

Breaking the Cycle

GETTING OUT AND STAYING HEALTHY

CHICAGO COMMUNITY RE-ENTRY PROJECT

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In Illinois, ex-offenders have higher rates of HIV, STDs and other illnesses than the general population. The health and well-being of these individuals is additionally compromised by limited community resources that are vitally important to a successful transition from incarceration to community.

This booklet describes the efforts of this unique collaborative known as the Chicago Community Re-entry Workgroup. We hope the challenges, successes and lessons learned by the Workgroup members and their clients will serve as a guide for policy makers, legislators, funders, and everyone concerned about creating healthier and empowered communities.

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THE REALITY

- **In the U.S., there are more than 2 million offenders serving time in federal, state and local prisons and jails—approximately 1% of the nation's population.**

(US Department of Justice, 2004)

- During 2006, the number of women in prison **increased by 4.5%**, reaching 112,498 prisoners. This increase was larger than the male growth rate of 2.7%. (Bureau of Justice Systems Bulletin, 2007)

Since the 1980s “War on Drugs,” the nation has witnessed a dramatic increase in the number of people incarcerated for drug offenses. Between 1970 and 1999 there was a 500 percent increase in incarcerations.

- **Illinois ranks #8 in highest numbers of incarcerations in the U.S.**

(US Bureau of Justice Statistics, 2001)

Add up all the people under correctional supervision in Illinois—those behind bars, on probation, or on parole—and the figure would surpass 244,000. If they were all placed in one location, it would be the second largest city in the state. (Final Report of the Mayoral Policy Caucus on Prisoner Reentry, City of Chicago, 2006)



Profile of the Incarcerated: Young, Male, African American and At-Risk

In Illinois, the majority of individuals entering correctional facilities are male (90%), African American (67%), and young. Approximately 48% of the re-entry population is under the age of 31. And their health is more at risk—approximately 85% of former Cook County Jail detainees are at-risk for HIV/AIDS, substance abuse, and Hepatitis C. (Chicago Department of Public Health, Minority Substance Abuse, HIV and Hepatitis SPF Needs Assessment, 2006)

- **Nationwide, African American men disproportionately bear the burden of HIV and incarceration. When compared with white men, African American men have ten times the incarceration rates and six times the HIV rates.**

(Timothy Flanigan, M.D., Director, Div. of Infectious Diseases, Brown Alpert Medical School)

Released Ex-Offenders Return to the Community

- **95% of those incarcerated will be released and return to the community.** (US Department of Justice, 2004)

The dramatic number of incarcerations has resulted in larger and larger numbers of people being released from corrections institutions. In 2005, nearly 700,000 people were released from state and federal prisons to return to their communities—more than four times the 170,000 released in 1980 (Bureau of Justice Statistics, 2007). This figure does not include the additional 12 million who are locked up in local or county jails—for only a few hours to up to one year—and are then released.

So many people think of corrections as being a jail and a prison, behind a huge concrete wall which is out there. We know that is absolutely wrong. Those concrete walls are really more a semi-permeable membrane. In the U.S., there are over 10 million inmates per year that are released to the community—so that individuals in jail and prison are going back and forth, back and forth. –Timothy Flanigan, M.D., Director, Div. of Infectious Diseases, Brown Alpert Medical School

Majority of Illinois Ex-Offenders Return to Chicago and Cook County Disadvantaged Communities

97% of released ex-offenders remain in Illinois, especially Chicago and Cook County. Of those returning to Cook County—

- 90% are male
- 85% are African American
- 54% concentrate within eight Chicago-area communities: Auburn Gresham, Austin, West Englewood, East Garfield Park, West Garfield Park, Humboldt Park, North Lawndale, and Roseland
- These eight Chicago-area communities experience greater social and economic disadvantages than the average Chicago community—including high unemployment rates, low household and per capita incomes, and poor housing and living conditions. (Chicago Department of Public Health, Minority Substance Abuse, HIV and Hepatitis SPF Needs Assessment, 2006)



Cook County Jail Complex

When ex-offenders return to unstable communities with little or no preparation for obtaining gainful employment, housing or access to healthcare services, their health, well-being and opportunities for remaining free are jeopardized. Many will be rearrested and returned to jail or prison for new crimes or parole violations. Others will face deteriorating health, poverty and despair. And, the already-disadvantaged communities will further decline as community organizations, families and neighbors bear the burden of providing care that they are ill-equipped to handle.

Many new released men and women, especially women, end up ill in the streets and in our emergency room because of neglect to their health care. There's nothing worse than seeing someone extremely ill, in the hospital, formerly incarcerated, who knew nothing about good health care or where to go. It's even worse when you don't have a roof over your head, you have no insurance and no support from family and/or friends.

–Thom Bell, Corrections Clinic Coordinator, the Ruth M. Rothstein CORE Center Clinic

THE NEED

Breaking the Cycle of Release and Return

They're not the poster children of America. So it is up to us—the public health officials and people that are inside of jails and prisons that have that desire and compassion to help people once they're released.

—Tamara Cox, Centers for Disease Control Public Health Advisor at the Chicago Department of Public Health

With the increasing number of HIV/AIDS cases identified in correctional settings, public health and corrections officials began to collaborate in developing a comprehensive approach to provide case management, assessment, health education, prevention and treatment to inmates prior to their release from correctional facilities through their transition into being healthy, contributing members of their communities. Most important was identifying and providing a network of robust support services for ex-offenders who are mostly unaware of or ill-equipped to identify and maneuver through the complicated processes required to access health care, job skills, employment, housing and even food.

The goal is between eight months to a year to stabilize each individual—to get them mentally stable, medically stable, deal with chemical dependency issues, family issues, anger management, job training. We have great programs that have 60% to 70% rate of employment, especially for HIV positive ex-offenders.

—Thom Bell, Corrections Clinic Coordinator, the Ruth M. Rothstein CORE Center Clinic

In the late 1990s, a federally-funded demonstration project was instituted in 6 states and the city of Chicago for five years to provide such services to areas with high incarceration and HIV/AIDS rates. In Chicago, the project was administered by the Chicago Department of Public Health and was known as the Illinois Public Health Corrections and Community Initiative, also called the Continuity of Care Program. Agency partners included the Cook County Jail, Cermak Health Services, the Ruth M. Rothstein CORE Center Clinic, the AIDS Foundation Chicago, Haymarket Center, and other agencies providing job training, transportation and housing. The results were impressive:

- **2,028 former inmates received services from Cermak Health Services and the Ruth M. Rothstein CORE Center Clinic.**

- **At the end of the Continuity of Care project in Chicago, only 23% had been reincarcerated—the majority (55%) were continuing to receive services or had successfully completed services and were living in their communities.**

Given the success of the demonstration project, the Illinois Continuity of Care Program continues today with state funding as the Chicago Corrections Community Re-entry Workgroup.

Community Benefits Outweigh Costs

While the costs in resources and human-hours are considerable, the benefits to the community are staggering. Better coordination and availability of services for returning inmates means criminal behaviors are reduced and fewer crimes are committed. With fewer crimes and fewer returns to jails and prisons, individuals, families and their communities are safer, more confident and more productive.

*(We provide) the housing, the food, the clothing, the support services, whatever we can do to help. **Make this person whole is what we're trying to do.***

We're a small agency with no money but we do a lot. I tell people "We're not pretty, but pretty effective." –Otis Williams, Executive Director, New Beginnings



BILLY

By the time he was ten years old Billy was a habitual runaway. He has rotated in and out of Illinois correctional facilities for more than 40 years. Billy has been shot in both legs, stabbed, and thrown through a plate glass window, receiving more than 400 stitches in the back of his head. At age 53, Billy has completed his GED, culinary training, and a long road to sobriety. He lives in Chicago, and talks candidly about his past, present, and the future he hopes will be available to others transitioning from incarceration.



My father used to beat my mom up all the time and I just didn't want to be at home. I would just run away and stay on the streets. I started getting locked up, started stealing, started drinking and after that it was just a vicious cycle that never stopped. I went through it for years. I would go to jail and get out and start the same thing all over again. When I would get released, they would give you \$10.00 or whatever and kick you out and say "Go here, go there" and that was it. There really wasn't treatment centers they would recommend.

I had a very bad temper, anger, I didn't want to be bothered. I would snap—lash out at people quick. It was really bad. All I did was get high. I mean just numb myself—I never knew that I had emotions—you know what I mean, because if I'm happy I'll get high, if I was sad I'd get high or whatever.

I never knew that I had these problems because I never talked to nobody about it. When I'm in jail, I just isolate myself. I just—I didn't know. I had nothing really until this time. When I got out and started seeing a psychiatrist and a psychologist at CORE I realized everything that was wrong with me. How I could help myself and deal with it, instead of just get high all the time? It's helped me a lot. It's like a one stop shop.



They're my family over there. I mean I know they care for me, they're for real, they're so excited to see how good I'm doing. It's unreal to have strangers like that just care so much about you. They can't believe how far I've come in so short a time.

I'm trying hard you know, and the people around me, they build me up all the time. And that really helps my self-esteem because I had such a low one for so long, I mean, I just didn't care about myself. And I think now I'm finally realizing why I felt like that. They point out things to me, why I was like that. I have a place to go to them with problems and I

leave there and I feel good. I have some stressful weeks but I come in my place at night and I'm just quiet. I work, I'm saving my money—I got a bank account. I'm proud of myself that I'm doing what I'm doing and its just showing me, too, that I can do it.

I think that ex-offenders really need these programs. I mean this program's great. I think that's why the prisons are so overcrowded now, because they have no programs to send everybody to. Most of the guys, they just kick them out on the streets, and it's still the same thing. Each prison will have double the amount of inmates that they should hold and I think if more programs were all over the city like this, the crime rate would drop because guys want help—they reach out for help.

I know for a fact that I don't want to keep going back—in and out, in and out. There's so many young guys you know, that really need the help while it's early—but they can't get it.

If something bothers me I'll call my case manager or my counselor or my whatever, so I don't have to go get myself in trouble.

HIV/AIDS

Most people are so afraid of ex-offenders returning home. They feel that HIV positive ex-offenders are what's increasing our numbers for new infections for HIV. It's the other way around. More people are entering the correctional system HIV positive and then coming back home.

—Thom Bell, Corrections Clinic Coordinator, the Ruth M. Rothstein CORE Center Clinic

While HIV testing is not mandatory in Illinois for offenders entering or exiting state, county or local correctional facilities, the number of state and federal prisoners who were HIV positive decreased 3.1 percent nationally—from 22,676 to 21,980 inmates between 2005 and 2006. (Bureau of Justice Statistics)

The percentage of Sexually Transmitted Disease (STD) cases amongst inmates in correctional facilities in Illinois varied between 3% (syphilis) and 4% (gonorrhea and chlamydia)—suggesting an equal percentage of inmates who may

be HIV positive, as all sexually transmitted diseases are transmitted via open sexual contact.

Whether an offender is entering a correctional facility with a HIV positive status or finds out that he or she is HIV positive after being released from a correctional facility is not the issue that puts the community at risk. The issue is making available awareness, prevention, testing and treatment services to the ex-offender so that his or her health is protected, and consequently, the community's health will be protected.



REVEREND DORIS GREEN

Reverend Doris Green is the Director of Correctional Health and Community Affairs for the AIDS Foundation of Chicago.

As a volunteer chaplain for the Illinois Department of Corrections, Reverend Green recognized the connection between transitional programs and recidivism.

We need programs for people coming out of prison just like we need programs for the people that are there. Most of us know that the population behind the prison walls returns into the communities. I saw the need of having the right type of programs in the community so people don't have to go back to the prisons.

We have intensive case managers that work specifically for people coming out of prison that are HIV positive. It gives them another level of support. There are services out there but with some of our clients, they're coming out and not knowing how to navigate the systems to receive the services. A case manager



would make sure that they stay in care, make sure that they stay on their regiment, make sure they make their doctor's appointments, and will make sure that they stay out of trouble. We want to wrap those kinds of services around people.

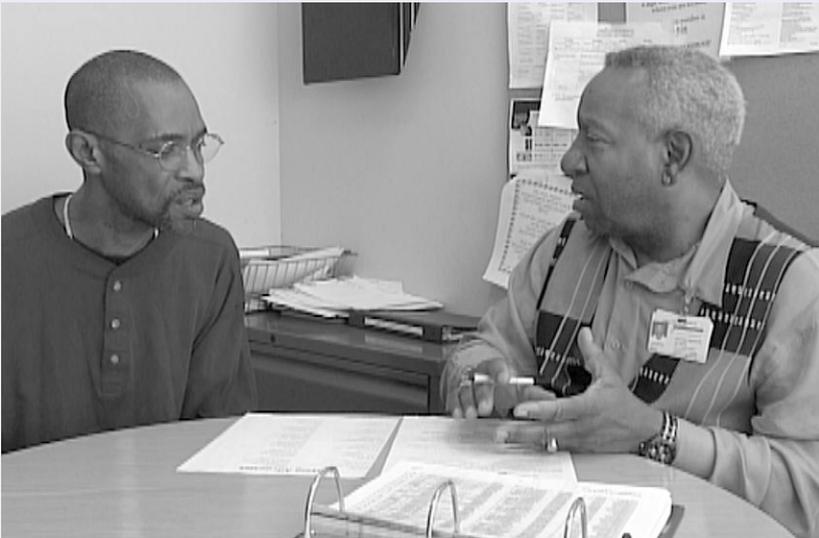
We see success all the time. When we can get a client when they are released from prison and get them into housing,

that's success for us. If we can see a client start a training program and complete that program, that's success for us.

My thought is when you strengthen the community you reduce the recidivism rate. When you reduce the recidivism rate, you empower our communities. We've got to stop thinking "lock them up." We've got to start thinking "what do we need to do to keep people home with their families?" Families are affected when people are sent away to prison. So we need to try to work on building the family structure, the community. We can do that with case management and we

can do that with support services. We can do that with primary care. We can do all of that.

All of our clients are HIV positive. A person coming out of prison that's HIV positive needs housing. They need refrigerators. They've got to keep their medications. They need a place to stay. They need the same services or even more 'wraparound' services to make sure that they can continue on their regimen and be adherent to their medication.



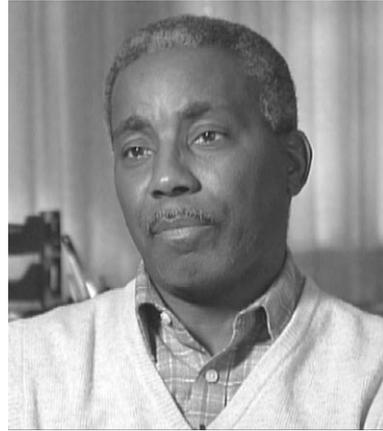
REDUCING RECIDIVISM CREATES HEALTHIER

I can't save anyone—but every time I help a person that helps *themselves*, it's very uplifting.

—Carl Jones-EI, Case Manager, Provident Hospital

Why should anyone “buy in” to the idea of supporting reintegration of ex-offenders into the community? Because an overwhelming consensus of service providers and administrators both within and outside of correctional arenas assert that a foundation of treatment, coupled with transitional support and intensive case management—**works**.

The Health Resources and Services Administration's “Opening Doors” report (2007) states that better services coordination for returning inmates can **“reduce criminal behavior, which in turn can translate into fewer crimes committed and fewer returns to jail or prison.”** The report praises this type of approach as having potential benefits for not only ex-offenders and their families, but equally for their communities.



Both research and experience-based models in Cook County, Illinois demonstrate that when ex-offenders find proactive alternatives to criminal behaviors, recidivism decreases. When those same men and women can also find health care services and a broad spectrum of primary and supplementary support, the communities they live in benefit.

COMMUNITIES

the buzz word right now all across the nation is re-entry

The number of ex-offenders who return to their communities from prisons and jails is staggering—and increasing. Over ten million people are released from local jails and state and federal prisons each year. Acting NOW to help ensure that they successfully reintegrate into their communities is vital—for their health and well-being, and their communities. Under the Second Chance Act of 2007, funds and directives are being provided to federal, state and local corrections and public health departments to provide services and resources to community-based organizations and agencies to assist ex-offenders with medical treatment, employment services, housing, identification and mentoring.

The ones that we're finding placement for housing, jobs, HIV primary care services—they're not going back to prison. They're living healthy and productive lives. —Tamara Cox, Centers for Disease Control Public Health Advisor at the Chicago Department of Public Health

Why should I care as a taxpayer?

If we can successfully intervene in the cycle and get this person off the street and help to fix some of these problems, they're less likely to be dealing or doing drugs in your neighborhood. They're less likely to be prostituting themselves on your street. —Dr. Chad Zawitz, Clinical Coordinator HIV Medicine, Cermak Heath Services



YVONNE

Yvonne says she led a charmed life. Happily married, with a successful career, she couldn't imagine being arrested, much less going to jail. A traumatic car accident on February 10, 1999 left her fighting to recover from serious injuries. As she healed physically, the rest of Yvonne's world fell apart. Within a year she found herself jobless, divorced, and quickly spiraling into a life of drug abuse, fraud, and theft. Life behind bars became her "walk through the valley of the shadow of death."

Comprehensive care services are helping Yvonne emerge from the shadows.

I'm coming out of the most traumatic, stressful, and frightening dark period I've ever experienced. My life disappeared in less than thirty seconds, and it can happen to anybody. Shoplifting became my job. I was stealing things and selling to people in disadvantaged communities and, of course, using their money to buy drugs. The guilt caused me to have a need to stop myself so that I became more and more obvious, until I was arrested frequently.



In and out of jail, Yvonne struggled with mental illness and tested positive for HIV.

I experienced drug addiction, bi-polar disorder, and was diagnosed with HIV and several other chronic illnesses. For the bipolar disorder, I was diagnosed during my frequent visits to the county. In jail, they had what they called the Continuity Clinic, and I was in the hospital unit where I received my bipolar meds. But it was the visit from doctors who explained to me about the CORE Center that's changed my life.

Before accessing the Ruth M. Rothstein CORE Center in Chicago, Yvonne faced parole with uncertainty. Internal and external circumstances left her strained, anxious, and returning to drugs.

I was diagnosed with bipolar disorder and with the stresses of being involved in the penal system, I was so overwhelmed by the fact that I'd ever been arrested, so overwhelmed by just all of these medical issues, I don't know that anybody can understand how overwhelmed I was.

I was doing probation in Lake County. I had mental health probation in Cook County. I would have to run to all these probation appointments and go to court and go to therapy and I would just smoke crack because I couldn't handle it. It wasn't that I didn't want to. Who wouldn't want to help themselves? Who wouldn't want to feel better? Who wouldn't want those things out of life? I can't think of anybody. But if you can't get them, you don't know how, there's no place to go, and you've got all this running around, not to mention that you

don't have the financial resources to go to all these places? The fear that I wouldn't make it back was another one of the things that was drawing me deeper into the cesspool, because I knew I did not have one more loss to go.

When I came out, CORE connected me with services for psychiatric care, for chemical dependency. When I got to go there and they gave me every single piece of care that I needed in one place, I stopped being so stressed out. They also gave me social services—bus fare when I needed it, food vouchers when I needed it. Those kinds of services saved my life.

Finding long-term solutions that help indiscriminately and treat individually.

You get to plan according to your own schedule. What really works best for me is the opportunity to call the Continuity Clinic and say 'look, these are the things that I need' and they will set me up with all of the appointments so that I can go and do everything in one day and stay there all day, or go for two straight days and then I'm done with all my care for the

month. That's going to make me go back to work and have a normal life.

To be able to go there and have that, it's unbelievable. It's like a miracle. I needed something that big to make the difference.

For the first time in eight years, Yvonne is living independently in her own apartment.

My joke was that I was running this race, every time I got one toe over the finish line they'd move it. CORE Center pulled me across the finish line. I can do for myself because this existed. I am so excited about being a taxpayer again so I can put my tax dollars into the pool. You're not just helping somebody for nothing. You're helping somebody to become a tax paying person so that they can keep the services going and keep the help going.



CORE SERVICES

Since 2005, the Chicago Community Re-entry Project has provided a robust network of support services to HIV positive ex-offenders in Chicago and Cook County, Illinois. Coordinated by the Chicago Department of Public Health, the network includes over twelve agencies and community-based organizations that offer the following services:

- Discharge Planning
- Housing
- Medical Treatment
- Identification
- Case Management
- Substance Abuse Treatment

If an ex-offender is stopped on the street by a police officer without identification, they can be returned to the correctional facility. Without a social security card, driver's license or state I.D., they can't get a job, housing, training or the medical attention required to succeed and live independently. That's where we come in—assisting the ex-offender in getting the correct documentation needed to obtain a social security card and valid identification. –Rev. John H. Crawford, Jr., Executive Director, F.A.I.T.H., Inc.

This collaborative network is built upon a foundation of relationships—relationships between the service provider and ex-offender, and relationships between service providers. The relationship building begins with the service provider contacting the offender while he or she is still incarcerated, and developing a highly structured case management plan, with a variety of needed services determined and scheduled. Once released, the ex-offender is contacted by the service provider—regularly—to ensure that appointments are made and resources are available.

Throughout the provision of services, providers maintain active communication with each other—referring ex-offenders to each other's services and participating on the Corrections Community Re-entry Workgroup, where they share information, plan and offer each other encouragement and support.

Most of our clients have substance abuse and mental health issues, so you can't look at any of them in isolation. They all go hand-in-hand and each one has an internal impact on the individual who feels victimized or judged. –Kenis Williams, Assistant Director, Haymarket Center

KENIS WILLIAMS

Kenis Williams is the Assistant Director at Haymarket Center in Chicago. Pairing a comprehensive substance abuse treatment program with abundant support services, Haymarket serves upwards of 18,000 people yearly, among them men and women making the transition from incarceration to community.

In the past, something that professionals and lay people have missed is that no social problem operates in an island. I mean, you can't deal with addiction if you're not dealing with mental health, if you're not dealing with family problems, social problems, poverty. Any social justice issue comes into play—everything interacts with and impacts other issues in someone's life. And we need to address it the minute we can, both inside and out.

Without that seamless transition, we're right back where we started—possibly even worse off than before we went into the DOC.



I can speak about fabulous successes, including one woman who came through our program and became an employee of my program at Haymarket Center. Things like that you can't put numbers on.

The minute you hit the street—getting out of incarceration—the whole world is right there open to you. Unfortunately, for some of us that big broad world is pretty narrow. They'll go right back to the same old people, places, things, behaviors, experiences and emotions they felt before they went in if we don't have the opportunity right then to find a positive change. Knowing right away, the minute they hit the streets, that someone cares enough to help—that can set the whole path.

By that immediate engagement, they get medical care, case management by folks that genuinely care about them. They can immediately get into treatment and can immediately get housing. There's not an opportunity for that bad bump to happen, the bump can be on a positive path.

Getting Things Done No Matter What

Haymarket Center has been around for about 30 years, originally serving folks who were primarily homeless alcoholics. Since then we've grown to everything from detoxification from all substances, all the way through recovery, home programming and ancillary services such as childcare, transportation, an on-site medical clinic, you name it. Anything that can be incorporated into helping someone deal with addiction and health problems, we try to provide one stop.

We put ourselves at risk because we don't realize we have value, because

we've been told by family, by society, that we're not worth protecting ourselves. Until you get to the core of what's really going on with someone, and until that person gets to the core of what's really going on with them, it's hard to make any progress in dealing with addiction or the criminal behavior that might go along with that. Or even the criminal thinking that could lead to future problems in any of those arenas. You have to deal with them all at once.

Breaking the Cycle—Finding Support

When someone comes out from a program like this and has developed the support systems that they needed and dealt with some issues that maybe they've never dealt with before, they're impacted, their family obviously is impacted, their loved ones, the community at large. Not only are they able to take care of themselves, they have fewer emergency room admissions, they have fewer criminal behaviors.

PROJECT PARTNERS



RE-ENTRY PROJECT PARTNERS

Project Administration

Chicago Department of Public Health
333 S. State Street, 2nd floor
Chicago, Illinois 60604
312-747-9865

Project Coordination

Public Health Institute of Metropolitan
Chicago
28 E. Jackson Blvd., Suite 700
Chicago, Illinois 60604
312-566-0285

Medical

Ruth M. Rothstein CORE Center
2020 W. Harrison St.
Chicago, Illinois 60612
312-572-4500

Medical & Case Management

Luck Care Center
1701 W. Monterey Ave., Suite 1
Chicago, Illinois 60643
773-233-5850

Medical, Discharge Planning & Case Management

Cermak Health Services at Cook
County Jail
2800 S. California Ave.
Chicago, Illinois 60608
773-869-4935

Case Management

AIDS Foundation of Chicago
400 S. Wells St.
Chicago, Illinois 60607
312-922-2322

Substance Abuse, Housing and Case Management

Haymarket
120 N. Sangamon
Chicago, Illinois 60607
312-296-1702

Housing

Jo Ray House
23 W. 115th St.
Chicago, Illinois 60628
773.568.2008

New Beginnings
2259 E. 73rd St.
Chicago, Illinois 60649
773-221-4750

Vision House
514 E. 50th Place
Chicago, Illinois 60615
773-624-9112

Identification

F.A.I.T.H.
5840 W. Chicago Ave.
Chicago, Illinois 60651
773-626-2429

Community Outreach

A Knock At Midnight
400 W. 76th St., 2nd floor
Chicago, Illinois 60621
773-488-2960

Capacity Building

Salud Latina
53 W. Jackson Blvd.
Chicago, Illinois 60604
312-913-3001

The
Ruth M. Rothstein
CORE
Center



WHAT YOU CAN DO

Summary

More than **ten million people** are released from local jails and state and federal prisons each year. Further, **95 percent** of incarcerated men and women will eventually be released from jail or prison.

Statistics indicate that **males comprise a 90% majority** of persons entering correctional facilities in Illinois. Of that 90%, a disproportionate 67% are African American, and nearly 48% of the re-entry population is **under the age of 31**. According to the Chicago Department of Public Health, 85% of former Cook County detainees are at risk for HIV/AIDS, substance abuse, and Hepatitis C. And in comparison with white males, research indicates that **African American men have ten times the incarceration rates, and six times the HIV rates.**

The majority (97%) of men and women in Illinois correctional facilities return to the most disadvantaged communities in Chicago and Cook County. Without identification, housing, training or good health, their chances for leading productive lives and being healthy are slim. The likelihood that they will violate parole or commit a crime are high—and returning to prison or jail likely. Further, the communities bear the brunt of their failings, in lessened security,

heightened poverty and inability to provide adequate employment and health care opportunities.

Intervention, in the form of comprehensive re-entry, medical and support services offers an overwhelmingly positive step towards breaking the vicious cycle of recidivism.

Increasing the number of re-entry programs available and access to those programs dramatically benefits communities, families, and individuals. Numerous studies indicate that creating, supporting, and improving coordination for these programs can **“reduce criminal behavior, which in turn can translate into fewer crimes committed and fewer returns to jail or prison.”** And when ex-offenders can also find proactive and treatment-based health care services, both they and the communities they live in benefit.



Steps You Can Take

As a community service provider, you can...

- Be informed about the number of people in your community who have been incarcerated and tailor programs for this population.
- Display service and outreach information prominently in locations that are easily accessible to ex-offenders and their family members.
- Develop and implement support groups for individuals and their families.
- Work collaboratively with post-release organizations in your communities.
- Be prepared to discuss the needs of this population with local decision makers.
- Support policies and legislation that support health and support services for the re-entry population.
- Participate in the Chicago Corrections Community Re-entry Workgroup.

As an employer, you can...

- Consider developing or enhancing your organization's ability to provide a supportive work environment.
- Share successful hiring experiences with other businesses.
- Create a positive work atmosphere that encourages employees to communicate schedule needs required to complete health care, re-entry program and parole requirements.

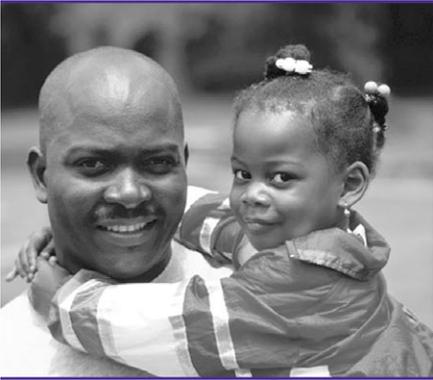


As a community member, you can...

- Organize a support group or community discussion group.
- Support businesses and service agencies who provide job-training and re-entry services to ex-offenders.
- Help educate and raise awareness.
- Encourage neighbors and community members to support re-entry programs.
- Create and contribute to a supportive community environment for ex-offenders.

As a family member, you can...

- Attend support groups and meetings with your family member.
- Make it safe and comfortable for your family member to discuss challenges and needs of re-entry.
- Understand the scheduling needs necessary for service and parole appointments, and facilitate your family member's ability to make and keep those appointments.
- Learn about services for ex-offenders, and encourage other family members to do so.



For additional information or to request a copy of the DVD, call the
Chicago Department of Public Health. Division of STD/HIV/AIDS
at (312) 747-9663.



City of Chicago
Richard M. Daley, Mayor

Chicago Department of Public Health
Terry Mason, M.D., Commissioner



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