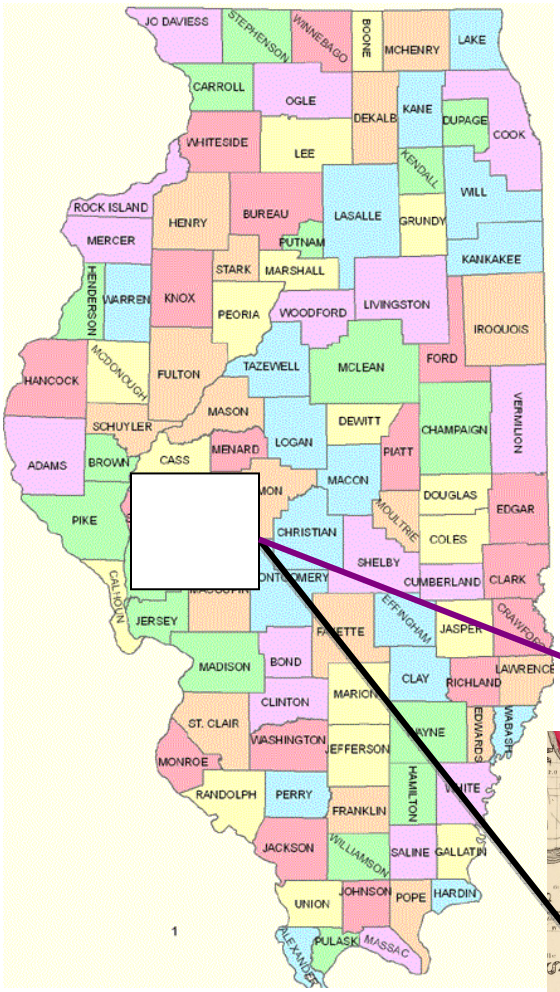


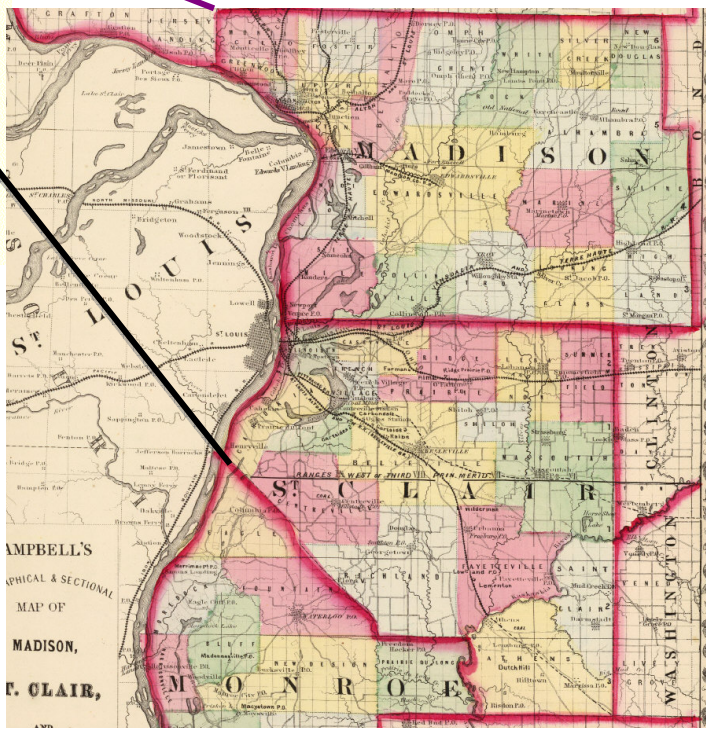


# Appendix

## Madison and St. Clair Counties: Offender Re-Entry Housing Planning Report

July 31, 2009

# Madison and St. Clair Counties
# Offender Re-Entry Housing Planning Report

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## I: Mission Statement for the Metro-East Reentry Planning Effort

By balancing public safety, best practices, and fair treatment of offenders reentering southwestern Illinois, we will identify, plan, implement, and sustain an effective system of support and interventions to enable offenders to become productive and healthy members of our families and communities.

This report has been produced to fulfill the requirements of a planning grant issued by the Corporation for Supportive Housing, in partnership with the Illinois Department of Corrections, to Chestnut Health Systems, Inc., to assist representatives of local government, communities and organizations begin to assess the need for reentry housing in southwestern Illinois.

The report was produced by John Harvey, Program Development and Grant Consultant employed by Chestnut Health Systems, with the assistance of Kathi Morris, DeWayne Sanders, treatment staff, and consumers of the agency. Special thanks to John Fallon, Val Harris, Dana Rosenzweig, and George Chester.

## II: Acknowledgments

The following persons and organizations demonstrate a commitment to assisting reentering offenders, and their work has an important part of developing a readiness to improve our local capacity to address the needs of ex-offenders. Most directly contributed information, time, and support for the Reentry Housing Plan:

Bethany Place/AIDS Service Organization, Belleville
Robin Blanton, IDOC Placement Resource Unit, East St. Louis
DeWitt Campbell, Regional Director, Salvation Army
Catholic Urban Programs, East St. Louis
George Chester, Deputy Director, 20th Judicial Circuit Probation & Court Services
Judy Dallas, Director of Madison County Probation and Court Services, Edwardville
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DeWayne Sanders, Associate Director of Housing Administration, Chestnut
Dave Stoecklin, Director, Madison County Employment & Training
Susan Taylor, Director of Adult Substance Abuse Services, Chestnut
Urban League of Metropolitan St. Louis
Linda Van Dyke, Chief Probation Officer, Madison County Probation, East Alton

We also acknowledge the contributions of ex-offenders in local housing, education, and treatment programs who shared their experiences and observations about the issues involved in returning to community life.

## III. Background Information on Madison and St. Clair Counties

Madison County has a population of 268,000. There are 29 incorporated municipalities within the County, and the largest municipality has a population of approximately 31,000. St. Clair County's population is approximately 262,000. The County has 28 municipalities, with the largest having a population of approximately 41,000. Madison and St. Clair Counties constitute most of the eastern portion of the St. Louis, Missouri Standard Metropolitan Statistical Area.

The Mississippi River forms the western border of the Counties. Two features led to the development of substantial industry in the region during the early to mid 20th century. The area lies to the east of the major population center of St. Louis, and the prevailing winds in the area move from west to east, thus sparing St. Louis proper from the worst effects of heavy industry along the Illinois side of the River. In addition, a wide floodplain known as the American Bottom covers the western third of the two-County area, and provided flat land and ready access to water and rail lines. Steel mills, oil refineries, rail yards, chemical, grain, paper, meat-packing, and metal processing plants extended along the western edge of the area. Typical of Midwestern "rust belt" economies, these industries have downsized, and the area has lost traditional manufacturing jobs. The region has a mix of inner city urban areas, suburban communities, and small farming communities in the eastern third of the Counties.

Paradoxically, during this time of industrial decline, both Counties are experiencing significant growth. The St. Louis area is noted for low-density growth: while the St. Louis metropolitan-area population grew 35 percent from 1950 to 1990, its urbanized land area grew 10 times faster during that same period, at 354 percent (East-West Gateway Coordinating Council). As suburbs in the Missouri counties to the north and west of the city have grown, developers have bought Illinois land within commuting distance of Missouri, and promote new subdivisions, good schools, and safe neighborhoods. Between 1990 and 1994, more people left the city of St. Louis than any of the 35 largest cities in the country, according to the St. Louis Post-Dispatch in 1996. As the trend continues, slowed somewhat by economic downturn, annexation of farmland and spreading subdivisions have transformed formerly rural and small towns into bedroom communities with new housing stock, retail development, and improved infrastructure.

The area is increasingly divided into two types of areas: relatively affluent suburban communities and impoverished, struggling communities characterized by loss of jobs, reduced tax base, older and deteriorating housing stock, racial segregation, poverty, and higher rates of substance abuse, mental illness, and violence.

The following table shows how basic demographic facts vary in six communities in the region:

| | Madison Co. Municipalities | | | St. Clair Co. Municipalities | | |
|---|---|---|---|---|---|---|
| | **Alton** | **Granite City** | **Edwards-ville** | **Belleville** | **O'Fallon** | **East St. Louis** |
| **Population (2006 est.)** | 29,269 | 30,593 | 21,491 (2000) | 41,095 | 21,910 (2000) | 29,448 |
| **% living under poverty** | 18.7% | 11.3% | 8.6% | 11.7% | 5.0% | 35.1% |
| **Median Household income** | $31,213 | $35,615 | $50,921 | $35,979 | $66,262 | $21,324 |
| **Median Home Value** | $56,500 | $57,200 | $99,200 | $70,500 | $121,400 | $41,800 |
| **High School Graduates, in total population aged 25+** | 81.2% | 77.8% | 92.6% | 83.8% | 92.3% | 66.3% |

In southwestern Illinois drug arrests have increased at a significantly higher rate than elsewhere in the state. The rate for index drug arrests increased 12% in Illinois overall between 1997 and 2007, but in the southern Illinois region index drug arrests increased 53%. Controlled substance arrest rates increased 29% in Illinois between 1997 and 2007, and increased 82% in southern Illinois. Madison County ranked fifth in the state for arrests for controlled substances and drug treatment admissions in 2003. The adult probation caseload increased 35% in the southern region over the same period. The state Office of Alcoholism and Drug Abuse reported an 89% increase in admissions to treatment from the counties in the reporting region in 2002, compared with admissions in 1989. Approximately 62% of admissions were for abuse of illicit substances. Statewide, admissions for abuse of prescription opoids in 2007 were 11 times the 2002 admission rate, with local admissions showing a roughly similar increase. (Illinois Criminal Justice Information Authority, 2009).

Madison and St. Clair Counties are target areas for the Corporation for Supportive Housing/IDOC initiative because of the high numbers of persons residing in state correctional facilities and felons under correctional supervision. According to **Inside Out**, the report of the Governor's Community Safety and Reentry Commission released in 2008, Madison County was among the top ten regions in the state for these populations. St. Clair County ranked 8th overall in the state for index offenses, and ninth for felons under correctional supervision. As the Commission report noted: "A city of only 31,542 residents, East St. Louis is ranked eighth among Illinois cities with respect to the number of returning parolees in fiscal year 2005. Its rate of returning parolees per 1,000 resi-

dents is more than double that of Chicago and surpassed only by the Cook County suburb of Maywood among high-impact cities. Over a third of the population (35 percent) is below the poverty line with nearly half (49 percent) of those under the age of 18 living in poverty. The median household income in the city is $21,324 (nearly $1,000 less than the federal poverty level for a family of four)."

| | Madison | St. Clair |
|---|---|---|
| **Total Population** | 268,078 | 262.291 |
| **% White** | 89.7 | 67.6 |
| **% African American** | 8.2 | 29.4 |
| **% Hispanic** | 2.1 | 2.7 |
| **Federal Spending (2007)** | $1,917,753 | $2,719,724 |
| **Retail Sales (2002)** | $2,523,360 | $2,601,325 |
| **IDOC Prison Population (June 20, 2008)** | 817 | 710 |
| **IDOC Parolee Population (June 20, 2008)** | 569 | 603 |
| **Adult Felony Probation (2007AOIC)** | 1,456 | 1,462 |
| **Probationers ordered to: -Alcohol/drug tx** | 233 | 48 |
| **— Mental health treatment** | 36 | 36 |
| **— TASC evaluation** | 299 | 261 |

**Parole Statistics:**

| Madison/St. Clair County Juvenile and Adult Population by Zip Code - 3/08 | | | | | | |
|---|---|---|---|---|---|---|
| ZIP Code | City | State | Direct Discharge | Supervised Discharge | Parole Population | Juvenile Parole |
| 62002 | ALTON | IL | 22 | 126 | 146 | 21 |
| 62040 | GRANITE CITY | IL | 11 | 116 | 122 | 10 |
| 62205 | EAST AT. LOUIS | IL | 9 | 93 | 84 | 4 |
| 62206 | EAST ST. LOUIS | IL | 14 | 68 | 78 | 3 |
| 62204 | EAST ST. LOUIS | IL | 13 | 54 | 71 | 7 |
| 62220 | BELLEVILLE | IL | 7 | 46 | 58 | 5 |
| 62234 | COLLINSVILLE | IL | 16 | 45 | 52 | 5 |
| 62203 | EAST ST. LOUIS | IL | 7 | 37 | 47 | 1 |
| 62207 | EAST ST. LOUIS | IL | 7 | 37 | 43 | 3 |
| 62060 | MADISON | IL | 4 | 37 | 43 | 1 |
| 62226 | BELLEVILLE | IL | 7 | 44 | 37 | 5 |
| 62201 | EAST ST. LOUIS | IL | 4 | 79 | 37 | 4 |
| 62025 | EDWARDSVILLE | IL | 10 | 19 | 37 | 5 |

| 62024 | EAST ALTON | IL | 4 | 17 | 31 | 2 |
|---|---|---|---|---|---|---|
| 62221 | BELLEVILLE | IL | 5 | 23 | 30 | 3 |
| 62223 | BELLEVILLE | IL | 4 | 17 | 29 | 2 |
| 62269 | O FALLON | IL | 3 | 13 | 29 | 2 |
| 62095 | WOOD RIVER | IL | 2 | 22 | 29 | 0 |
| 62208 | FAIRVIEW HEIGHTS | IL | 1 | 25 | 28 | 3 |
| 62035 | GODFREY | IL | 1 | 14 | 28 | 1 |
| 62232 | CASEYVILLE | IL | 2 | 20 | 21 | 3 |
| 62018 | COTTAGE HILLS | IL | 2 | 9 | 10 | 0 |
| 62239 | DUPO | IL | 0 | 7 | 10 | 0 |
| 62090 | VENICE | IL | 2 | 7 | 10 | 1 |
| 62249 | HIGHLAND | IL | 2 | 7 | 9 | 0 |
| 62254 | LEBANON | IL | 0 | 4 | 9 | 0 |
| 62010 | BETHALTO | IL | 1 | 9 | 8 | 1 |
| 62034 | GLEN CARBON | IL | 0 | 6 | 8 | 0 |
| 62257 | MARISSA | IL | 0 | 4 | 7 | 0 |
| 62258 | MASCOUTAH | IL | 1 | 2 | 7 | 0 |
| 62294 | TROY | IL | 1 | 7 | 7 | 1 |
| 62240 | EAST CARONDELET | IL | 0 | 4 | 6 | 0 |
| 62087 | SOUTH ROXANA | IL | 0 | 9 | 6 | 0 |
| 62062 | MARYVILLE | IL | 0 | 3 | 5 | 1 |
| 62260 | MILLSTADT | IL | 0 | 3 | 5 | 0 |
| 62255 | LENZBURG | IL | 0 | 0 | 3 | 0 |
| 62097 | WORDEN | IL | 1 | 4 | 3 | 0 |
| 62084 | ROXANA | IL | 1 | 3 | 3 | 0 |
| 62281 | SAINT JACOB | IL | 1 | 0 | 3 | 0 |
| 62243 | FREEBURG | IL | 0 | 0 | 2 | 0 |
| 62264 | NEW ATHENS | IL | 1 | 1 | 2 | 0 |
| 62285 | SMITHTON | IL | 0 | 1 | 2 | 0 |
| 62067 | MORO | IL | 0 | 1 | 2 | 0 |
| 62074 | NEW DOUGLAS | IL | 0 | 1 | 2 | 0 |
| 62021 | DORSEY | IL | 1 | 1 | 1 | 0 |
| 62048 | HARTFORD | IL | 0 | 1 | 1 | 0 |
| 62061 | MARINE | IL | 0 | 0 | 1 | 0 |
| 62001 | ALHAMBRA | IL | 0 | 0 | 0 | 0 |
| 62225 | SCOTT AIR FORCE BASE | IL | 0 | 0 | 0 | 0 |

## IV: Planning Process and Unique Features of Regional Efforts

**Planning Process:** In order to determine the most effective means of gathering and presenting information, soliciting input, and working toward a regional response to the needs of returning offenders, project staff met with probation and correctional administrators, representatives of the local mental health boards, and advocates and agency representatives active in Continuum of Care activities in both Counties. Rather than forming one large and unwieldy body of persons not accustomed to collaboration, project staff and County representatives decided to "decentralize" the planning efforts. To do this, project staff and Chestnut Health Systems representatives currently engaged in Continuum of Care activities and programming for offenders met individually and in small groups with homeless advocates, domestic violence advocates, educators in the adult basic education system, housing providers, supported employment and Workforce Development staff, probation administrators, TASC staff, veterans advocates, family service providers, violence prevention staff, a representative of the John Howard Association, the local IDOC Placement Resource Unit representative, staff from mental health and substance abuse treatment, Illinois Department of Human Service staff, and elected municipal officials.

Through discussions with CSH staff about the complexities of local turf issues, it was determined that one planning grant could not really do justice to the needs of both Counties. Furthermore, the grantee for the region, Chestnut Health Systems, does not currently provide services or housing in East St. Louis, which is a priority area of great need. This plan addresses the ***general*** needs of both Counties, and we propose herein a supported housing project best suited for southern Madison County. Additional supportive housing in the East St. Louis area is needed, and Chestnut Health Systems will collaborate with any culturally appropriate agency or group that ultimately chooses to assume responsibility for developing housing there.

**Unique Features of the Region:** Discussions with the variety of representatives listed above yielded rich information about what factors differentiate this area from other areas. It may be the case that other target areas face problems similar to those identified by participants. However, people who addressed the issues associated with developing a local response to address the needs of returning offenders returned again and again to the gaps and fragmentation of area services. In particular, participants felt that statewide efforts to address social problems are often based on a view of southwestern Illinois from the 'far distance' of Chicago—a view that misses and obscures the intricacies of politics and local demography.

- **Although home to over a half million people, Madison and St. Clair Counties do not have a large, dominant population center.**

  — No single municipality is large enough to provide the support needed to sustain a comprehensive program to address the needs of populations with multiple needs and barriers, such as reentering offenders.

  — There is little functional integration of municipal and township government services across subregions of the area, resulting in fragmentation and duplication of effort, barriers to effective communication, and development of turf battles and low-level strife. Rural areas, in particular, are impacted by the lack of integration.

  — The historical role of County government has been limited to several vital functions: to serve as a broker and conduit of state and federal funding for municipalities; to provide basic environmental oversight, law enforcement, economic development support, zoning regulation, and similar statutorily-defined functions to unincorporated areas; to provide criminal justice and community corrections.

  — At the County level, single-party politics have dominated for several generations in both Counties.

  — Regional planning affecting the two-County area has been typically limited to infrastructure and related economic development, and has been largely conducted by non-governmental, advisory, and not-for-profit entities.

  — Extreme concentrations of poverty, substandard housing, and associated problems exist in the region, as well as prosperous bedroom communities with new housing stock and retail development. No single municipal government or constituency group has assumed responsibility for conditions outside narrowly defined boundaries of fragmented sub-regions.

  — The city of East St. Louis, along with the St. Clair townships of Stites, Canteen, Stookey, and Centreville, have traditionally received state and Federal funding streams for a variety of services, such as mental health and substance abuse treatment, public housing, and employment and training programs, separate from the balance of St. Clair County. Considerable tension—racial and political— has existed between the differing cultures and operating styles of the local power structures of East St. Louis and other areas of the County.

  — The lack of a single large municipal area has limited the visibility of populations like returning offenders, homeless persons, and vulnerable citizens. A portion of persons and families, perhaps those desiring the anonymity afforded by a large and diverse metropolitan area, migrate across the River to St. Louis during crisis periods.

— While "Get Tough" policies on crime are popular locally, there is little discussion about the cost-savings achieved by effective monitoring, rehabilitation, and community reintegration of offenders compared to incarceration in state prisons or local jails.

— The primary method of organizing publicly-funded social services in the state is through contracts between private not-for-profit providers, some statewide and some locally based, and one or more of the state executive agencies. These contractual relationships form the basis for funding and oversight of most supportive social services which might be needed by homeless persons. Local and County jurisdictions, however, are outside this contractual system, and there is limited accountability on the part of service providers to local governments.

— As outlying parts of the St. Louis metropolitan region and economy, Madison County and St. Clair Counties have not developed a clear shared, regional identity. Local network television media, the major metropolitan newspaper, and radio stations with the largest market share all originate in St. Louis. They reflect an identity of the region as a singular entity. The Illinois Counties of Madison and St. Clair, although geographically nearby, and constituting one quarter of the population of the region, are not consistently portrayed in any detail through the major television or radio outlets. A significant portion of residents commute to St. Louis for employment, major league sporting events, entertainment, cultural institutions, recreation, medical services, airline travel, and retail shopping. Often more likely to travel west in pursuit of these activities, Illinois residents typically do not travel extensively within the two-County area for similar purposes. Travel within the two-County area is frequently more circuitous, and takes longer, than travel to St. Louis city and its environs.

## V: SWOT Analysis

### STRENGTHS

**Both Counties**

- Part of metropolitan area with greater availability of resources, employment opportunities, housing, services
- Proximity to St. Louis and effective programs for ex-offenders
- Availability of services for persons with co-occurring disorders
- Agencies with strong supportive housing experience
- Culturally diverse service providers
- Variety of housing stock and residential opportunities
- Large Federally Qualified Health Center w/ mandate to serve indigent and uninsured populations
- Active Homeless Continuum organizations and coordinated homeless prevention activities

**Madison Co.**

- Community College commitment to serving special populations
- Diverse supportive housing
- Well-established Drug Court

**St. Clair Co.**

- Established services for persons with HIV
- Some neighborhood-based services
- IDOC facility with substance abuse treatment

### WEAKNESSES

**Both Counties**

Weaknesses are discussed in detail in Section IV. above.

### OPPORTUNITIES

- State's need to downsize IDOC may heighten awareness of importance of developing community responsibility for addressing the needs of ex-offenders
- Federal stimulus funds and Neighborhood Stabilization Funds may encourage and/or require some local government commitment to affordable housing for persons with disabilities
- Local recovery movement can provide support and entry into community life for returning offenders
- Local probation departments support the need to strengthen community corrections and service systems for returning offenders

**THREATS**

**Both Counties**

- Local municipalities, growth associations, developers, and most elected officials are interested in new suburban development that makes communities attractive to persons moving into the area, and would perceive the presence of returning offenders as in conflict with this interest.
- A very significant 'Not-In-My-Backyard' (NIMBY) response is already underway or has occurred in multiple communities across the area, directed against homeless shelters, a faith-based provider of outreach to street populations and chronic inebriates, a sex offender counseling site, and supportive housing for persons with disabilities.
- Budgets for a wide variety of supportive services—including homeless services, mental health and substance abuse, supported housing, emergency services, and community corrections—are being reduced significantly at this time of state fiscal crisis.
- Concern for public safety and the perceived threat of ex-offenders can at any time escalate in specific locations, and this complicates efforts to develop a sustained response to offenders returning to their home communities after incarceration.

## VI: Challenges and Needs Identified by Project Contributors

Participants in the collaborative planning for this report emphasized **the impact of the economic downturn** on the willingness and capacity of state and local authorities to address the needs of returning offenders with a substantial (and needed) commitment of **new** funding and resources. Over and over, representatives from organizations and communities in both Counties expressed concerns that the goals of this project, and the recommendations of the Governor's Reentry Commission would not be successfully implemented. "Where will the money come from?" was a common question.

Members of both Continuum of Care coalitions were particularly frustrated and disheartened by the **NIMBY** actions of local municipalities aimed at organizations that serve homeless and offender populations. Recent developments include:

- This spring Madison County chose to close a Shelter Care Home it had operated since the 1920's, and worked with Chestnut to develop and partially fund a supportive housing project to house some of the residents with behavioral disorders. However, a local municipality failed to approve the project, even though zoning

and other legal requirements were met, and the project was to be located in an existing congregate apartment complex. Only after bringing suit in Federal Court was the agency was able to proceed with the project, after considerable delay and obstruction.

- Another municipality in Madison County several years prior had concluded that an existing apartment complex with supervised housing units for agency consumers violated a local ordinance, because the provider had failed to register as a business. The municipality went so far as to set up a police substation across from the housing office, to more closely 'monitor' residents with serious mental illness. After a protracted Federal suit, the agency won the right to continue operations.

- A municipality in southern Madison County has passed an ordinance governing rental housing that indicates that any violation of law, including but not limited to drug use, will result in invalidation of a lease arrangement. Supportive housing, faith-based outreach, and a homeless shelter are currently sited in this jurisdiction, and staff experience guarded relationships with local authorities. The stated intent of the ordinance is "to discourage the use of residential rental properties as an unsupervised haven for criminal activity and drug-related offenses".

- The Salvation Army recently closed a homeless shelter in a municipality in St. Clair County, after a long period of conflict with the city over the disclosure of the names of persons residing in the facility. Local residents attributed a rise in criminal activity in the neighborhood to shelter residents, and the city passed an ordinance in July requiring any homeless or domestic violence shelter, warming center, or other temporary residence to obtain a special license, and to provide police with names of all temporary residents. The ordinance states: "No owner, operator, or manager of a shelter shall allow a person to occupy a shelter unless said person has completed a criminal history/warrants check with the City of [Name Withheld] Police Department, signed an agreement stating that he/she understands that the stay is for a temporary period, and does not intend the shelter to be a permanent residence."

It is important to understand that there is substantial support among homeless advocates and providers, treatment professionals, and the recovery community for developing a local response aimed at reintegrating returning offenders and helping them achieve meaningful lives. The stigma and resistance to doing so appears at this point to be common among elected officials and municipal authorities. With proper assistance to address this resistance with effective programs and funding from multiple sources, we believe that a good local response is possible.

It is difficult, at present, to imagine how local providers will be in a position to extend special or intensive services to returning offenders, given the cutbacks in social services currently underway. As one representative noted, "We're trying to figure out how to keep serving the people we have. We don't even know what our contract will be. It's really hard to wrap your mind around what to do for ex-offenders, who will need a lot, when you don't even know how to do the same as you have with less funding."

Throughout our meetings with the participants in planning, there was widespread agreement and clear recognition of the needs of returning offenders: housing and healthy living environments, jobs, assistance overcoming stigma, assistance managing risk behaviors, treatment for behavioral disorders, income support, medical care, faith-based outreach, healing of rifts in family and social life, and linkage with recovery and prosocial interests and people.

## VII: Challenges and Barriers Experienced by Ex-Offenders

Ex-offenders in supported housing, substance abuse treatment, case management, and supported employment services participated in discussions of the challenges and barriers they faced in returning to local communities.

- **Difficult to come back home.** Sometimes persons feel the last six months of their stay in IDOC was a severe challenge, that obstacles and provocations arose, some initiated by correctional staff, to "try to get you to mess up, so they can keep you longer. They like that, some of them." As a result of this, and of having had behavior and movement tightly controlled, persons come out defiant, wanting to control every aspect of their own lives, and "not take anything from anybody. This gets you in big trouble before you know it. That's why a lot of guys go right back in. They can't fit in out here." "You gotta know how to talk to someone when they're just out, how to look at them right and not get them going."

- **No place to stay.** Some people are released with an address of a shelter, or are expected to go to a family member's residence and move right in. Most returning offenders have experienced some homelessness. One stated that he had lived for several years in abandoned buildings and slept in laundromats, in between stays with acquaintances. "I used to know when to wake up and move so the cop coming around in front of the Laundromat wouldn't see me in there.

I got good at that." People who don't want to get sent back adapt to not having a stable residence, although all say that good housing is very important.

- **Hard to stay out of bad situations.** One man who got connected with AA stated that the Serenity Prayer was the best thing that ever happened to him, that "as long as I could just tell myself I didn't have any control, just deal with that, I could calm down." Often, returning offenders don't have a network of people who they trust, and find it very easy to drift into interactions with people doing things they know will lead them into violating parole. No one was able to say much about having had any preparation for exiting IDOC, or having skills or information about where to go to be accepted and stay straight.

- **Employers mostly either reject or take advantage of ex-offenders.** "If you do get a job, it will be the dirtiest one, and you can't ever move up. They keep you at the bottom." Persons reported prejudice, innuendo, suspicious or confrontive supervisors, and overall lack of trust about whether they would last on the job or could be relied on. "Mostly the first they hear that you been in, that's it. They don't want you." Several people expressed anger and despair about how they are treated by prospective employers, law enforcement, and others: "It's like double persecution. You did your time, you're out—it don't matter. They don't know anything about what you did, or they only know that and nothing else about you. But that's it, you can't ever get past it that you were in prison. That's all they want to know about you."

## VIII: Recommendations

- Work with state level advocates for returning offenders to identify mayors, police chiefs, and business men in Illinois communities who have witnessed the success that can come from effective reentry housing and services, and contact these people (surely there are some!) to assist in making the case to local elected officials and community representatives.

- Locate and use examples of cost-effectiveness of supported housing, work programs, and support services for returning offenders compared with the costs of recidivism and maintaining them in institutions.

- Develop a slow and quiet campaign to reduce stigma and increase awareness of what will take to truly integrate offenders back into the community.

    - That means contacting people with information, showing people how most risks can be managed in the community with the right kind of structure and support.
    - Bring ex-offenders with you to encourage people to put real faces and stories with the issue.
    - Reach out to families with members in prison—ask for their help in raising awareness and reducing stigma.
    - Have successful family members of returning offenders talk about their hopes and concerns for their loved one.
    - Don't accept fear-based discrimination.

- Find local champions who can speak out for the needs of returning offenders.

    - "Call out" the faith-based community on their stated mission of extending mercy and understanding to all vulnerable and troubled people, and ask them to take the lead in talking to local elected officials.
    - Find congregations who will work with housing and service agencies, who will 'adopt' returning offenders and welcome them into the community.
    - Try to get the more affluent churches to take part in this effort

- Make this an inter-racial effort, and have white and African-American representatives visibly working together to improve our response to returning offenders.

- Improve communications and work with the Department of Corrections to get information about returning offenders **before** they come out.

    - Agencies involved in the Continuum of Care coalitions should designate staff people to be liaisons with IDOC—make it easy for DOC to find you and to give you information. (Are there confidentiality concerns that need to be addressed?)
    - Have a small group of case managers and housing people come up with a checklist of information needed—what's the very basic information you need that will facilitate a smoother entry into services?
    - Figure out who in IDOC a group from each County could come and talk to about local initiatives for returning offenders.
    - This may be a pipe dream, but don't just let it be DOC's responsibility to figure out what to do with people from **our** communities.

- Form on-going subgroups, through the Continuum of Care in each County, to keep planning for reentry an active thing we do in this area.

    - It may be good to have one group for the Alton area, one group for the Tri-Cities (Granite City, Madison, Venice) area, one group for Belleville, one for East St. Louis, and maybe one for Cahokia.
    - Where are offenders from, and most likely to return to?
    - Each of the areas with a significant group of people in prison should have a group with some understanding of who will be getting out, what the housing needs are, etc.

- Consider asking the 708 Boards in each County to co-sponsor a training or educational event on offenders with serious behavioral disorders.

    - Both jail and prison populations contain a substantial proportion of people who probably aren't getting basic treatment services. There is excellent material from the GAINS center and other national organizations about how community alternatives, treatment and supervision can meet public safety concerns and reduce costs of institutionalization.
    - Invite a cross-section of community leaders, and get several prominent people from each County to contact them on behalf of the reentry effort.
    - Use the event or events to recruit any elected official or law enforcement representative who demonstrates a willingness to consider how to work with providers and faith-based groups to help offenders reintegrate into local communities.

- Develop supportive housing for IDOC offenders with the most severe behavioral disorders.

    - Work out clear arrangements with IDOC about how to collaborate in orienting offenders to supportive housing, and in the appropriate supervision of offenders while in housing.
    - Figure out how to balance the staffing advantages of congregate sites (almost impossible to imagine in the current climate) with the need to scatter units for offenders.
    - Would it be possible to partner offenders with consumers who have achieved some level of recovery?
    - Agencies will need to get savvy on management of risk. Who can and can't placed in supportive housing as it is currently delivered?

- The state of Illinois should and can reduce spending for institutionalization of offenders with serious co-occurring disorders by investing money in community-based supportive housing, specialized treatment, employment services, and enhanced supervision.

    - The state should explore working with local Probation Departments to collaborate on the reintegration of offenders.
    - St. Clair County currently works closely with the Forensic Unit at Alton Mental Health Center, and supervises persons with needs very similar to the IDOC population with behavioral disorders.

- Illinois should invest funding in housing, employment services, and community supports for offenders returning to local communities. Many of these offenders can make a successful adjustment, and the odds of doing so are enhanced by providing returning individuals with multiple opportunities to belong, learn appropriate community expectations, develop skills, earn money, and contribute to society.

## IX: Proposed Project: Supportive Housing with Employment Services

**Need Statement:** Chestnut Health Systems is an experienced provider of supportive housing for adults with serious mental illness and co-occurring substance abuse, currently operating over 190 units. Clearly, the agency realizes the value and need for supportive housing with wraparound services for those persons who might be unable to succeed in the community. Returning offenders with serious co-occurring behavioral disorders will benefit from supportive housing. However, to truly achieve integration and move toward self-sufficiency and a status as full members of the community, involvement in employment and employment-related activities is key. This project assumes that all returning offenders with co-occurring disorders will benefit from work experience, and that the continuum of employment services and supports described here present the best possible means of restoring and building self-efficacy, belonging, and dignity.

- **Returning offenders with co-occurring disorders entering supportive housing experience multiple barriers to successful integration into the community.**

Even though they experience multiple symptoms and acute distress, returning offenders with co-occurring disorders—like many persons experiencing difficulties associated with substance use and emotional difficulties— may strongly resist identifying themselves as in need of substance abuse or mental health treatment, and resist association with persons in the state's target population of serious mental illness. SAMHSA data indicates that 73% of people meeting criteria for drug treatment do not perceive the need for treatment, with an even higher percentage (88%) of people abusing alcohol not perceiving a treatment need (figures quoted by H. Westley Clark, MD, in White, 2006). Persons with co-occurring mental illness and substance abuse often experience severe negative symptoms and difficulties in cognitive functioning resulting from their illnesses. In particular, negative symptoms tend to impact work performance. Employment services alone cannot adequately address the impact of these barriers, unless carefully integrated with treatment, cognitive skill building, relapse prevention planning, and peer-based community support for long term recovery in natural settings (Harvey, et al., 2005). Offenders who have experienced multiple life difficulties, such as unemployment and chronic homelessness, are quite adaptive, and may have survival behaviors that make it difficult for them to experience safety or a sense of well-being.

Many ex-offenders have only some high school education, although they may have limited literacy skills. In addition they often have had extensive involvement in the criminal justice system prior to incarceration, very limited work histories, and histories of exposure to abuse and trauma. They may have a reduced sense of self-efficacy, low self-

esteem, and a poor view of their capacity to succeed in a work setting. Through successive crises and disruptions in community living, they may have strained relations with family members and friends, who would be natural allies in any effort to pursue recovery through work and employment-related activities.

- **Returning offenders with co-occurring disorders experience significant community barriers to entering appropriate competitive employment.**

Widespread stigma toward persons with disabling psychiatric conditions exists in society, based on negative stereotypes. Employers, no less than the public in general, may doubt that persons with disabilities can work, want to work, or will work. Further, they question the reliability of ex-offenders, and express concern about their capacity to adapt and fit into a workplace. Within local communities, although there are opportunities for returning offenders to engage in treatment and effective self-help groups, there are no organized efforts to link persons in recovery with persons newly entering the community after incarceration. Outreach to employers to reduce stigma aimed at ex-offenders is difficult to achieve on a consistent basis, given the dispersed settlement pattern of the area, with many small communities, no major city, and single community with a population greater than 45,000. Although representatives of law enforcement, community advocates, Weed and Seed volunteers, and adult basic education begun to meet together to address the employment needs of returning offenders, the Workforce Investment Act providers do not currently make accommodations for returning offenders.

**Statement of Organizational Capacity:** Chestnut Health Systems is a mental health and substance abuse treatment agency providing publicly funded services in several Illinois locations. Chestnut was founded in 1973 as a drop-in center targeted specifically to move alcoholics out of the criminal justice system into community-based detoxification and treatment. Today, Chestnut is Illinois' seventh largest substance abuse treatment provider and the largest outside the Chicago area. It operates a full range of substance abuse programs, including adolescent and adult inpatient, intensive outpatient, outpatient, early intervention, and prevention. The agency provides gender-responsive treatment for women involved in the child welfare system with substance abuse issues, as well as gender-responsive outpatient and intensive outpatient substance abuse treatment for women referred by the criminal justice system. In southwestern Illinois, Chestnut Health Systems is also the largest local provider of outpatient mental health services and psychosocial rehabilitation and case management services for people with serious mental illness. The agency also operates permanent supportive housing for persons with serious mental illness and dual disorders, housing and supportive services for mothers with dual disorders and their dependent children, outpatient mental health

and psychiatric services, and outreach mental health services for isolated elderly citizens. These programs are all certified by the state and, where applicable, Medicaid and the Joint Commission on the Accreditation of Health Care Organizations (JACHO).

Chestnut Health Systems has worked collaboratively with the Community Development staffs of Madison and St. Clair Counties to develop and fund housing projects that address local needs for affordable and subsidized housing for indigent and homeless persons with disabilities. Chestnut housing development staff work closely with the Midwest Team of the National Development Council, the oldest national community development organization, to develop successful Tax Credit and related applications to secure additional supportive housing for these populations. With over thirty years of experience of providing residential services to persons with serious mental illness and co-occurring substance abuse, the agency currently manages 192 beds in scattered site apartments and apartment building in two counties for consumers with serious mental illness and co-occurring disorders, with 119 beds at present funded through McKinney-Vento homeless projects. Chestnut offers permanent supported housing for women with co-occurring disorders and minor children—a program unique in Illinois in its commitment to long-term recovery in a residential setting for homeless women experiencing high levels of trauma, psychiatric distress, and polysubstance abuse. The agency provides a significant support to an additional 60 clients in community living sites.

A redevelopment project in a local community will yield 29 additional supportive housing units in the next six months. Housing development staff are also currently engaged in assisting Madison County implement an umbrella application for Neighborhood Stabilization balance-of-state funds, which will include units for persons with serious mental illness and co-occurring substance abuse.

Chestnut's existing Supported Employment Program operates by the fidelity criteria for evidence-based practices developed by the Dartmouth Psychiatric Research Center, and consistently achieves the top average score (4.2 of 5) for all programs in the state of Illinois. Chestnut consumers are actively involved in agency planning, resource development, and services. With over 600 employees and a $30M annual budget, Chestnut Health Systems has grown to be one of the major behavioral health systems in the state of Illinois.

**Goals and Objectives: Supported Employment:** There is strong evidence supporting the effectiveness of Supported Employment as an intervention for persons with co-occurring disorders and inconsistent or minimal work histories. In his review of findings from controlled studies and programs where Supported Employment (SE) replaced

other interventions, Bond (2004) notes that, although research has not demonstrated improvements in length of job tenure for persons receiving SE services, all studies reviewed demonstrate that persons with disabilities receiving SE services show better employment outcomes than those not receiving the services. When SE service components are delivered as a "package", programs with high fidelity to the model had higher competitive employment rates. The components of SE with the strongest evidence of effectiveness are: the emphasis on competitive employment and consumer choice, and rapid job search and placement. The Individual Placement and Support (IPS) model of supported employment, which will be used in this project, has been the subject of eleven studies, and overall yielded a 61% rate of competitive employment, compared with control groups, for persons receiving the intervention, with two-thirds working twenty hours or more per week. Those IPS participants who did obtain competitive employment had first jobs that lasted over 24 weeks in the first year of working.

**Goal 1:** Engage all returning offenders entering supportive housing through this project in a continuum of employment services to improve employment outcomes and assist residents develop self-sufficiency and worker role recovery.

- **Objective:** Provide supported employment using the Individual Placement and Support model to returning offenders in supportive housing who express a readiness to work.
- **Objective:** Integrate treatment for co-occurring disorders with housing, vocational planning and employment services
- **Objective:** Address employment barriers related to cognitive impairment in offenders with serious psychiatric disorders at housing sites through strategies to promote cognitive remediation and skill development.

**Goal 2:** Develop local awareness and support for returning offenders with co-occurring disorders in the workplace through outreach and marketing to competitive workplaces in southwestern Illinois

- **Objective:** Establish a project Advisory Group to link vocational rehabilitation and One Stop service providers, employers, and peer advocates
- **Objective:** Engage in targeted outreach to employers in southwestern Illinois
- **Objective:** Develop a peer-supported recovery network to assist ex-offenders in housing who are entering the competitive job market, and to improve job retention

## Logic Model:

| | | |
|---|---|---|
| **Problem Statement** | Returning offenders with COD entering supportive housing experience multiple barriers to successful integration in the community. | Returning offenders with COD entering supportive housing experience multiple personal and community barriers to employment. |
| **Needs** | • Housing that blends appropriate structure, support, and opportunities for employment and other normalizing experiences<br>• A continuum of support and treatment services to address key individual preferences and functional limitations | • Support & skills to address personal barriers<br>• Support to manage recovery from COD<br>• Employers willing to meet employment needs<br>• On-going support in the workplace |
| **Implementation Objectives** | – Provide case management linked to housing to assist offenders cope with daily living situations<br>– Provide Individual Placement & Support services to SH residents<br>– Develop a housing and treatment culture of worker role recovery and job retention | – Integrate COD treatment with employment planning and services<br>– Address barriers related to cognitive impairment<br>– Engage in outreach to employers<br>– Develop a peer-supported recovery network |
| **Activities** | • Employ and train an IPS team<br>• Engage all returning offenders in vocational planning and discovery<br>• Provide rapid placement & support for offenders ready to work<br>• Train housing, treatment and case management staff in best practices for returning offenders | • Employ an experienced COD therapist<br>• Institute strategies that address cognitive functioning<br>• Incorporate relapse prevention in vocational planning<br>• Establish Advisory Groups in several locations in the area<br>• Link Voc. Rehab., One Stop service, employers, and peers<br>• Disseminate marketing materials |
| **Outputs** | • IPS staff trained<br>• # offenders served, by type of IPS service<br>• # offenders engaged in discovery & planning<br>• # persons placed<br>• # training events, persons trained<br>• Pre- and post-tests | • COD therapist hired<br>• # offenders served by service type<br>• Interventions addressing cog. deficits<br>• Relapse prevention plans<br>• Marketing matls, # employer contacts<br>• Meetings with peers in recovery<br>• # offenders engaged in VR services, One Stop<br>• # presentations |

| | | |
|---|---|---|
| **Short-Term Outcomes** | ▪ Increased number of offenders in supportive housing in competitive job placements<br>▪ Increased staff support for consumer employment goals<br>▪ Increased number of offenders engaged in a continuum of employment services and supports | ▪ Improved cognitive functioning related to worker role performance<br>▪ Improved capacity to address relapse and co-occurring symptoms<br>▪ Increase in use of mainstream vocational resources<br>▪ Increase in employer acceptance of offenders at worksites |
| **Long-Term Outcomes** | • "Vocationalized" culture in supportive housing<br>• Majority of offenders in SH engaged in continuum of employment | • Improved consumer confidence and satisfaction<br>• Improved achievement of recovery goals<br>• Increase in offenders' income and self-sufficiency |

**Project Plan:**

To achieve the goal of engaging and retaining returning offenders with co-occurring disorders in recovery-oriented activities, we will recruit and employ a team of an Employment Specialist, recruited from persons in recovery from psychiatric disorders with experience in the competitive job market. Ex-offenders active in the recovery movement will also be considered. The Employment Specialist (along with the housing case managers) will be trained by the existing Chestnut supported employment team members and the Vocational Services Coordinator, and will receive consultation from staff of the Illinois Department of Human Services. All team members will provide discovery—a process designed to assist persons with histories of homelessness and poverty to identify and depend on personal experiences, strengths, and interests to guide them in choosing an appropriate level of employment. Using motivational interviewing and tools developed by the Corporation for Supportive Housing, employment specialists will engage with any supportive housing resident interested in discussing the work possibilities. Basic questions initiating discovery and vocational planning will be simple ones: "What support and help do you need to consider working at a job in the community?" and "What kind of job would you like to try?"

The employment specialist will serve returning offenders with sufficient interest and readiness to work by using the Individual Placement and Support model. The primary features of the model are rapid placement in competitive work, and support for consumers to assist them cope with workplace demands. These activities will constitute the bulk of the work of the employment specialist, who will carry a caseload that meets model fidelity criteria. The housing case managers will work with offenders less inter-

ested in or ready for work, using motivational interventions, interest inventories, and similar tools to continue a conversation about the role of work in recovery. With the assistance of the existing employment services team and Vocational Services Coordinator, the housing case managers working with residents in the pre-contemplation or contemplation stage of motivation to work will schedule opportunities for residents to visit worksites, meet workers in recovery, and gather information about potential employment from newspapers, web searches, and local libraries.

All returning offenders will have access and be encouraged to consult a billboard with information about work opportunities, training, and resources for persons entering the job market. If employment specialist and the housing case managers have not completed requirements of the Illinois Alcohol and Other Drug Abuse Professional Certification Association (IAODAPA), they will be provided opportunities to attend training to become certified as Specialists under Illinois regulations. In the agency's experience, consumers with an investment in certification can effectively recruit and train additional consumers to provide peer support. IAODAPCA's process is based on the National Consensus Statement on Mental Health Recovery, and requires 100 clock hours of training in core functions, recovery support practices, and professional ethics, 100 hours of supervision, 2,000 hours of work, and a written examination. There are at least two experienced Peer Support specialists in the local community who are candidates for the employment specialist position in this proposal.

For the purposes of this project, we emphasize the distinction between treatment and recovery, and the employment services team will be responsible for assisting returning offenders to come to terms with their perceived need for recovery in terms acceptable to them. Where feasible, team members will, if it furthers participant goals of recovery through pursuing work, facilitate entry into outpatient substance abuse treatment for ex-offenders with high intensity substance abuse and moderate to high intensity psychiatric disorders such as mood disorders, anxiety, and PTSD. Whether the target population engages in IPS services or motivational interventions aimed at increasing readiness to work, all team members will work to assist participants resolve barriers they perceive as impacting their ability and willingness to engage in work related to recovery. In addition to training in Motivational Interviewing, all project staff will receive training in Recovery Coaching, Wellness Recovery Action Planning, HIV risk reduction, and clinical profiles of co-occurring disorders in the offender population.

To institute and sustain a culture of recovery through work and job retention, employment services staff—as well as agency case managers and housing technicians working in supportive housing—will participate in on-going consultation with staff of the Corporation for Supportive Housing. A major goal of the consultation will be to introduce

evidence-based toolkits developed by CSH for use with chronically homeless persons in supportive housing. Chestnut's Co-Occurring Disorders Task Force, an agency-wide group of managers, program directors, and consumers, will host presentations on worker role recovery and job retention, with the intention of clarifying the agency's commitment to shifting from a treatment and diagnosis-specific regiment toward a strengths-based view of recovery through work.

To ensure that provide treatment planning is integrated with employment services, the project will employ the services of a half-time therapist experienced in addressing behaviors and relapse with returning offenders in recovery from co-occurring disorders. The therapist will work with housing technicians, case managers, and employment services staff to develop solid communication around treatment planning, relapse and goals of recovery, and the emphasis placed on work for participants in the project. To ensure that the project goal of improving the integration of treatment with employment is addressed, the therapist will present cases of project participants at the Interagency Staffing Meetings, and present issues associated with conflicts in treatment philosophy or recovery goals to the Expanding Employment Committee of Chestnut Health Systems' Co-Occurring Disorders Task Force.

To implement the capacity to address personal barriers to entering competitive employment, the employment specialist and Vocational Services Coordinator will work with housing managers and the co-occurring therapist to identify returning offenders with significant and persistent negative symptoms and cognitive impairment. Using the strategies identified by McGurk and Mueser (2006), a team consisting of the therapist, a housing technician, and a case manager will negotiate with residents who may benefit from cognitive remediation to determine willingness to engage in simple regimens. As much as possible, the strategies will kept simple and incorporated into skills and activities of daily living, so that the functions of memory, attention, problem-solving, and psychomotor speed are addressed in the context of a natural setting, and offenders experience for themselves the benefits of "practicing" to improve functioning despite limits.

To address the disincentive to earning money that offenders with SSI or other entitlements may experience as a threat to their benefits and housing, the Project Director will ensure regular visits by the benefits specialist who is employed by the Illinois Division of Rehabilitation Services to assist returning offenders with disabilities understand and navigate the benefits system. Project staff will be responsible for learning the critical facts that residents need to understand to cope with their fears of loss of benefits.

To develop local awareness and support for persons with co-occurring disorders in the workplace, the housing case managers and employment specialist will form a project Advisory Group, inviting agency consumers, employers, NAMI members, and representatives of Rehabilitation Services and the MetroEast Network Office for Mental Health, ex-offenders and community members in recovery in the workforce, and representatives of the Southwestern Illinois Worknet and faith-based organizations. Stakeholders of this group may also assist in the evaluation of the project, and will be asked to advise project staff on strategies to reduce stigma and conduct effective outreach with employers. Advisory Group members will be invited, where feasible, to engage activities with individual consumers, to see firsthand how ex-offenders in supportive housing choose to address their strengths and follow their interests. The Group will also be the primary means of linking vocational rehabilitation services provided by the state of Illinois and Workforce Initiative services provided by the County with residents and project staff.

To improve the local infrastructure for competitive employment for project participants, project staff will work with existing employment services staff at Chestnut to develop ties to the local community and recovery networks. These staff will assist project staff conduct ongoing outreach to employers. The goal of this component will be to identify employers amenable to visits by and discussion with returning offenders in supportive housing, as well as employers who will consider negotiating job duties and assignments with prospective employees. Existing employment services staff will also work with the Advisory Group to develop marketing materials and talking points to use in contacting employers and making presentations to community groups about the needs of ex-offenders.

A longer term objective of the project will be to develop a peer support network of ex-offenders and advocates in the workforce who are in recovery from co-occurring disorders, who can provide job leads, encouragement, peer support, and advice to supportive housing residents entering or considering competitive employment. It is a project goal to reach beyond the treatment system to establish a peer support network that sustains itself, functions independently of project staff, solicits and supports new volunteers, and even raises funds to assist ex-offenders in recovery achieve stable work regardless of their histories and in spite of their functional limitations.

**Evaluation:** To ensure that the project succeeds, project staff will collaborate with the Advisory Group and CSH to gather information needed to answer the following questions:

- Was the project implemented as intended? What events or factors facilitated or impeded implementation activities?
- Were any changes made to the implementation plan based on feedback from the process evaluation and Advisory Group?
- What types of services were provided by the project, to whom, and at what rate?
- What were the rates of engagement in vocational planning, job placement, and job retention for returning offenders receiving employment services?
- Were participants satisfied with the services they received?
- Did participants find the services to be culturally appropriate?
- Did participants find staff to be culturally competent and sensitive to their needs?

Questions about outcome include:

- Did participants' psychological status and general well being improve compared to their status at intake?
- Did the rate of engagement in project services increase for participants over time?
- Did the rate of employment increase from intake to 6 and 12 months post-intake?
- Did the number of participants reporting substance abuse and related consequences decrease significantly at 6 and 12-months post-intake?
- Did involvement in risk behaviors decrease significantly at 6 and 12-months post-intake?

**Budget:**

| Project One Year Budget OBJECT CLASS CATEGORIES | | | | |
|---|---|---|---|---|
| **Personnel** | | | | |
| **Job Title** | **Name** | **Annual Salary** | **Level of Effort** | |
| Employment Specialist 1 | To be hired | 27,000 | 1 | 27,000 |
| Co-Occurring Therapist | To be hired | 32,000 | 0.5 | 16,000 |
| Vocational Svcs. Coordinator | Charles Havens | 32,960 | 0.15 | in-kind |
| Reentry Case Managers | To be hired | 27,000 | 1.5 | 40,500 |
| | | | **Personnel Salaries SUBTOTAL** | **83,500** |
| **Fringes @ 28%** | | | | 23,380 |
| | | | **Personnel SUBTOTAL** | **106,880** |
| **Travel** | | | | |
| IL Event on Reentry Support 5 staff X $150 expenses | | | | 750 |
| Use of Agency Van (Maintenance & Fuel @ $180/mo) | | | | 2,160 |
| Local Travel: 3 staff X 500 mi/mo X 12 mo. X .50/mi | | | | 9,000 |
| | | | **Travel SUBTOTAL** | **11,910** |
| **Supplies** | | | | |
| Wireless access @ $56/mo X 4 staff X 12 mo | | | | 2,688 |
| Cell phones @ $50/mo X 4 staff X 12 mo | | | | 2,400 |
| 4 laptop computers with wireless cards & software @ $1,500 ea. | | | | 6,000 |
| Curriculum Materials | | | | 500 |
| Marketing and Program Materials | | | | 1,000 |
| | | | **Supplies SUBTOTAL** | **12,588** |
| **Housing Costs** | | | | |
| Rent Vouchers--20 one bdrm units FMR w/utility allow. @ $621 X 12 mo | | | | 149,040 |
| | | | **Housing SUBTOTAL** | **149,040** |
| **Other** | | | | |
| Staff Occupancy @ $500/mo X 12 months | | | | 6,000 |
| | | | **Other SUBTOTAL** | **6,000** |
| | | | **Direct Charges SUBTOTAL** | **286,418** |
| | | | **34.5% Indirect Rate X Direct Charges SUBTOTAL** | 98,814 |
| | | | **Total** | **385,232** |

## X: Sources of Information

In addition to the references cited below, sources used in this report include **Inside Out**, the report of the Governor's Reentry Commission, U.S. Census Quickfacts for several municipalities and both Counties discussed, the annual reports of the Illinois Department of Corrections and the Probation Division of the Administrative Office of Illinois Courts, the Consolidated Plans of each County submitted to the U.S. Department of Housing and Urban Development, **Re-Entry Partnerships: A Guide for States and Faith-Based and Community Organizations** (Bureau of Justice Assistance and the Council of State Governments Justice Center), **Release Planning for Successful Reentry: A Guide for Corrections, Service Providers, and Community Groups** (Urban Institute Justice Policy Center), and the copies of the ordinances from two municipalities quoted in Section VI. above.


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