

Chicagoland Housing Needs for Adults Leaving Correctional Facilities

I. Introduction

Chicago is home to the nation's largest single-site county jail with nearly 90,000 admissions per year, a federal prison, and is the place to which the majority of the people released for Illinois prisons are released or paroled. Chicago receives approximately 30,000 adults returning from correctional facilities each year. Many of these individuals need a battery of community-based services in order to successfully integrate into their communities.

In a report from the Bureau of Justice Statistics, Illinois had the eighth highest prison population in the United States. Data from these reports also indicate that the majority of the reentry population (90%) is male and African American (67%). Detainees at Cook County Jail (CCJ) in Chicago have high rates of HIV and HCV infections, and are at higher risk for HIV/HCV co-infection (Soofi, H. et al, 2003).

Once discharged from jail or prison, HIV positive individuals face multiple challenges including disruption of HIV/AIDS treatment, medication adherence, and transmission prevention behaviors; co-occurring health factors such as substance abuse, mental illness, and other diseases; barriers to accessing stable housing and community-based supportive services; lack of employment readiness, job placement opportunities, and financial resources; and high risks of homelessness and recidivism. For re-offenders with HIV/AIDS, imprisonment can increase the risk of mortality, as the percentage of deaths due to AIDS was more than 1.5 times higher in the U.S. prison population than in the general population ages 15–54 (Bureau of Justice Statistics Bulletin, 2004).

Many prisoners on the verge of release, regardless of HIV status, are ill equipped to resume living independently, and face immediate challenges to accessing community-based resources for new or continuing care. This is especially true for those that served long sentences. A prison sentence results in lapses in employment history and familial supports, as well as the suspension of benefits such as SSI and Medicaid, which require weeks or months to reinstate. While Illinois prisons provide “gate money” at the time of discharge (typically \$10–\$25), nearly half of Illinois Department of Corrections releasees have no other source of immediate income (La Vigne et al, 2004). Illinois prisons generally offer some form of pre-release education programs; however, according to the 2001 Urban Institute study *Returning Home: Understanding the Challenges of Prisoner Reentry*, fewer than 10% of participating Illinois prisoners said they received referrals to community-based health care services, mental health services, or counseling prior to their release. At the moment of discharge, only 22% had already obtained a photo ID. Without such an ID an individual cannot access health and social services, including housing.

Individuals leaving prison face significant challenges to accessing housing, both through a lack of adequate discharge planning prior to release, and a shortage of community-based housing resources accessible to them. Releasees cannot immediately access many homeless housing assistance programs within the existing Continuum of Care, due to eligibility restrictions imposed by various policies and laws. While many releasees may intend to stay with family or friends, these arrangements are not always feasible, particularly if the environment violates the conditions of parole (such as drug activity or

another person with a criminal record in the home). According to the Illinois Returning Home study, only 10% of participants who said they needed help finding a place to live received a referral for community-based housing assistance prior to their release, and 5% planned to spend their first night out of prison in a shelter (Visher C. et al, 2005).

II. History of the Community Reentry Project

From 1999-2004, the City of Chicago was one of seven grantees for a five year demonstration project focused on developing models that provided comprehensive HIV prevention and care services for reentry adults living with HIV within correctional facilities and communities. The project focused on developing models that provided comprehensive prevention and health care services for inmates living with or at risk for HIV, other sexually transmitted infections, TB, substance abuse, and hepatitis as they were released from detention centers and transitioned back to their communities.

The cornerstone of this demonstration project was individualized intensive corrections case management (CCM) that started pre-release and continued post-release until the individual graduated to less intensive case management services or no longer needed the services at all. This model was successful, but also expensive. The project found that a 1:15 ratio of case managers to inmates was ideal for intensive case management for people living with HIV.

The Chicago project was initially led by the Chicago Department of Public Health. Since 2005, based on the success of the initial Chicago demonstration project, the Illinois Department of Public Health (IDPH) funded the project at about half of the original funding amount. In 2008, the Public Health Institute of Metropolitan Chicago (PHIMC) became the lead agency, and the project was named the Community Reentry Project (CRP).

PHIMC is a non-profit organization that works in collaboration with public health agencies and non-governmental entities to enhance the health of communities in the greater Chicago metropolitan area by building effective public health capacity. PHIMC is committed to dynamic support of organizations dedicated to solving public health challenges. PHIMC provides to clients and partners a range of organizational support services including: fiscal administration, personnel and agency management, program planning, grants management and proposal development, strategic planning, meeting facilitation and conference planning, data collection and analysis, project management, technical assistance, and policy analysis support.

For CRP, PHIMC serves as a neutral convener that provides project management and oversight to the CRP. In this capacity, PHIMC subcontracts with five project partners, manages all fiscal and programmatic reporting to IDPH, and coordinates and convenes statewide monthly meetings with the funded project partners as well as others who provide corrections or reentry services. These monthly CRP Workgroup meetings provide a forum to coordinate and share resources; establish strategic partnerships; identify and prioritize reentry service needs; provide technical assistance; advocate for reentry programs; and ensure that the CRP is meeting all programmatic goals.

Since its inception, the Chicago model utilizes intensive CCM as the core of its comprehensive reentry services for adults living with or at high risk for HIV, with funded partner organizations and other community organizations providing the supportive services client needed to access and remain in care, and out of correctional facilities. Initially, these supportive services included transportation, housing, substance abuse treatment, assistance with obtaining legal identification (ID), health education, HIV and other testing and support groups. A variety of supportive housing providers with demonstrated competence and desire to serve reentry populations, received funds to reserve space for reentry clients referred through the CRP program. However, in 2009, IDPH eliminated the housing funds from the program and reduced the scope of service accordingly.

PHIMC's CRP subcontractors have over 150 years of experience in providing in providing HIV and other health and human services to reentry populations. In addition to providing their specific services, the CRP subcontractors work together to plan, coordinate and address issues related to reentry services. Each partner agency also leverages myriad additional resources for reentry clients from within their organizations and with other providers. The following provides additional information about each CRP subcontracted partner agency:

- AIDS Foundation of Chicago (AFC) provides intensive, corrections case management. Assistance with transportation, housing, food and other services are part of the case management services offered to corrections case management clients. In addition, AFC subcontracts to Haymarket to provide substance abuse treatment services for reentry clients and Chicago House's I-Four employment program for employment training and job placement
- Cermak Health Services, the medical provider located within CCJ, provides HIV prevention education, HIV counseling and testing, and many other health services to inmates.
- Christian Community Health Center (CCHC) provides assistance obtaining IDs, individual and group prevention education services, HIV counseling and testing services, and crisis intervention for women with a history of involvement in the sex trade.
- Men and Women in Prison Ministries (MWIPM) creates and distributes Responsibility Packets, discharge packets with HIV and other health information as well as other materials relevant to reentry populations. MWIPM also conducts family support groups to help families cope with having a loved one incarcerated, prepare for their return, and connect them to other services they may need to help them and the reentry family member transition to healthy and productive life after release.
- Midwest AIDS Training and Education Center (MATEC) provides HIV training to IDOC clinical staff with a focus on nurses. In addition, MATEC coordinates statewide reentry meetings targeting community-based organizations and local health departments.

III. Need for Housing and Other Services for Reentry Populations

Background on Corrections and Reentry Populations

As described above, the Chicago metropolitan area has large correctional facilities and a large reentry population. The Illinois Department of Corrections (IDOC) operates 27 adult correctional centers in the

state. Each year, IDOC releases more than 35,000 adult men and women. More than 60% of them return to the City of Chicago, a rate of nearly 400 individuals per week. Another 20% return to the Chicago metropolitan area, comprised of the communities in Chicago's "collar counties." Upon re-entry, this population faces multiple challenges to successful community reintegration, including co-occurring health problems like substance abuse, mental illness and chronic disease; uncertainty identifying appropriate community-based supportive services; lack of employment readiness and job opportunities, and financial services. These challenges increase the risk for recidivism and poor health outcomes, and often occur in concert.

The cost of recidivism in Illinois is high. Illinois spends an average of \$22,000 per inmate each year. In 2010, IDOC had 47,500 inmates for a total cost of \$1,045,000,000 (IDOC, 2010). For people with chronic health conditions, who have interrupted health care as they move between prison and the community, costs can be much higher to both the correctional facility and the community service providers.

HIV and Corrections

Over the past three decades, HIV infection in the United States has become concentrated in prisons and jails. A "perfect storm" of events, including a shift in disease epidemiology, the advent of crack cocaine as the illicit drug of choice, and the implementation of criminal justice legislation targeting those most likely to be HIV-infected, resulted in a substantial number of persons with HIV infection being confined in prisons and jails. HIV infection and incarceration have now become inextricably linked; an estimated 35,000 HIV-infected persons in the United States are incarcerated at any time, and approximately 20% of all persons with HIV infection pass through a correctional facility each year (Hammett TM, et al., 2002). The widespread incarceration of persons with or at risk for HIV infection has important public health ramifications. Incarceration, particularly of large numbers of men, can be socially disruptive and, in communities where incarceration is prevalent, can facilitate the spread of HIV infection. Interventions to enhance identification of infected inmates, prevention counseling, and treatment of inmates with HIV/AIDS are required to stem the contribution of incarceration to the spread of HIV infection (Wohl, et al., 2006).

There is a dearth of culturally competent services for reentry adults in the Chicago area. A study found that six Chicago community areas receive most of Chicago's ex-offenders (Austin, Humboldt, North Lawndale, West Englewood, Englewood, and East Garfield Park), yet only 24% of the Chicago organizations that provide a range of services specifically to former prisoners were located in these communities. No services were identified in West Englewood or Englewood (La Vigne, NG, 2003). While some additional services may now be available, in our experience there are still not close to meeting the demand for such large numbers of reentry individuals.

Housing Needs

Chicago currently maintains a limited number of short- and long-term transitional reentry housing programs which has been shrinking as funds continue to decrease. Therefore, prisoners returning to Chicago without pre-arranged housing must rely on an already overburdened shelter system. The impact of a lack of stable housing severely impacts that ability of HIV-positive reentry individuals to

obtain and remain in medical care. When faced with immediate needs for shelter and food, or incessant fear of losing them, individuals do not prioritize medical care.

For reentry populations, stable housing with appropriate supportive services is a key factor in preventing or ending homelessness, facilitating access to and retention in health care services, and reducing recidivism. AFC, who has been coordinating CCM since 1999, reports that housing is the number one need reentry individuals identify during their intake process. CCHC conducted some focused group discussion among with 11 participants in a diversion program for women with a first arrest for sex work. These women consistently identified housing a one of their top three needs. Many reentry individuals in Chicago initially return to families but find that their housing is not stable as they can only stay for limited period of time, or that the home or community is not conducive to obtaining health care services and avoiding re-arrest. This is consistent with the Returning Home study is a longitudinal study of prisoner reentry in Maryland, Illinois, Ohio, and Texas. The study found that at the time of release, housing was a challenge for men and housing stability diminished over time for many of them (Visher, C, 2010).

Without stable housing, reentry individuals risk their release and their ability to remain out of correctional systems. This comes at a great price to families, communities and tax payers. Reentry adults face many barriers to finding stable housing when returning home. These barriers include: criminal justice policies and practices, public and subsidized housing policies and practices, community obstacles, and the lack of cohesion across systems (e.g. corrections, affordable housing, homeless assistance, mental health, substance abuse treatment area) that work to provide services and programs to reentering individuals (Roman, CG., 2006). In addition, individuals leaving IDOC who do not have an address upon release cannot get parole.

There are challenges beyond the systems level issues outlined above. AFC manages the Re-Entry Housing for Health Partnership (RHHP) program, a permanent supportive housing program for HIV-positive single reentry males wanting to reside in the city of Chicago. On average, from the time a referral is given to the partner agency to the time the client reaches housing is 82 days. AFC's other supportive housing programs have an average of 45 days from referral to housing. The RHHP clients likely take longer to be housed due to their criminal background records and being turned down for several units before finding a landlord willing to accept them. Often a double-security deposit is needed to incentivize landlords to take RHHP clients.

Public policy and legislation has led to additional barriers for reentry adults who are sex offenders released with lifetime registration requirements or who manufactured methamphetamine on public housing land face additional obstacles to obtaining housing. As do those with drug-related criminal activity or prior eviction for public housing (HUD Letter, 2011). The Public Housing Authority's administrative plan establishes these requirements for some federal housing program, including the following: Housing Opportunities for Persons with AIDS (HOPWA), public housing, and Housing Choice Vouchers.

The sex offender registry is very broad and includes violent offenders who are not sex offenders but are put on this registry because it is the only one and a large number of people for whom provide society little risk (Worley, S, 2011). There is evidence that these restrictions do not protect the public and may lead to unintended problems (Twohey, M, 2010). Many are working to remedy this but any legislative and policy changes are likely years away. In Illinois, there are residency restrictions that make it unlawful for a child sex offender to reside within 500 feet of a playground, school, day care, or a facility providing programs (720 ILCS 5/11-9.4). This means that more supportive or other housing providers who are willing and capable of housing sex offenders cannot do so.

Further, in Chicago it is also illegal for more than one sex offender to live in the same apartment complex unless it is a transitional housing facility that met strict state licensing requirements, such as 24-hour-a-day security. This means that the few housing providers who are willing and capable of housing sex offenders, cannot house more than one.

Reentry populations are unable to access public and private housing that is available to others. Laws and policies like those described above deter housing providers from serving this population, are not effective, and make it very difficult to meet the needs of reentry populations.

IV. Recommendations

Chicago needs more affordable housing for reentry populations. A review of local and national program activities, as well as discussions with CRP partners suggest that there is a need to better understand and replicate innovative and successful programs; encourage service collaboration/integration among organizations that provide services to reentry populations; support efforts to assess and address the effectiveness of policies and laws that impact access to an array of housing services, and advocate for funding do more methodologically-sound research that evaluates the efficiency and cost effectiveness of different housing models.

A. Identify and replicate innovative and successful programs.

Several organizations and jurisdictions have implemented a variety of strategies and programs to solve housing-related issues for reentry populations. Funders and policy leaders in the Chicago metropolitan region should identify and examine these programs, and select models for adaptation or replication. Examples include the Health Housing and Integrated Services Network (CA), and AFC's Re-Entry Housing for Health Partnership (RHHP) Program (IL).

B. Support increased pre- and post-release community re-entry housing and transition planning.

Some jurisdictions have housing specialists that work with Department of Corrections' counselors to identify housing needs and help with securing housing before an individual's release. The housing specialists also help secure other non-housing services such as mental health, substance abuse, education, and employment services. Chicago has the CCM program that work with individuals pre-release but it is limited to individuals with HIV, though the model could be effective for many other reentry populations.

C. Encourage and support service collaboration and integration

Through years of discussions among Chicago and statewide corrections and reentry providers, PHIMC and partners have identified the need for and benefits of ongoing opportunities for communication and planning among multi-sector stakeholders. These discussions have focused on clarifying program policies and practices, addressing emerging issues, communicating resources, training and technical assistance, information sharing, advocacy and collective assistance in dealing with complex cases. Others have also noted the importance of deliberate planning and partnerships to bridge disparate systems, and believe that non-governmental intermediaries may be best suited to do coordinate this effort (Roman, CG, 2004)

D. There is a need for empirical data on effective housing models for reentry populations

There is a comparative lack of scientifically rigorous evaluations of offender reentry programs. One of the main limitations associated with the “what works” literature is the dearth of studies that meet its rigorous requirements. For example, an offender reentry study was only able to identify 32 studies that met its selection criteria. Only 19 of these program evaluations contained a comparison, or control, group, and of these, only two were randomized control trials (Sherman, L. et al, 1997). While we have learned more since this study there is still a lack of rigorous evaluations of offender reentry programs, which makes it difficult for policy makers and others to make informed decisions concerning what programs to fund, what initiatives to support and how to measure the effectiveness of reentry programs beyond measuring recidivism rates (e.g., adherence to medication or treatment programs, family reunification, or obtaining employment).

Reference Page

- Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates of and releasees from US correctional facilities, 1997. *Am J Public Health*. 2002;92:1789-1794.
- Housing and Urban Development (June 17, 2011). Letter from Secretary Shaun Donovan and Assistant Secretary Sandra B. Henriquez to public housing authority directors. Web. 22 Jan. 2014.
http://csgjusticecenter.org/documents/0000/1593/Second_Chance_Conference_Reentry_Council_Plenary.pdf
- Illinois Department of Corrections, Annual Report FY2010. Available at:
http://www2.illinois.gov/idoc/reportsandstatistics/Documents/FY10_DOC_Annual_Rpt.pdf
- La Vigne, N, Mamalian, C., Travis, J., and Visser, C. (2003). *A Portrait of Prisoner Reentry in Illinois*. Washington, DC: The Urban Institute. Available at:
http://www.urban.org/UploadedPDF/410662_ILPortraitReentry.pdf
- La Vigne, N, Visser, C., Castro, J. (2004). *Research Brief: Chicago Prisoners' Experiences Returning Home*. Washington, DC: The Urban Institute. Available at:
http://www.urban.org/UploadedPDF/311115_ChicagoPrisoners.pdf
- Lawrence W. Sherman, Denise Gottfredson, Doris MacKenzie, John Eck, Peter Reuter, and Shawn Bushway. *Preventing Crime: What Works, What Doesn't, What's Promising*. National Institute of Justice, 1997
- Maruschak, L. (2004). *HIV in Prisons*. Bureau of Justice Statistics Bulletin.
- Roman C.G. & Travis, J. (2004). *Taking stock: Housing, homelessness, and prisoner reentry*. Report prepared for the Fannie Mae Foundation. Available at:
http://www.urban.org/UploadedPDF/411096_taking_stock.pdf
- Roman, C. G., & Travis, J. (2006). *Where will I sleep tomorrow? Housing, homelessness, and the returning prisoner*. *Housing Policy Debate*, 17(2), 389-418.
- Soofi, H., Tablan, N., Wagaw, F., Benbow, N., (2003, November). *HIV and viral hepatitis coinfections among persons entering a Chicago, IL correctional facility*. Presentation at American Public Health Association, San Francisco, CA.
- Twohey, M. (April 9, 2010). *Sex offender housing restrictions may lead to more crimes*. Chicago Tribune.
http://articles.chicagotribune.com/2010-04-09/news/ct-met-sex-offender-housing-20100408_1_offenders-parole-housing-restrictions
- Visser, C. & Farrell, J. (2005), *Research Brief: Chicago Communities and Prisoner Reentry*. Washington, DC: The Urban Institute. Available at:
http://www.urban.org/uploadedPDF/311225_chicago_communities.pdf
- Visser, C., Yahner, J., La Vigne, N. (2010). *Life after prison: Tracking the experiences of male prisoners returning to Chicago, Cleveland, and Houston*. Washington, DC: The Urban Institute. Available at:
<http://www.urban.org/uploadedpdf/412100-life-after-prison.pdf>

- Wohl, D., Rosen, D., Kaplan, AH. (2006). HIV and Incarceration: Dual Epidemics. *The AIDS Reader* (2006): 247. Academic OneFile. Web. 11 Mar. 2010.
<http://find.galegroup.com/gtx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=AONE&docId=A146556938&source=gale&srcprod=AONE&userGroupName=uic&version=1.0>
- Worley, S. (December 8, 2011). *The misunderstood sex offender*. Chicago Reader.
<http://www.chicagoreader.com/chicago/the-flaws-of-sex-offender-registry-and-residency-restrictions/Content?oid=5143337>