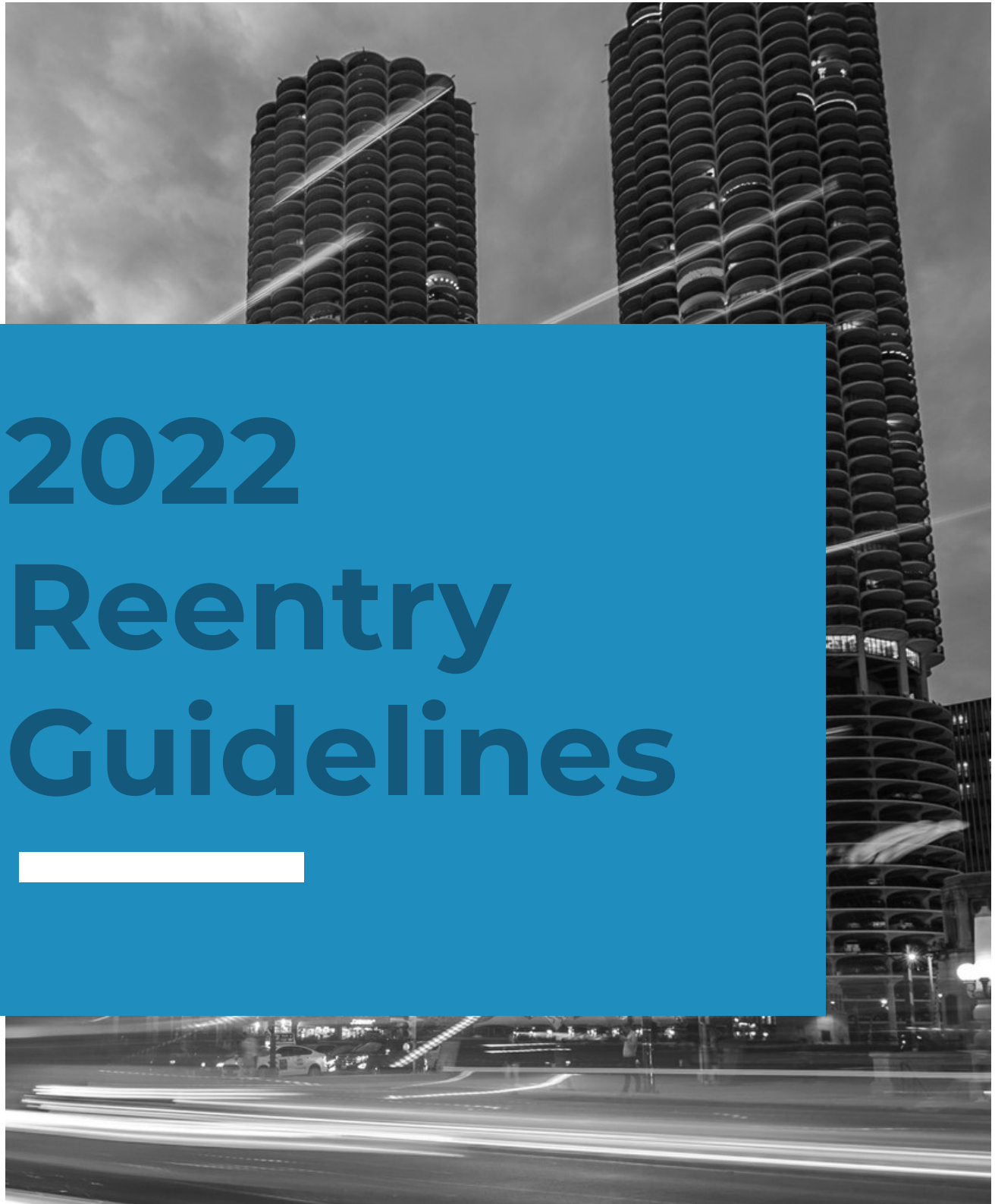


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2022 Reentry Guidelines

PREPARED BY

ILLINOIS ALLIANCE FOR REENTRY & JUSTICE

APPROVED BY

SAFER FOUNDATION

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ROBERT R.
MCCORMICK
FOUNDATION



INTRODUCTION



Public safety can no longer be boiled down to only dealing with the symptoms we call “crime” and “violence.”

The summer of 2020 sparked a nationwide, albeit short-lived, conversation about the disproportionate effect that the American criminal legal system has on its Black, Brown, Indigenous and poor communities. For decades, BIPOC communities have created movements decrying the injustices experienced every day in the criminal legal system. The goal of these movements has been and remains to drive the effort to re-analyze our criminal legal system, which is still tethered to legalized slavery. This is to be done not only as a matter of public safety, but also as a matter of public health. In July of 2020, these movements gained their broadest traction, finding an increasing amount of attention on the international stage. A poll conducted by ABC News/Washington Post in July of 2020 found that 69% of Americans surveyed believe Black people and other minorities do not receive equal treatment in the criminal legal system.¹

People with arrest and conviction records are permanently deprived of certain rights and are stripped of opportunities for housing, education, employment, social services, and other necessities. It has become clear that contact with the criminal legal system can permanently disable an individual's ability to re-adapt to society, resulting in substantial social and economic costs as well as a lifetime of social stigmatization. The economic fallout from this stigmatization of the formerly incarcerated is widespread across all systems, compounding the negative effects of poverty, food and housing insecurity, unemployment, violence, unaddressed physical and mental health needs, and the lack of educational opportunities. These negative factors not only impact the formerly incarcerated themselves, but also spill over into their families and into the communities in which they live.

It is imperative that people with arrest and conviction records be recognized as being among the most vulnerable members of society. Many of them reside in and/or are returning to the most vulnerable communities in our nation. These neighbors and neighborhoods must be the focus of all efforts directed towards increasing public safety and reducing the public health crisis caused by entanglements with the criminal legal system. Mitigating efforts must not only improve traditional reentry services by providing expanded services much earlier in the process, but also need to incorporate innovative non-traditional reentry services which are holistic, geared towards harm reduction, and are family-centered.

These Guidelines are redefining reentry in ways that are **bigger, broader, and better**. They are reiterating just how reentry is directly tied to a wide range of socioeconomic problems faced by people impacted by the criminal legal system, each with their own set of bureaucratic, social, and financial obstacles. We must, as a state and as a nation, reimagine how we address “crime” and “recidivism” in ways that reject outmoded versions of cultural blame or deficiency theory.ⁱⁱ **Public safety can no longer be boiled down to only dealing with the symptoms we call “crime” and “violence.”** We must instead view issues of public safety through a holistic lens, appreciating the complexity and unique experiences of people with records. Solutions that only address or alleviate the symptoms impacting public safety, and not the root causes of it, are only temporary. This band-aid approach has actually created the current toxic environment in which we exist. The continuous disinvestment of these individuals has resulted in a complex web of interrelated socioeconomic inequities which are embedded within the fabric of American society. Ultimately, the story of reentry must address cyclical poverty, racism, systemic anachronisms, inequity, and all too often, despair. These Guidelines synthesize how communities are coming together to solve these issues, collaborating closely to find innovative solutions to historically entrenched problems.

These Guidelines outline an effective and efficient reentry infrastructure that is geared towards increasing quality of life and reducing recidivism and violence. However, without sustaining the dedicated support systems outlined herein, commencing at first point of contact with the criminal legal system, we will produce more of the same: more homelessness, more poverty, more desperation, more crime, and ultimately more violence within our communities. Bigger, better, and broader reentry services are a means of attacking the root causes of decreased public safety instead of just dealing with the symptoms.

Not only will redefining reentry to be bigger, broader, and better transition barely-surviving communities into thriving communities, but these efforts will also save taxpayers millions of dollars annually. There have been over 3.3 million Illinoisans with arrest or conviction records since 1979ⁱⁱⁱ, and 54% of these individuals returned to Chicago.^{iv} Considering that 17% of formerly incarcerated people will reoffend within one year,^v the cost to Illinois taxpayers could reach \$13 billion.^{vii}





PURPOSE



The purpose of these Guidelines is to identify both the current deficit in services along with solutions to fill this void in order to bring all of these much-needed services under the umbrella of reentry within a fundamental paradigm shift.

A person entangled with the criminal legal system, whether it is only an arrest or an arrest with a conviction, must immediately begin to navigate life differently. Simply having an arrest record, without a conviction, can dictate what jobs a person is able to obtain, and even where they and their family may live; this negative effect is much worse and more far-reaching if the person actually is convicted and incarcerated. This information is not new. Even so, **all reentry efforts thus far have been limited to providing services to those who have actually been incarcerated, and even then, only after, or shortly before, these individuals are reunited with their community.** Neither of these responses are adequate in scope or in timing.

Early interventions and access have been proven to substantially increase positive outcomes in every social determinant of health category. Even though this data is apparent, it has not influenced actual policy or practice in the traditional reentry sphere. When it comes to people encountering the criminal legal system, the common belief is that the focus should be on those returning from incarceration, and that interventions should only begin at the point of these individuals actually returning to their communities. Furthermore, it is held that this shortfall of late intervention will produce the same or similar positive results as if early intervention or access had been available. The truth is, however, that **a 40% recidivism rate is proof that we have indeed missed opportunities limiting reentry services in this manner.** To tackle this persistent public safety problem effectively and sustainably, reentry services must include as many people entangled with the criminal legal system as possible and must commence as early as possible in that process.

These Guidelines serve to challenge this traditional praxis by not only identifying innovative practices and services currently being provided to people impacted by the criminal legal system, but by also replacing traditional praxis with one that understands the need to redefine reentry in a way that adequately identifies and addresses the unique needs of the most vulnerable in our society. **It is our hope that these Guidelines establish a new narrative around what reentry should and must be: services focused on ameliorating the root causes of harm in our communities.** Yes, reentry is jobs, housing, and healthcare, but is it also learning what to expect when going through the criminal legal system, participatory defense, creating a plan for the family while going through the criminal legal system, restorative justice, transformative justice, and connecting the family to much needed services. Doing the former without the latter does little to reduce recidivism, reduce violence, reduce harm, and improve public safety for the long-term. **The purpose of these Guidelines is to identify both the current deficit in services along with solutions to fill this void in order to bring all of these much-needed services under the umbrella of reentry within a fundamental paradigm shift.**





REENTRY
ADDRESSING
THE SOCIAL
DETERMINANTS
OF HEALTH



What are social determinants of health?

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into 5 domains:



[Economic Stability](#)



[Education Access and Quality](#)



[Health Care Access and Quality](#)



[Neighborhood and Built Environment](#)



[Social and Community Context](#)



[Download SDOH graphic \(141.23 KB\)](#)

Suggested citation



xiii

The five social determinants of health impact various areas of a person's health are:



Economic Stability deals with “[t]he connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security, and housing stability.”^{viii}



Education Access and Quality deals with “[t]he connection of education to health and wellbeing. This domain includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.”^{ix}



Healthcare Access and Quality deals with “[t]he connection between people's access to and understanding of health services and their own health. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.”^x



Neighborhood and Built Environment deals with “[t]he connection between where a person lives – housing, neighborhood, and environment – and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.”^{xi}



Social and Community Context deals with “[t]he connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.”^{xii}

Most of the deficiencies in these areas involving the social determinants of health existed prior to incarceration, persisted through incarceration, and are worsened by incarceration. Identifying and eliminating/minimizing deficits in these areas are the central focus of these Guidelines, as they must be a central focus of reentry. Because these deficiencies exist before and throughout the time a person is entangled with the criminal legal system, reentry efforts must begin at the very earliest point for people – at the first point of contact with the criminal legal system.

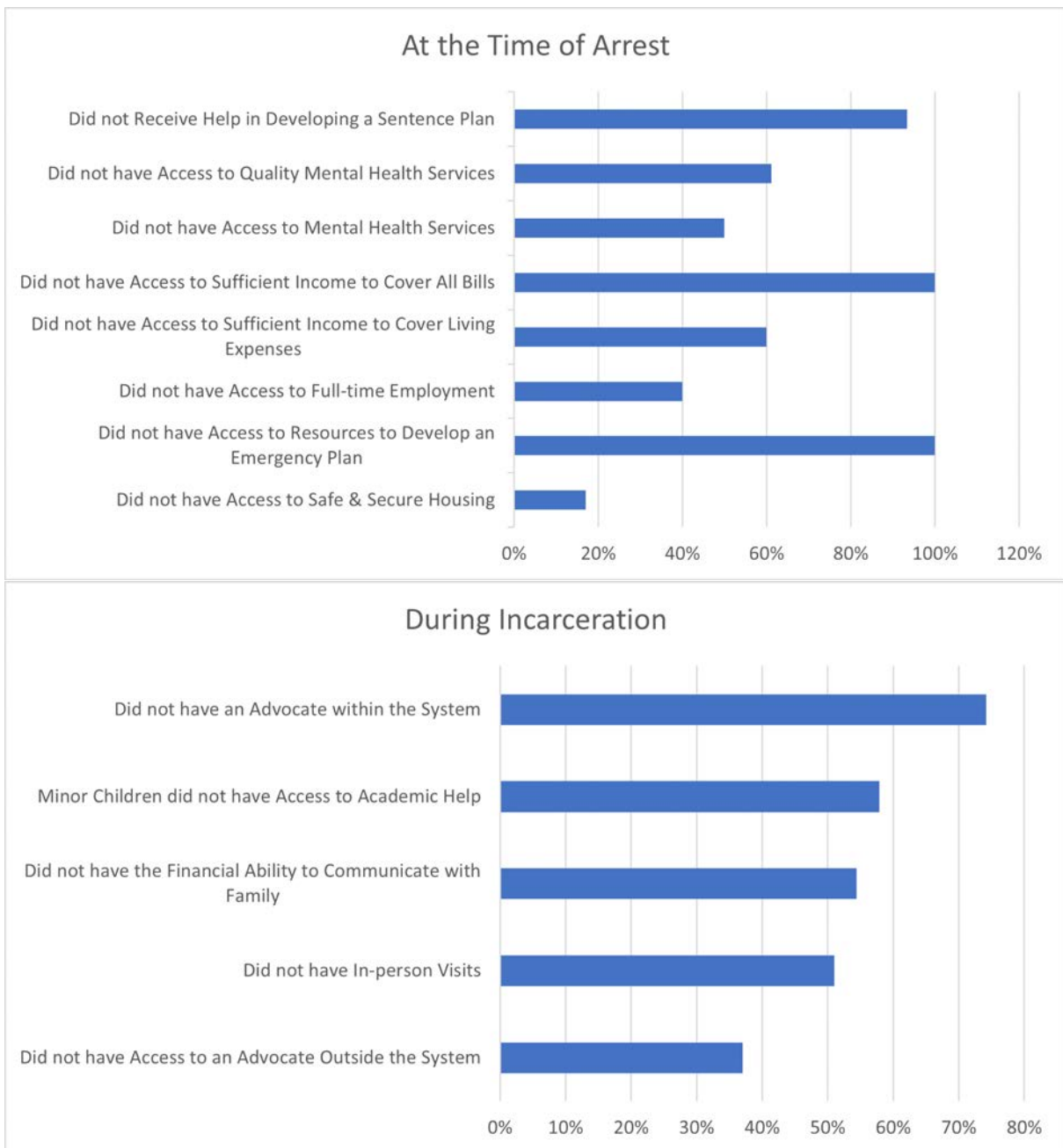


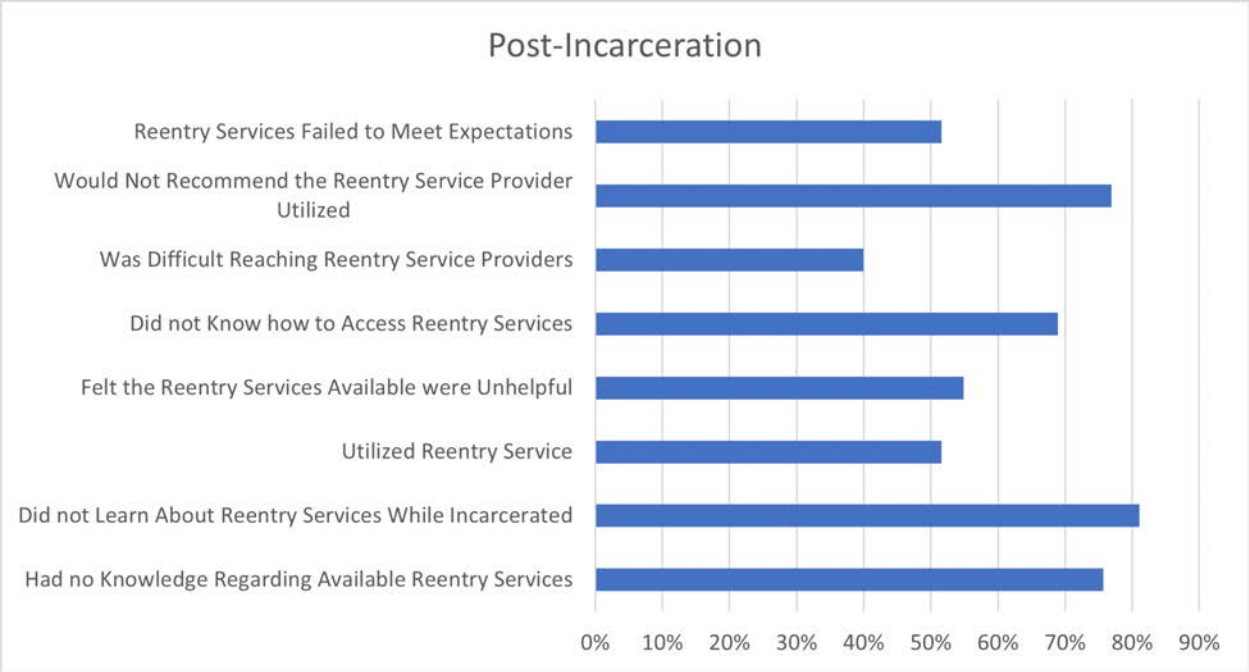
PARTICIPATORY RESEARCH DATA



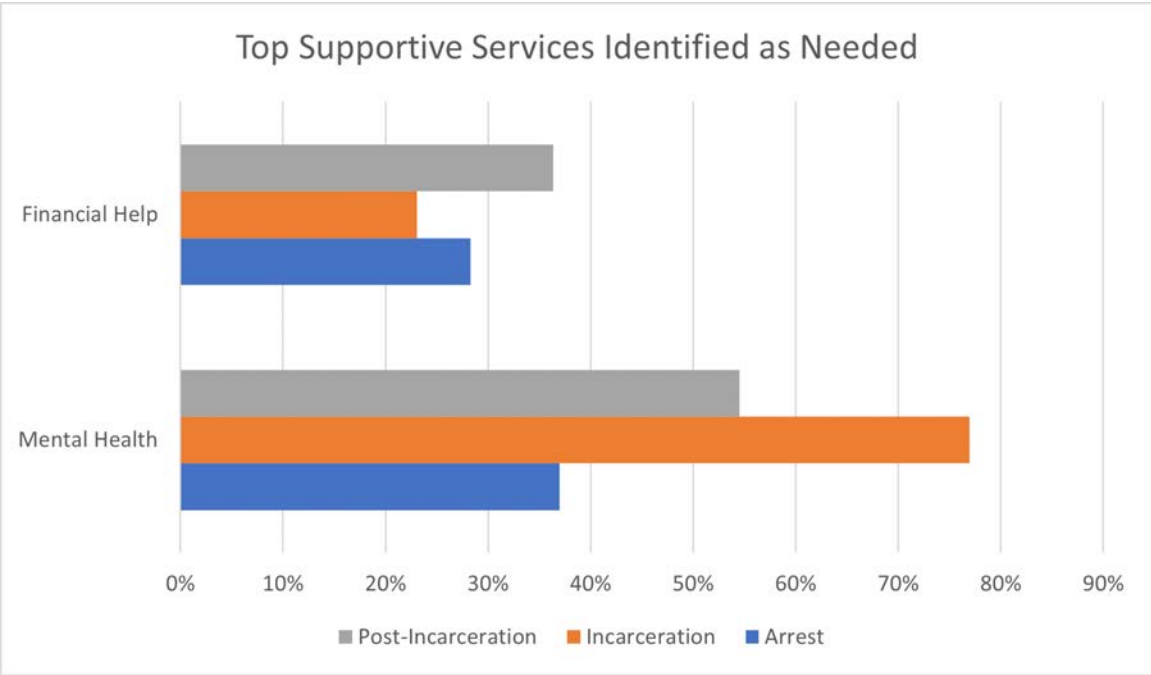
Thirty-one directly impacted people and nineteen family members of directly impacted people participated in the survey that was used to determine the breadth of the services that needed to be included in these Guidelines. Additionally, a focus group was conducted with seven participants. The results of that participatory research follow.

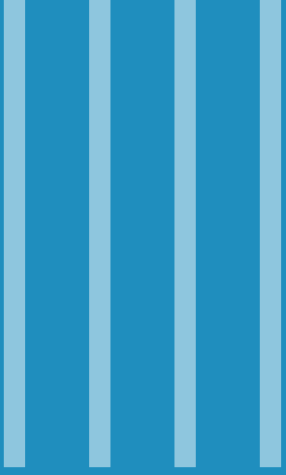
The average age of the participatory research participant was 47, with the youngest person participating being 14 years old and the oldest person being 74 years old. The gender breakdown was almost evenly split between those who identify as male and female, with one respondent identifying as non-binary. Asians, Blacks and Whites all shared the greatest number of people who self-identified, with Hispanics/Latinx having the smallest share of the participants. A whopping **ninety-three percent of the participants indicated that they or a loved one had been incarcerated for an average sentence length between 2 and 5 years**. Seventy-two percent of the participants reported having been detained during pretrial. Finally, consistent with data regarding incarcerated parents, **approximately seventy-nine percent of the participants were the parents of a minor or adult dependent child**.



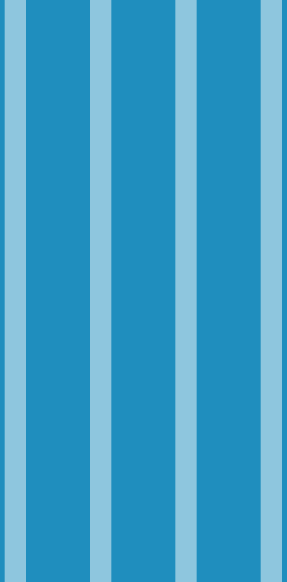


Need for Mental Health Services (Directly Impacted and Family)





NAVIGATOR-
CENTERED
SUPPORTIVE
REENTRY NETWORK
COLLABORATIVE AS
INFRASTRUCTURE



In response to a request by the Governor's Office for a response to releases from the Illinois Department of Corrections ("IDOC") due to the pandemic, Safer developed an interdepartmental emergency release crisis response team and a hotline to work with people being released from Illinois's prisons and jails. The group also incorporated the use of Reentry Navigators to safely and securely assessing people upon exit from incarceration and determining their urgent needs, such as medications, benefit assistance (Medicaid and SNAP), State IDs, immediate cash assistance, housing and clothes, and other immediate needs within this coordinated system. Reentry Navigators also connected returning residents to services available through a network of provider partners.

This Navigator-Centered Supportive Reentry Network Collaborative proved to be very successful in helping returning residents reunite with their communities. More than 5,000 people and counting have been served through this program to date. However, the success of the system also exposed the need to expand the system and network to include other much-needed services like those in the behavioral healthcare area. These Guidelines proposes building on this innovative approach and expanding its infrastructure to create a system that is family-centered, holistic, and focused on minimizing, towards the goal of eliminating, the myriad of socioeconomic ills plaguing communities also bearing the weight of mass incarceration.





TRADITIONAL
REENTRY
SERVICES



For several decades reentry service providers have focused on what is referred to in these Guidelines as “Traditional” services. Service providers have identified, implemented, and expanded upon workforce development, educational, housing, and more recently healthcare reentry services being offered. The state has made some great strides when it comes to providing these services to many Illinoisan men returning from incarceration. This measured success is mostly driven by the fact that men make up the largest percentage of incarcerated people in the state. Unfortunately, **the incarceration rate for women has far outpaced the rate of men since the 1970s**, meaning that the state’s efforts are not adequately addressing the needs of a significant demographic which needs services desperately. ^{xiv}

Unfortunately, this ongoing change in the gender dynamics of who we are incarcerating has not produced the necessary correlating changes in how these traditional reentry services are designed and who they are designed to serve. Additionally, many traditional reentry service providers are small and are simply unable to keep up with the changes in hiring trends, in-demand jobs, and training needed for the jobs of the future. Limited funding and staffing have resulted in traditional reentry services being unable to keep up with changing on-the-ground circumstances.

These deficiencies are further exacerbated by the fact that there is little to no coordination of services while people are incarcerated, or better yet, before they become incarcerated. It is laudable that the Illinois Department of Corrections has implemented a policy of providing warm hand-offs to community service providers upon release, but it would better serve incarcerated people, the communities they return to, and the reentry services providers trying to assist these individuals if all parties involved worked together throughout the incarceration to get the incarcerated person the training, education, housing, and healthcare they needed in order to be ready to hit the ground running upon their release. Additionally, current deficiencies are made worse by the fact that the training available at the institutions may not meet current job market demands, and incarcerated people are left to their own devices to secure housing and figure out healthcare. The current siloed, cookie-cutter, and disconnected approach to reentry undermines successful reentry, in that it denies incarcerated people the ability to have a coordinated individualized plan for their reentry.

Coordinated individualized reentry plans commencing upon first point of contact reduces inefficiencies by ensuring that returning residents, institutions, and service providers are all working towards the same common goal. Moreover, coordinated individualized reentry plans also eliminate the existing gap in providing gender-specific plans. Finally, this coordinated, individualized approach gives all parties involved the ability to adapt to changing job markets, training needs, housing, etc., by starting the plan much earlier in the process, as discussed below.

Workforce Development & Training

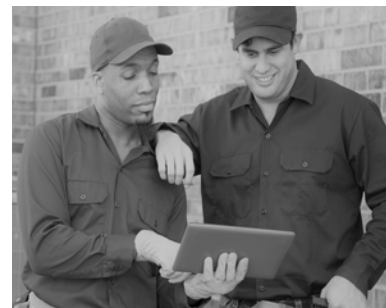
Workforce development and training is the area that should be tasked with staying on top of job market trends. Unfortunately, these service providers are unable to keep up with these trends in a timely fashion, because most providers are also tasked with offering job training and placement services when an incarcerated person returns to their community. Providers are faced with a conflict between delivering in-the-moment employment placement to recently released individuals, while also having to stay on top of current job market trends. This tension can cause neither service to be performed to their fullest capacity, especially as these organizations usually operate with few employees and limited funding. Moving the timeline for providing these services up to the first point of contact with the criminal legal system affords these service providers the time to investigate current trends and match their clients with programs that align

with their personal areas of interest. This is a necessity which is currently unavailable, since the urgency of getting a job usurps any desire to get the job a returning resident really wants.

Providing reentry services at the first point of contact assists with: 1) developing a pipeline comprised of incarcerated people for areas where labor pool deficits exist; and, 2) the expansion of services to include directly-impacted people who are not sentenced at all, or who are not sentenced to a term of incarceration. Incarcerated people currently only have access to limited programs based on what is offered at the institution where they are residing. However, connecting an individual who is incarcerated or will soon be incarcerated to a navigator to help facilitate workforce development and/or training services before the person is released, while also coordinating this training with programs at the institution, will give providers of workforce development and training the opportunity to create pipelines to eliminate labor pool deficits made up of people who are currently incarcerated. The other benefit to commencing reentry services at the first point of contact is that those charged with a misdemeanor, approximately 80% of the criminal docket^{xv}, are now afforded access to these much-needed services as a way to address some of the social determinants of health for this often-neglected group of people.

Job Placement

Job placement services are also greatly improved by commencing reentry interventions at the first point of contact with the criminal legal system. Importantly, it affords service providers more time to assess individuals' skills and experience, to help them to work on resumes, and ultimately to apply for jobs. Currently, these services are performed by different providers, if at all, in a siloed and uncoordinated manner. By coordinating these services and starting them earlier, returning residents are no longer forced into taking the first job offered and instead can be more selective in their job search and acceptance. More importantly, this gives returning residents the ability to fill any gaps related to skills, training, or education while they have more discretionary time during their incarceration. Lastly, moving up the timeline when job placement services commence also grants service providers another opportunity to address this social determinant of health for the same group of people charged with misdemeanors, who are generally excluded from obtaining these services.



Education, one of the social determinants of health, is vitally important in improving public safety in communities. Nevertheless, despite being crucial, education has suffered the greatest neglect, especially in communities experiencing the highest incidents of harm, including incarceration. According to the Prison Policy Initiative, **“Formerly incarcerated people are nearly twice as likely to have no high school credential at all. More than half of formerly incarcerated people hold only a high school diploma or GED — credentials which have diminishing value in today’s job market.** Unlike the general public, people who have been to prison are more likely to have GEDs than they are to have traditional high school diplomas. And three-quarters of those GED certificates are earned in prison. **Formerly incarcerated people are 8 times less likely to complete college than the general public.”^{xvi}** In other words, our nation’s educational systems have failed these people as children, and these vulnerable individuals rarely fully recover from that failure as adults. These Guidelines will focus on ways to eliminate this outcome.

It is never too late to recover from this educational deficiency. This is really good news, because that means that there are multiple opportunities to fix this deficiency. While this deficiency can be repaired at any point, the earlier the education deficiency is repaired, the more time the person can benefit from this repair.

Current educational services which are offered are done so in a disjointed manner, and occur much later than they should--if they are offered at all. In keeping with the common theme of early intervention explored throughout these Guidelines, **educational reentry services must start at the first point of contact with the criminal legal system within the new paradigm.** This will increase the tangible benefits of dealing with this social determinant of health to the individual, while also expanding the pool of those who will see real-world improvements in their quality of life from this type of intervention. Furthermore, **there must be coordination of educational services before and during any incarceration,** in order to maximize these tangible benefits. Finally, educational reentry services must grant access to programs involving obtaining a GED or High School Equivalent diploma, bridge education coordinating career plans with educational programs, and offering licensing and/or certification. It is imperative that people impacted by the criminal legal system not just have access to these types of educational programs, but that the information taught by and the technology used in them also remain current, to provide maximum benefit to the participants.

Educational reentry services must start at the first point of contact with the criminal legal system within the new paradigm.



We find that people experiencing cycles of incarceration and release - otherwise known as the ‘revolving door’ of incarceration - are also more likely to be homeless. ^{xxii}



Housing

Access to affordable, safe, and secure housing is one of the most vital social determinants of health. Currently, reentry services are focused on housing issues for returning residents only. This focus only on returning residents, while understandable, misses a wide swath of individuals who are either directly or indirectly impacted by the criminal legal system, and who are also desperately in need of these services. Those whose sentences do not include incarceration, along with the families of those who are sentenced to incarceration, are not included in reentry housing initiatives. Reentry housing service providers miss these critical populations because the current system is designed around only those that are incarcerated, and of the incarcerated, only those with certain convictions, to the exclusion of people convicted of sexual offenses. However, if the goal is to reduce violence and recidivism, and to increase public safety, then people without affordable, safe, and secure housing who have been impacted by the criminal legal system, whether directly or indirectly, must be included as part of those receiving housing services.

People who end up not being incarcerated as a result of their contact with the criminal legal system rarely, if ever, receive reentry services. They are generally excluded from this traditional reentry service because they were never involuntarily separated from their homes and communities. This is still true even if they were detained for some portion of time. While there may be programs from which these individuals can seek assistance, those who do not end up being incarcerated fall outside of the purview of most traditional reentry services. This is one vital change for which these Guidelines are advocating: **no matter the outcome of the criminal legal proceeding, everyone coming into direct contact by the criminal legal system should, and must, have access to reentry services.** Therefore, reentry services must intentionally provide assistance only to those who do not end up in prisons. Addressing this crucial social determinant in such a way broadens the impact of the intervention, decreasing the negative byproducts brought on through the systemic neglect of the needs of marginalized people for access to affordable, safe, and secure housing.

As articulated herein, those with the highest rates of recidivism are also more likely to be houseless. This fact increases in importance when coupled with the fact that **between 50% and 75% of people incarcerated reported having a minor child.** ^{xvii} This is consistent with the data gathered as part of this project, which showed that 84% of those surveyed and 71% of the focus

group reported that they were parents at the time of their arrest. In other words, **the vast majority of people coming in contact with the criminal legal system are experiencing some form of insecure housing and the vast majority of that same group are also parents.**

Currently, there are no known reentry service providers who are intentionally targeting everyone who comes in contact with the criminal legal system in order to address any housing deficiency. Furthermore, there are **no** known reentry service providers also assisting the families of these individuals who have come in contact with the criminal legal system with finding affordable, safe, and secure housing. This service void must and can be eliminated, by broadening reentry services to address this issue and also by commencing navigator-based reentry services at the first point of contact with the criminal legal system. By doing this, not only will this social determinant of health be addressed for the individual, but also their family, with the overall effect of decreasing the likelihood of any of them exhibiting anti-social behavior. **Less anti-social behavior translates into improved people, families, and communities.**

Healthcare

There's no question that incarceration has a negative impact on the health of the individual incarcerated, as well as their family and their community.^{xviii} **Research by The National Research Council revealed that incarceration not only impacts the individual incarcerated but also unmistakably negatively impacts outcomes among families.**^{xix} Extrapolated out, it is understandable why the communities most impacted by incarceration also experience these same negative outcomes. In other words, the tentacles of the negative impact of incarceration hit at three levels: the person, the family, and the community. Our failure to address this trifecta of impact at every level leaves us with only partial attempts to solve a multi-level problem. With roots in the deficiencies involving the various social determinants of health, these inadequate responses do little to reduce recidivism or reduce anti-social behavior, or to ultimately reduce violence in sustainable or meaningful ways.



All of the incarcerated individuals, regardless of gender, experience a higher likelihood of having high blood pressure, asthma, cancer, arthritis, and infectious diseases such as tuberculosis, hepatitis C, and HIV.

When we look at who is incarcerated, the data shows that **more than half of all people who are incarcerated in prison and jail have mental health problems.**^{xx} Moreover, **all of the incarcerated individuals, regardless of gender, experience a higher likelihood of having high blood pressure, asthma, cancer, arthritis, and infectious diseases such as tuberculosis, hepatitis C, and HIV.**^{xxi}

All of this evidence points to the unavoidable fact that healthcare, including behavioral and overall wellness, cannot be excluded from the reentry services provided to this vulnerable population. More pilot programs like the one offered by Safer Foundation are desperately needed. Programs that are expanding their traditional reentry services to address both the need for cross-systems collaboration and the need for a network of providers who agree to implement a more structured approach to working together, in order to ensure a person-centered, holistic plan of attack. These innovative and holistic traditional reentry service programs embrace the need to address these social determinants of health head-on, as centered in the Guidelines for those returning from incarceration.

Herein, however, the recurring theme is that these services must also start much earlier than upon returning from incarceration. Life changes for a person after being in contact with the criminal legal system. Yet, the deficiencies in the social determinants of health experienced by people impacted by the criminal legal system generally exist before, during, and likely long after actual incarceration has ended. Our failure to start improving these conditions as early as possible, especially for those entangled with the criminal legal system, only serves to undermine later efforts by exacerbating these deficiencies which tend to accrue during any delay. True and enduring public safety requires reentry to not only do more in terms of services offered, especially involving total health and wellness, but also to offer those expanded services much earlier, and to more people impacted by the criminal legal system.



NON-TRADITIONAL
REENTRY SERVICES
ADDRESSING SOCIAL
DETERMINANTS
OF HEALTH



We must understand that the circumstances facing those entangled with the criminal legal system are systemic and deep-rooted, warranting more than symptom relief. We must redirect our focus to the socioeconomic causes of anti-social behavior and attack those causes head-on, while simultaneously helping those entangled with the criminal legal system to have informed agency throughout the process.

Redefining reentry must take into account the devastating impact that mass incarceration, as the historical primary solution to reducing “crime,” has had on low-income, primarily African-American, neighborhoods. This one-sided approach has done very little to eliminate the plethora of ills contributing to the stubbornly stagnant, disadvantaged status of neighborhoods bearing the brunt of mass incarceration. Chicago is the current standard bearer of this national trend, having full neighborhoods made up of “million-dollar blocks.”^{xxiii}

Chicago’s west and south sides not only have the highest concentrated incarceration rates, but the “spatial unevenness” between low-income African-American neighborhoods and the affluent and white neighborhoods has persisted for more than two decades.^{xxiv} In Chicago, most residents with felony convictions live in just a few neighborhoods. **In some sections of the west side of Chicago, early 70% of the men residing there between the ages of 18 and 54 are likely to have been directly impacted by the criminal legal system.**^{xxv}

For centuries, society's collective response to "crime" has been to criminalize those accused of committing crime. At least, that's what we have told ourselves. In practice, however, the story is quite different. Even though mass incarceration has been targeted to certain areas, there does not appear to be direct evidence that "crime" levels are purely responsible for incarceration rates.^{xxvi} Therefore, we are also punishing people for "where they live, the schools that failed them[,] the employers that rejected them..... [a]nd without question, we are punishing them for the darkness of their skin."^{xxvii}

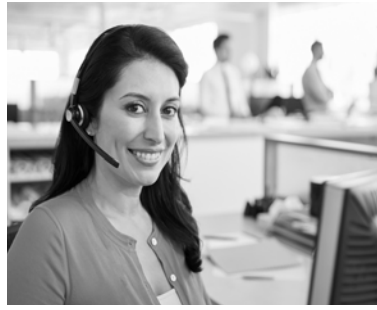
We can no longer afford to maintain the status quo when it comes to the solutions that we deploy to address harm, "crime," and "violence" in our state. **We must understand that the circumstances facing those entangled with the criminal legal system are systemic and deep-rooted, warranting more than symptom relief. We must redirect our focus to the socioeconomic causes of anti-social behavior and attack those causes head-on, while simultaneously helping those entangled with the criminal legal system to have informed agency throughout the process.** There is simply no other solution that can and will have the impact our communities need and deserve. This paradigm shift requires redefining reentry to be bigger, broader, and better, to incorporate non-traditional services to address the root causes of incarceration. Truly, this is the only sufficiently adequate pathway forward.

Economic Stability

Some of these non-traditional services are being provided. However, they are mostly done in an informal manner, in the absence of a cohesive strategy. This disjointed, unofficial way of delivering these services creates missed opportunities to really attack issues which construct the environments where anti-social behaviors, "crime," recidivism, and "violence" may more readily and easily exist. The argument outlined herein is that now is the time to be intentional in efforts to bring together these services under the umbrella of reentry where they belong to ensure that the most marginalized of the marginalized – those who have been touched by the criminal legal system – their families and our communities experience true public safety.

"Guaranteed Basic Income" \$

Since the 1970s, income volatility has been rising, reflecting a decline in economic security among middle- and low-income households.^{xxviii} In a recent study by the Brookings Institute, **more than half of the sample depended on multiple income sources to make ends meet**, and revealed that income volatility often stems from changes to secondary income sources. Income volatility can be both an indicator of and a response to economic insecurity when workers depend on multiple income streams to supplement insufficient wages from a primary job.^{xxix} This is directly relevant, as According to the Prison Policy Institute, the average income of people impacted by incarceration prior to being incarcerated is less than \$20,000.^{xxx} Furthermore, a Brookings Institute report found that approximately 33% of 30-year-old men who had no annual earnings were either currently incarcerated or unemployed people who were formerly incarcerated.^{xxxi} Moreover, of these individuals only 55% reported any earnings at all in the first full calendar year after their release.^{xxxii} Those who were lucky enough to find work reported a median income of just \$10,090.^{xxxiii} Not only are those entangled within the criminal legal system suffering the most income volatility and trying to make ends meet making unlivable wages, these factors continue and are even worse post-release.



Guaranteed Basic Income (“GBI”) programs have been offered as an answer to the problem of income volatility with Stockton, California, leading this effort as the first-in-the nation city-led GBI program. The results of that program were a big success.^{xxxiv} **The unconditional GBI money reduced income volatility, increased full-time employment of the participants by 12 percentage points and decreased feelings of anxiety and depression.**^{xxxv} Touting these successes, several GBI programs, including one in Chicago, have either been created or continued.^{xxxvi}

In 2021, two organizations launched GBI programs targeting the formerly incarcerated. The National Council for Incarcerated and Formerly Incarcerated Women & Girls launched their program in March of 2021.^{xxxvii} This was followed shortly by the launch of a GBI program by E.A.T. Chicago in the summer of 2021.^{xxxviii} However, these programs only provide this much-needed reentry service to less than 100 of the nearly 600,000 people who are released from just prisons each year, despite the gravity of the need revealed by the data above. The successes of existing GBI programs at addressing economic deficiencies experienced in greater magnitude by those entangled with the criminal legal system indicates that it is a must that GBI programs be incorporated into a cohesive reentry success strategy and plan for all those entangled in the criminal legal system.

Mutual Aid \$ 🧑🧑🧑

Mutual aid is comprised of small acts of help rooted in the belief that we all must contribute to the long-term well-being of our communities. It involves the direct action of people answering the needs of their neighbors. Currently, mutual aid programs are informal networks promoted primarily by word-of-mouth as well as on social media sites, and are comprised of everyday people supporting their neighbors by providing financial assistance, food assistance, shelter, childcare and emotional support.

As articulated herein, people who are entangled with the criminal legal system are the most marginalized of the marginalized. They experience insecurities related to housing, income, food, etc., long before the system even makes contact with them and long after leaving incarceration. The importance of intentionally connecting these individuals with community-based, community-led, community-focused mutual aid services as they navigate the criminal legal process cannot be understated. Yet, there is currently no deliberate means of connecting those most in need to a complex web of siloed services.

These Guidelines propose changing this by including referrals to mutual aid practitioners when needed, as early as possible. Doing so will help to improve the real-life economic deficiencies which disproportionately exist in the lives of those involuntarily impacted by the criminal legal system – improving the health of the person along with the health of their communities.

Academic Supportive Services

There's no need to reiterate the need for holistic educational services for people impacted by the criminal legal system. Rather, this section describes a newly recommended service relating to how current academic support services may be expanded to accommodate the unique needs of people directly impacted by the criminal legal system. So many of these individuals suffer severe deficiencies directly due to lack of access to education, let alone access to quality education, before being involuntarily entangled with the criminal legal system.

Reentry academic supportive services create an encouraging, supportive, and respectful learning environment. Such services will be provided to currently and formerly incarcerated students as well as to prospective students who are currently or formerly incarcerated, as well as their immediate families, especially minor or adult dependent children who are currently enrolled in school.

Educational institutions will invest in Academic Reentry Navigators, who will provide academic supportive services which are equitable and non-judgmental for system-impacted students and their families. The Navigator advocates for policies that address and overcome institutional barriers within higher education, as well as within state and federal detention/correctional facilities for individuals with records who are seeking educational opportunities to achieve academic success and thus transform their lives.

Educational services begin at the level at which the individual is proficient and moves in the direction which the individual wishes to pursue. Academic supportive services will not be limited to high school equivalency, but will include trade and skilled professional training, educational and licensing professional training, and extend through post-secondary education as well as professional schooling.

To serve as a bridge between traditional educational services and supported reentry, Reentry Navigators are critical.

To serve as a bridge between traditional educational services and supported reentry, Reentry Navigators are critical. The navigator facilitates academic supportive services that guide system-impacted students and their immediate family members through the process of enrollment, registration, applying for financial aid, and other necessary steps throughout their educational journey, without stigma, and with the ability to speak with a peer. Reentry Navigators not only support individuals impacted by the criminal legal system, but they also educate campus communities regarding the unique challenges faced by currently and formerly incarcerated students, prospective students, and their families, in order to level the playing field (i.e., providing help with filling out academic and other applications such as for student financial aid, sourcing references, navigating background checks, seeking employment and housing, facilitating social integration, finding a support system, exploring internship experiences, acclimating to the change from incarceration to freedom, etc.).

By providing a safe space for peer-to-peer professional support for students who experience barriers associated with incarceration and law enforcement encounters, the Reentry Navigator refers impacted students to campus and community-based resources and community partners specific to the needs of the student. **The Reentry Navigator is an advocate at various levels of the university administration, as well as within the social services system for currently- and formerly-incarcerated students, prospective students, and their immediate families.** This multi-pronged approach will make great strides at eliminating inadequacies in access to quality education, inadequacies not just for the person who has had direct contact with the criminal legal system, but for the entire family unit which faces the same challenges related to this social determinant of health and suffers from the negative impacts of navigating the traumatic process.





Engaging with art is essential to the human experience.



Arts and Recreational Activities

In fact, a study has found that **“arts participation is related to behaviors that contribute to the health of civil society, such as increased civic engagement, greater social tolerance, and reductions in other-regarding behavior.”**^{xxxix} Art has this outsized impact on civil society because throughout millennia people have utilized art for healing.^{xl} Simply put...art is healing.

Healthy people are a result of having healed trauma, just as healthy communities are a result of collective healed trauma. It therefore reasons that the process of healing people who have been entangled in the criminal legal system, along with communities ravaged by mass incarceration, require healing. The gravity of the trauma dictates that all successful mechanisms be deployed to transition the people, their families, and their communities to full health. Art must be included in this pathway to health.

Since the 1930s, art therapy has been an integral part of the behavioral health profession and is currently being practiced in hospitals, clinics, public and community agencies, wellness centers, educational institutions, businesses, and private practices.^{xli} Reentry services providers have begun incorporating art therapy as part of their reentry services. New Beginnings Reentry Center in Boston, MA, has incorporated drama therapy as part of their services for years.^{xlii} They will soon be opening a transitional home for women who are returning from incarceration, where drama therapy will be offered as part of their reentry services.

In addition to the benefits of art on the community writ large, art also has been proven to have a positive impact on educational outcomes. The Brookings Institute released findings from a study they conducted about the impact of arts in school.^{xliii} That study concluded that **“a substantial increase in arts educational experiences has remarkable impacts on students’ academic, social, and emotional outcomes.”**^{xliv} **Disciplinary infractions decreased and standardized writing scores improved among the participants in these arts programs.**^{xlv}

As the evidence illustrates, people who have encountered the criminal legal system, their families, and their communities will experience a substantial improvement in the social determinants of health related to community and education by intentionally incorporating access to arts and recreation as a part of reentry services. As we embark on this challenge to reentry “norms” and move in the direction of more holistic services, arts and recreation must become part and parcel with those efforts. That is if the goal is to increase the overall health, including public safety, of communities.

Health and Wellness

Nutrition

“Formerly incarcerated people are twice as likely to suffer food insecurity as the general population[.]”^{xlvi} Additionally, approximately 20% of formerly incarcerated people have difficulty obtaining regular, nutritious meals.^{xlvii} The results of a 2013 survey of more than 100 recently released people were that more than 90% were food insecure, with 37% reporting that they did not eat anything for an entire day during the previous month.^{xlviii}

Food insecurity extends to the families of incarcerated parents as well. **Households with children and an incarcerated parent experienced a 15% increase in food insecurity.^{xlix}** Statistics like these only underscore the need to ensure that reentry services include access to nutritious food for any person involved with the criminal legal system, as well as their family. Moreover, nutrition services must also start when the person first encounters the system. Understanding the full breadth of the negative impact caused by deficits related to the social determinants of health on people and communities most impacted by the criminal legal system, means intentionally ensuring that these families and communities have ongoing access to affordable healthy food as a clear goal of reentry.



Wellness

Chronic stressors are defined by Elliot and Eisdorfer as experiences that “usually pervade a person’s life, forcing [them] to restructure [their] identity or social roles[.]”^{li} These stressors activate the body’s stress-response system, overwhelming the body with stress hormones, which attacks the immune system. **These attacks on the immune system increase the likelihood of developing anxiety, depression, digestive problems, heart disease, sleeping disorders, and memory and concentration problems.**^{li}

Incarceration is one such stressor and its impact on health has revealed three major findings. First, the formerly incarcerated reported more chronic health problems after incarceration than before.^{lii} Second, because health problems existing prior to incarceration were accounted for in the study, formerly incarcerated people still experienced a negative change in health post incarceration.^{liii} Third, just being incarcerated, regardless of the length of incarceration, resulted in this negative change in health.

When thinking about the fact that 173,000 people are incarcerated in Illinois’s jails each year, one can only imagine the individual harm to the health of those incarcerated, not to mention the harm to the health of their families and communities based on these statistics.^{liv} In response to this individual and collective harm experienced by communities disproportionately impacted by incarceration, some local directly impacted-led organizations have incorporated wellness classes as part of their services.^{lv}

Holistic reentry can no longer tinker around the edges of the entire health and wellness of people impacted by the criminal legal system, while simultaneously not addressing at all these needs for their families and their communities. Study after study has shown that the negative outcomes caused by deficiencies related to each community member’s social determinants of health that are impacted by the criminal legal system cascades throughout the entire community. **It is therefore vitally important that addressing wellness for people impacted by the criminal legal system and their families becomes an intentional reentry objective.** Following the lead of organizations led by those closest to the problems and therefore closest to the solutions, all of reentry should and must include ensuring the entire family has access to healthy food, educating them on the importance of nutrition, and connecting them with wellness classes.

It is therefore vitally important that addressing wellness for people impacted by the criminal legal system and their families becomes an intentional reentry objective.

Safe Use/Supervised Consumption Services

In effort to respond to alternative modalities in the prevention of overdose for opioid use disorder, harm reduction interventions have demonstrated success both within the U.S. and in additional countries. **“Studies from other countries have shown that supervised injection facilities reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.”**^{[i]^{vi}}

Rarely will one find a substance use recovery story where the first period of abstinence is the one that lasted. The reality is that normal recovery is full of ebbs and flows between use, abuse, and abstinence.^{[ii]^{vii}}

In fact, rates of relapse range between 40% and 60%.^{[iii]^{viii}}

This is especially true when the person in recovery is returning from incarceration, where the abstinence-only approach, also known as involuntary drug treatment (IDT), has basically been the only treatment received while incarcerated.^{[iv]^{ix}}

The results of this approach to recovery have been devastating, with drug overdoses as the leading cause of death for people returning from prison.^{[v]^x}

This is because most returning residents maintain abstinence while incarcerated due to being in a controlled environment. Additionally, the factors leading to the initial onset of substance use are not resolved, resulting in a higher risk of opioid overdose upon release. The Diagnostic and Statistical Manual of Psychiatric Disorders 5th edition (DSM-5) established qualified substance use disorders for this reason, as they recognize that **removing an individual impacted with a substance use disorder and placing them in a controlled environment is not treatment, especially when it is just controlling their environment without the proper education, therapies, and interventions.** In fact, people who have experienced IDT through incarceration only have an abstinence rate of 30%.^{[vi]^{xi}}

Despite all this evidence pointing to the need for access to treatment options other than IDT, only recently have treatment options for incarcerated and formerly incarcerated people included medication assisted treatment, and there are currently no known reentry service providers that include referrals to Overdose Prevention Centers/Sites (OPCs/OPSs). However, the Illinois Department of Health has a project to open one such OPS on the west side of Chicago.^{[vii]^{xii}}

The opening of this site will fill a vital void by providing additional access to up-to-date treatment methods for the disease of addiction in current treatment options.

One site is not nearly enough to address the crisis of drug overdoses for those returning from incarceration. Furthermore, probation and parole terms and conditions lag behind science when it comes to treatment and can result in someone being sent back to prison as a form of IDT. The only real, sustainable, and cost-saving solutions to this problem, thereby increasing health outcomes, are to: 1) open more OPSs throughout the state; 2) expand access to the full-slate of effective treatment options, including access to Narcan and referrals to OPSs as part of reentry services; and, 3) update outdated probation and parole rules to support holistic recovery which must include access to medication assisted treatment and OPSs. Just imagine the huge impact changing reentry in this way can have on those communities disproportionately impacted by mass incarceration and the disease of substance use disorders, especially when coupled with the fact that reentry should and must start at the first point of contact with the criminal legal system. It would mean literally thousands of lives, families, communities changed for the better.



Participatory defense amplifies the voices of the key stakeholders—people who face criminal charges, their families, and their communities—in the struggle for system reform.



Civic Engagement

The criminal legal system is designed to discourage a relationship between those directly impacted and the State, as well as their community.^{lxiii} The main way the system severs this relationship is through language, in describing those directly impacted, involuntary separation, and felony disenfranchisement.^{lxiv} While one of the stated purposes of the criminal legal system is to force a person to value their communities and their connection to their communities, the very act of severing them from their communities in these varied ways actually serves to undermine this purpose and damages community cohesion, and in the instance of serving prison time, temporarily eliminates one of the core components of community – civic engagement. Individual health and well-being as well as the collective health and well-being of communities are tied to the status of this component.

It therefore becomes important that reentry services, aimed to create healthy people and healthy communities, must identify any problems with community cohesion for people involuntarily interacting with the criminal legal system as early as possible. It must also be intentional about repairing the severed relationship between incarcerated people and their communities. An example of the type of repair needed took place in 2007, when Governor Charlie Crist automatically restored the civil rights of people who had been convicted of a “non-violent” felony.^{lxv} This automatic restoration of rights produced a considerable reduction in the three-year recidivism rate of those for whom their rights had been restored.

Jails are also voluntarily implementing programs to increase civic engagement as a way to reduce recidivism.^{lxvi} Both Deputy Commissioner Louis A. Molina and Governor Crist’s actions helped to rebuild cohesion between these people whose relationships with their communities had been harmed, not just by any harm they might have committed, but also by the deliberate severing of their ties to their communities by the criminal legal system. Repair was necessary, and repair was successful. Therefore, efforts to repair this cohesion must start with voter registration. It must also include connecting people dealing with the criminal legal system with voter education services, along with voter engagement organizations, as an integral part of reentry services.

Participatory Defense

“Participatory defense amplifies the voices of the key stakeholders—people who face criminal charges, their families, and their communities—in the struggle for system reform.”^{lxvii} Developed in 2007, the practice of participatory defense is a community response to a community problem – the pervasive one-sided success within the criminal legal system.^{lxviii} **Participatory defense is a collective, grassroots effort aimed at improving criminal defense and which acts as a check on the spread of mass incarceration.^{lxix}**

This takes place in three ways. **First is the family justice hub.** This is the part of participatory defense where the families of those directly impacted by the criminal legal system come together to support and coach each other through the process.^{lxx} So often people forced to interact with the criminal legal system are naïve to how the process works. All they know is that someone from their community had been arrested, and that person ended up in jail and/or prison. But now, this contact is personal. It involves a loved one, and they are clueless about what is going to happen next and therefore also clueless about what to do next. Family justice hubs were created to address this knowledge deficit, while simultaneously providing emotional support to each other. Chicago Community Bond Fund provides these services to their bail clients to much success – effectively eliminating bond revocations as a result of a failure to show for court.

Second, **community members, the defendant, and their defense counsel work together to obtain the best possible outcome in the case.^{lxxi}** Part of these efforts includes creating a socio-biography to provide the judge with a complete picture of who the person is that will be standing before them. It allows for the introduction of the entire human being to the court, and not just the very limited one portrayed by the prosecutor. The success of this second component is measured in “time saved” – the number of years a person is saved from serving versus the typical sentence for the same conviction.^{lxxii} Moms United Against Violence and Incarceration and the Women’s Justice Institute both provide this type of support for the re-sentencing motions for incarcerated domestic violence survivors.^{lxxiii}

Exposing “systemic flaws, force systemic change, and honor transformational successes” through public protests and public celebrations.

The third component of this practice is focused on **exposing “systemic flaws, force systemic change, and honor transformational successes” through public protests and public celebrations.**^{lxxiv} A community-centered and led practice, participatory defense serves to heal communities and address deficiencies in the community social determinant of health. The fact that it is a community-driven direct action with the criminal legal system supporting those entangled therein, rendering it an integral part of reentry services, especially when, as recommended herein, reentry services begin at the first point of contact with the criminal legal system.

Illinois is ripe for the expansion of reentry services to include participatory defense, because of legislation enacted in the past couple of years which have codified small portions of the practice of participatory defense as factors of mitigation.^{lxxv} Moreover, Illinois recently passed the State Resentencing Act, which empowers prosecutors to file a motion with the court to have them resentence a person when the State deems that the person’s “original sentence no longer advances the interests of justice.”^{lxxvi}

All of these present the perfect opportunity for the community, family, and defense counsel to work together to educate themselves on these laws and support one another in the process. But ultimately the purpose is to introduce to the court, likely for the very first time, to the entire human being presented in front of them. Holistic reentry services centered around addressing deficits related to the social determinants of health must also include participatory defense.

Reimagining Justice Services

Reimagining justice services are centered on harm reduction and healing. **These services recognize that incarceration itself negatively impacts every social determinant of health, not just for the individual and their family, but also the community, and by doing so, incarceration causes deficiencies in the community social determinant of health for everyone involved.**^{lxxvii}

Reimagining justice services are tailored to repair the harm caused by decades of being over-policed, over incarcerated, and under-resourced - person by person, family by family, community by community. Reimagining justice services accomplishes these goals through transformative justice practices, restorative justice practices, violence interrupters, and diversion programs like Veterans court and Drug court.



Humans require repair.



[P]eople are entitled to healing simply because they were hurt. Investing in healing work affirms the value of the person who was harmed and the values of the community that were breached when that person was hurt.^{xvii}



Transformative Justice

Transformative justice **“seeks safety and accountability without relying on alienation and punishment[.]”**^{lxxxviii} Taking this approach shifts the focus away from trying to reduce and/or prevent future harm through the use of alienation and isolation, and moves the focus to efforts that address interpersonal harm, not just crime, in a way that attempts to heal the people involved, as well as relationships and communities. This will thereby free people from conditions that perpetuate anti-social behavior and produce pain.^{lxxxix}

“Harm requires repair.”^{lxxx} Yet, we as a society center our work in the criminal legal space solely around punishment, a response which does not, and will never, repair harm. This is because “[p]unishment is passive—it is done to us” and not by us.^{lxxxii} Punishment is also not accountability, because **real accountability repairs harm – it requires action.** Therefore, accountability is harder than punishment. Contrary to most common beliefs, it is in fact some of the hardest work a person who has caused harm can do. **Accountability requires (1) acknowledgment of the harm, (2) acknowledgment of its impact, (3) being genuinely remorseful, (4) having a willingness to repair the harm or make things right in a way that is acceptable by the person harmed, and (5) having a commitment to never harm again.**^{lxxxii} Punishment within the context of our current criminal legal system only requires the least amount of active repair, taking the form of an “acceptance of responsibility” statement at sentencing, and as indicated here, transformative justice requires much, much more of people who have harmed someone else.

It is, therefore, no wonder, that some countries have begun to utilize transformative justice practices as an alternative to criminal prosecution.^{lxxxiii} Additionally, many communities have used informal conflict resolution systems, utilizing transformative justice practices operating outside of the normal criminal legal system.^{lxxxiv} At the heart of the increased use of transformative justice by countries and communities alike is the fact that **it requires more from the participants, but it also addresses more-- because the focus of the entire process is centered on healing.** The focal point is not just the healing of the victim, but also focuses on the healing of the perpetrator. Without the latter, it becomes impossible to build a sustainable effort to not just stop a single person from committing harm, but also to reduce and prevent further harm. The current criminal legal system was never designed to address the conditions that led to the person having to interact with the system in the first place.

The exciting news is that reentry services are keenly positioned to fill this void that exists in the current system, by using transformative justice practices as a part of the holistic reentry services being offered. Transformative justice practices as a part of reentry become even more important to address any deficiencies related to the social determinants of health when reentry services start at the first point of contact with the criminal legal system. Additionally, it can be used as a form of conflict resolution for the people and the communities most directly-impacted by the criminal legal system. A paradigm shift that broadens the targets of reentry service to address deficits that exist in all of the social determinants of health requires the use of practices of healing and accountability – for the people – for the community.

Restorative Justice Services

Restorative justice processes—in which those impacted by a given harm come together to acknowledge the impact of the harm and reach agreements about how the responsible person can make things as right as possible—are rooted in indigenous practices.^{lxxxv} More specifically, **restorative justice, like transformative justice, is fundamentally centered around the healing and restoration of relationships – individual-to-individual and individual-to-community.** The difference being that restorative justice practices can and do occur within the criminal legal system not as an alternative to the criminal legal system.

Restorative justice processes across the country have been shown to substantially reduce recidivism.^{lxxxvi} Moreover, survivors express greater levels of satisfaction with these approaches than with the criminal legal system.^{lxxxvii} Recognizing the impact on reducing recidivism and healing communities, Illinois has also thrown its proverbial hat in the restorative justice ring. In 2019, the Justice, Equity, and Opportunity Initiative was launched, which includes the Restorative Justice Pilot program.^{lxxxviii} This pilot program is focused on increasing access inside of Illinois’s prisons to restorative justice practice programs. Including access to restorative justice practice programs as part of reentry services would extend this life-giving healing practice to people and communities outside of Illinois’s prisons if they don’t end up incarcerated, prior to incarceration, and to returning residents. There is never too much healing that can take place, for the people and communities of Illinois.

Violence Interrupters

People involuntarily encountering the criminal legal system and returning residents generally have unresolved trauma, trauma that existed prior to being in contact with the system and some that was caused because of being in contact with the system. And while cognitive behavioral therapy programs are available in some Illinois prisons, not every incarcerated person is able to take advantage of these programs. Moreover, rarely, if ever, are these programs offered to people who are arrested but not convicted.





In the United States, approximately 5 million children (about twice the population of Mississippi) have experienced parental incarceration, and over 2.7 million children currently have a parent in jail or prison.



The inability of the criminal legal system to provide these services to everyone experiencing the trauma of coming into contact with the system shows up as violence in the communities most impacted by the criminal legal system. This creates a perpetual cycle of trauma, followed by anger that can and has manifested itself as anger and violence in these very same communities. ^{lxxxix}

Violence interruption programs are one of the community's responses to try to thwart the manifestation of the centuries of unresolved trauma on minority and poor communities. While these programs have experienced mixed success,^{xc} the value of having credible messengers to turn the heat down on personal conflicts has had some impact.^{xcii} The problem is that these programs are working outside of systems that provide holistic services to those responding to unresolved trauma. Absent this key component, the success of these programs will ebb and flow. It is, therefore, vitally important that violence interruption programs be included in reentry services, because the very people who are at the heart of experiencing unresolved trauma are those most likely to find themselves face-to-face with anger which manifests itself as violence, and who may in fact be the ones also exhibiting that anger towards their fellow community members.

Emergency Family Plan

Illinois Alliance for Reentry & Justice's participatory research data revealed that **approximately seventy-nine percent of the participants were the parents of a minor or adult dependent child.** The majority of the directly impacted participants who responded to the survey selected that they had a spouse or partner who cared for their children or dependent adults, followed by the individual's parent. Of the 31 directly impacted respondents to the questionnaire, **80% responded that they did not have the resources to help develop an Emergency Plan for their families** at the time of their arrest/charge. **80% also responded they did not have sufficient income to cover living expenses** at the time of their arrest/charge, and **60% of the participants stated they did not have access to affordable and easily accessible access to transportation** at the time of their arrest/charge. At the time of the arrest/charge, only **42.3% of participants stated having academic help for their children, and only 38.5% had affordable childcare.**

The job of the nation and of individual states is to invest in these communities and reimagine how we address family planning, especially emergency planning during any pretrial detention.

In most cases, the result of a family member being incarcerated, even if it is just during the pretrial phase, also leads to a loss of financial support, quality food, childcare, and overall housing income for other necessities. This leaves an even heavier burden on the new caretaker, in addition to possibly having to navigate caring for another human. As is reflected in Illinois Alliance for Reentry & Justice's participatory data, not only do the new caretakers lack knowledge of resources that are available for family planning, but so too did the parents before being involved with the criminal legal system.

According to the Women's Justice Institute, **"In the United States, approximately 5 million children (about twice the population of Mississippi) have experienced parental incarceration, and over 2.7 million children currently have a parent in jail or prison."** WJI is one of the Chicago-based organizations that is dedicated to supporting families with an incarcerated family member. They do this by taking into consideration the social determinants of health and looking at the intersections of gender and race in mass incarceration. They understand that **the incarceration of women is in fact the incarceration of families.** "An estimated 80% of women in jails are mothers and are more likely than men to serve as the custodial parent of their children."

The Illinois Alliance for Reentry & Justice and the Women's Justice Institute understands that **reentry is directly tied to a wide range of socioeconomic problems faced by people impacted by the criminal legal system.** The reentry community is a community that experiences deficits long before incarceration. In this section of the non-traditional reentry services, all five of the domains of the Social Determinants of Health are at play. The deficits involving the social determinants of health are heightened by incarceration. **The job of the nation and of individual states is to invest in these communities and reimagine how we address family planning, especially emergency planning during any pretrial detention.**

The emergency family planning section umbrellas the impact of an incarcerated family member on the family, financial strain (reduction in household income, limitation, or lack of transportation for other family members; access to quality food, etc.), and intervention programs and keeping families together.

To address the questions of “Who,” “How,” “What” and “When” of a person’s normal life while they are incarcerated pretrial, these Guidelines envision reentry services which center around **giving a Navigator to people who have been contacted by the criminal legal system**. The Navigator will assist them with devising an Emergency Plan at the very first point of contact. This Emergency Plan would address the immediate needs of the family, including issues revolving around the caretaking of any minor or adult dependents. The Emergency Plan would also designate who will handle everyday tasks, such as childcare, childcare transportation, checking the mail, and paying bills. Moreover, the Emergency Plan would outline who would be responsible for communicating with the landlord/mortgage company, employers, schools, etc., and what would be disclosed to them in the event of pretrial incarceration. Finally, the Emergency Plan would set up a schedule for visits, phone calls, and other communications with their incarcerated loved one. **Incarceration, especially during pretrial, is a sudden disruption to everyday life and its negative effects can reverberate for years to come.** Currently, no one is assisting those facing these circumstances with assistance to help ease the negative effects of that disruption. Assisting families in developing an Emergency Plan and incorporating this process into reentry services will have an impact on helping to navigate through and potentially ease the burden of an unexpected incarceration. Additionally, developing this plan will help to identify deficiencies in the social determinants of health for that individual and their family which may also be addressed as outlined herein.

Mentorship

Decades of research have revealed how **carefully designed and well-run mentoring programs produce improved social behavioral and academic outcomes for at-risk young people.**^{xcii} Research has also shown how mentorship from credible messengers creates deep relationships built on trust, nonjudgmental support and guidance.^{xciii} When mentorship has been coupled with workforce training and job placement programs, the results have been outstanding. **Participants remained in the program longer, were more likely to find employment, remained employed longer, and were less likely to recidivate.**^{xciv}





Mentorship programs don’t just work for programs involving people returning from incarceration. **These programs also work inside prisons to change the culture existing there for both the people residing in the facilities and the staff who work there.**^{xcv} The biggest obstacle to the success of these programs is consistency, in that incarcerated people are transferred to other facilities where these programs may or may not exist and at facilities where they may exist, there is a lack of trust between the mentor and mentee because they don’t know one another.



These obstacles lend support to the need for these programs to link incarcerated people with credible messengers on the outside, which helps to provide accountability from the outside the jail/prison to counteract the reinforcement of negative behavior by others in jail/prison, especially where official or unofficial mentorship programs do not exist. **Navigator-centered supportive reentry services are designed to be able to connect incarcerated people in both jails and prisons with mentorship programs on the outside as part of their services.** It is just a matter of incorporating these resources as a part of the network of referrals through which people are connected during the reentry process. Doing so will only improve outcomes for those directly impacted but not incarcerated, as well as returning residents. Mentorship as a part of holistic reentry services provided to people currently incarcerated will improve the conditions and safety inside the facilities, in addition to improving outcomes for those who ultimately return to their communities.

Sentence Plan

These Guidelines introduce the concept of a Sentence Plan as part of reentry services – a strategic plan for people who are currently or who will become incarcerated. As Benjamin Franklin stated, “If you fail to plan, you are planning to fail.” The impact of this statement cannot be truer for the most marginalized of the marginalized – incarcerated people. Developing a Sentence Plan involves a navigator working with the person to decide about:

-  **Employment Goals and Planning**
-  **Family Support and Logistics**
-  **Communications with Family and Friends**
-  **Spiritual Support**

Creating a plan addressing all these issues gives incarcerated people some agency over key areas of their lives, something they do not and will not have while incarcerated. It also gives them hope, hope for a future outside the gray walls they currently find themselves confined within. Finally, it gives them a sense of comfort to know that there is a plan to care for their families while they are away.

The necessity of the utilization of an external navigator as early in the process as possible cannot be overstated. While counselors, case managers, and reentry coordinators working for the prison system have access to information regarding internal programs at their facility, they sometimes lack accurate information about programs at other facilities and do not have or maintain access to information regarding any external network of service providers. Furthermore, prison staff may be unable or unwilling to provide this level of assistance, due to various reasons. Any planning regarding a person’s classes generally takes place in one of two ways: it is either mandated by prison staff without any input by the incarcerated person, or the incarcerated person takes the initiative to ask to be enrolled in classes. Very little, if any, partnering between prison staff and the incarcerated person occurs during incarceration. Finally, people are often transferred from facility to facility, which renders the staff at the new facility unaware of any class planning done prior to the transfer, outside of the classes the person is currently enrolled in or mandated by the prison system. **The success of developing and carrying out this plan, therefore, rests on the existence of an informed and invested guide – a navigator – to walk with them through this process from beginning to end.**



Employment Goals and Planning

The employment section of the Sentence Plan will outline **what employment options the person would like to pursue upon release.** It creates a map for the incarcerated person to follow, identifying what facility training and educational classes are available, as well as facilitating any external training and education classes that are available which are consistent with their post-release employment goals, as well as information about eligibility, how to enroll in these classes, how long the classes will last, and how to pay for the classes, if applicable. Additionally, the navigator would help determine internal and external support needed throughout the process. This internal support may be having access to an internal tutor, mentor, and/or accountability partner. If this is unavailable internally, then the navigator will help identify external support in these areas where needed.

Family Support and Logistics

This part of the Sentence Plan **deals with the dynamics involving the family of the incarcerated or soon-to-be-incarcerated person's family.** The Navigator will guide them through determining what financial commitments exist or will exist, and how they will be met and by whom. A decision will be made about whether housing for the family is safe and secure, and if not, how can the family be connected to services to gain safe and secure housing. Other areas discussed include access to healthy food, healthcare (including mental healthcare), academic help/support for anyone currently enrolled in school, and arts and recreational activities. The Sentence Plan outlines if and how the incarcerated person will be supported financially during their incarceration and immediately post-release. Finally, the Sentence Plan would determine how any transportation needs to and/or from the facility will be met.

Having a plan for how and when they will communicate relieves stress and contributes towards building or reinforcing family and community cohesion.

Communication with Family and Friends

“The research is clear: visitation, mail, phone, and other forms of contact between incarcerated people and their families have positive impacts for everyone — including better health, reduced recidivism, and improvement in school.”^{xcvii} Yet, no one discusses or plans how this is going to take place during incarceration. Generally, support in this area is unplanned and executed on an ad hoc basis. While there are many aspects of the incarcerated person's communication with family and friends which are outside of the control of all parties involved, it is possible to establish a plan. Such a plan might include determining the best time(s) for the incarcerated to call, and how often will they be able to exchange emails, schedule video visits, if available, along with having in-person visits. A plan for managing the costs associated with this communication and how those costs will be met will help to minimize the feelings of isolation experienced by the incarcerated person, and gives them and their family and friends something to look forward to. **Having a plan for how and when they will communicate relieves stress and contributes towards building or reinforcing family and community cohesion.**

Spiritual

Churches played an integral role in establishing prisons.^{xcviii} This can be explained by the fact that spirituality has an outsized role in the lives of Americans, with 9 out of 10 Americans saying that they believe in a god or higher power.^{xcix} The issue, however, is that **while people in prisons are more likely than not spiritual, prison environments are not conducive to fostering healthy spirituality.**^c Therefore, the very place created to “reform” people involuntarily subjected to its restraints is the very place where the environment intentionally undermines the role spirituality can play in that “reformation.”

Healthy spirituality requires authentic relationships which are rooted in intimacy, love, trust, respect, and mutuality.^{ci} Simply put, healthy spirituality requires community. Community is something that is strongly discouraged inside prisons--so much so, that most prisons have a rule limiting the number of people who can gather together, outside of prison-sanctioned religious, cultural, and social events. This suppression of community, which is vital to healthy spirituality, dictates the existence of a system to create that same sense of community for those who are physically separated. Thinking about and planning how and with whom the incarcerated person will be able to get the spiritual support needed for them to maintain and/or grow connections to their spiritual community throughout their incarceration, is pivotal to their success, both inside prison and upon release. For this reason, including spiritual support in their Sentence Plan is a matter necessary for holistic healing, planning, and care.

Other Factors

Sentence Plans should also cover and take into consideration other factors that might impact the incarcerated person and their family. One such factor is the triggering of any ICE/Immigration consequence because of their conviction. The goal of the Sentence Plan is to create a living document to guide the incarcerated and their family through their incarceration, and must include as much planning in as many areas as possible. Again, giving agency back to the directly impacted person that does not exist during incarceration.





CONCLUSION



As society continues to discuss how we achieve real and lasting public safety, these discussions must include the incredibly negative impact which mass incarceration has had and continues to have on communities, and must zero in on practical and long-reaching solutions for mitigating that negative impact. Therefore, these discussions must center around comprehensive, holistic reentry services that start as early as possible in the process. In order for our society to have the public safety that we all want and deserve, it is obvious that necessity and common sense dictate that we can no longer ignore providing services that address deficiencies in every area involving the social determinants of health when defining and designing reentry services. We can no longer omit 80% of the people who come in contact with the criminal legal system but who never become incarcerated from receiving reentry services—this shortchanges thousands of individuals, whole families, and communities at large. We can no longer relegate the availability of reentry services to when a person leaves incarceration. Reentry services and intervention must begin at the point of first contact with the criminal legal system. We can no longer ignore the impact any entanglement with the criminal legal system has on the entire family and the communities in which those families live, not just the effects of entanglement on the individual alone. It is time for a paradigm shift to reentry that is – Bigger, Broader, and Better.



REENTRY SERVICES RESOURCES



Supportive Reentry Network Collaborative

[Cook County Health](#)

Get to Work IL

[Healthcare Alternative Systems](#)

[Heartland Alliance Health](#)

[K.A.M. Alliance](#)

[Legal Council for Health Justice](#)

[Safer Foundation](#)

[Smart Policy Works, LLC](#) (does not provide reentry services)

[Transforming Reentry Services](#)

General Reentry Services^{cii}

[Education Justice Project's Illinois Reentry Services](#)

[First Followers](#)

[Get Connected 815](#)

[IL Access to Justice](#)

[Metropolitan Family Services](#)

[Safer Foundation](#)

[The Dream Center of Alton](#)

[Transforming Reentry Services](#)

[Win 4 Recovery](#)

[YWCA McLean County](#)

Health and Wellness

[Farmers Markets](#)

Community Farms

[Let's Go Chicago](#)

Behavioral Healthcare

[Great Heights Clinic](#)

[Head Heart Therapy](#)

[Healthcare Alternative Systems](#)

[K.A.M. Alliance](#)

[REBUILD](#)



[Safer Foundation's Counseling and Wellness Center & Supportive Services Network](#)

[TASC](#)

[The Confess Project](#)

[Transforming Reentry Services](#)

Legal Services

[Bluhm Legal Clinic](#)

[Cabrini Green Legal Aid](#)

[Illinois Prison Project](#)

[James B. Moran Center for Youth Advocacy](#)

[Lawndale Christian Legal Center](#)

[Uptown People's Law Center](#)

Bail/Bond Services

[Chicago Community Bond Fund](#)

Transformative Justice

[Transformative Justice Law Project of Illinois](#)

Restorative Justice

[Circles & Cyphers](#)

[I Grow Chicago](#)

[Illinois Balanced and Restorative Justice](#)

[Justice, Equity, and Opportunity Initiative](#)

[Lawndale Christian Legal Center](#)

[Mothers Circle](#)

Restorative Justice Evanston

Umoja Student Development Corporation

Violence Interruption/Prevention

[Acclivus](#)

[Alliance of Local Service Orgs. \(ALSO\)](#)

[Breakthrough](#)

[Claretian Associates](#)

[Heartland Alliance/READI](#)
[Inner-City Muslim Action Network \(IMAN\)](#)
[Institute for Nonviolence Chicago \(INVC\)](#)
[Mothers/Men Against Senseless Killings \(MASK\)](#)
[Men Making a Difference](#)
[New Life Centers](#)
[Precious Blood Ministries of Reconciliation](#)
[Project Hood](#)
[Roseland Ceasefire](#)
[SWOP \(Southwest Organizing Project\)](#)
[Target Area DevCorp](#)
[UCAN](#)

Participatory Defense

[Moms United Against Violence and Incarceration](#)
[Precious Blood Ministries of Reconciliation](#)

Arts and Recreation

[Art Therapy](#)

Mutual Aid

[19th Ward Mutual Aid](#)
[815 Mutual Aid Network](#)
[Avondale Mutual Aid](#)
[Back On Their Feet, Evanston IL](#)
[Bartender Emergency Assistance Program](#)
[Berwyn Cicero Mutual Aid](#)
[Brave Space Alliance](#)
[Bronzeville/Kenwood Mutual Aid](#)
[Bryn Mawr Warming Center](#)
[Bucktown/Wicker Park Mutual Aid](#)
[Central Illinois DSA](#)
[Chicago Caremongering](#)

[Chicago Childcare Collective](#)
[Chicago Community Jail Support](#)
[Chicago Coalition for the Homeless Mutual Aid Fund](#)
[Chicago Latina Moms](#)
[Dream Center Peoria \(Homeless shelter and an out-of-school program for displaced students\)](#)
[Edgebrook and Forest Glen](#)
[Femme Defensa](#)
[Gage Park Latinx Council](#)
[Giving Others Dreams](#)
[Good Kids Mad City](#)
[Greater Decatur Black Chamber of Commerce](#)
[Helping Neighbors Around Palatine\(HNAP\)](#)
[Hermosa Mutual Aid](#)
[Humboldt Park Solidarity Network](#)
[Hyde Park Mutual Aid](#)
[Irving Park Mutual Aid](#)
[Jefferson and Gladstone Park Mutual Aid](#)
[Kankakee County Mutual Aid](#)
[Lakeview/Lincoln Park Mutual Aid Network](#)
[Lolitas Bodega](#)
[Lil' Miracles Mutual Aid through 360 Nation](#)
[Little Village, Englewood and South Chicago Food, Farm Familias through the Getting Grown Collective](#)
[Little Village Mutual Aid, Telpochcalli Community Education Project \(TCEP\) and Únete La Villita](#)
[Logan Square Mutual Aid](#)
[Mass Care in Peoria County](#)
[McKinley Park Mutual Aid](#)
[Mutual Aid Chicago NW Suburbs](#)
[Neighbors Helping Neighbors Champaign-Urbana](#)
[North Center Mutual Aid](#)
[Northwest Side Solidarity Network](#)

[Oak Park Mutual Aid](#)
[Pandemic of Love Chicago](#)
[Peoria Mutual Aid Network](#)
[Pilsen Solidarity Network](#)
[Portage Park Mutual Aid](#)
[PO Box Collective](#)
[R.A.G.E. Englewood](#)
[Raising Kane County](#)
[Rogers Park Community Response Team](#)
[Rogers Park Free Store](#)
[Roscoe/Rockton Neighbors Helping Neighbors](#)
[Roscoe Village-North Center Mutual Aid](#)
[Sittercity First Responder - Chicago Responds](#)
[SOUL](#)
[South Loop Mutual Aid](#)
[Springfield Families Helping Families](#)
[Suburban Solidarity Network](#)
[Tri-Taylor Mutual Aid](#)
[UChicago Mutual Aid](#)
[Ukrainian Village Mutual Aid](#)
[Uptown Buena Park Solidarity Network](#)
[West Side Mutual Aid](#)
[West Town Mutual Aid](#)
[Westridge Community Response Team](#)
[Mutual Aid Hub](#)

Community Fridges

57th Street Books - 1301 E 57th St, Chicago, IL 60637 (In the alley behind 57th Street Books)
Carniceria La Mejor - 2915 N Milwaukee Ave, Chicago, IL 60618
Dirt Farms - 3419 IL-64, Chicago, IL 60647 (in the alley behind Humboldt's Used Books)
El Refri de la Vida - 4215 W 59th St, Chicago, IL 60629

La Roca | Oasis de Yum - 2959 W Pershing Rd, Chicago, IL 60632

Moreno's Liquors - 3724 W 26th St, Chicago, IL 60623

Stone Temple Fridge - 3622 W Douglas Blvd, Chicago, IL 60623

Star Farm Fridge - 5155 S Wolcott Ave, Chicago, IL 60609

The Dream Fridge on 59th Street and Racine Avenue

The Fridge on Marz - 3630 S Iron St, Chicago, IL 60609

The Love Shack - 2751 W 21st St, Chicago, IL 60623

True Love Fridge @ Takorea - 1022 N Western Ave, Chicago, IL 60622

Guaranteed Basic Income

[E.A.T. Chicago](#)



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