois became the first of its kind in the nation to unify hundreds of women in support of a historic process to investigate the mass incarceration of women, and to develop a robust strategy to end it.

To learn more about the actionable ways to reduce the women’s prison population, the ground breaking report can be found at: <https://redefine.womensjusticeinstitute.org>

The state of Illinois and Cook County should increase funding for pre-trial services by 2023.

As the state of Illinois is making progress towards abolishing cash bail by 2023, there is a great need to increase funding for pre-trial services to ensure that there isn’t an increase in recidivism. There is a need to set up an effective pretrial support and service network that relies on contracting with community-based nonprofits rather than expanding existing community supervision programs.⁴² In order to interrupt cycles of involvement with the criminal legal system – pre-trial services must address the underlying challenges of housing navigation, permanent supportive housing, and mental and behavioral health treatment.⁴³ The pre-trial service network should prioritize hiring people with previous justice system involvement to assist individuals during the pre-trial process.

The state of Illinois should expand the funding and number of evidence-informed Adult Transition Centers, so individuals can be given the opportunity to stabilize and restructure their lives through a system of holistic treatment services and can take advantage of job training programs that lead to employment prior to their release, which according to IDOC's Planning and Research Unit cuts the recidivism rate by at least 50%.

Adult Transition Centers build stronger communities by giving individuals who are currently incarcerated the necessary tools to transition back into their communities and to obtain employment prior to being released. The overall IDOC recidivism rate is 41.3% however, the recidivism rates for individuals who go through the Adult Transition Centers (ATCs) operated by the Safer Foundation is more than half the state average - Crossroads ATC 18.2% and North Lawndale ATC 16%. The creation of additional Adult Transition Centers expands the state's tax base through creating millions of dollars in construction contracts, construction jobs, hundreds of permanent occupational jobs, and over \$10 million a year in economic stimulus.

/// Safer Foundation ATCs are Engines of Economic Opportunity and Improve Public Safety

HOLISTIC, COMPREHENSIVE REENTRY SERVICES

- / Bridge Academics, Computer Literacy, Financial Literacy
- / Job Readiness Training, Job Placement & Retention Services
- / High School Equivalency Preparation and Testing
- / SUPR licensed Substance Use Treatment & Drug Education
- / Cognitive Behavior Interventions
- / Case Management Services
- / Vocational Training, Credential & Apprenticeship Programs
- / Parenting & Family Reunification Programs
- / Physical & Mental Health Referrals
- / Entrepreneurship Training
- / Community Service
- / Mentoring

REDUCED RECIDIVISM, SAFER COMMUNITIES

/ Based on IDOC’s FY2017 recidivism report, Crossroads ATC resident’s recidivism rate was 18.2%, substantially lower than the IDOC statewide recidivism rate of 41.3%. This tremendous improvement in recidivism is a result of the comprehensive programming Safer provides inside the Crossroads ATC.

BETTER EDUCATED COMMUNITY

/ ATCs enabled 307 residents to gain industry recognized credentials between 2013 and 2017. Participants had a rearrest rate of 10% well below the national rate of 40%. 79 High School Equivalency Certificates

The state of Illinois should offer gender responsive and evidence-based work release centers around the state.

The reentry, housing and healthcare fields have been seeking effective solutions to more efficiently serve the populations that most frequently utilize justice system and healthcare system resources – often at greater taxpayer expense and with limited outcomes. This includes the subset of incarcerated women, who not only have unique needs, but suffer from higher rates of both mental and physical health issues by the time they reach Illinois prisons; and that often remains unaddressed or are even exacerbated by a historic and widespread lack of gender responsive services in Illinois and nationally.

Arguably there is no greater need for holistic solutions to address the social determinants of health than among the “justice-involved” population, especially women returning from incarceration. Women involved in the criminal-legal system find themselves at the epicenter of various public health epidemics occurring on the West and South sides of Chicago. These include but are not limited to the longstanding opioid and gun violence epidemics, as well as homelessness, poverty, educational disparities, high mortality rates, increased chronic medical issues, disproportionate emergency room utilizations and higher rates of behavioral health hospitalizations. For women, these impacts are compounded by barriers such as dramatically higher rates of sexual and domestic abuse and related trauma, challenges tied to their role as single mothers in communities without affordable childcare and safe housing options, wage and opportunities disparities that trap women disproportionately into low wage jobs and result in lower rates of employment than justice-involved men upon reentry to their communities.⁴⁴

Historically most programs have been designed with men in mind and women have been largely neglected when it comes to supportive services and educational programming within prisons and jails.⁴⁵ The earning gap between men and women persists even within prisons, where women make less than men.⁴⁶ Work release centers designed specifically for incarcerated women and their family network are a successful correctional intervention that allow women to obtain employment and access rehabilitative programming. In Illinois, adult transition centers collectively serve 845 men and 130 women.

The state should establish two additional gender responsive work release centers for women located in Chicago and Southern Illinois. These centers will deliver gender responsive, holistic supported pre-release and post release services; blending employment, housing, physical and behavioral health services, facilitating immediate access to stabilization supports with a pathway to long-term prosperity.

The state of Illinois, Cook County, and the City of Chicago should make the infrastructure investments to make processes such as the Prison Emergency Early Release Response (PEERRSM), a standard part of the re-entry process for individuals coming home.

On October 6, 2020, Governor J.B. Pritzker voiced his support for successful reentry when he stated the need to “Prioritize rehabilitation and reduce the risk of recidivism by increasing access to housing and healthcare for returning residents. The state is committed to expanding opportunities, supports, and services for people who are exiting the prison system so that they are set up to succeed upon return to their communities, and which will save taxpayers money by reducing the number of people trapped in a cycle of recidivism.”

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.”

Earlier in March, Safer Foundation and other service providers 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 needs of people IDOC was considering releasing due to COVID-19. Safer Foundation agreed to coordinate reentry services for participants in the COVID-19 Early Release effort that return to Chicago and Cook County.

To address the needs of those returning to Chicago and Cook County, Safer Foundation developed an interdepartmental emergency release crisis response team and a hotline to receive and work with the hundreds of people returning to the community and recruited a diverse network of community-based providers. These providers specialize in providing social services that address social determinants of health and recidivism, such as: healthcare, behavioral health, housing, food & nutrition, and employment. IDOC shared information about the services available from Safer Foundation with people identified for early release. They then provided direct referrals if people incarcerated at IDOC 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 launched this network as the Prison Emergency Early Release Response (PEERRSM) program at the end of March 2020. Since then, the PEERRSM network has received referrals of over 1,242 individuals being released from prison. Reference the full PEERRSM Report at carre2020.squarespace.com/peerr, which outlines services provided, outcomes, lessons learned, and policy recommendations.

Safer Foundation created PEERRSM in response to COVID-19, however, we've known for decades that the post-release case management model should be a standard benefit provided to all individuals leaving prisons that individuals can opt-into.

Traditionally, such services have only been afforded to individuals being released from certain prisons, such as Southwestern Illinois Correctional Center, Sheridan Correctional Center, and Joliet Treatment Center. The post-release case management should address the Social Determinants of Recidivism (SDOR) including basic needs support, public benefit assistance, assistance with state IDs, social security cards, birth certificates, access to medical and behavioral health needs, educational needs, employment, and housing.

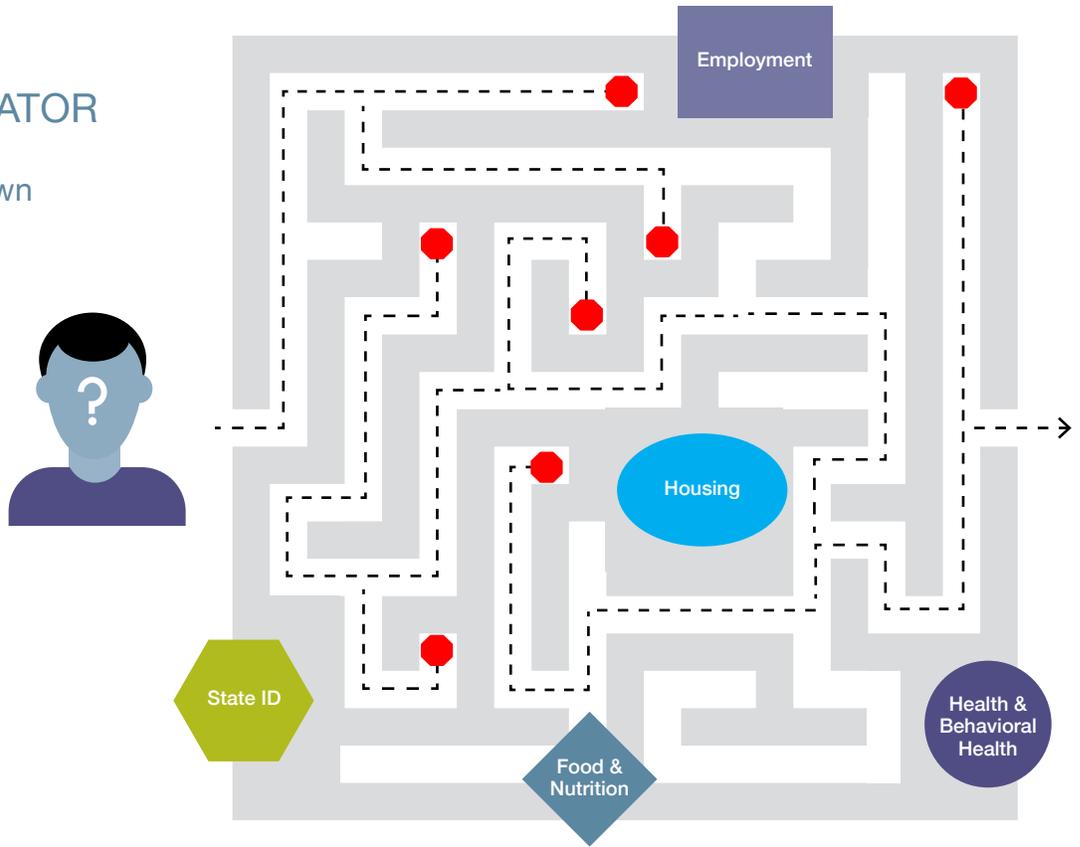
The PEERRSM network provides a blueprint for coordinating and formalizing post-release services for Illinois' returning residents utilizing Reentry navigators.

Currently, immediate assistance services such as the PEERRSM Network is not a service solution that is funded by local and state governments. While the PEERRSM Network has applied for emergency COVID relief funding, the network was not funded and continues to provide services without sustainable funding to provide these crucial services. 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. While proposed funding for behavioral health has increased for FY22 in the Human Services budget, there are elements of critical behavioral health services being provided in public safety budgets that often get missed in the mental health and substance use conversations about priorities. An equitable lens to serving individuals on the west and south sides must account for the unique needs and realities of individuals who are leaving incarceration.

For more detailed information regarding the PEERR system, the "PEERR: Prison Emergency Release Response 2020 Report," sheds light on the challenges returning residents currently face without reentry navigation supports and can be found on the Safer Foundation website.

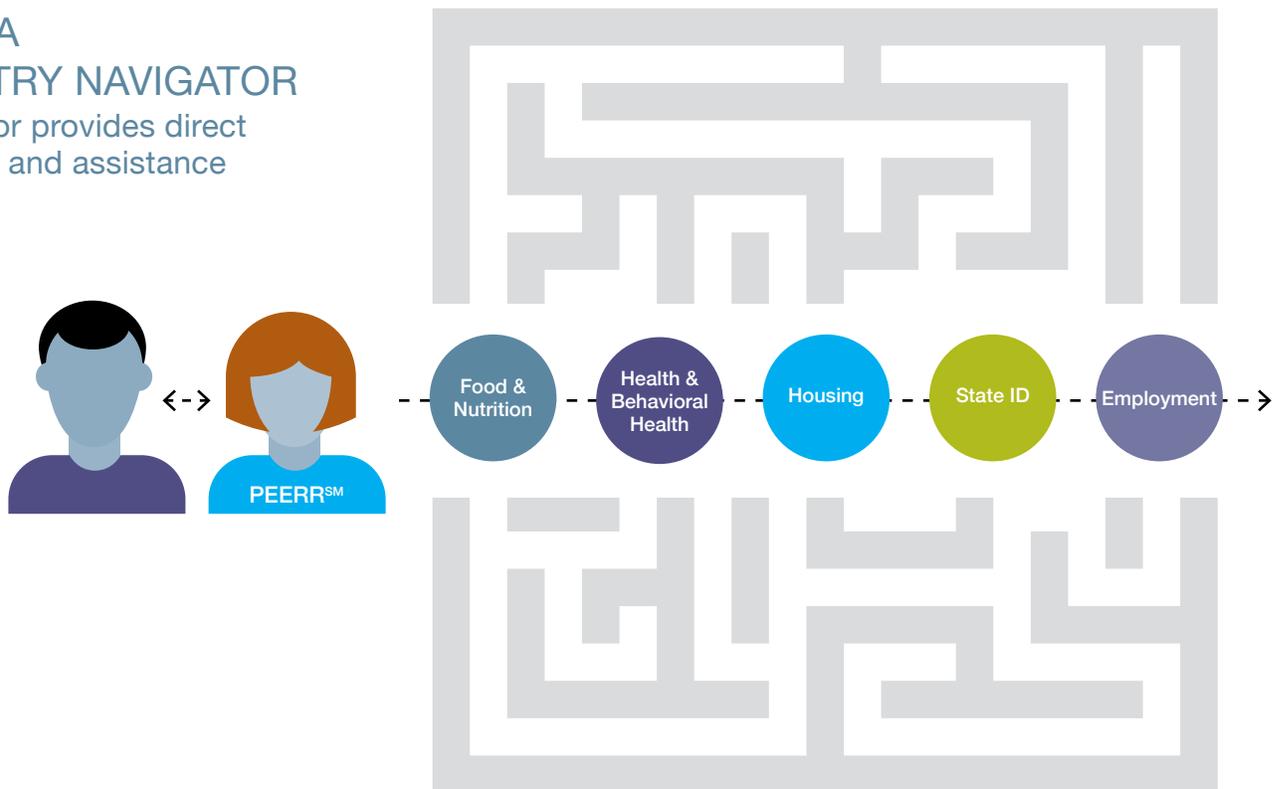
WITHOUT A REENTRY NAVIGATOR

Client has to navigate 5-10 CBOs on their own

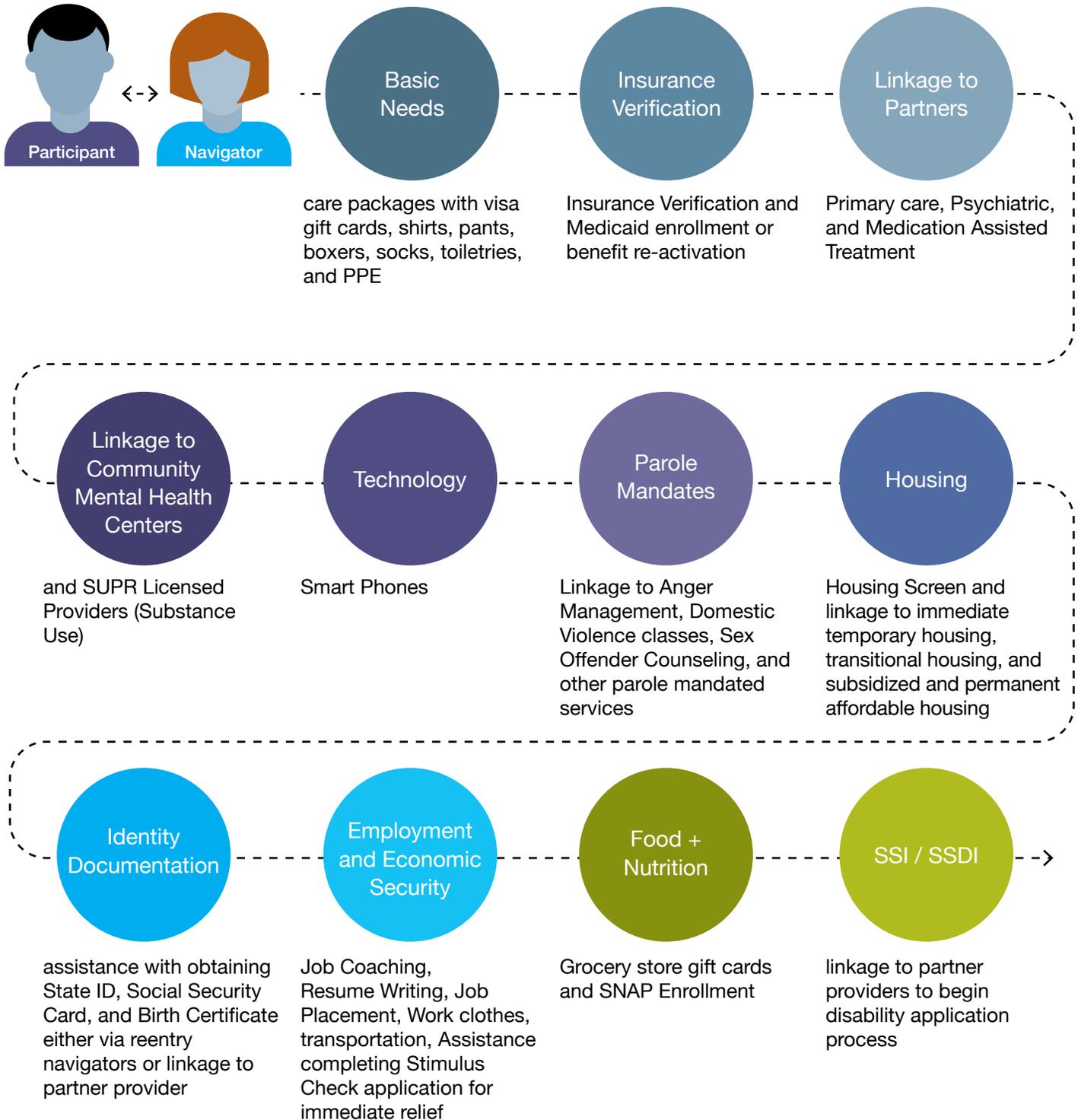


WITH A REENTRY NAVIGATOR

Navigator provides direct referrals and assistance



PATHWAY TO LONG-TERM PROSPERITY



In pursuit of a holistically oriented, statewide reentry system, Safer Foundation recommends significantly scaling up post-release community reentry services statewide by introducing legislation similar to the One Stop Shop Community Reentry Program Act.

The One Stop Shop Community Reentry Program Act is a bi-partisan proposal introduced by Congress member Karen Bass (D-CA), Chair of the House Judiciary Subcommittee on Crime, and Congressman Guy Reschenthaler (R-PA) to create community resource centers to assist returning residents as they leave custody, and those already in community. The Bass bill recommends funding for Community Reentry Centers (CRCs), which will offer individuals reentering from incarceration with intake services, needs assessments, case management, and referrals for any services unable to be provided on site. CRCs will provide comprehensive, holistic services related to housing, employment, education, health, and assistance with navigating state and federal bureaucratic hurdles such as supervision and electronic monitoring requirements, potential familial cohabitation restrictions, substance abuse counseling, and other relevant matters.

To properly serve each community, the bill specifically requires CRCs to collaborate with community leaders who are from or commonly interact with formerly incarcerated people, their families, and the communities most impacted by incarceration in order to provide culturally sustaining, trauma and gender informed reentry services. In order to ensure relevance to the community, CRCs should seek to employ people who have been convicted of an offense or served time in positions of responsibility. CRCs will also collaborate with the correctional institutions to ensure that people exiting incarceration are given a warm handoff to local service providers immediately upon release, and that cultural, trauma, gender informed intake and reentry needs assessments are conducted immediately after release (or conviction) for appropriate referrals.

To ensure that CRC programming is effective and in order to share successes, challenges and best practices amongst all operating sites, each site will employ metric tracking and analysis to make efforts to measure impact regarding increased access to and participation in reentry services.

Elements of PEERRSM align with the Community Reentry Centers in the Bass Bill. PEERRSM provides comprehensive, holistic services related to housing, employment, education, and health. **PEERRSM is a model of a Community Reentry Center in Illinois with a one-**

stop shop center, the Safer Foundation, providing integrated treatment, housing, and employment with many services in-house and the rest via a tight network of providers.

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, 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:

1 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 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.

2 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.

Collectively, the government is the largest employer in a city like Chicago and can make a significant impact in getting more people with records employed. 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.

3 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 the internet and cellphones 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 cellphone and short-term coverage for individuals released by IDOC.

The City of Chicago should implement a similar program to the state of Illinois's RESTORE.REINVEST. RENEW (R3) program and reserve a portion of the growing cannabis tax revenues for reentry services.

In all aspects, the benefits of marijuana legalization should disproportionately, positively benefit the low income and violent communities that have been devastated by the War on Drugs in the City of Chicago. African Americans and Latinx people are still disproportionately stopped, searched, arrested, charged, prosecuted, and convicted of drug related offenses although their use of drugs is no greater than the majority community.

Like the state's R3 program, the City's funding should be limited to eligible entities in zones that have high rates of poverty, unemployment, violence, drug use and incarceration. The City of Chicago should commit to fund community and faith-based organizations addressing: Economic development, violence prevention, re-entry, youth development, and civil legal aid from cannabis revenue sales.

The state, county, and City of Chicago should strengthen and increase support of existing reentry networks led by directly impacted individuals.

Returning residents greatly benefit from a strong network of their peers that help them with obtaining information, accessing services, and supporting them as they must navigate the multiple barriers across different systems for successful reentry. Coalitions such as the Restoring Rights and Opportunities Coalition, the Illinois Alliance for Reentry and Justice, and the Fully Free Campaign are centering the leadership of people who are directly impacted by the criminal legal system. Support for re-entry networks and essential services is critical now more than ever in order to meet the ever-evolving needs of people in this shelter-in-place environment.

Programs such as Access to Justice funded by the Illinois Department of Human Services should be prioritized amongst projected FY22 Illinois state budget cuts. Going into its third year, the Illinois Access to Justice Network is an Illinois state-wide program that seeks to mitigate the devastating consequences of all forms of detention via a network of 60 community-centered organizations; all dedicated to expanding and transforming access to holistic community-based legal services, and to reaching thousands of Illinoisans wherever they may be. The Access to Justice Network relies on community navigators who are directly impacted by the criminal legal system to deliver virtual know your rights workshops and to assist individuals in navigating complex systems in order to get the resources their lives depend on.

Year One January 2020 to December 2020 A2J stats:

14,781

legal screenings and intakes

2,742

ILA2J legal partners have represented clients in 2,742 expungement and sealing cases

30,000

ILA2J provides space for coalition building across the network, leading to coordinated campaigns such as providing educational information regarding the COVID-19 vaccine to 30,000 individuals incarcerated within the Illinois Department of Corrections.

7,682

7,682 cases accepted for representation.

309,419

309,419 individuals reached through community outreach and education

799

799 trained Community Navigators

Recommendations to Improve The Criminal Legal System

In a July 2018 report, the Illinois Sentencing Policy Advisory Council predicted that by 2023 the cost of recidivism to Illinois taxpayers would equate to over \$13 billion, estimating that each instance of recidivism and return to prison would equate to a total cost of approximately \$151,660. The Council estimates that reducing recidivism by a mere percentage point could potentially save the state of Illinois \$10 million annually. This takes on a particular resonance during a pandemic and a shrinking economy. While the costs of mass incarceration are increasingly discussed critically, the stories of those who are most directly impacted by mass incarceration provide context and insight into how mass incarceration compounds existing struggles not only during a global pandemic, but always.

A client of Safer Foundation, [Warren Wilson](#) (alias), explains how after he was released from prison, it was nearly impossible for him to get a state ID – the most basic tool he needed to access his finances, housing, and employment – while he was on Electronic Monitoring (EM):

Warren Wilson

“Most of the guys here in the house with me need IDs. So, the DMV was closed. They opened up a couple weeks ago on a Monday, and we went out there that first Monday, and there was over 200 people in line when we got there about 8:30. They closed it off [before we could get our IDs] ‘cause there was too many people, they couldn’t have too many people, because of the virus, working inside. So, we came back home, and we had decided to come the next day, but later on that day the IDOC parole officer for our whole house, basically told us we couldn’t leave. We were on lockdown, no movement until further notice. They give us a 30-day certificate that allows us to redeem the state ID free. We hadn’t used it, so I tried to call the Parole office a couple times to let them know I wanted to move, go out and try to get the license. They never called me back after the calls I left for them, three or four times. Once I get my electronic monitoring off, I’m going to try to be down there first in line and just try to go through without. But they talk about August as the time frame, before they’re going to start reopening. So that’s really kind of hard. We need IDs to do most anything you need to do.”

Declare the Illinois Secretary of State Office's State ID card Services program an essential service, especially for individuals being released from IDOC custody.

In March 2021, the Illinois Department of Corrections and the Secretary State's Office implemented a process for prisons to issue secretary of state identifications. Initially, this process will start with two prisons with a plan to expand statewide. The Secretary of State should accelerate deployment of the state ID program. Additionally, the Secretary of State should designate two staff members to co-locate at organizations that serve returning residents, routinely on certain days so people reentering communities can obtain state ID cards. The people being released from IDOC custody need state identification cards to access critical resources such as employment, prescription medicines, and certain public benefits. We ask that the state accept IDOC paperwork indicating their parole host side addresses as proof of address and/or Medicaid-related paperwork showing their address.

Expand the state minimum wage to include people serving a sentence at the Illinois Department of Corrections and Department of Juvenile Justice.

The Illinois General Assembly should prioritize passing SB 2929 introduced by Senator Robert Peters which seeks to amend the correction law to provide that a person serving a sentence in the Department of Corrections and the Department of Juvenile Justice will make at least the state minimum wage per hour. Annually, over 28,000 people exit the Illinois Department of Corrections and re-enter society. By affording people an opportunity to work at the state level minimum wage, it will afford people the opportunity to have earnings when they are released. Organizations such as Chicago Votes and the Unlocks Civics Coalition are leading this effort.

Prioritize pursuing a statewide Clean Slate Initiative to automatically clear eligible records.

The state of Illinois should pursue an initiative to automate the process and expand the eligibility for automatic expungement to ensure that the stigma that comes with a record is not a life sentence. While the state allows for people to petition for expungement or sealing of at least certain types of records, the cumbersome and complicated petition-based system results in a small fraction of people eligible for expungement and sealing

to obtain the relief they need. Navigating the record-clearing process often requires expensive legal assistance and court fees- making it extremely challenging for thousands of people in Illinois to move on with their lives. The state should launch a legislative effort to automate record clearing, expand eligibility, and partner with organizations such as Code for America to utilize technology to remove a critical barrier to re-entry. Automating the process and expanding the eligibility for record clearance will fully restore an individual's rights to employment, housing, and education.

Consider ending Electronic Monitoring for people on Mandatory Supervised Release.

The state of Illinois should consider ending electronic monitoring for people on Mandatory Supervised Release. The program is costly with roughly \$6.5 million spent annually, and according to the IL Criminal Justice Information Authority and a report released by the Illinois Sentencing Advisory Council, there is no evidence that electronic monitoring increases public safety or impacts recidivism. These dollars would be much better spent on reentry services in our communities. Safer Foundation supports the MSR Reentry Freedom Act (HB 1115) that would end electronic monitoring for some returning residents but would not impact IDOC's ability to use electronic monitoring as a graduated sanction for people on MSR. When electronic monitoring is used, it must be combined with rehabilitative and support interventions. The level of surveillance should not be greater than is required in an individual's specific case. In order to make electronic monitoring less of an invasive, punitive system, IDOC should consider replacing ankle-worn bracelets with monitoring devices similar to smartphones. A smartphone-based electronic monitoring system would allow individuals to rebuild their lives without the limitations and constraints of physical monitoring devices. Furthermore, the Prisoner Review Board and IDOC must take into consideration the seriousness of the offence committed before unnecessarily placing someone on electronic monitoring. Data on electronic monitoring should be collected by the Prisoner Review Board and made available for public review and assessment purposes.

Use alternatives to arrest and incarceration for low-level offenses.

The state of Illinois should reduce local jail and prison populations. Such reform would reduce the number of people confined in prisons and jails – a systemic problem made more urgent by the COVID-19 pandemic.

- / Use the Governor’s clemency authority to commute sentences and reduce excessive sentence lengths**
- / Encourage judges to use non-monetary sanctions and end imposing fees and fines that people cannot pay**
- / Reclassify criminal offenses that send people to jail such as misdemeanor charges that have no threat to public safety**
- / Reclassify small-scale drug possession charges to misdemeanors by supporting legislation such as HB 3447 (Ammons-Slaughter)**
- / Make citations rather than arrests for low-level crimes**
- / Implement grace period for people who have missed court dates**
- / Allow supervised early release for the elderly or infirmed**

Eliminate re-incarceration and minimize technical violations for probation and mandatory supervised release.

Technical violations make it harder for people under community supervision to be successful. Failure to comply with supervision conditions does not indicate that a person presents a threat to public safety or will engage in a new crime. The state of Illinois should cease using incarceration as a consequence of supervision violation. The Justice Reinvestment Initiative (JRI), a public-private partnership among Pew Charitable Trust, the U.S. Department of Justice’s Bureau of Justice Assistance, and state governments, developed a set guide of principles that can significantly reduce recidivism for the population under community supervision and increase public safety. In order to have effective community supervision that protects public safety, reduces costs, and helps people get their lives back on track, the state of Illinois should adopt JRI principles. **In doing so, the state should consider implementing the following JRI policies to reform its community supervision system:**

- / Eliminate discretionary criminal justice fees, including probation fees;**
- / Reduce jail or prison time for violations and limit the types of technical violations for which an individual can be re-incarcerated for;**

- / Implement earned compliance credits in which people earn time off their sentence in exchange for good behavior and/or completing certified rehabilitative programming such as GED courses and vocational training;**
- / Increase due process and effective communication when someone is suspected of a technical violation;**
- / Invest in the creation of community-treatment programs by forming a community behavioral health program to provide holistic services for high-risk cases; and,**
- / Use community-based Halfway Back programs to reduce technical parole violations.**
 - //** The goal of the program was to provide supportive services and address treatment issues with an emphasis on re-integration and to identify and address issues that led to non-compliance with parole and carefully transition parolees back to the community with resources, skills, and coping strategies necessary to be a productive citizen. Programs included but were not limited to substance use treatment, anger management, cognitive restructuring, family counseling, leisure counseling, money management, employment, and education. All plans were prepared and reviewed with the parolee.

Recommendations to Improve Economic Mobility and Opportunity

Create employment incentives to hire people with arrest and conviction records through a tax credit program.

The state of Illinois should provide greater financial incentives to hire people with arrest and conviction records. During the 101st GA, Representative Sonya Harper introduced HB2542 which amends the Illinois Income Tax Act to create greater incentives for taxpayers who own a business in a census tract with high rates of unemployment and violent crime. Under HB2542, the Department of Commerce and Economic Opportunity would adopt rules that increase the amount of credit of qualified wages paid by the taxpayer during the taxable year to qualified returning residents from 5% to 10% and the total credit allowed to that taxpayer may not exceed 3,000 (currently 1,500) for all taxable years.

Strengthen employment protections for people with arrest and conviction records.

In January 2021, Senator Belt and Representative Sonya Harper sponsored SB 1480 (Public Act 101-0656), Economic Access, Equity, and Opportunity, which passed the House 70-43-0 and the Senate concurred 31-15-0 and signed into law on March 23, 2021. It is 1 of 4 bills under the economic access, equity, and opportunity pillar of the Illinois Legislative Black Caucus.

The bill includes amending the Illinois Human Rights Act providing that it is a civil rights violation for an employer, employment agency, or labor organization to refuse to hire, train, or terminate employment unless there is a “substantial relationship” between the criminal offenses and the employment position the individual is seeking. Safer supports the passage of SB 1480 and urges the state of Illinois to consider future policy changes addressing the additional protections that were in the original bill.

The Restoring Rights and Opportunities Coalition of Illinois (RROCI) has been critical in pushing these social justice reforms forward and have identified additional protections for future policy recommendations including:

- / Prohibiting consideration of non-convictions, including deferred prosecution**
- / The inclusion of civil immunity protection for employers that hire individuals with arrest and conviction records**
- / The inclusion of an enforcement mechanism**
- / An educational campaign for employers and the public**

Improve Licensing Guidance.

The licensing process for applicants is painfully slow, even outside of the COVID-19 pandemic. The Illinois Department of Financial and Professional Regulation (IDFPR) should consider creating a license application checklist to lay out the steps to apply for a license for all occupations under IDFPR and establish a timeline for each stage with markets that need to be met by the department. The department should include in this checklist examples of evidence of rehabilitation that can be submitted at the beginning of the process (and to whom it should be sent) for those that self-disclose criminal history. The first level of discretion in IDFPR is to determine whether a person can avoid being routed into the prosecutions unit in order to shorten the process and reduce the likelihood that the person would need counsel in later hearings.

A path forward to a Clean Slate in Licensing.

IDFPR should automatically expunge records or remove the “discipline” status for a prior on the license look-up. The disciplinary status is accessible to employers and can be extremely problematic, especially for those in healthcare who wish to work in hospitals and long-term care facilities. While PA 100-286 provided licensees the opportunity to petition to make confidential their discipline records based on “prior convictions,” the cost is \$175, which may pose challenges for justice-impacted individuals. Granting a standard license to those with records rather than issuing a probationary license (with a discipline record) would assist in assuring equitable access to skills-based licensure.

Provide returning residents access to affordable adult education, community colleges, and financial aid both pre-release and post-release.

The client base Safer Foundation serves arrives on average with a 5th-grade math and literacy level. However, recent data suggests that only 25-32% of all federal and state prisoners have access to High School Equivalency (HSE) programs.⁴⁷ Technology has shifted the education landscape in such a way that adults who are already at a low level of education require even more support, yet current state and federal regulations make it difficult for people with arrest and conviction records to access financial aid for higher education. The state of Illinois can provide incentives for community colleges to lower barriers to enrollment and provide worker retraining and upskilling programs for displaced workers and those currently incarcerated. This can be modeled after the state of Maine’s Executive order to fast-track free online job training at community colleges. The City of Chicago should establish a Grant and Scholarship Program for returning residents that provide access to educational programs at City Colleges of Chicago. Moreover, access to HSE programs, financial and digital literacy programs, and job training must be made more widely available prior to release.

Invest in comprehensive reentry models that contain workforce development and behavioral health components.

Sufficient resources must be channeled to community-based agencies and programs working to reduce recidivism through employment training, supportive services, and educational programming, in particular to diversion candidates and returning citizens. These community-based programs should be deployed as a diversion opportunity to prevent reconvictions and as pre/post-release reentry programs to reduce incarceration

rates and associated financial and civic costs. Community-based programs that focus on workforce development, employment, and reentry programs provide diverted and returning residents the opportunity to receive education, develop employable skills, assistance in securing jobs, as well as the necessary support to overcome drug addiction and mental health problems.

Recommendations to Improve Housing Stability

Involvement in the criminal-legal system creates a significant barrier to access stable housing for returning residents. Policy and practice in public housing and the private housing markets discriminate against returning residents and create a significant social disability that prevents them from successfully reintegrating into the community.

For many, family or friends provide the first option for housing after release from a correctional institution. For those who can't rely on families or friends for housing, even at least temporarily, the other options are transitional housing, homeless shelters, hotel or motels, and homelessness.⁴⁸ According to the Metropolitan Planning Council (MPC) and Illinois Justice Project (IJP) the lack of affordable permanent housing options for people returning to the community means that as many as 60% of unsheltered men and 58% of women report being previously incarcerated; and 40% of women report being unable to pay rent.⁴⁹

Many of the clients that come through Safer Foundation experience homelessness after incarceration. Research conducted by the Chicago Coalition for the Homeless shows that each year as many as 1,200 people are released directly from prison to homeless shelters in Chicago, with 48% of individuals living in emergency shelters reporting a felony conviction.⁵⁰ Our experiences have shown us that access to safe and secure housing is considered fundamental to successful reentry upon release from incarceration.⁵¹

Lee Davis (age 28), a Safer Foundation client, had been in and out of prison since he was 14. He explains how his record has forced him into homelessness and is making it hard to escape poverty: "I've never had a house at any point after DCFS. There's no assisted housing for felons. At one point, I stayed at hotels. I was paying the equivalent of rent for a one-bedroom for essentially a space no larger than the cell I had in jail except I had no

microwave. No refrigerator. No oven. Just a bathroom in the hotel. After spending \$800 a month for that space, for a couple of months, I decided I could save money and either bunk up with a friend or [live on the streets] and save money. Right now, I'm staying with a friend on the South Side and my IT job is up North. There are only certain times I can be at the house... It affects my ability to get to and from work.”

Establish a national goal of ensuring 100% of formerly incarcerated individuals have housing upon release.

In alignment with the Biden-Harris Administration Plan for Strengthening America's Commitment to Justice, we support the national goal of ensuring that 100% of formerly incarcerated individuals having housing prior to their release at both the state and federal levels.

Permit state grants to acquire and rehabilitate property to add to the housing stock for returning residents.

Many state grants that address housing are more focused on services than the acquisition and development of housing. Many grants – including the new Restore.Reinvest. Renew (R3) funds – prohibit the use of funds to purchase and rehabilitate properties. Even though there are several funding streams available for housing and support services (i.e., 1115 waiver, Medicaid, emergency grants, etc. and for daily beds in recovery homes), there aren't enough grant dollars to acquire and or develop the housing needed in order to provide services.

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 Emergency Solutions Grants or its share of the Community Development Block Grants provisions of the Federal CARES Act. Philanthropy should also provide funding to cover the first three months of transitional housing costs. 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.

Expand the Chicago Housing Authority Reentry Housing Pilot Program to serve an additional 200 participants.

In 2015, the Chicago Housing Authority in partnership with the Chicago Coalition for the Homeless, St. Leonard's Ministries, and Safer Foundation, created a pilot program that made federally subsidized housing more accessible to Chicagoans with arrest and conviction records. The Reentry Housing Pilot program provides Section 8 vouchers to 50 program participants with exemplary records of rehabilitation in the community. Program participants must meet the following criteria: (1) be at least 18 years old with a conviction record; (2) agree to comply with work requirements and, (3) obtain a recommendation from one of the partner organizations. Since the CHA HCV lottery closed in 2014, there have been limited to no options for people with records to secure federally subsidized housing. The CHA Project-Based Voucher (PBV) has a waiting list that averages from 3 to 25 years and most providers still discriminate based on criminal records. CHA should aggressively scale up this re-entry pilot program to match the needs by expanding this program to serve an additional 200 participants. Further, there should be an expedited process to be approved for available slots as it can take 7 months to a year or more to get approved while open apartments remain available. This has proven to be a barrier to clients who are otherwise eligible from taking advantage of the pilot program during a time when they need it the most.

In addition, CHA also needs to fully implement the family reintegration model that was a part of the CHA pilot. This component allows people with records to live with family members including parents, grandparents, adult children, or spouses who currently live in a CHA apartment or are participants in the Housing Choice Voucher (HCV) program. The candidate for re-unification must have participated or would be willing to participate in services at one of the partner agencies and have been highly recommended for success by service provider's staff. The candidate must agree to sign a consent form and be willing to participate in services with a two-year commitment as needed and be compliant with CHA's work requirement. The leaseholder must approve and sign an agreement to accept them into their household during the pilot. Additional trainings for CHA contracted staff, Property Managers, and information sessions for residents in public housing and Housing Choice Voucher (HCV) units are also needed to remove barriers and increase family re-unification opportunities.

Support sensible solutions to address the housing crisis caused by residency restrictions.

Housing is a fundamental need and the foundation for a productive life. Yet residency restrictions for people with convictions force thousands of Illinoisans into a cycle of homelessness and reincarceration, the vast majority of whom are Black men. Some 80% of Chicagoans made homeless by these laws are Black men on the west and south sides of Chicago.⁵² One in 42 Black men in Illinois are listed on public conviction registries.⁵³

Residency restrictions cause an average of 1,400 people per year to be imprisoned past their release dates and force hundreds more into homelessness.⁵⁴ Once homeless, people have to re-register in person at the police, which makes retaining employment nearly impossible and accessing housing even more insurmountable, especially in places with higher population density. Instead of allowing people to build support systems and support their families, these policies sabotage reentry by causing lifelong housing instability. Many people are uprooted and forced out of good homes and successful lives when the ever-changing restriction zones render their housing “illegal.” As a result, Illinois has created a permanent underclass of Black men who are homeless. Many states do not have these laws at all because they have been proven to have no public safety value while causing hardships to families, increasing social breakdowns, and increasing the criminalization of poverty.

The state of Illinois should support the passage of legislation for two no-cost solutions: reduce housing banishment laws from 500 feet to 250 feet to open up housing in Illinois, enabling people to find homes and not be forced out of them, and allow homeless people to register at police annually or quarterly like housed people do, instead of weekly.

Recommendations to Improve Health of Returning Residents

The disproportionate prevalence of physical health and behavioral health conditions and access to adequate and consistent care amongst individuals involved in the criminal legal system is well documented. For many, the care received while incarcerated is sometimes the first – and only – consistent treatment received for serious health and behavioral health conditions.⁵⁵ Continuity of care is sometimes a life-or-death issue for returning residents. Previously incarcerated individuals are at high risk for death after release from prison, particularly during the first 2 weeks, with the leading causes of death being drug overdose, cardiovascular disease, homicide, and suicide.^{56,57} While Medicaid by itself will not ensure access to care when it is needed, it is definitely a lifeline to a population that has traditionally gone uninsured.

The role of Medicaid as a vehicle to address this gap has been recognized in Illinois with various attempts to require enrollment pre-release and requests for 1115 waiver approval for pre-release services, but a systemic solution to leveraging it has not yet come to fruition. This is evidenced by the hundreds of people who had been released and served by Safer Foundation during COVID early release that needed medications as well as medical and or behavioral health treatment, yet had no coverage or had their benefits suspended.⁵⁸

Absent 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.⁵⁹ Lack of health insurance coverage and delays in Medicaid benefits activation creates barriers to health and behavioral health care and much needed medications. Without coverage and care coordination, returning residents are often lost as to where they can go for services and how to pay for services. Many community-level providers cannot be paid if the client is uninsured, and most pharmacies will not dispense medications unless the client has active coverage.

The state of Illinois should make the infrastructure investments to automate Medicaid enrollment for those leaving IDOC custody to ensure active Medicaid coverage on day one of release.

Such a change would 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. While numerous efforts have been made legislatively to mandate enrollment, enrollment remains spotty and inconsistent between prisons. This is evidenced by the majority of individuals that Safer Foundation has witnessed released without active coverage during COVID. The cost of not addressing this issue is too high and the solution must involve a forward-thinking, systematic approach.

IDOC should provide returning residents with a copy of their “medical record” that documents known medical and behavioral health conditions and medications prescribed, including details on conditions.

Returning residents have very little information on their health status and why medication was prescribed. IDOC should secure a signed consent form from people before they are discharged to share a summary of medical diagnoses and treatment received while incarcerated with community-level health and behavioral health providers to facilitate continuity of care when transitioning to the community.

At least one month of take home-medication and a one-month prescription for a re-fill should be provided for people being released from IDOC custody.

People leaving IDOC are often released with two weeks’ worth of medications. The process of reinstating or applying for Medicaid benefits can take more than two weeks. In recent months, Safer Foundation has seen people released with a month’s worth of medication due to adjustments made by IDOC. 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.

All individuals identified with having substance use disorders should be provided with take-home Narcan kits as a standard part of the release procedure.

Studies show that individuals released from prison are at higher risk of death due to overdose in the weeks following release.⁶⁰ Providing Naloxone to these individuals is a public health approach to the high-risk period after being released from incarceration. Currently, this process is not happening statewide. Narcan kits should be included in the individual's belongings upon release.

The Department of Healthcare and Family Services should establish temporary health homes for people leaving prison on Medicaid Fee for Service until they enroll in Medicaid Managed Care.

The Illinois Dept of Healthcare & Family Services (HFS) should develop a health home model reflective of the realities faced by the reentry population. HFS should partner with community-level reentry providers with expertise in working with returning residents and parole to provide specialized health homes for people leaving prison who are enrolled in Medicaid Fee for Service until they can be enrolled in Medicaid Managed Care. This is especially important for those with substance use disorder who are at high risk of hospitalization and overdose in the first few weeks post-release. The health home model as currently designed is not accessible to this population when they need it most, as often eligibility for health homes are based on claims data which is largely non-existent for those whose care has been provided in prisons for years and therefore off the Medicaid rolls.

Advocate for CMS approval to waive the “Inmate Exclusion” 30 days prior to release.

The state should advocate for and support Congressional reform of the “inmate exclusion” in federal Medicaid law,⁶¹ which prohibits Medicaid from paying for services provided to individuals who are incarcerated. Illinois applied for an 1115 waiver that permitted services provided in jails and prisons to be covered under Medicaid 30 days pre-release. While this waiver was ultimately approved the provision was not.⁶² The movement to cover these services is not specific to Illinois, and New York has also included this request in their initial 1115 waiver application.⁶³ Further, legislation has been filed in Congress to permit services 30 days pre-release indefinitely⁶⁴ or to get rid of this

exclusion in its entirety.⁶⁵ System-wide continuity of care is impossible if we don't allow Medicaid engagement to begin before people are released. This includes enrollment pre-release and initiation into care with a provider that can help people access care post-incarceration. Providers working with the justice population pre-release are well-suited to provide this continuity in the community, but the disruption of funding streams between settings creates obstacles and silos that could otherwise be avoided.

Returning residents should receive a “care package” and a connection to community-level providers upon release that helps address social determinants of health (transportation, employment, food & nutrition, housing).

Access to basic supports such as transportation to and from appointments, housing, and work should be a standard component of a holistic service model for this population and not simply an optional benefit. Many people come out of prison with only the clothes on their back and providing food, clothing, toiletries, and access to housing and employment is critical in achieving positive outcomes concerning healthcare and recidivism.

- 40 Task Force on Children of Incarcerated Parents Final Report and Recommendations. (2020, December). Retrieved March 12, 2021, from <https://www2.illinois.gov/sites/ltg/issueslist/Children-Incarcerated-Parents/Pages/default.aspx>
- 41 Task Force on Children of Incarcerated Parents Final Report and Recommendations. (2020, December). Retrieved March 12, 2021, from <https://www2.illinois.gov/sites/ltg/issueslist/Children-Incarcerated-Parents/Pages/default.aspx>
- 42 Gong, G. (2020). The Next Step: Building, Funding, and Measuring Pretrial Services (Post-Bail Reforms). *North Carolina Law Review*, 98(2).
- 43 Gong, G. (2020). The Next Step: Building, Funding, and Measuring Pretrial Services (Post-Bail Reforms). *North Carolina Law Review*, 98(2).
- 44 As cited in National Resource Center on Justice Involved Women. (2016). Fact Sheet on Justice Involved Women in 2016. Retrieved from <https://cjininvolvedwomen.org/wp-content/uploads/2016/06/Fact-Sheet.pdf>
- 45 Prison Policy Initiative, P. (2018, January 9). The Gender Divide: Tracking women's state prison growth. Retrieved September 15, 2020, from https://www.prisonpolicy.org/reports/women_overtime.html
- 46 Prison Policy Initiative, P. (2018, January 9). The Gender Divide: Tracking women's state prison growth. Retrieved September 15, 2020, from https://www.prisonpolicy.org/reports/women_overtime.html
- 47 Middlemass, K.M. (2017). *Convicted and condemned: The politics and policies of prisoner reentry*. New York: New York University Press.
- 48 Couloute, L. (2018, August). *Nowhere to Go: Homelessness among formerly incarcerated people*.
- 49 Metropolitan Planning Council. (2019). *Re-entry Housing Issues in Illinois: The Current Situation, Challenges, and Possible Solutions*.
- 50 Hamlin, M. (2017). *Giving Prisoners Another Chance Through Affordable Housing*. Retrieved from <https://www.bloomberg.com/news/articles/2017-08-10/giving-prisoners-another-chance-through-affordable-housing>

Recommendations to Build Coordinated Pathways to Successful Reentry

- 51 Cortes, K., & Rogers, S. (2010). Reentry Housing Options: The Policymakers' Guide. Council of State Governments.
- 52 Brady-Lunny, Edith. "Report: Conviction Registry Rules Cause Racial Disparity." WGLT, www.wglt.org/post/report-conviction-registry-rules-cause-racial-disparity#stream/0.
- 53 Brady-Lunny, Edith. "Report: Conviction Registry Rules Cause Racial Disparity." WGLT, www.wglt.org/post/report-conviction-registry-rules-cause-racial-disparity#stream/0.
- 54 Behr, Madeleine, et al. Sensible Solution to Chronic Homelessness for People with Convictions. [Http://www.chicago400.Net/Content/3-Legislation/hb3913-No-Cost-Housing-c400-Tasc-Caase-Shriver.pdf](http://www.chicago400.Net/Content/3-Legislation/hb3913-No-Cost-Housing-c400-Tasc-Caase-Shriver.pdf).
- 55 Regenstein, M., and Christie-Maples, J. (2012). Medicaid Coverage for individuals in jail pending disposition: Opportunities for improved health and health care at lower costs. Washington, DC: Department of Public Health Policy, School of Public Health and Health Service, George Washington University.
- 56 I. A. Binswanger, M. F. Stern, R. A. Deyo et al., "Release from prison—a high risk of death for former inmates," *The New England Journal of Medicine*, vol. 356, no. 2, pp. 157–165, 2007.
- 57 Wang, E.A., Wang, Y.,F., Krumholz, H.M. (2013). A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: A retrospective matched cohort study, 2002 to 2010. *JAMA Internal Medicine*. 173(17), 1621-1628.
- 58 Safer Foundation & Smart Policy Works, (2020). Prison Emergency Early Release Response Report. P. 19.
- 59 Wang, E.A., Wang, Y.,F., Krumholz, H.M. (2013). A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: A retrospective matched cohort study, 2002 to 2010. *JAMA Internal Medicine*. 173(17), 1621-1628.
- 60 Joudrey, P.J., Khan, M.R., Wang, E.A. et al. A conceptual model for understanding post-release opioid-related overdose risk. *Addict Sci Clin Pract* 14, 17 (2019). <https://doi.org/10.1186/s13722-019-0145-5>
- 61 Subparagraph (A) in the matter after section 1905(a)(29) of the Social Security Act, available at https://www.ssa.gov/OP_Home/ssact/title19/1905.htm
- 62 Department of Health and Human Services, Centers for Medicare and Medicaid. (2018, May 7). Illinois 1115 Waiver Approval. Retrieved from <http://www.cbha.net/resources/STCs%20for%201115%20Wavier-%20il-behave-health-transform-ca.pdf>
- 63 New York, Governor Andrew M. Cuomo. (2016, April 29). Governor Cuomo Marks National Re-Entry Week by Seeking to Expand Medical Coverage for Individuals Leaving Incarceration [Press release]. Retrieved from
- 64 Medicaid Reentry Act, H.R. 1329, 116th Cong. (2019.) Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/1329>
- 65 Humane Correctional Health Care Act, H.R. 6764, 115th Cong. (2018.) Retrieved from <https://www.congress.gov/115/bills/hr6764/BILLS-115hr6764ih.pdf>

Conclusion

Safer Foundation's Policy and Advocacy team in partnership with the Great Cities Institute and Smart Policy Works LLC have laid out a comprehensive policy blueprint for the City of Chicago, Cook County, and the state of Illinois. We support realizing solutions that remove barriers for people with arrest and convictions records and make strategic investments in reentry services. Please consider our staff of subject matter experts and the Illinois Alliance for Reentry and Justice as a resource in this endeavor.