



REENTRY SUPPORT: LESSONS LEARNED FROM COMMUNITY-BASED PROGRAMS



Reentry support: Lessons learned from community-based programs

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Table of contents

Key findings.....	1
Introduction	9
Literature review.....	10
About the Reentry program	12
Methodology.....	19
Findings: Program data	22
Findings: Client survey	42
Findings: Case manager exit survey	49
Conclusion	55
Implications for policy and practice	57
References.....	61
Appendix A: Reentry program participating agencies	65
Appendix B: Client enrollment by Chicago community area.....	67
Appendix C: Clients' incarceration offenses prior to program enrollment.....	68
Appendix D: Reentry client survey	70
Appendix E: Reentry case manager exit survey.....	72

Key findings

Over 10,000 individuals are released from America's state and federal prisons each week and arrive back in our nation's communities, resulting in more than 650,000 ex-offenders requiring reintegration into society every year (United States Department of Justice, 2015). Just over 30,000 inmates were released in Illinois in 2013, according to the Illinois Department of Corrections, with about 39 percent returning to Chicago to serve a period of parole (Marin et al., 2014).

For the communities to which most former prisoners return, whose members are often impoverished and disenfranchised, and which have few social supports and persistently high crime rates, the influx of newly released ex-offenders presents additional challenges. Without successful reintegration, studies show, approximately two thirds of those released from prison will be rearrested for new crimes within three years of their release (United States Department of Justice, 2015). The price of the failure to reintegrate is high in Illinois, as the average annual cost to keep someone incarcerated is \$38,268 (Vera Institute of Justice, 2012).

In 2014, the Reentry Program—one of three components of Illinois' Community Violence Prevention Program (CVPP)—provided services to youth and young adults on parole and aftercare in 21 Chicago area communities in order to assist with their compliance with parole board orders and other aspects of successful community reintegration, such as educational enrollment and employment.

2014 Reentry Program goals and objectives

The program was a voluntary program supplemental to parole that targeted individuals between the ages of 13 and 28 returning to their community area after a period of incarceration in a state correctional facility. Youth between the ages of 13 and 20 who were released onto aftercare from the Illinois Department of Juvenile Justice (IDJJ) youth centers and young adults between the ages of 17 and 28 who were released onto parole from the Illinois Department of Corrections (IDOC) were eligible for the Reentry Program. The objectives of the program were to link clients to services that would assist in their successful reentry, increase pro-social engagement, and reduce recidivism.

Illinois Criminal Justice Information Authority (Authority) researchers collected program data on a sample of clients who met eligibility requirements (n=517), surveyed clients about their program experience (n=186), and surveyed case managers at the conclusion of the program (n=17). The study period was from November 1, 2013 to August 31, 2014, when funding for the reentry program was discontinued.

Program clients

Seventy percent of the 517 Reentry Program clients included in this study were on parole from IDOC facilities, and 30 percent were on aftercare from IDJJ. Both groups of clients were enrolled at program sites in 18 Chicago community areas and three suburban sites. More than

half (59 percent) of clients lived in the community area in which they were enrolled. Most Reentry Program sites (86 percent) focused on serving either youth exiting from IDJJ or young adults exiting from IDOC, rather than serving both clients groups. Most case managers (84 percent) worked exclusively with one type of client.

Two thirds of all Reentry Program clients were referred to the program by their parole officer or aftercare specialist, although IDJJ clients reported this referral source most often (82 percent). Nineteen percent of IDOC clients reported family, friends, and community groups as sources of program referrals.

Reentry Program clients were overwhelming male (95 percent) and Black (83 percent). The average age of IDJJ clients was 17 years old, while IDOC clients were older (22 years old, on average). However, the most common age for both client groups was 20 years old.

IDJJ clients were living most often with parents at the time of program enrollment (68 percent), while IDOC clients more often reported living with other relatives, spouses, or partners (33 percent compared to 18 percent). Most clients did not have children (82 percent).

At the time of enrollment, IDJJ clients had lower prior educational attainment than IDOC clients, partially because they were younger. Fewer IDJJ clients reported completing at least one year of high school (63 percent) compared to IDOC clients (93 percent). However, at the common age of 20, thirty-one percent of IDJJ clients reported attaining no more than an eighth grade education, compared to 4 percent of IDOC clients.

The most common incarceration offense type for both groups was a violent offense (30 percent).¹ A greater proportion of IDJJ clients were incarcerated for a property offense compared to IDOC clients (31 percent compared to 22 percent), while a greater proportion of IDOC clients were incarcerated for drugs and weapons offenses (46 percent compared to 37 percent).

Program services

All clients in this study completed a service plan with their case managers based on conditions of parole imposed by the Prisoner Review Board (PRB), with additional recommendations from the parole officer/aftercare specialist, case manager, and client. The Reentry Program offered 28 different services in four categories: mandated parole/aftercare conditions, social/emotional services, educational /vocational services, and other support services.

Service plan requirements differed for IDJJ clients and IDOC clients. IDJJ clients were mandated or recommended most often to enroll in for GED/high school classes, substance abuse assessment, support groups to deal with negative peers, curfew monitoring, and random urinalysis. IDOC clients were mandated or recommended most often for substance abuse

¹ Violent offenses were defined according to the Rights of Crime Victims and Witnesses Act, which defines a violent offense as any felony in which force or threat of force was used against the victim [725 ILCS 120/et seq.].

treatment, full time employment, GED/High school classes, job training, anger management, and other support services.

Overall, about half of Reentry Program clients were linked to the services for which they were mandated or recommended, although the linkage rate varied by type of service. Of the 26 services mandated or recommended for both client groups, IDJJ clients were linked at a higher rate than IDOC clients for most service types (19 of the 26), most notably for substance abuse assessment, mental health services, GED/High school classes, and job seeking services.

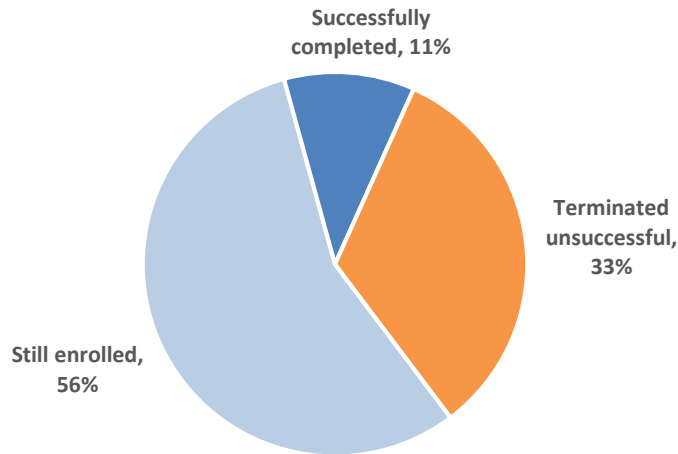
Short-term program results

The Reentry Program clients in this study completed 152 (9 percent) of the 1,692 mandated or recommended services during the nine-month program period. The highest rates of completion were for obtaining short-term continuity of care assistance, such as enrolling in the supplemental nutrition assistance program (food stamps) (60 percent), or obtaining a birth certificate (67 percent) as a prerequisite for a state ID. Half of the clients linked to a term of electronic monitoring completed this parole/aftercare condition before the program ended; the others linked to electronic monitoring were still in the program at the end of the performance period. Of the few clients mandated or recommended to enroll in college, half were able to do so before the program ended.

IDOC clients completed more services than IDJJ clients. Despite the challenges of a serious criminal background, one third of those mandated or recommended for employment services were successful in obtaining full-time employment, while another 43 percent obtained part-time employment. One third successfully completed anger management services. No IDJJ or IDOC clients linked to GED/high school classes were indicated as completing their mandated educational requirements before the Reentry Program ended.

Figure 1

Short-term client outcomes (n=517)



At the end of the program performance period, more than half (56 percent) of the 517 clients were still enrolled as program participants, 11 percent had successfully completed the Reentry Program, and 33 percent were terminated as unsuccessful (*Figure 1*). Successful completion was defined as completing parole requirements, completing all program requirements, or being transferred to another agency to complete requirements. Reasons for unsuccessful termination included loss of contact with case manager for more than 30 days, return to a correctional facility, or violation of parole or program rules. IDOC and IDJJ clients were found to have similar rates of program outcomes except for unsuccessful termination due to return to a correctional facility. The majority of clients was still serving their parole term and still enrolled at the time the program was terminated and would have been expected to continue working toward successful completion of mandated/recommended programming.

Client survey results

Of the 186 clients between 13 to 28 years old who responded to an on-line survey about their experiences with the Reentry Program, 66 percent reported having been in the program fewer than three months.

When asked what they hoped to get from the Reentry Program, 164 clients (88 percent) provided open-ended responses. Of these, 29 percent stated that they wanted to find employment, 19 percent needed the types of services offered by the reentry program (e.g., anger management, substance abuse treatment, or job training), and 9 percent expressed educational needs.

When asked about services accessed with assistance from case managers, 60 percent stated that they were assisted in seeking employment/placement, while 59 percent stated that they were

assisted in securing educational/job training services. Approximately one third of respondents reported receiving assistance with transportation (38 percent) and food and clothing (30 percent).

The vast majority of survey respondents strongly agreed or agreed that they were treated with respect (97 percent), that their case manager was fair and concerned about them (92 percent), that visits from case managers helped them comply with parole requirements (87 percent), and that their case manager was easy to reach (89 percent). One third of respondents (32 percent) strongly agreed or agreed that their case managers expected too much of them.

Case manager exit survey results

A total of 17 case managers responded to an on-line survey at the end of the program performance period. Half (47 percent) reported caseloads consistent with the terms of the contract (maintenance of a 15-20 client caseload at any given time).

All 17 case managers reported referring clients to, or providing, GED services, job training, substance abuse and anger management services, and assistance in obtaining continuity of care services such as obtaining identification documents, public assistance, and medical assistance.

Implications for policy and practice

Reentry program developers and administrators

Provide developmentally appropriate services

The CVPP Reentry Program was designed to serve a wide age range of clients - from age 13 through age 28. Findings revealed differences between clients released from IDJJ (ages 13-20) and IDOC (ages 17-28) in terms of individual characteristics, developmental needs, and mandated/recommended services requirements. Further, clients from IDJJ and IDOC within the overlapping age range of 18 to 20 years (27 percent of Reentry Program clients) differed substantially on educational attainment.

Reentry program administrators choosing to serve both youth and young adults should ensure that services and supervision for each age group are developmentally appropriate and address the distinct needs of this population (Council of State Governments Justice Center, 2015). This may require grouping clients into services not only on age, but also on cognitive ability, since clients' cognitive level plays a role in how well they comprehend mandated or recommended programming curriculum (Tolbert, 2012). The evaluation found that this was happening on an informal basis in the Reentry Program, as very few sites served both younger IDJJ clients and older IDOC clients.

Further, best practices suggest that reentry programs that provide treatment should use cognitive-behavioral treatment techniques that are matched to specific client learning characteristics

(Petersilia, 2004). This includes consideration for the effects of clients' exposure to violence, as victims, witnesses, and perpetrators (Welfare and Hollin, 2011). Almost one-third of youth and young adults participating in the Reentry Program had been incarcerated for violent crimes prior to their program enrollment, and all had experienced the negative effects of incarceration at a young age. Case managers surveyed in this study recognized this, as they expressed interest in more training in dealing with post-traumatic stress disorders (PTSD), motivational interviewing and cognitive behavioral therapy.

Implement use of validated risk assessment and case management tools in developing individual service plans

Another key component of successful reentry programs is the use of risk-of-recidivism and case management tools to determine which individuals could benefit most from services (James, 2015). In addition, research has shown that offenders' cooperation and likelihood of successful completion of their case plans increases when they are given the opportunity to be involved in developing their own service plans (Council of State Governments Justice Center, 2015).

CVPP Reentry Program case managers were expected to screen new clients for eligibility factors of age and reentry status, and determine their service needs based on PRB and parole documents. The recommendations of the case manager and clients were secondary. Further, program documentation did not capture clients' levels of involvement, if any, in developing their service plans. When clients were surveyed about their program experiences, close to two-thirds (63 percent) identified needs that matched the services and referrals offered by the program: 29 percent wanted to find employment; 19 percent wanted anger management, substance abuse treatment, or job training; and 9 percent expressed educational needs. On the other hand, 20 percent were less specific when asked what they hoped to get from the program, providing such responses as "a means to a better life" or "help with not recidivating."

Absent from the CVPP Reentry Program model was the directive for case managers to use a validated risk assessment or case management tool in developing client service plans. Case managers at each site were left without a systematic means to identify those clients ready to fulfill parole mandates and follow through with service referrals, and those that needed more assistance with managing the transition back into the community before they could benefit from service referrals. Referral linkage and completion rates might have been higher if case managers were given validated case management tools, such as the Client Management Classification instrument available through the National Institute of Corrections (Baird & Neuenfeldt, 1990) to assist with client assessment, rather than being expected to take a one-size-fits all approach. It is recommended that future community-based reentry programs build in this important evidence-based practice into their program models, to ensure cost-effective allocation of program resources to clients based on their needs and readiness for services.

Consider critical timeframes for program participation when designing a reentry program

One important time frame for reentry programming is program duration. Best practices indicate that programs should last at least six months (James, 2015; Altschuler & Armstrong, 2002). Due

to discontinued funding for the CVPP Reentry Program three months early, the majority of clients received six months or less of services and mandated programming, with half receiving three months or less. While the reentry program was able to successfully link half of mandated clients to vocational training programs and employment within the nine months of program operation, more time would be required to complete programming and such activities as completion of a high school degree or an equivalent GED certificate. Since the length of participation in a supportive reentry program has been shown to reduce recidivism during the critical first year of release, especially for clients with multiple needs (Abrams, Terry, & Franke, 2011), it is important that adequate program duration be considered in the development and operations of a reentry program.

Research has also identified that best practice for reentry programs includes the initiation of client contact during incarceration, to establish client rapport and continuity of care from institutional to community services (James, 2015). If this is not possible, then client contact should be made during the critical days and weeks following release. Research indicates that this is a critical time period for recidivism, which often results from the inability to obtain basic needs previously provided by the institution (Stanford Executive Sessions on Sentencing and Corrections, 2012). These include the critical needs of food, clothing and shelter, urgent needs of financial resources, medication, and transportation, and important needs of identification documents, health care referrals and social supports (Glasheim, 2011).

Very few Reentry Program clients (5 percent) met with program staff prior to their release. Instead, clients were typically obtained through referrals from parole agents/aftercare specialists once they were released into the community. This was true for the majority (82 percent) of IDJJ clients, and 59 percent of IDOC clients. Of those clients referred by parole/aftercare staff, most started the program within 30 days of their release. The majority of surveyed case managers reported providing or referring clients to assistance with housing, emergency food or clothing, public aid, transportation, and obtaining identification documents, and a third of clients surveyed reported accessing these services through the program. However, CVPP Reentry Program documentation considered these services ancillary to the program's goals and objectives, rather than a key component of successful client reentry. Developers of reentry programs should consider placing more emphasis on client continuity of care services, beginning in the institution, in recognition of their importance as foundations and best practices for program success. This should include better tracking of case manager supportive activities and contacts with clients, in order to be able to assess the effects of these activities on client outcomes.

Build and maintain strategic partnerships with correctional agencies

Developing and maintaining strategic partnerships is a key element of successful reentry programming (McLellan, 2005). However, community organizations often find building relationships within correctional systems to be challenging for many reasons, including lack of clear communication channels, conflicting roles, difficulty in maintaining continuity when personnel changes, and administrative burdens placed on civilian access to clients in secure facilities (Sandwick, Tamis, et al, 2013). While the Lead Agency structure of the CVPP Reentry Program was designed to facilitate partnerships with the state's correctional agencies, only half of case managers surveyed reported having an expected caseload of 15-20 clients. Further, the

client distribution was skewed heavily toward the older population exiting from IDOC, accounting for 70 percent of the 2014 Reentry Program participants. These are indications that the program referral process was not as robust as anticipated. Programs interested in providing supplemental parole services for both youth and young adult reentry clients should consider designing internal operational structures that deal separately with the juvenile and adult correctional agencies for a more successful referral process from each correctional agency. Successful liaison with correctional officials is more likely to occur to the extent that community reentry program administrators can demonstrate the program's capacity to provide each client group with services that are evidence-based and developmentally appropriate.

Corrections, Prisoner Review Board officials, and policy makers

Design parole mandates in tandem with community reentry programs that are based on evidence-based practices

Parole mandates set by the PRB and parole/aftercare specialists were central to the services offered by the Reentry Program. The Crime Reduction Act of 2009 [730 ILCS/190] mandates that conditions of parole are to be imposed by the PRB in light of standardized assessment that takes into account the individual's risks, assets and needs, and that such an assessment be conducted before the individual is released. The law also calls for the results to be used to develop evidence-based local supervision strategies, and that they be shared with non-governmental entities that will actually be supplying mandated services in the community. At the time of the Reentry Program performance period in 2014, this assessment process was not yet implemented within IDOC. As the organization begins to roll out its Risk, Assets and Needs Assessment (RANA) process (IDOC FY2015 Annual Report, 2016), it is recommended that correctional officials and other policy makers consider adoption of the best-practices continuum of care model, where community programs are given a role in reentry case planning ahead of the individual's release into the community (Alschuler & Armstrong, 2002). Building the institutional capacity to partner with community reentry programs capable of delivering evidence-based services has been shown to reduce recidivism and increase the pro-social engagement of released individuals (James, 2015).

Conditions of parole that apply to both juvenile and adult parolees are defined by state statute [730 ILCS 5/3-3-7], although others can be set by the PRB and parole officers based on the needs of the individual. Other states have begun to examine the extent to which their statutory parole mandates align with current research on evidence-based community supervision practices (for example, Colorado Commission on Criminal and Juvenile Justice, 2016). Illinois' Crime Reduction Act calls for the adoption of evidence-based practices in local supervision, as well. This evaluation found that the most commonly mandated conditions of parole were related to employment and job training, education, and substance abuse treatment. Future research should examine how parolee readiness affects the successful completion of those mandates, and how correctional and community reentry programming can effectively assess readiness and provide services in ways that will reduce parole mandate non-compliance and resulting expensive technical violation incarceration.

Introduction

In 2012, about 609,000 people entered prison systems across the country. More than 637,000 were released that same year, marking the fourth consecutive year that more people left prison than entered (Carson and Golinelli, 2013). As prisoner release rates climb, community reentry has become a larger focus of public policy. Offenders returning to their communities can benefit from services that address their needs and the requirements of mandatory supervised release, including substance abuse treatment, mental health treatment, job training, employment, mentoring, and education.

In 2014, the CVPP reentry program enrolled over 150 youth ages 13 to 20 who were returning to the Chicago area from a period of incarceration in the Illinois Department of Juvenile Justice (IDJJ), and over 360 young adult ages 17 to 28 who were returning from Illinois Department of Corrections (IDOC) facilities. Program sites were located in 21 communities in the Chicago area (18 Chicago communities, two west suburban communities (Maywood and Cicero), and one south suburban community (Rich Thornton/Brennen Township). Based on their individual needs upon release from either the Illinois Department of Juvenile Justice (IDJJ) or the Illinois Department of Corrections (IDOC), program clients were assisted by program case managers to obtain linkages and referrals for mandated/recommended services. In addition to mandated services requirements, clients had the opportunity to participate in services recommended by their case managers and offered by CVPP reentry program service providers. Some of the services included anger management groups, individual and group counseling, substance abuse treatment, educational services, job training, mental health services and mentoring. Some clients were also successful in obtaining employment and educational placements through reentry program referrals.

Authority research staff studied the 2014 reentry program by collecting case management data on client demographics, service needs, and program results for a sample of 517 youth and young adults with verified incarceration in IDJJ or IDOC prior to program participation and documented program participation during the 2014 program period. Client and case manager surveys augmented this case-level data. This report documents the findings from this research.

Literature review

Studies of ex-offending adolescents and young adults' reentry into their communities identify several levels of challenges and supports. Researchers have found the individual, familial, community, and policy factors that help or hinder reintegration after incarceration.

Barriers and risk factors include low educational and vocational attainment; limited affordable housing and restrictions on public housing; mental health and substance abuse issues; strained relationships with family; limited job prospects, the stigma of incarceration, and employer biases; constrained social networks; and the challenges of re-entering communities with high levels of unemployment, underemployment, poverty, and crime (Abrams & Franke, 2013; Jucovy, 2006; Lynch, 2001; Solomon, 2006).

Research has shown that when an individual between the ages of 18 and 24 commits a crime, neither the juvenile nor the adult criminal justice system is exclusively responsible for providing services and supervision to this individual. Because young adults can be involved in the juvenile or adult criminal systems, policymakers and administrators in both systems should be focusing their attention on this important population and developing strategies to reduce recidivism and improve other outcomes for young adults (New York: The Council of State Governments Justice Center, 2015).

In addition, public policies exist that hinder full familial and community reintegration. Such policies include employment laws eliminating career paths; exclusion from public housing; and disqualification from educational, financial, and food security programs (Freudenberg et al., 2005). These multi-level barriers and risk factors plaguing young ex-offenders can contribute to high levels of recidivism, if left unaddressed (Langan & Levin, 2002). Youth and young adults reentering their communities list employment and housing as top priorities for their successful reintegration (Freudenberg et.al. 2005). Research evidence supports this choice of priorities, as secure housing and employment are the biggest contributors to successful reentry and reducing recidivism in this population (Jucovy, 2006; Morenoff & Harding, 2011).

According to research on best practices in reentry programming, three phases of re-integration into the community have been identified: (1) pre-release planning, (2) structured transition experiences pre/post community reentry, and (3) long-term 'normalization' via community agencies and support systems (Altschuler & Armstrong, 2002). Effective reentry programs provide continuity of client care from the institution to the community, in order to promote prosocial behaviors and facilitate attachment to positive elements of the social environment and community (Altschuler & Armstrong, 2002).

In conjunction with parole officers, reentry case managers work with the formerly incarcerated to address their particular barriers and risks in order to reduce re-incarceration. Reentry case management services include completing an individualized assessment of needs, strengths, and resources; discussing client goals; co-drafting a service plan; providing or referring clients to resources in support of the plan; and monitoring a client's fulfillment of his or her plan (Carey, 2010; Jucovy, 2006; Solomon, 2006; Altschuler & Armstrong, 2002). Ideally, caseloads are much smaller than those of parole or probation officers so that reentry case managers may

regularly contact clients, enact individualized service plans, and stay connected to service providers within institutions and communities (Jucovy, 2006; Solomon, 2006).

Best practices include offering services in the community for at least six months post-incarceration (Altschuler & Armstrong, 2002; Drake & LaFrance, 2007). The longer clients remain in the reentry program, the more likely there are to pursue postsecondary education; however, more resources are needed in these programs to support client completion of a certificate or degree (Abrams & Franke, 2013). Interventions must also address family functioning, school/work participation, clients' peer groups, and substance abuse—all factors that impact recidivist behaviors (Altschuler & Armstrong, 2002).

Research suggests that low-risk youth and emerging adult offenders do not need intensive supervision. Offenders under close supervision are more likely to be cited for technical violations and thus recidivate. Supervision is particularly problematic for adolescents and emerging adults who react negatively to highly intrusive supervision (Kavanaugh, 2015; Altschuler & Armstrong, 2002)

Reentry case managers may face several challenges impacting effectiveness. Organizational challenges include working in poor or even unsafe conditions, receiving low pay, and being burdened by overwhelming amount of paperwork. Case managers must rely on parole officers for referrals; however, they don't always have the support needed from the parole officers to facilitate their work with clients (Dum & Fader, 2013). Some case managers report role confusion and conflict between themselves and parole officers. Nevertheless, communication and partnership must occur between institutional, community corrections, and community services such as education, employment, mental health, substance abuse, and child welfare agencies. Effective case managers are more likely to take a 'proactive caregiver approach', whereas parole officers must be authoritative and enforce the conditions of parole. These roles should reinforce rather than compete with each other (Abrams & Franke, 2013).

Client-level challenges for case managers include dealing with the damage done to clients by incarceration, including educational lapses and lags, lapses in employment history, inhibited healthy development, and the stigma of incarceration (Abrams & Franke, 2013; Abrams & Snyder, 2010; Freudenberg et.al. 2005). Too often, case managers are forced to focus on documenting contacts and attempts at contact rather than factors that have been found to truly reduce recidivism, such as meeting educational, career, or employment goals (Abrams & Franke, 2013).

Studies have shown that ex-prisoners who have a reentry case manager are more likely to obtain employment and attempt post-secondary education, both of which have been statistically linked to reduced re-arrests (Solomon, 2006; Freudenberg et.al. 2005).

About the Reentry Program

The Reentry Program was one of three components of the Community Violence Prevention Program (CVPP). The other two components were the Parent Program and the Youth Employment Program. CVPP components worked to empower and assist youth, as well as strengthen parent leadership within communities.

The 2014 Reentry Program funded case managers who linked youth and young adults on parole or aftercare in the Chicago area to services that could assist their transition from incarceration and reduce recidivism. In some cases, case managers also provided direct services to their clients, depending on their agency.

The Illinois General Assembly approved a budget of up to \$15 million in grants for CVPP in State Fiscal Year 2014 (September 1, 2013 to August 31, 2014), in order to continue the program as funded during State Fiscal Year 2013. The Illinois Criminal Justice Information Authority (Authority) disbursed these violence prevention grant funds and provided program and evaluation support to the organizations that implemented the Reentry Program.

The Reentry Program was implemented in 21 Chicago area communities—18 in the City of Chicago and three in surrounding suburban communities—originally selected based on poverty and violent crime rates. Individuals living in low income communities have greater need for economic and social opportunities due to lower-quality schools, lack of employment opportunities, and exposure to violence, all of which contribute to physical and psychological harm and skill deficiencies (Koball et. al, 2011).

Background

Beginning in 2010, the former state agency Illinois Violence Prevention Authority (IVPA) was charged with implementing the Neighborhood Recovery Initiative (NRI), a program aimed at reducing risk factors associated with violence and promoting protective factors. NRI implemented four program components—Mentoring Plus Jobs (M+J), Parent Leadership Action Network (PLAN), School-based Counseling, and reentry programs—in 23 neighborhoods in the city of Chicago and the suburbs.

In State Fiscal Year 2013, the Governor and the General Assembly transferred the appropriation for the program from IVPA to the Authority, although at a reduced level. In January 2014, Public Act 97-1151 dissolved the IVPA, and all rights, duties, assets, and staff of IVPA were transferred to the Authority, including the NRI program.

In 2013, the Authority replaced NRI with the Community Violence Prevention Program (CVPP), which consisted of three program components: a Youth Employment Program (YEP), a Parent Program, and a Reentry Program. CVPP was implemented in 23 neighborhoods in the city of Chicago and the suburbs. The goal of CVPP was to reduce risk factors associated with violence and promote protective factors.

In 2014, the Authority continued to implement the CVPP Reentry Program in 21 Chicago communities and surrounding suburbs. This program was designed to target two youth populations: one made up of youth between the ages of 13 and 20 who were returning to the community from the Illinois Department of Juvenile Justice (IDJJ) youth centers, and another made up of young adults between the ages of 17 and 28 who were returning from the Illinois Department of Corrections (IDOC). The 2014 CVPP Reentry Program period existed for a nine-month period, November 1, 2013 to August 31, 2014, at which time the Authority ended program funding.

External evaluation

From 2011 to 2013, the University of Illinois at Chicago (UIC) Institute of Juvenile Research within the Department of Psychiatry, provided research support to the former NRI program and the initial year (2013) of the CVPP Reentry Program through an inter-governmental agreement. UIC subcontracted with Social Solutions Inc. to develop and maintain a web-based data collection system to be used by lead agencies and site agency case managers to document program processes, activities, baseline measures and assessments, and program outcome measures. Authority researchers conducted additional evaluation activities for the initial year of the CVPP Reentry Program. A final report was published on the Authority's website in February 2015.

In 2014, Authority researchers implemented an evaluation strategy that was more rigorous than that of UIC. For the Reentry Program, the Authority developed a case management database system to replace the one initially implemented by Social Solutions for UIC. A Microsoft Access database was created to capture all the essential data elements needed to answer the research questions related to the evaluation study. In addition, program clients and case managers were surveyed about their experience with the program.

The 2014 Reentry program

The 2014 Reentry Program operated in 18 Chicago communities and three surrounding suburbs (totaling 21 communities). Forty-nine program case managers were funded to work with clients referred from IDJJ or IDOC at 26 service-providing agencies in order to develop individualized service plans which addressed mandatory parole/aftercare requirements and other recommended services. The Reentry Program also offered crisis support, primarily in the form of emergency funds. The goal of the program was to reduce recidivism and increase clients' prosocial engagement within the community.

Client eligibility

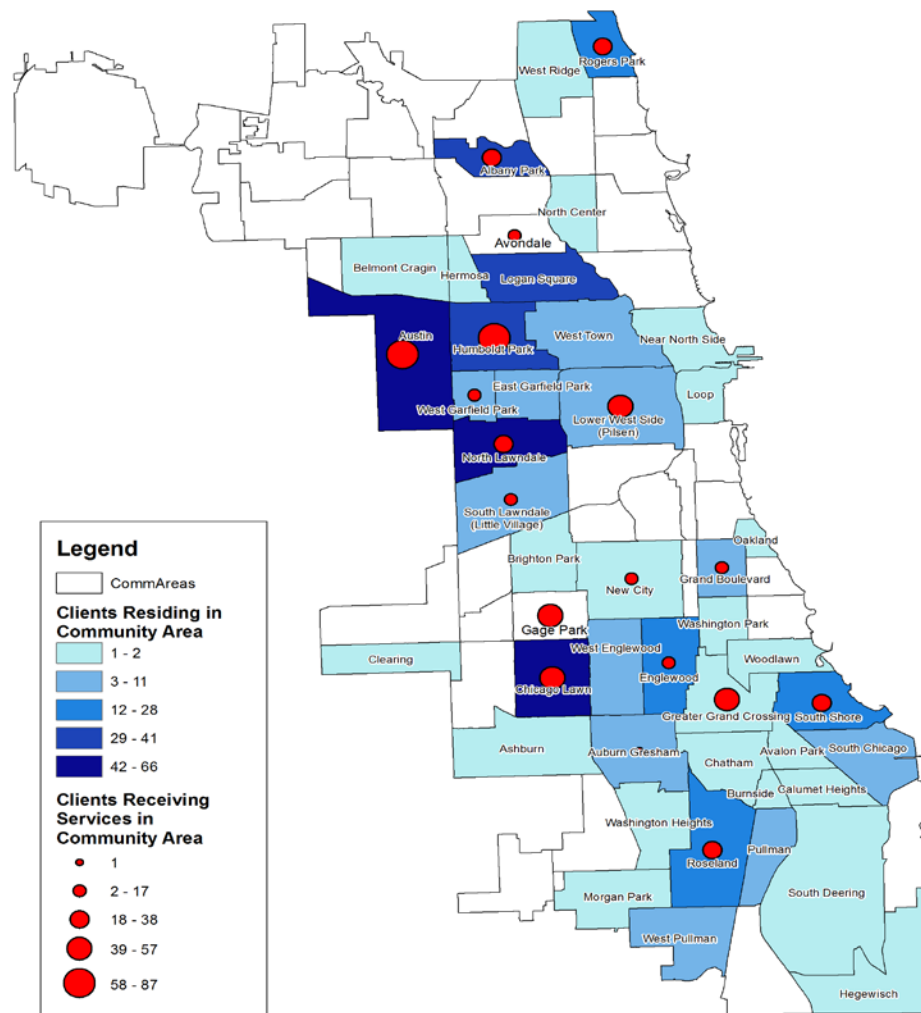
During the program period November 1, 2013 through August 31, 2014, eligible clients were limited to:

- juveniles released from IDJJ youth centers into aftercare in the community;
- juveniles who had been temporarily returned to IDJJ youth centers and re-released into aftercare during the program period;

- 17-28 year olds released from IDOC facilities onto parole (mandatory supervised release) in the community.

For the Reentry Program as initially implemented under NRI, clients were expected to enroll in program services within the community area in which they resided post-incarceration. In 2014, clients from bordering areas who also met program requirements could enroll in reentry services as well. *Map 1* depicts the Chicago community areas in which 2014 reentry program clients resided, along with an indicator of the areas in which reentry program agencies operated. The three suburban reentry sites are not shown.

Map 1
CVPP Reentry Program sites



Data Source: 2014 reentry program client database

Reentry Program organizational structure

The Reentry Program utilized a network of lead agencies, coordinating partner agencies and service providing site agencies in continuation of the organizational structure established initially by NRI. The lead agencies consisted of 20 agencies entering into contracts with the Authority to provide services and administer grants to coordinating partners and service providing site agencies in the local communities. Program managers under the lead agency were responsible for the supervision of program coordinators.

The coordinating partner agencies were responsible for service delivery to clients as well as the managing/monitoring program sites in the delivery of services. Program coordinator duties included working on recruitment, orientation and selection of staff, facilitating weekly staff meetings, delivering staff training, and keeping project and employee files organized.

The complete list of lead agencies and their corresponding partnering agencies by community area can be found in *Appendix A*. Three fourths of the CVPP Reentry Program sites were funded in earlier years under NRI and/or CVPP.

Reentry Program operations

The Prisoner Review Board (PRB) is a state agency independent of IDOC and IDJJ that is responsible for issuing conditions of release for inmates discharged onto mandatory supervised release (parole) from IDOC, and youth released onto aftercare from IDJJ. Conditions that apply to all parolees are defined by state statute [730 ILCS 5/3-3-7]. The PRB can set other conditions as needed by the individual, such as drug treatment, medical or psychiatric treatment, or vocational training.

The primary objective of the Reentry Program was to directly provide or link enrolled clients to the services mandated by their PRB discharge orders, along with other services mandated by the parole agent or aftercare specialist, and any other services recommended by the Reentry Program case manager. Most agencies participating in the Reentry Program offered multiple services.

While parole agents and aftercare specialists were the primary client referral sources and granted final approval to enter the program, referral to the program could be made by family, friends, and outreach agencies.

Case managers determined client eligibility by completing an assessment checklist that had been developed under the previous NRI program. Potential clients were required to bring in supporting documentation at the time of assessment, including parole board orders, parole plans, birth certificate, state ID, and any certificates of completion for previously attended substance abuse and anger management programs. If the potential client met the age and release status eligibility requirements, a service plan was completed, though not necessarily at the initial meeting. The service plan consisted of PRB mandates, other services required by the parole agent/aftercare specialist and recommended services from the Reentry Program case manager. Client expectations, program rules, and IDJJ/IDOC obligations were also discussed at the time of program enrollment.

Case managers were responsible for directly providing required and recommended services to clients, as enumerated on the service plan, or obtaining referrals and linkages to agencies that could provide those services. Specific services included anger management, substance abuse treatment, and various support groups, such as peer support groups aimed at building positive peer relationships in a controlled environment, and support groups identifying and addressing behavioral, emotional, and family issues that could be barriers to successful reentry. Case managers would also assist clients in fulfilling their educational and job-seeking requirements. Case managers also provided crisis support as needed, including access to emergency shelter, food, bus fare, and clothing. Clients found ineligible would be referred to other programs that could fulfill their needs.

Table 1 enumerates the service type offered to program sites. Clients accepted into the program were not required to participate in all services.

Table 1
Mandated and recommended reentry program services

Mandated parole/aftercare conditions	Social/emotional services	Educational/vocational	Other support services
Close supervision	Anger management	College enrollment	Crisis support
Electronic monitoring	Life skills support group	GED/high school education.	Food stamps
Gang intervention	Mental health services	Job training	Housing
Curfew monitoring	Domestic violence prevention	Seek full-time job	Dental
Obtain birth certificate	No negative peers support	Seek part-time job	Medical
GPS monitoring	Mentoring		Legal
Obtain State ID	Other support groups		
Random urinalysis	Parenting class		
	Parenting family support		
	Substance abuse treatment		
	Supportive interaction w/ case manager		
	Violence prevention		

Source: Authority 2014 reentry program contract; Social Solutions database, 2013

Once clients were accepted into the program, case managers were expected to maintain contact through home visits, office visits, and family meetings to ensure follow-up on their referrals and continued client engagement in their service plans. Case managers were also expected to monitor clients' compliance with curfew or electronic monitoring, provide mandated close supervision, and record clients' compliance with random urinalysis conducted by parole agents/aftercare specialists or substance abuse treatment providers (*Table 1*).


Successful completion of the Reentry Program was defined as completing the mandated parole/aftercare services or being referred to another agency for services. Participants were discharged from the program as unsuccessful if there was lack of contact or program

participation for 30 days, or after readmission to an IDOC/IDJJ facility for a new offense or technical violation of their parole/aftercare term.

Program logic model

Figure 1 depicts a logic model of the 2014 Reentry Program. A logic model is a tool to provide graphical depictions describing logical linkages among program resources, activities, outputs, and outcomes of a program and indicate a program's desired result (McCawley, 2001). This logic model was used to guide the analysis of the client and program data presented in this report.

Figure 2
Reentry program logic model

Inputs	Outputs		Outcomes 		Impact
	Activities	Outputs	Short-term	Intermediate	Long-term
<p>Reentry Program lead agencies and program coordinators</p> <p>Reentry Program case managers and service provider staff</p> <p>IDOC parole agents/ IDJJ aftercare specialists</p> <p>Authority funding, evaluation, and program support</p>	<p>Case managers complete initial intake assessment and develop service plan for participants meeting eligibility requirements</p> <p>Case managers provide/refer clients to services</p> <p>Clients participate in mandated parole requirements and recommended services</p> <p>Case managers maintain regular contact with clients, their families and parole agents/aftercare specialists</p> <p>Case managers provide other support services, emergency funds/shelter as needed</p>	<p>Number of eligible clients enrolled</p> <p>Number of service plans developed</p> <p>Number of referrals/linkages made to services for clients</p> <p>Number of service sessions attended</p> <p>Number of client/case manager meetings</p> <p>Number of meetings with clients' families and parole agent/aftercare specialist</p> <p>Number of emergency services provided</p>	<p>Clients complete required/ recommended vocational, social/emotional, educational services</p> <p>Clients avoid returning to the correctional institution due to parole violations</p>	<p>Clients fulfill parole or aftercare supervision mandates</p> <p>Clients complete educational goals</p> <p>Clients gain employment</p>	<p>Reduced recidivism</p> <p>Increased public safety</p> <p>Improved outcomes for clients</p>

Methodology

Client program data

Authority research staff developed an Access database into which case managers and supervisors were to enter a variety of client information to be used for this evaluation study. This included demographic information, mandated and recommended services (service plans), day-to-day contacts, case notes, monthly progress updates, and any disbursements of emergency/crisis funds.

Research staff visited each of the 26 partnering agencies to download the Reentry Program database onto the work stations of 49 case managers and train staff to operate it. Research staff also maintained continual communication with case managers and program supervisors to supply technical support during the program and data retrieval assistance at the end of the program performance period.

Data was gathered on clients who participated in the Reentry Program between November 1, 2013 and August 31, 2014. Continuing clients with a program start date prior to November 1, 2013 were included in the study sample if documentation was found that they received services during the program performance period.

Each agency was given a deadline of August 31, 2014 to submit their Access dataset and paper case files to the Authority. Individual databases were merged into a single file. The Authority's Institutional Review Board granted approval to research staff to create a complete researchable dataset by entering missing information from agency paper files and verifying reentry status by accessing clients' exit files in IDOC and IDJJ inmate tracking systems (Offender 360/Youth 360). These data were analyzed in PASW and Excel.

From the pool of all Reentry Program clients for which records were received from the reentry program sites, 517 clients were verified as meeting the two primary client eligibility requirements – being within the age range of 13-28 at the time of program enrollment, and having been incarcerated in a state correctional facility. These clients formed the study sample and included 361 clients released from IDOC facilities (70 percent of the total) and 156 released from IDJJ facilities clients (30 percent of the total). Of the clients determined not to meet program eligibility criteria, the majority were excluded because a record of incarceration prior to their program start date could not be found. Case file notes for many of these individuals mentioned that they was on probation instead of aftercare or parole.

Researchers sought to use client data to answer the following research questions:

- What were the characteristics of clients enrolled in the program?
- What were their service needs?
- Were case managers successful in linking clients to needed services?
- How many clients successfully completed mandated/recommended services?

- How many clients were unsuccessful in the community and were returned back to a correctional facility?

The data collected allowed for an assessment of short-term client outcomes, defined as client status at the conclusion of the nine-month program. Assessment of longer-term client outcomes was beyond the scope of this study.

Client survey

A total of 290 surveys were completed by Reentry Program clients by the end of the program—243 online and 47 by mail. For the purpose of this report, survey results were limited to those 186 clients (65 percent of the total) who indicated that they were between 13 and 28 years old, the eligibility age range set by the Authority for the 2014 CVPP Reentry program. The survey was anonymous, so it was not possible to independently verify the reentry status of respondents through IDOC and IDJJ electronic inmate tracking systems. The purpose of the survey was to obtain information about clients' program experiences and gather feedback on the program. There were 13 questions, with sub-questions for some items (See *Appendix A*). The client survey was designed to answer the following research questions:

- What were client goals for program participation?
- What were clients' perceptions of their case managers compared to their parole/aftercare specialists?
- What program services were clients able to access with assistance from their case manager?

As per federal regulations, a consent form was signed by each survey respondent. The consent form assured confidentiality and explained the purpose and length of the interview, the questions it contained, the selection criteria, and the amount of compensation to expect.

Survey results were collected by paper and by Survey Gizmo and analyzed in Access and SPSS. Completed surveys were submitted between May 5, 2014 and September 3, 2014.

Case manager exit survey

Of the 49 Reentry Program case managers, 17 (35 percent) completed an online survey at the conclusion of the program. The purpose of the survey was to gather feedback on the program and collect suggestions on program improvement (See *Appendix B*). The case manager survey was designed to answer the following research questions:

- To what extent were case managers satisfied with the program?
- How did the program operate?
- What could improve the program?
- How prepared were staff for their jobs?
- What additional training needs did staff have?
- What additional resources would help improve the program?

As per federal regulations, a consent form was signed by each survey participant. The consent form assured confidentiality and explained the purpose and length of the interview, the questions it contained, the selection criteria, and the amount of compensation to expect. The case managers were contacted via email with instructions to complete the survey.

Survey results were collected via Survey Gizmo or on computer and analyzed in Excel. Completed surveys were submitted between August 26, 2014 and October 13, 2014.

Research limitations

While this study employed multiple measures to answer the key research questions, each data source had its limitations.

The client database was not used or kept current by some of the case managers, primarily due to staff layoffs towards the end of the program period. Most Reentry Program case managers had less than two months to enter demographic and service-related information into the data set before the program ended due to discontinuation of funding. Even after research staff entered as much data as possible from client paper case files, enough reliable data regarding the frequency and purpose of case manager contacts with clients was not available for analysis. Additionally, information on services offered and the operational history of the participating agencies was not collected, as the database was focused on supplying client information to provide continuity with the original Reentry Program database constructed by Social Solutions. Agency-level information would have provided valuable context for the client referral, linkage, and service completion process.

The client survey form did not ask respondents to state their reentry status (whether they were released from IDJJ or IDOC), so it is possible that some respondents should have been eliminated based on not meeting this eligibility criterion, as had been done with the client database. It is not known if differences in client characteristics between the two samples, such as type of offense prior to program enrollment, were due to unavoidable inclusion of ineligible clients in the survey sample.

Finally, the timing of the case manager survey deployment at the end of the program period may have produced unintended skewed responses. Agencies supported primarily by CVPP funds began to close down and dismiss staff once funding cuts were announced in July of 2014. Only case managers still employed by Reentry Program partner agencies could be reached to respond to the survey. It is not known if results would have been substantially different if more case managers had the opportunity to respond, or if the survey had been administered before it was known that the program was not going to be continued.

Findings: Client program data

The Reentry Program provided a wide range of community-based services for youth and young adults reentering the community after serving an incarceration sentence for a serious offense. These services were aimed at increasing their ability to succeed in school, in their community, and in the workplace. The findings presented here are based on the 517 enrolled clients determined to be eligible for the program based on criteria set by Authority. These criteria included verified reentry status (only clients exiting from IDJJ/IDOC were eligible) and an age within the range of 13 to 28 years old.

Client enrollment by community area

Since its inception under NRI in 2010, the Reentry Program was designed to provide services to youth and young adults in their communities of residence whenever possible, through a governance structure in which lead agencies partnered with local agencies to provide required services. Clients were enrolled in the 18 participating Chicago community areas in fairly even proportions: 31 percent of the clients were enrolled into program sites located on Chicago's north side (n=158); 32 percent on Chicago's south side (n=163), and 29 percent on Chicago's west side (n=152).

The three suburban sites enrolled far fewer clients—3 percent at the south suburban site (n=14) and a total of 6 percent in the two west suburban sites (n=30).

Slightly over half the clients (59 percent) were enrolled into the program within their community of residence. A greater proportion of clients enrolled on Chicago's south side (68 percent) and at suburban sites (73 percent) were enrolled in their community of residence compared to those enrolled in Chicago's north and west side community areas (48 and 58 percent, respectively). *Appendix B* shows the number of clients enrolled in each Reentry Program community area, and the percent of clients residing in that same community area.

Client reentry status by community area enrollment

One of the central eligibility requirements of the Reentry Program was the status of being either in aftercare following release from a juvenile correctional facility (IDJJ), or on parole following release from an adult correctional facility (IDOC). Enrolled clients reentering from IDJJ comprised 30 percent of total eligible clients (n=156), while those reentering from IDOC comprised 70 percent (n=361).

IDJJ and IDOC clients were not served in equal proportions in the community areas included in the 2014 Reentry Program, except in three locations—Roseland, West Chicago/Near West Side, and South Shore (*Table 2*). While clients released from IDOC accounted for the majority of clients enrolled in every geographic area of the city, they made up a greater proportion of enrollees at Reentry Program sites in Chicago's north side communities (78 percent) compared to IDJJ clients (22 percent). The three suburban areas together enrolled the lowest numbers of each client group (with 35 IDOC clients and nine IDJJ clients).

Table 2 presents the distribution of enrolled clients by reentry status for each community area included in the Reentry Program.

Table 2
IDJJ and IDOC Reentry Program clients by community area

Geographic Area	Community Area	Total Clients Served	Number of IDJJ clients	Percent	Number of IDOC clients	Percent
North	Albany Park	38	1	3%	37	97%
North	Avondale	15	13	87%	2	13%
North	Humboldt Park	86	21	24%	65	76%
North	Rogers Park	19	0	0%	19	100%
North	Total	158	35	22%	123	78%
West	Austin	75	47	63%	28	37%
West	East Garfield Park	0	0	0%	0	0%
West	North Lawndale	47	7	15%	40	85%
West	Pilsen/Little Village	13	1	8%	12	92%
West	West Garfield Park	17	1	6%	16	94%
West	Total	152	56	37%	96	63%
South	Auburn Gresham	1	0	0%	1	100%
South	Brighton Park	0	0	0%	0	0%
South	Englewood	1	1	100%	0	0%
South	Grand Boulevard	11	1	9%	10	91%
	Greater Grand					
South	Crossing	42	2	5%	40	95%
South	New City	11	3	27%	8	73%
South	Roseland	24	13	54%	11	46%
South	South Shore	22	13	59%	9	41%
	West Chicago/Near					
	West Side (Gage					
	Park/ Chicago					
South	Lawn)	51	23	45%	28	55%
South	Total	163	56	34%	107	66%
South	Rich Township/					
Suburban	Chicago Heights	14	4	29%	10	71%
West						
Suburban	Cicero	5	5	100%	0	0%
West						
Suburban	Maywood	25	0	0%	25	100%
Suburban	Total	44	9	20%	35	80%
TOTAL		517	156	30%	361	70%

Client demographics

At individual program sites, only seven of the 44 case managers (16 percent) had caseloads with equal proportions of IDJJ and IDOC clients. Most case managers (84 percent) worked with one group or the other. Further, each group of clients remained under the jurisdiction of their respective state correctional agencies while enrolled in the Reentry Program. Therefore, the findings in the rest of this section are presented by reentry status (IDJJ/IDOC) in order to preserve the separate program experiences of the two client groups.

The two client groups were nearly identical in terms of several basic characteristics (*Table 4*). Almost all enrolled clients in both groups were male (95 percent) and Black/African American (83 percent). The most common reentry program client age was 20 years old, with 38 percent of both groups combined falling within the 17 to 20 year-old age range. Youth can be under the jurisdiction of IDJJ starting at age 13 and can remain under its jurisdiction until age 21 [705 *ILCS* 405/5-710 (7)]. The median age of IDOC clients was older than that of IDJJ clients (22 years old and 17 years old, respectively).

IDJJ clients were referred to the Reentry Program by their aftercare specialist in greater proportion than the IDOC clients were referred by their parole officer (82 percent compared to 59 percent). A larger proportion of IDJJ clients than IDOC clients were living with their parents at the time of their program enrollment (68 percent compared to 42 percent), and a larger proportion of IDOC clients than IDJJ clients had children of their own (21 percent compared to 11 percent).

Given their younger age range, IDJJ clients reported lower levels of educational attainment than IDOC clients. Almost two thirds of IDJJ clients (63 percent) reported completing one or more years of high school, compared to 93 percent of IDOC clients. At their most common age (20 years old) 31 percent of IDJJ clients reported having attained no more than an eighth grade education, compared to 4 percent of IDOC clients.

Both groups of clients had been sentenced to terms of incarceration for serious crimes prior to enrollment in the Reentry Program. Violent offenses, as defined by the Rights of Crime Victims and Witnesses Act [725 *ILCS* 120/et seq.], accounted for the largest proportion of incarceration crimes for all reentry clients (30 percent), including one third (31 percent) of IDJJ clients and 29 percent of IDOC clients. A greater proportion of IDJJ clients were incarcerated for property crimes than IDOC clients (31 percent compared to 22 percent), while a greater proportion of IDOC clients were incarcerated for drug and weapons offenses than IDJJ clients (46 percent compared to 37 percent). *Appendix B* lists the specific program client incarceration offenses included in each crime category.

Table 3
Demographics of reentry program clients (n=517)

Characteristic	Total number of clients	Percent	Number of IDJJ clients (n=156)	Percent	Number of IDOC clients (n=361)	Percent
Gender						
Male	492	95%	148	95%	344	95%
Female	25	5%	8	5%	17	5%
Race/Ethnicity						
Black/African American	429	83%	128	82%	301	83%
White	15	3%	1	1%	14	4%
Hispanic	70	14%	25	16%	45	12%
Other	3	1%	2	1%	1	<1%
Age at program enrollment						
13 to 16	50	10%	50	32%	N/A	N/A
17 to 20	198	38%	106	68%	92	25%
21 to 24	168	32%	N/A	N/A	168	47%
25 to 28	101	20%	N/A	N/A	101	28%
Referral Source						
Parole officer/aftercare specialist	340	66%	128	82%	212	59%
Not sure	75	14%	15	8%	60	17%
Community group	28	5%	6	4%	22	6%
Family	22	4%	2	1%	20	6%
Friends	20	4%	3	2%	17	5%
Other	20	4%	1	2%	19	5%
Faith-based organization	7	1%	1	1%	6	2%
Outside provider	6	1%	2	1%	4	1%
Living status						
Parents	259	50%	106	68%	153	42%
Other relatives	123	24%	26	17%	97	27%
Transition living program	45	9%	10	6%	35	10%
Spouse/Partner	25	5%	2	1%	23	6%
Friends	18	3%	2	1%	16	4%
Other living arrangements	16	3%	2	1%	14	4%
Guardian	11	2%	6	4%	5	1%
No information provided	8	2%	1	1%	7	2%
Shelter	5	1%	0	0%	5	1%
Homeless	3	1%	0	0%	3	1%
Foster family	2	<1%	1	1%	1	<1%
Alone	2	<1%	0	0%	2	1%
Children						
Have children	94	18%	17	11%	77	21%
No children	423	82%	139	89%	284	79%
Educational attainment						
6 th through 8 th grade	83	16%	57	37%	26	7%
9 th grade	83	16%	42	27%	41	11%
10 th grade	110	21%	33	21%	77	21%
11 th grade	81	16%	10	6%	71	20%

Characteristic	Total number of clients	Percent	Number of IDJJ clients (n=156)	Percent	Number of IDOC clients (n=361)	Percent
High school diploma	57	11%	4	2%	53	15%
GED	77	15%	9	6%	68	19%
Some post-secondary	23	4%	0	0%	23	6%
College graduate	1	<1%	0	0%	1	<1%
No information provided	2	<1%	1	1%	1	<1%
Incarceration offense						
Violent	154	30%	48	31%	106	29%
Property	129	25%	48	31%	81	22%
Drugs	130	25%	34	22%	96	27%
Weapons	92	18%	24	15%	68	19%
Other	12	2%	2	1%	10	3%

First meeting with case manager

Clients' eligibility assessment and program enrollment process commenced with their first meeting with a case manager. The Reentry Program model assumed that clients would have their first contact with case managers while still incarcerated or quite soon after their release back into the community. *Table 4* presents the time from incarceration release date until program start date for each group of clients.

Very few clients were enrolled in the Reentry Program while still incarcerated, although this occurred for a slightly greater proportion of IDJJ clients (8 percent compared to 4 percent). Conversely, a greater proportion of IDOC clients had been in the community for over a year prior to program enrollment compared to IDJJ clients (13 percent compared to 5 percent). The median time spent in the community prior to program start date was less than a month (20 days) for IDJJ clients and almost two months (58 days) for IDOC clients.

Table 4
Length of time from release to program start date (n=517)

Time from correctional facility release to program enrollment	Number of clients	Percent	Number of IDJJ clients (n=156)	Percent	Number of IDOC clients (n=361)	Percent
Received services in facility prior to release	26	5%	12	8%	14	4%
Less than 1 month	197	38%	77	49%	120	33%
1-2 months	58	11%	17	11%	41	11%
2-3 months	33	6%	6	4%	27	7%
3-6 months	86	17%	20	13%	66	18%
6-12 months	61	12%	16	10%	45	12%
More than 12 months	56	11%	8	5%	48	13%

Length of time in the program

The performance period for the 2014 reentry program was nine months (from November 1, 2013 to August 31, 2014). However, 43 clients (8 percent) had been previously enrolled in the 2013 Reentry Program and continued to receive services in 2014. These included 22 IDJJ clients (14 percent of all IDJJ clients) and 21 IDOC clients (6 percent of all IDOC clients). Over three quarters (79 percent) of these continuing clients spent more than six months in the Reentry Program overall, and most spent over a year.

New clients were accepted throughout the nine-month program performance period. For the clients newly enrolled in the 2014 reentry program, about one half of IDOC clients (52 percent) and IDJJ clients (45 percent) spent less than three months in the program; another one third of each client group spent three to six months in the program. Only 11 percent of all reentry program clients participated for up to nine months, the full duration of the program.

Table 5 shows the length of time clients spent in the program.

Table 5
Length of time in the program (n=517)

Number of months clients received services	Number of clients	Percent	Number of IDJJ clients (n=156)	Percent	Number of IDOC clients (n=361)	Percent
Less than 1 month	69	13%	22	14%	47	13%
1-2 months	90	17%	25	16%	65	18%
2-3 months	99	19%	23	15%	76	21%
3-6 months	166	32%	46	30%	120	33%
6-9 months	59	11%	22	14%	37	10%
9-12 months*	9	2%	4	3%	5	1%
More than 12 months*	25	5%	14	9%	11	3%

* Reflects clients continuing from the 2013 CVPP reentry program

Reentry program participation

Service plans

Client service plans were developed after case managers completed a client assessment checklist. Potential clients were required to bring in supporting documentation (e.g., parole board orders, parole plans, birth certificate, state ID, and certificates of completion for substance abuse and anger management programs) at the time of the assessment. The service plans were based on the list of mandated services enumerated on the PRB discharge order, with additional services recommended by parole officers or aftercare specialists, the reentry case manager, or the client. All reentry clients included in this study developed a documented service plan with their case manager, as required by the Reentry Program parameters.

Mandated and recommended services

The database developed for this study was designed to track progress toward completion of 28 types of services. These included eight statutorily mandated parole/aftercare conditions, 12 social/emotional services, five services related to educational or vocational attainment, and three financial/crisis support service categories.

Parole/aftercare conditions

Of parole/aftercare conditions tracked, electronic monitoring, random urinalysis, and curfew monitoring were listed on Reentry Program clients' service plans most often. These mandated conditions applied to IDJJ clients to a greater extent than IDOC clients (*Table 6*). The parole mandate that applied to the greatest proportion of IDOC clients—the requirement to obtain a State ID—also applied to IDJJ clients in equal proportion (15 percent). It was rare for either group of Reentry Program clients to be mandated to GPS monitoring requirements.

Social/emotional services

Of the social/emotional service requirements tracked, substance abuse treatment was listed most often on clients' service plans. This was true for both IDJJ clients (50 percent were mandated or recommended for this service) and IDOC clients (35 percent were mandated or recommended for the service). For IDJJ clients, the other most frequently listed services were support groups to deal with negative peers (42 percent) and mental health services (22 percent). Social/emotional mandates or recommendations for IDOC clients were not as heavily concentrated on any particular service except for substance abuse treatment. Of the other social/emotional services, anger management appeared slightly more often on IDOC clients' service plans (18 percent) than IDJJ clients (15 percent). Parenting class was mandated/recommended least often for either group, which was to be expected, given that the majority (82 percent) of Reentry Program clients did not have children (*Table 3*).

Educational/employment services

Of educational or employment service requirements tracked, enrollment in GED/high school classes appeared most often on clients' service plans, although this applied predominantly to IDJJ clients (59 percent) rather than IDOC clients (24 percent). This could be expected, given the differences in age and prior educational attainment of the two groups (*Table 3*). Obtaining part-time employment was mandated or recommended more often for IDJJ clients (38 percent) than IDOC clients (11 percent). This could be expected, as the fulfillment of educational mandates would leave less time for full-time employment, and the lack of educational credentials could be a barrier to obtaining a full-time job. The requirement to gain full-time employment appeared most often in the service plans of IDOC clients, followed by the requirement to enroll in GED/high school classes (24 percent). These requirements also aligned with client goals reported in the participant survey section of this report (*Table 19*).

Other support services

Other support services, predominantly financial forms of assistance, were mandated or recommended for greater proportions of IDOC clients than IDJJ clients. As previously discussed,

IDOC clients tended to be over age 21 and not living with parents, and were being provided case manager assistance to navigate social support systems in lieu of parental or guardian support.

Table 6 shows the number of clients enrolled in each service, and the percent of each client group (IDJJ or IDOC) mandated or recommended for each service. Service plans typically included four to six mandated and recommended services, in various combinations of service types. Therefore, the numbers of clients in the table are duplicated counts.

Table 6
Clients mandated/recommended for each service, for each client group (n=517)

Service	Total number of clients mandated	Number of IDJJ clients mandated (n=156)	Percent of IDJJ clients	Number of IDOC clients mandated (n=361)	Percent of IDOC clients
Parole/aftercare conditions					
Electronic monitoring	84	32	21%	52	14%
Random urinalysis	84	57	37%	27	8%
Curfew monitoring	79	58	37%	21	6%
Obtain State ID	76	23	15%	53	15%
Close supervision	69	39	25%	30	8%
Obtain birth certificate	12	3	2%	9	3%
Gang intervention	2	1	1%	1	<1%
GPS monitoring	1	0	0%	1	<1%
Social/emotional services					
Substance abuse treatment	205	78	50%	127	35%
Support groups to deal with negative peers	103	66	42%	37	10%
Anger management	88	23	15%	65	18%
Mental health services	69	35	22%	34	9%
Life skills group	58	10	6%	48	13%
Supportive interaction with case manager	43	4	3%	39	11%
Mentoring	31	8	5%	23	6%
Other support group	28	3	2%	25	7%
Parenting family support	11	5	3%	6	2%
Violence prevention	8	2	1%	6	2%
Domestic violence prevention	6	0	0%	6	2%
Parenting class	3	2	1%	1	<1%
Educational/vocational					
GED/high school classes	179	92	59%	87	24%
Seek full-time employment	135	19	12%	116	32%
Job training	100	21	13%	79	22%
Seek part-time employment	97	59	38%	38	11%
College enrollment	9	4	3%	5	1%
Other support services					
Other support services (medical, dental, legal, etc.)	74	16	10%	58	16%
Food stamps	22	1	1%	21	6%
Crisis support	16	5	3%	11	3%

Differences in service plans for IDJJ and IDOC clients

Service plans for IDJJ clients most often contained mandates or recommendations for enrollment in GED/high school classes, substance abuse treatment, and participation in support groups to deal with negative peers, curfew monitoring, and random urinalysis. Service plans for IDOC clients most often mandated or recommended substance abuse treatment, full-time employment, enrollment in GED/high school classes, job training, participation in anger management programs, and other support services.

The mandate to obtain a State ID was found in equal proportions on both IDJJ and IDOC clients' service plans (15 percent), the only mandated or recommended service that was common in the same proportion between the two client groups. The procurement of a State ID can be a multi-stage process, requires an applicant to provide other documents proving his or her identity before the card will be issued by the Illinois Secretary of State. Obtaining those support documents, such as a birth certificate, social security card, military ID, or passport adds time and additional fees to the process.

Crisis support funds

The reentry program also allowed for the distribution of crisis support funds to clients. *Table 7* shows the number of clients receiving such funds, as recorded by case managers. Approximately one third of clients (n=148) received crisis support, most often to secure bus passes. Clients also used crisis funding for non-mandated services like tattoo removal, purchasing clothing for school and job interviews, hygiene items, and single meals on an emergency basis. Crisis funding was also used to pay for mandated service referrals when such services were not available at the partnering agency site.

Table 7
Crisis support funds distributed (n=517)

Crisis support funds	Total number of clients	Percent	Number of IDJJ clients (n=156)	Percent	Number of IDOC clients (n=361)	Percent
Received funds	148	29%	54	35%	94	26%
No record of funds requested	369	71%	102	65%	267	74%

Clients linked to services

The primary activities of the Reentry Program case manager were to directly provide client services as enumerated on the service plan, provide referrals and linkages to services not offered by the partnering agency, maintain contact with clients to ensure that clients remained engaged with their service plan, and document clients' successful and unsuccessful program completions.

Further discussion of these activities is presented in the section of this report that presents the results of the case manager survey.

Table 8 shows the number of reentry program clients linked to each service listed in service plans. Clients had multiple service requirements, and as a result, the numbers of clients in the table are duplicated counts.

Parole/aftercare conditions

Close to half of all reentry clients with mandated parole conditions were linked to those requirements. The linkage rate ranged from a high of 57 percent for close supervision requirements to 41 percent for linkage to assistance with obtaining a birth certificate.

Social/emotional services

Linkage rates to social/emotional services were not as consistent as for parole/aftercare conditions. These ranged from an 81 percent linkage rate of clients recommended for supportive interaction with case managers, to a low of a 21 percent linkage rate for clients mandated or recommended for support group services. More clients were mandated to substance abuse treatment services than any other type of service (40 percent), and about half of those clients were linked. The extent to which service capacity limitations and client motivational factors played a role in the observed linkage rates could not be ascertained from the information collected in the client database.

Educational/employment services

Linkage rates for educational and employment services were generally higher than for social/emotional services and parole/aftercare conditions. For example, two-thirds of the clients mandated or recommended for part-time employment were linked to a potential employer. The lowest linkage rate was for clients requiring job training (48 percent). Responses to the client survey indicated that employment goals were a priority for 29 percent of clients and educational goals were a priority for another 9 percent (*Table 19*), suggesting that client motivational factors played a role in the higher linkage rates for these services.

Other support services

Linkage rates for other support services were the highest observed, ranging from 81 percent for crisis support services to 58 percent for other support services, such as linkage to Affordable Health Care Act services and legal assistance.

Table 8
Clients linked to each service

Service	Number of clients mandated	Number of clients linked to services	Percent
Parole/aftercare conditions			
Random urinalysis	84	44	52%
Electronic monitoring	84	38	45%
Curfew monitoring	79	43	54%
Obtain State ID	76	38	50%
Close supervision	69	39	57%
Obtain birth certificate	12	5	41%
Gang intervention	2	1	50%
GPS monitoring	1	1	100%
Social/emotional services			
Substance abuse treatment	205	105	51%
Support group to deal with negative peers	103	55	53%
Anger management	88	46	54%
Mental health services	69	39	57%
Life skills group	58	23	40%
Supportive interaction with case manager	43	35	81%
Mentoring	31	8	26%
Other support groups	28	6	21%
Parenting family support	11	6	55%
Violence prevention	8	6	75%
Domestic violence prevention	6	3	50%
Parenting class	3	2	67%
Educational/vocational services			
GED/high school classes	179	101	56%
Seek full-time employment	135	70	52%
Job training	100	48	48%
Seek part-time employment	97	63	65%
College enrollment	9	6	67%
Other support services			
Other support services (medical, dental, legal, etc.)	74	43	58%
Food stamps	22	16	73%
Crisis support	16	13	81%

Linkage to services by client group

Of the 26 services mandated or recommended, IDJJ clients were linked at a higher rate than IDOC clients for 19 services (73 percent).

Parole/aftercare conditions

For the aftercare conditions mandated most often for IDJJ clients (curfew monitoring and random urinalysis), slightly over half were linked to those services (57 percent and 56 percent, respectively). This rate was also 10 percent higher, on average, than that for IDOC clients mandated to those same services. In general, IDJJ clients were linked at a higher rate for most parole/aftercare conditions. The exceptions were for the close supervision mandate and obtaining a State ID. This latter mandate was required for 15 percent of each client groups; however, IDOC clients were linked at a higher rate than IDJJ clients (53 percent compared to 43 percent).

Social/emotional services

For the social/emotional services listed most often on IDJJ clients' service plans (substance abuse treatment and support groups to deal with negative peers), over two thirds (68 percent) were linked to substance abuse treatment and a little over half (54 percent) were linked to the support group. Many IDOC clients were also mandated or recommended for substance abuse treatment; however, only 41 percent of these clients were linked. The other most common social/emotional mandate for IDOC clients was anger management; almost half of clients were linked to that service. However, IDJJ clients were linked to almost every social/emotional service at a higher rate than IDOC clients.

Educational/employment services

For the educational/vocational service mandated most often for IDJJ clients (GED/high school classes), 67 percent of clients were linked. Many IDOC clients were also mandated for this educational service; again, less than half (45 percent) were linked. Seeking full time employment and job training were also most commonly mandated for IDOC clients. Approximately half of those clients were linked to employment services. IDJJ clients mandated/recommended to seek full-time employment were actually linked at a higher rate (68 percent), and were linked at an even higher rate for part-time employment (71 percent). Case notes indicated that some of these IDJJ clients were linked to the 2014 CVPP Youth Employment Program, which offered part-time summer jobs in the same communities as the Reentry Program.

Other support services

IDJJ and IDOC clients were linked at the same high rate for crisis support services (81 percent, on average). However, IDJJ clients were linked at a higher rate than IDOC clients for other support services, such as medical or legal services (69 percent compared to 55 percent).

Table 9 shows the number of IDJJ and IDOC clients linked to each mandated or recommended service.

Table 9
Clients linked to each service, by group

Service	Number of IDJJ clients mandated	Number of IDJJ clients linked	Percent	Number of IDOC clients mandated	Number of IDOC client linked	Percent
Parole/aftercare conditions						
Curfew monitoring	58	33	57%	21	10	48%
Random urinalysis	57	32	56%	27	12	44%
Close supervision	39	19	49%	30	20	67%
Electronic monitoring	32	16	50%	52	22	42%
Obtain State ID	23	10	43%	53	28	53%
Obtain birth certificate	3	2	67%	9	3	33%
Gang intervention	1	0	0%	1	1	100%
GPS monitoring	0	0	0%	1	1	100%
Social/emotional services						
Substance abuse treatment	78	53	68%	127	52	41%
Support groups to deal with negative peers	66	36	54%	37	19	51%
Mental health services	35	23	66%	34	16	47%
Anger management	23	14	61%	65	32	49%
Life skills support group	10	6	60%	48	17	35%
Mentoring	8	3	38%	23	5	22%
Parenting family support	5	3	60%	6	3	50%
Supportive interaction with case manager	4	2	50%	39	35	90%
Other support group	3	1	33%	25	5	20%
Parenting class	2	2	100%	1	0	0%
Violence prevention	2	2	100%	6	4	67%
Domestic violence prevention	0	0	0%	6	3	50%
Educational/vocational services						
GED/high school classes	92	62	67%	87	39	45%
Seek part-time employment	59	42	71%	38	21	55%
Job specific training	21	9	43%	79	39	49%
Seek full-time employment	19	13	68%	116	57	49%
College enrollment	4	2	50%	5	4	80%
Other support services						
Other support services (medical, dental, legal, etc.)	16	11	69%	58	32	55%
Crisis support	5	4	80%	11	9	82%
Food stamps	1	1	100%	21	15	71%

Short-term program outcomes

Successful completion of specific services

The client database was designed to track monthly progress towards completion of the service plan. Case managers were to indicate whether their clients were continuing, had stopped, or had successfully completed each mandated/recommended component. As discussed previously, program funding was discontinued prior to a full 12-month program implementation period. Nevertheless, successful completion of some services was documented in the database or in the paper case files.

Parole/aftercare conditions

Of the parole/aftercare conditions to which most Reentry Program clients were linked by their case manager, the highest completion rate was for obtaining a State ID (47 percent), followed by successful completion of electronic monitoring (39 percent). Further, three of the five clients mandated to obtain their birth certificate succeeded, as did the one client mandated to GPS monitoring.

Social/emotional services

Of the social/emotional services to which the most clients were linked, the highest completion rate was for anger management (24 percent), followed by life skills support group (22 percent), supportive interaction with case manager (20 percent), and substance abuse treatment (17 percent). No clients were documented as successfully completing four of the 12 social/emotional services, including the 55 clients linked to support groups to deal with negative peers.

Educational/educational services

One quarter of the 133 clients linked to employment services succeeded in obtaining either full-time or part-time employment. This was one of the most common program goals expressed in the client survey (*Table 19*). Somewhat fewer clients linked to job training successfully completed that training during the reentry program performance period (17 percent). None of the 101 clients linked to GED/high school classes were indicated as having successfully completed this service. Most clients were enrolled in the reentry program for less than six months (*Table 5*), which would not be sufficient time for completion of this component.

Other support services

Of the clients linked to food stamps services, close to two thirds (63 percent) were indicated as having successfully obtained that service. Considerably fewer clients (22 percent, on average) linked to crisis support or other support services were indicated as having successfully completed those services. It was not clear from case documentation whether this was due to the on-going nature of the specific crises, such as the need for housing or medical assistance.

Table 10 shows the number of clients successfully completing services to which they were linked. There were 154 individual services completed during the program period. The table includes duplicated client counts, since each client had multiple mandates on their service plans.

Table 10
Clients successfully completing a mandated/recommended service

Service	Total number of clients linked to service	Total number of clients successfully completing service	Percent
Parole/aftercare conditions			
Random urinalysis	44	1	2%
Curfew	43	1	2%
Close supervision	39	1	3%
Electronic monitoring	38	15	39%
Obtain State ID	38	18	47%
Obtain birth certificate	5	3	60%
Gang intervention	1	0	0%
GPS monitoring	1	1	100%
Social/emotional services			
Substance abuse treatment	105	18	17%
Support groups to deal with negative peers	55	0	0%
Anger management	46	11	24%
Mental health services	39	2	5%
Supportive interaction with case manager	35	7	20%
Life skills support group	23	5	22%
Mentoring	8	0	0%
Parenting family support	6	2	33%
Other support groups	6	0	0%
Violence prevention	6	0	0%
Domestic violence prevention	3	1	33%
Parenting class	2	1	50%
Educational/vocational services			
GED/high school classes	101	0	0%
Full-time employment	70	17	24%
Part-time employment	63	17	27%
Job training	48	8	17%
College enrollment	6	3	50%
Other support services			
Other support services (medical, dental, legal, etc.)	43	9	21%
Food stamps	16	10	63%
Crisis support	13	3	23%

Completion of services by IDJJ clients compared to IDOC clients

Parole/aftercare conditions

IDOC clients were documented as having successfully completed parole/aftercare conditions at a higher rate than the linked IDJJ clients, even though IDJJ clients were linked at higher rates to than IDOC clients (*Table 9*). IDOC clients spent more time in the reentry program than IDJJ clients (*Table 5*), which would have allowed for more time for completion of these mandates.

Social/emotional services

IDOC clients also completed most social/emotional services at a higher rate than IDJJ clients. The exception was life skills support group, which was completed by 50 percent of the linked IDJJ clients, compared to 12 percent of IDOC clients. However, IDOC clients completed social/emotional services at a lower rate than parole/aftercare mandates (at a median rate of 13 percent compared to 30 percent).

Educational/vocational services

One half of both the IDJJ and IDOC clients linked to college enrollment services succeeded in being accepted into the schools. In all other educational/vocational services, IDOC clients successfully completed services at a higher rate than IDJJ clients. Of those obtaining employment, only IDOC clients obtained full-time employment. As previously stated, no clients of either group were marked as having successfully completed their GED/high school class mandates or recommendations.

Other support services

In contrast to the other types of services, IDOC and IDJJ clients successfully completed other support services at about the same rate. Food stamps services were completed at the highest rate, which is reflective of the relatively short time frame for applying and receiving that assistance. Other services were completed at a much lower rate for both client groups (22 percent, on average).

Table 11 shows the services completion rates for each client group.

Table 11
Clients successfully completing a mandated/recommended service, by group

Service	Total number of IDJJ clients linked to service	Total number of IDJJ clients successfully completing service	Percent	Number of IDOC clients linked to service	Number of IDOC clients completing service	Percent
Parole/aftercare conditions						
Curfew	33	0	0%	10	1	10%
Random urinalysis	32	1	3%	12	0	0%
Close supervision	19	0	0%	20	1	5%
Electronic monitoring	16	4	25%	22	11	50%
Obtain State ID	10	4	40%	28	14	50%
Obtain birth certificate	2	1	50%	3	2	67%
GPS monitoring	0	N/A	N/A	1	1	100%
Gang intervention	0	N/A	N/A	1	0	0%
Social/emotional services						
Substance abuse treatment	53	4	8%	52	14	27%
Support groups to deal with negative peers	36	0	0%	19	0	0%
Mental health services	23	0	0%	16	2	13%
Anger management	14	0	0%	32	11	34%
Life skills support group	6	3	50%	17	2	12%
Parenting family support	3	2	33%	3	1	33%
Mentoring	3	0	0%	5	0	0%
Supportive interaction with case manager	2	0	0%	35	7	20%
Violence prevention	2	0	0%	4	0	0%
Parenting class	2	1	50%	0	N/A	N/A
Other support group	1	0	0%	5	0	0%
Domestic violence prevention	0	N/A	N/A	3	1	33%
Educational/vocational services						
GED/high school classes	62	0	0%	39	0	0%
Part-time employment	42	8	19%	21	9	43%
Full-time employment	13	0	0%	57	17	33%
Job training	9	0	0%	39	8	21%
College enrollment	2	1	50%	4	2	50%
Other support services						
Other support services (medical, dental, legal, etc.)	11	2	18%	32	7	22%
Crisis support	4	1	25%	9	2	22%
Food stamps	1	1	100%	15	9	60%

Completion of the Reentry Program

The Reentry Program did not have a fixed end date for clients' completion of the program. As long as they continued to work on their service plan, they could remain enrolled as program participants until successful completion of their plan or their discharge from parole/aftercare. Clients could also be terminated from the program if they were returned to a correctional facility for 60 days or more, if they did not have contact with their case manager for more than 30 days, or for violation of parole or program rules. All clients ended program participation when the Reentry Program ceased operations on August 31, 2014.

Table 12 shows the various client outcomes documented in the client database and paper case files for the program performance period November 1, 2013 to August 31, 2014.

Table 12
Client outcomes at the end of the nine-month program (n=517)

Client Outcomes	Total number of clients	Percent	Number of IDJJ clients (n=156)	Percent	Number of IDOC clients (n=361)	Percent
Still enrolled when program ended	286	55%	77	49%	209	58%
Lost contact	135	26%	41	26%	94	26%
Successfully completed program	59	11%	14	9%	45	12%
Returned to correctional facility	17	3%	14	9%	3	1%
Unsuccessful (unspecified)	8	1%	5	1%	3	1%
Violated parole rules	7	1%	2	1%	5	1%
Violated program rules	5	1%	3	2%	2	1%

Client outcomes were fairly consistent between the two client groups for all outcome types, except for return to a correctional facility; that outcome was recorded more often for IDJJ clients than IDOC clients (9 percent and 1 percent, respectively). Even though the program was in operation for only nine months, 59 clients (11 percent) were indicated as having successfully completed the program. This included nine percent of IDJJ clients and 12 percent of IDOC clients. Further, case managers reported loss of contact with an equal proportion of IDJJ and IDOC clients (26 percent). Had the program operated for a full 12 months, the clients still enrolled as of August 31 (49 percent of IDJJ clients and 58 percent of IDOC clients) would have had more time to achieve their final program status (successful or unsuccessful).

Table 13 summarizes final client outcomes at the termination of the Reentry Program. Approximately one half (56 percent) of all clients were still enrolled in programming services at the time the program ended. Another one third of clients had unsuccessful outcomes, defined as (1) lost contact with case manager, (2) return to correctional facility, (3) violation of parole or

program rules, or (4) some other reason (including death of the client). Finally, case managers indicated that 11 percent of clients successfully completed the reentry program, most because they obtained full time employment.

Table 13
Final client outcomes at the end of the program (n=517)

Client outcomes	Total number of clients	Percent	Number of IDJJ clients (n=156)	Percent	Number of IDOC clients (n=361)	Percent
Still enrolled but program ended	286	56%	77	49%	209	58%
Unsuccessful outcome	172	33%	65	42%	107	30%
Successfully completed program	59	11%	14	9%	45	12%

Conclusions about client program data

The 517 Reentry Program participants included in this study were predominantly on parole from IDOC facilities (70 percent), while 30 percent were in aftercare under the jurisdiction of IDJJ. More than half (59 percent) of the clients lived in the community area in which they were enrolled.

The majority of the clients were male, African American, and living with their parents or a relative; sixty-nine percent did not have a high school diploma or GED certificate. Both IDJJ and IDOC clients had been incarcerated in fairly equal proportions for violent crimes, property offenses and drug violations ahead of their program participation.

All clients included in this study completed a service plan based on parole/aftercare mandates imposed by the Prisoner Review Board, and other recommendations made by the case manager, the client, and their parole officer/aftercare specialist. The Reentry Program offered 28 different services in four categories: mandated parole/aftercare conditions, social/emotional services, educational/vocational services, and other support services.

Overall, about half of Reentry Program clients were linked to services for which they were mandated or recommended. The linkage rate ranged from 81 percent for crisis support and supportive interaction with case managers to 21 percent for support groups.

Reentry Program clients completed 152 individual services during the nine months of the program. The highest rates of completion were for obtaining food stamps (60 percent), obtaining a birth certificate (67 percent), and electronic monitoring (50 percent) and college enrollment (50 percent).

One third of those mandated or recommended for employment services were successful in obtaining full-time employment, and another 43 percent obtained part-time employment.

Eleven percent of the 517 clients completed program services successfully, 55 percent were still enrolled as program participants at the end of the program, and one third were terminated as unsuccessful. Reasons for termination included losing contact with a case manager for more than 30 days, returning to a correctional facility, or violating parole or program rules.

Services that took the least amount of time—such as obtaining a birth certificate, State ID, or food stamps—were completed at a higher rate, but not all clients were mandated for these services. Less than a third of clients requested or received crisis support funds. For those services where 100 or more clients were mandated or recommended to participate, clients were linked at an average rate of 52 percent – they were linked to GED/high school classes at a rate of 56 percent, to support groups to deal with negative peers at 53 percent, full-time employment at 52 percent, substance abuse treatment services at 51 percent, and job training at 48 percent.

Nearly 70 percent of the clients either successfully completed programming or were participating in programming at the time the program closed. Very few clients (3 percent) were documented as returning to a correctional facility during the nine-month program period, although case managers lost contact with one fourth of clients, some of whom could have also been re-incarcerated without case managers' knowledge.

Findings: Client survey

Of the 290 online surveys completed at the end of the reentry program, 186 responses were used in this study. These were the unduplicated responses from program clients reporting themselves to be in the program eligibility age range of 13 to 28 years old. These surveys provided information about client needs and their experiences with the program. Where applicable, the demographics of survey respondents are compared to information from the client database, to provide context for their responses regarding program expectations and experiences.

The respondents were affiliated with 19 of the 21 reentry program communities (13 participants did not state a CVPP community area).

- Albany Park (n=33)
- Auburn Gresham (n=2)
- Austin (n=18)
- Bremen/Thornton Township (n=12)
- Brighton Park (n=1)
- Cicero (n=1)
- East Garfield Park (n=4)
- Englewood (n=14)
- Greater Grand Crossing (n=3)
- Humboldt Park (n=2)
- Logan Square (n=13)
- Maywood (n=5)
- North Lawndale (n=15)
- Pilsen/Little Village (n=2)
- Rich/Bloom Township (n=8)
- Rogers Park (n=12)
- Roseland (n=14)
- South Shore (n=9)
- West Chicago (Chicago Lawn, Gage Park) (n=18)

Sample demographics

Age and gender

Clients were asked to state their date of birth, which was used to calculate their age on the start date of the Reentry Program (November 1, 2013). Respondent ages ranged from 13 to 28. The average age was 22, which was equivalent to the average age of the 517 clients in the reentry program database. Very few respondents were under the age of 17 (2 percent). The most common age range for survey respondents was 21 to 24 years old (42 percent).

Ninety-two percent were male and eight percent female, approximately the same gender distribution as observed for the 517 clients entered in the reentry program database (95 percent male; 5 percent female). *Table 14* shows the age and gender distributions of the 186 reentry clients completing the survey.

Table 14
Client survey respondents' ages and genders (n=186)

Age	n	Percent
13-16	3	2%
17-20	63	34%
21-24	78	42%
25-28	42	22%
Gender		
Male	171	92%
Female	15	8%
Total	186	100%

Incarceration charge

Respondents were asked the offense for which they were incarcerated prior to their release from IDOC/ IDJJ. If they were charged with more than one offense, they were asked to list the most serious offense. The client survey responses were classified into the same offense categories as those used in the reentry program database for comparison purposes. Drug offenses were the most frequently stated offense type (41 percent), followed by property and violent offenses (19 percent). This incarceration offense distribution deviated from that of the larger group of 517 clients documented in the Reentry Program database, with a greater proportion of reported drug offense incarcerations (41 percent compared to 25 percent). *Table 15* shows the client survey responses.

Table 15
Incarceration offense types (n=163)

Offense type	n	Percent
Drugs	67	41%
Violent	31	19%
Property	31	19%
Weapons	28	17%
Other	6	4%
TOTAL	163	100%

Program referral source

Respondents were asked how they learned about the program. The most common response was from their parole officer/aftercare specialist (46 percent). Thirteen percent of survey respondents learned of the program from IDJJ/IDOC prison staff, which was not a referral choice in the client database. Taken together, 59 percent of survey participants responded that they had been referred from the correctional system, which was a lower rate than for the larger group of 517 clients documented in the Reentry Program database (66 percent). *Table 16* shows the client survey responses.

Table 16
How participants learned of the program (n=184)

Referral source	n	Percent
Parole officer/Aftercare specialist	84	46%
Friend or relative	33	18%
Community agency	27	15%
IDOC/IDJJ prison staff	24	13%
Another program participant	11	6%
Outreach	4	2%
Online, website	1	<1%
TOTAL	184	100%

Time from prison release to program enrollment

Survey respondents were asked about the length of time from their release from prison to their first meeting with their reentry case manager (program enrollment). Sixty-seven percent of respondents reported their first visit occurring less than two months after their release from prison. In contrast, 49 percent of the larger group of 517 clients was recorded as having enrolled in the program within 2 months of release from prison. Another 10 percent reported meeting their case manager while still incarcerated, compared to 5 percent of the larger group of clients. *Table 17* shows the client survey responses.

Table 17
When did you meet with your case manager? (n=186)

Time to program enrollment	n	Percent
In prison/while still incarcerated	18	10%
Less than one month after release from prison	60	32%
1-2 months	46	25%
2-3 months	16	9%
3-6 months	19	10%
6-12 months	18	10%
More than 12 months after release	9	5%
TOTAL	186	100%

Length of time in the program

At the time of the survey (between May and September, 2014) a majority of survey respondents (66 percent) reported having being in the program for less than three months. This is a much greater proportion than that seen in the 517 clients in the reentry database (34 percent). This might be expected, as newly enrolled clients meeting with case managers to develop their service plans at the time of survey deployment would have had more opportunity to be introduced to, and complete the survey than longer-standing clients with less frequent case manager contact. *Table 18* shows the clients' responses.

Table 18
Length of time in program at time of survey (n=186)

Time in the program	n	Percent
New client/Intake	54	29%
0-3 months	68	37%
4-6 months	22	12%
7-12 months	30	16%
12+ months	12	6%
TOTAL	186	100%

Client program needs

Clients were asked what they hoped to get from the Reentry Program. Of the 173 comments from clients, 31 percent indicated that they wanted to find work, while 21 percent wanted specific services offered by the reentry program (for example, anger management, substance abuse treatment, or job training). Another 8 percent indicated that they wanted to complete parole. Others responded in more global terms regarding their program goals, stating that they wanted to stay away from negative peers in order avoid recidivating, to obtain the means to a better life, or to become a better person. *Table 19* shows the clients' responses.

Table 19
Client program needs (n=173)

Client needs	n	Percent
Employment	54	31%
Services	36	21%
Means to a better life	23	13%
Education	16	9%
Not to recidivate	16	9%
Support	15	9%
Successfully complete parole	13	8%
Total	173	100%

Reentry program services accessed

Clients were asked the main services or types of support that case managers assisted them in accessing. They could select as many options as applicable from a list provided. One hundred and twelve clients (60 percent) stated that their case managers assisted them in employment/job placement, and 109 clients (59 percent) reported receiving assistance with education/job training. Fifty-six clients (30 percent) indicated that they received assistance in accessing food, while 72 clients (39 percent) received assistance in obtaining substance abuse services. Seventy clients (39 percent) received transportation assistance. Thirty clients (16 percent) received assistance in obtaining housing.

Of the twenty clients who indicated *other*, thirteen stated that their case manager helped them access anger management services; two were helped to obtain a State ID; two received mentoring services; two were helped to obtain a driver’s license; and one received assistance in applying for food stamps/medical benefits. Seven clients (4 percent) indicated that their case manager did not assist them in accessing any services. *Table 20* shows the clients’ responses. These are duplicated client counts, as respondents could choose multiple services.

Table 20
Services accessed by clients (n=186)

Services or assistance	n	Percent of survey respondents
Employment assistance/placement	112	60%
Education/job training	109	59%
Food/meals/clothing	56	30%
Substance abuse services	72	39%
Transport	70	38%
Housing	30	16%
Money/financial	24	13%
Mental health services	23	12%
Other	20	11%
Legal issues	17	9%
None	7	4%
Domestic violence services	7	4%
Parenting/child care	6	3%

Feedback about case managers

Clients were asked to answer an open-ended question on how their reentry program case manager’s job differed from their parole officer’s or aftercare specialist’s job. Of the 153 answers given, the most common response was that case managers were more supportive (14 percent). The second most common answer was that they were more helpful with connecting clients with services (13 percent). Twelve clients (8 percent) stated that they felt more connected to their case manager and that their case manager was more concerned about them. Common words used to describe case managers were “mentor,” “supportive,” “concerned,” “good listener,” “helpful,” “up front,” “understanding,” and “nice.” Common statements used to describe case managers were “more helpful,” “supportive one on one,” “supportive concerned about me,” “helpful always available,” “not the police,” “more hands on,” “easy to talk to,” and “wants me to succeed.”

Thirteen clients (8 percent) stated that there was no difference between their parole officer and their case manager.

Clients were asked to rate their agreement with six statements about their case manager on a scale of 1 (strongly disagree) to 5 (strongly agree). Almost all respondents (97 percent) stated that they *agreed* or *strongly agreed* that their case manager treated them with respect. A majority of clients (94 percent) *agreed* or *strongly agreed* that their case manager was concerned about

them. Almost all clients (94 percent) *agreed* or *strongly agreed* that their case manager was fair with them. A majority of clients (89 percent) *agreed* or *strongly agreed* that the visits helped them comply with their parole requirements. A majority of clients (92 percent) felt that their case manager was easy to reach or contact. Many clients (41 percent) *disagreed* or *strongly disagreed* that their case manager expected too much of them, while another 33 percent *agreed* or *strongly agreed*. Table 21 shows the clients' responses.

Table 21
Client feedback on case managers (n=186)

	n	Percent
Treated you with respect		
Strongly agree	147	79%
Agree	34	18%
Neither agree nor disagree	5	3%
Disagree	0	0%
Strongly disagree	0	0%
Was fair		
Strongly agree	131	72%
Agree	38	21%
Neither agree nor disagree	11	6%
Disagree	2	1%
Strongly disagree	0	0%
Was concerned about you		
Strongly agree	133	73%
Agree	38	21%
Neither agree nor disagree	9	5%
Disagree	2	1%
Strongly disagree	0	0%
Visits helped you be compliant with parole requirements		
Strongly agree	115	63%
Agree	47	26%
Neither agree nor disagree	20	11%
Disagree	1	1%
Strongly disagree	0	0%
Expected too much of you		
Strongly agree	36	20%
Agree	24	13%
Neither agree nor disagree	47	26%
Disagree	48	26%
Strongly disagree	27	15%
Easy to reach		
Strongly agree	128	71%
Agree	38	21%
Neither agree nor disagree	14	7%
Disagree	1	1%
Strongly disagree	0	0%

Conclusions on client survey

Forty-six percent of the 186 clients surveyed stated that they found out about the reentry program from their parole officer/aftercare specialist, followed by 18 percent of the clients stating that friends or relatives were their source.

The majority of clients surveyed (67 percent) stated that they first met their case manager within two months of being released from prison, including 10 percent who stated they met their case manager while still incarcerated. At the time of the survey, a majority of survey respondents (66 percent) reported having being in the program for less than three months.

When asked what they hoped to get from the reentry program, 173 clients provided responses. Of these, 31 percent wanted to find employment, 21 percent needed the types of services offered by the reentry program (anger management, substance abuse treatment, job training), and 9 percent had educational needs.

Sixty percent of clients surveyed stated that they were assisted by their case managers in seeking employment/placement, followed by 59 percent who stated that they were assisted in securing educational/job training services.

Of the 186 clients surveyed, 97 percent *strongly agreed* or *agreed* that they were treated with respect, and 93 percent thought that their case manager was fair and concerned about them. Further, 89 percent agreed that visits from their case managers helped them comply with parole requirements, although 3 percent said that their case manager expected too much from them. Fourteen percent of clients surveyed stated that their case manager was more supportive than their parole officer/aftercare specialist.

Findings: Case manager exit survey

A total of 17 Reentry Program case managers (35 percent) completed surveys at the end of the program, to provide information about themselves, as well as feedback on the Reentry Program. The respondents were affiliated with 10 of the 21 Reentry Program communities.

- Brighton Park (n=1)
- East Garfield Park (n=3)
- Greater Grand Crossing (n=2)
- Humboldt Park (n=2)
- Logan Square (n=2)
- Maywood (n=1)
- Rogers Park (n=1)
- South Shore (n=1)
- Thornton/Bremen Township (n=2)
- West Chicago (Chicago Lawn, Gage Park) (n=2)

Demographics

Ten case manager respondents were female and seven were male. The ages of respondents ranged from 29 to 65 and the average age was 46 years old. Nine case managers were between the ages of 30 and 49.

Respondents were asked how many Reentry Program case managers worked at their agency; responses ranged from one to four. Eight of the case managers stated that they were the only case manager at their agency, while five indicated that they were one of two case managers at their agency.

Program operations

Case managers were asked how they obtained clients. The most frequently cited source was parole agents/aftercare specialists (n=13). Seven case managers answered that they used community outreach to obtain clients and four said that they received clients through the Illinois Department of Juvenile Justice (IDJJ) or Illinois Department of Corrections (IDOC).

Case managers were asked how often, in 2014, they met with their clients before release from prison. Responses varied: five case managers (29 percent) said *very often*, while others selected responses from: often, seldom, and never.

In 2014, eight of the case managers (47 percent) indicated that their average caseload was 16 or more clients in 2014 (*Table 22*).

Table 22
Case manager's average caseload (n=17)

	n	Percent
1-3 clients	1	6%
4-6 clients	0	0%
7-9 clients	3	18%
10-12 clients	2	12%
13-15 clients	3	18%
16+ clients	8	47%
TOTAL	17	100%

Client services

Case managers were asked for which services they referred their clients to other agencies, as well as those they provided directly to clients. Respondents indicated they referred clients for more services than were provided by them or their agency.

Case managers reported providing transportation for clients, job training, referrals and resume assistance, anger management classes, emergency assistance, and money management education more often than providing referrals for these services. For substance abuse treatment, the most commonly mandated client service (*Table 9*), about half of case managers reported providing that service directly, and half reported providing referrals. *Table 23* shows the services that case managers provided referrals or provided directly to their Reentry Program clients.

Table 23
Services referred and provided to clients (n=17)

	Referred		Provided		Referred or provided	
	n	Percent	n	Percent	n	Percent
GED, enrollment in school	14	82.4%	3	17.6%	17	100.0%
Public financial assistance	13	76.5%	3	17.6%	16	94.1%
Medical assistance	13	76.5%	3	17.6%	16	94.1%
Housing	12	70.6%	3	17.6%	15	88.2%
Identification	11	64.7%	6	35.3%	17	100.0%
Domestic violence-related services	11	64.7%	1	5.9%	16	94.1%
Child-related assistance	11	64.7%	1	5.9%	12	70.6%
Mental health services or treatment	10	58.8%	4	23.5%	14	82.4%
Substance abuse treatment	9	52.9%	8	47.1%	17	100.0%
Recovery support groups	9	52.9%	5	29.4%	14	82.4%
Legal assistance	9	52.9%	3	17.6%	12	70.6%
Job training, referrals, resume	8	47.1%	9	52.9%	17	100.0%
Dental assistance	8	47.1%	1	5.9%	9	52.9%
Anger management	7	41.2%	9	52.9%	16	94.1%
Transportation	5	29.4%	12	70.6%	17	100.0%
Emergency assistance (food, shelter, clothing)	5	29.4%	9	52.9%	14	82.4%
Money management	5	29.4%	6	35.3%	11	64.7%
Other	1	5.9%	4	23.5%	5	29.4%

Use of other CVPP components

Case managers were asked about their awareness of the other CVPP components—the Youth Employment Program (YEP) and the Parent Program. All case managers were aware of YEP and almost all case managers (94 percent) were aware of the Parent Program. A majority of case managers (71 percent) stated that their clients participated in YEP. However, a majority of the case managers (59 percent) did not have clients participating in the Parent Program.

Ratings of program support

Case managers were asked to rate the quality of supportive elements included in the Reentry Program. All respondents rated the assistance from the CVPP Reentry Lead Agency as *good* or *very good*. Most case managers (n=15) rated the assistance from the CVPP Coordinator and Manager as *good* or *very good*. In addition, a majority of case managers (n=12) *agreed* or *strongly agreed* that they felt supported by their Program Coordinator. *Table 24* shows the case managers' ratings.

Table 24
Case manager ratings of program support (n=17)

	n	Percent
Assistance of your Lead Agency		
Very good	12	71%
Good	5	29%
Average	0	0%
Poor	0	0%
Very poor	0	0%
Assistance from your CVPP Coordinator and Manager		
Very good	12	71%
Good	3	18%
Average	1	6%
Poor	1	6%
Very poor	0	0%
I felt supported by my Reentry Program Coordinator		
Strongly agree	4	23%
Agree	8	47%
Neutral	0	0%
Disagree	2	12%
Strongly Disagree	2	12%
No response	1	6%
TOTAL	17	100%

Case managers were asked to rate their agreement with two statements about their preparation and training on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). Fourteen case managers *agreed* or *strongly agreed* that they were prepared for their jobs and 14 rated the training for their role as *good* or *very good* (*Table 25*).

Table 25
Case manager ratings of program preparation (n=17)

	n	Percent
I was prepared for my job as case manager		
Strongly agree	5	29.4%
Agree	9	52.9%
Neutral	0	0.0%
Disagree	0	0.0%
Strongly Disagree	3	17.6%
Training for your role as case manager		
Very good	6	35.3%
Good	8	47.1%
Average	2	11.8%
Poor	1	5.9%
Very poor	0	0.0%
TOTAL	17	100%

Case managers were asked which CVPP trainings they attended this year. Almost all respondents (16 of 17) attended the motivational interviewing training. The other trainings—on mentoring at-risk youth and internet safety—were attended by more than half of the case managers (11 and 9, respectively).

Case managers were asked for topics about which they wished they had more information or training, and they were allowed to select all applicable items from a list. The most selected item was Authority grant policy (n=5). *Table 26* shows the case managers’ responses on topics.

Table 26
Topics for more information or training (n=17)

	n	Percent
Authority grant policy	5	29.4%
Trauma/post-traumatic stress disorder	3	17.6%
Violence prevention	3	17.6%
Nothing	2	11.8%
Case planning	1	5.9%
Mental health/mental illness	1	5.9%
Motivational interviewing	1	5.9%
Cognitive behavior therapy	1	5.9%

Ratings of program success

Case managers were asked to rate the success of the Reentry Program. “Success” was defined as obtaining clients, referring clients to services, improving clients’ lives, and reducing recidivism. Almost all respondents (16 of 17) indicated that the Reentry Program was *successful* or *very successful*.

Case managers were asked to rate their agreement with five statements about the Reentry Program and training on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). Thirteen case managers *agreed* or *strongly agreed* that the program prepared and supported clients who were returning to their communities. Many respondents (n=12) *agreed* or *strongly agreed* that the program prepared and supported clients in reducing delinquency and recidivism. In addition, 13 case managers *agreed* or *strongly agreed* that the Reentry Program helped reduce violence. Table 27 shows the case manager’s responses.

Table 27
Case manager ratings of aspects of the program (n=17)

	n	Percent
The reentry program prepared/supported clients in returning to their communities		
Strongly agree	8	47.1%
Agree	5	29.4%
Neutral	1	5.9%
Disagree	0	0.0%
Strongly disagree	3	17.6%
The reentry program prepared/supported clients in reducing delinquency and recidivism		
Strongly agree	7	41.2%
Agree	5	29.4%
Neutral	2	11.8%
Disagree	0	0.0%
Strongly disagree	3	17.6%
The reentry program helps to reduce violence		
Strongly agree	7	41.2%
Agree	5	29.4%
Neutral	2	11.8%
Disagree	0	0.0%
Strongly disagree	3	17.6%
TOTAL	17	100%

Additional comments

Case managers were able to provide additional comments. Of the ten comments provided, seven were positive statements about the program. In the words of one case manager:

“CVPP Program was an excellent program. I’ve worked at Target Area Dev. Corp for well over 12 years in a few re-entry programs, and I tell the truth, we’ve never had the initiatives, opportunity, nor resources that CVPP provided. If I may so say myself, CVPP was one of the best programs that has ever been available in the lives of specific communities that has ever existed. I recommend a CVPP throughout Illinois and beyond. CVPP was a program that lives were changed, saved, and minds were regulated, and hope was given, in exchange for hopelessness. In a community like these, CVPP gave a reason for living in a world of no hope, through a program like CVPP there is hope.”

Three case managers expressed disappointment that the program ended due to lack of funding. One case manager wrote that

“To me, the reentry program was a successful program for youths. I was able to get my clients jobs for the summer and many of my clients were attending because of CVPP. Closing the program was a letdown to those youth who wanted the help. I am still working and encouraging some of my clients so that they won’t walk through the system.”

One case manager suggested that the program should pay the case managers more. Another suggested that research be conducted on the relationship of released prisoners to their Parole Officers, as the parole officers do not provide the services that the reentry program did and former prisoners distrust their parole officers.

Conclusions on case manager exit survey

About half of the 17 Reentry Program case managers (47 percent) averaged 16 or more clients in 2014. A majority of case managers (77 percent) indicated that they obtained their clients from parole agents and aftercare specialists, and many (41 percent) used community outreach to find clients.

All case managers referred clients to, or provided, GED services, job training, substance abuse services, and the means to obtain identification. Almost all respondents (94 percent) referred clients to or provided public financial assistance, medical assistance, and anger management services.

Case managers provided high ratings for the support and preparation offered by the program. All case managers rated the assistance provided by the Lead Agency as *good* or *very good*. A majority of respondents (88 percent) rated the assistance provided by the CVPP Coordinator and Manager as *good* or *very good*. A majority of case managers (82 percent) rated the training for their role as *good* or *very good*. However, many case managers (30 percent) wanted more training on Authority grant policy.

Case managers rated aspects of CVPP highly. Almost all case managers (94 percent) indicated that the reentry program was *successful* or *very successful*. Most case managers (71 percent) *agreed* or *strongly agreed* that the reentry program helped reduce violence.

Conclusion

The Reentry Program, one of three components of the state of Illinois' Community Violence Prevention Program (CVPP), provided services to youth on aftercare and young adults on parole in 18 Chicago communities and three suburban communities.

The objectives of the program were to link clients to, or directly provide services mandated by the PRB with recommendation from parole agents, aftercare specialists, case managers, and the client, in order to assist clients with successful reentry into their communities, while increasing pro-social engagement and reducing recidivism.

Of the 517 clients tracked in this study, 70 percent were under parole jurisdiction of IDOC, and 30 percent were under aftercare jurisdiction of IDJJ. Almost all clients were male and Black/African American. One third of clients had been incarcerated for violent offenses prior to their Reentry Program participation, and one fourth had been incarcerated for drug offenses.

Approximately half (54 percent) of clients spent less than two months in the community prior to their Reentry Program enrollment, although one fourth had been in the community for six months or longer. About half of IDOC clients and 45 percent of IDJJ clients spent less than three months participating in the program once enrolled, partially due to discontinuation of the Reentry Program at nine months instead of the originally anticipated 12-month duration.

There were distinct differences in service plan mandates and recommendations between IDJJ clients and IDOC clients. Of the 28 types of services and mandates tracked, IDJJ client service plans most often listed enrollment in GED/high school classes, substance abuse treatment, and participation in support groups to deal with negative peers, curfew monitoring and random urinalysis. Service plans for IDOC clients most often listed substance abuse treatment, full-time employment, job training, GED/high school class enrollment, and enrollment in anger management classes.

Clients responding to a survey, whose average age was somewhat older than the average age of all clients tracked in this study, expressed their top program goal to be finding employment, followed by obtaining other services provided by the program (for example, substance abuse treatment, job training or anger management).

During the nine months of the program, about half of all clients were linked to the services mandated or recommended on their service plans. While IDJJ clients were linked at a higher rate, IDOC clients were documented as actually successfully completing more services once linked. Case managers responding to a survey reported providing transportation for clients, job training, referrals and resume assistance, anger management classes, emergency assistance, and money management education. Half of case managers also reported directly providing substance abuse treatment to their clients.

Despite the challenges of a serious criminal background that included state incarceration, one third of clients mandated to seek full-time employment succeeded in finding a job, and another 43 percent obtained part-time employment.

At the end of the Reentry Program performance period, two thirds of clients were either still enrolled in the program or had successfully completed. The other third of clients had been terminated unsuccessful, primarily due to lost contact with case managers, return to the correctional facility, or violation of program or parole rules.

Both clients and case managers surveyed expressed positive attitudes towards the program, with clients also providing positive feedback about their case managers. Case managers rated highly the support and preparation offered by the program, including the assistance received from their Lead Agency and CVPP program coordinator. Almost all case managers surveyed responded that the Reentry Program was successful or very successful, and three fourths agreed or strongly agreed the program helped reduce violence.

Implications for policy and practice

Reentry program developers and administrators

Provide developmentally appropriate services

The CVPP Reentry Program was designed to serve a wide age range of clients - from age 13 through age 28. Findings revealed differences between clients released from IDJJ (ages 13-20) and IDOC (ages 17-28) in terms of individual characteristics, developmental needs, and mandated/recommended services requirements. Further, clients from IDJJ and IDOC within the overlapping age range of 18-20 (27 percent of Reentry Program clients) differed substantially on educational attainment.

Reentry program administrators choosing to serve both youth and young adults should ensure that services and supervision for each age group are developmentally appropriate and address the distinct needs of this population (Council of State Governments Justice Center, 2015). This may require grouping clients into services not only on age, but also on cognitive ability, since clients' cognitive levels plays a role in how well they comprehend mandated or recommended programming curriculum (Tolbert, 2012). The evaluation found that this was happening on an informal basis in the Reentry Program, as very few sites served both younger IDJJ clients and older IDOC clients.

Further, best practices suggest that reentry programs that provide treatment should use cognitive-behavioral treatment techniques that are matched to specific client learning characteristics (Petersilia, 2004). This includes consideration for the effects of clients' exposure to violence, as victims, witnesses and perpetrators (Welfare & Hollin, 2011). Almost one third of the youth and young adults participating in the Reentry Program had been incarcerated for violent crimes prior to their program enrollment, and all had experienced the negative effects of incarceration at a young age. Case managers surveyed in this study recognized this, as they expressed interest in more training in dealing with post-traumatic stress disorders (PTSD), motivational interviewing and cognitive behavioral therapy.

Implement use of validated risk assessment and case management tools in developing individual service plans

Another key component of successful reentry programs is the use of risk-of-recidivism and case management tools to determine which individuals could benefit most from services (James, 2015). In addition, research has shown that offenders' cooperation and likelihood of successful completion of their case plans increases to the extent that they are involved in developing their own service plans (Council of State Governments Justice Center, 2015).

CVPP Reentry Program case managers were expected to screen new clients for eligibility factors of age and reentry status, and determine their service needs based on PRB and parole documents. The recommendations of the case manager and clients were secondary. Further, program

documentation did not capture clients' levels of involvement, if any, in developing their service plans. When clients were surveyed about their program experiences, close to two-thirds (63 percent) identified needs that matched the services and referrals offered by the program - 29 percent wanted to find employment, 19 percent wanted anger management, substance abuse treatment, or job training, and 9 percent expressed educational needs. On the other hand, 20 percent were less specific when asked what they hoped to get from the program, providing such responses as "a means to a better life" or "help with not recidivating".

Absent from the CVPP Reentry Program model was the directive for case managers to use a validated risk assessment or case management tool in developing client service plans. Case managers at each site were left without a systematic means to identify those clients were ready to fulfill parole mandates and follow through with service referrals, and those that needed more assistance with managing the transition back into the community before they could benefit from service referrals. Referral linkage and completion rates might have been higher if case managers were given validated case management tools, such as the Client Management Classification instrument available through the National Institute of Corrections (Baird & Neuenfeldt, 1990) to assist with client assessment, rather than being expected to take a one-size-fits all approach. It is recommended that future community-based reentry programs build in this important evidence-based practice into their program models, to ensure cost-effective allocation of program resources to clients based on their needs and readiness for services.

Consider critical timeframes for program participation when designing a reentry program

One important time frame for reentry programming is program duration. Best practices indicate that programs should last at least six months (James, 2015; Altschuler & Armstrong, 2002). Due to discontinued funding for the CVPP Reentry Program three months early, the majority of clients received six months or less of services and mandated programming, with half receiving three months or less. While the reentry program was able to successfully link half of mandated clients to vocational training programs and employment within the nine months of program operation, even a year would be inadequate to complete other requirements such as completion of a high school degree or an equivalent GED certificate. Since the length of participation in a supportive reentry program has been shown to reduce recidivism during the critical first year of release, especially for clients with multiple needs (Abrams, Terry, & Franke, 2011), it is important that adequate program duration be considered in the development and operations of a reentry program.

Research has also identified that best practices for reentry programs includes the initiation of client contact during incarceration, to establish client rapport and continuity of care from institutional to community services (James, 2015). If this is not possible, then client contact should be made during the critical days and weeks following release. Research indicates that this is a critical time period for recidivism, which often results from the inability to obtain basic needs previously provided by the institution (Stanford Executive Sessions on Sentencing and Corrections, 2012). These include the critical needs of food, clothing and shelter, urgent needs of financial resources, medication, and transportation, and important needs of identification documents, health care referrals and social supports (Glasheim, 2011).

Very few Reentry Program clients (5 percent) met with program staff prior to their release. Instead, clients were typically obtained through referrals from parole agents/aftercare specialists once they were released into the community. This was true for the majority (82 percent) of IDJJ clients, and 59 percent of IDOC clients. Of those clients referred by parole/aftercare staff, most started the program within 30 days of their release. The majority of surveyed case managers reported providing or referring clients to assistance with transportation, housing, emergency food or clothing, public aid, and obtaining identification documents, and a third of clients surveyed reporting accessing these services through the program. However, CVPP Reentry Program documentation considered these services ancillary to the program's goals and objectives, rather than a key component of successful client reentry. Developers of reentry programs should consider placing more emphasis on client continuity of care services, beginning in the institution, in recognition of their importance as foundations and best practices for program success. This should include better tracking of case manager supportive activities and contacts with clients, in order to be able to assess the effects of these activities on client outcomes.

Build and maintain strategic partnerships with correctional agencies

Developing and maintaining strategic partnerships is a key element of successful reentry programming (McLellan, 2005). However, community organizations often find building relationships within correctional systems to be challenging for many reasons, including lack of clear communication channels, conflicting roles, difficulty in maintaining continuity when personnel changes, and administrative burdens placed on civilian access to clients in secure facilities (Sandwick, Tamis, et al, 2013). While the Lead Agency structure of the CVPP Reentry Program was designed to facilitate partnerships with the state's correctional agencies, only half of case managers surveyed reported having an expected caseload of 15-20 clients. Further, the client distribution was skewed heavily toward the older population exiting from IDOC, accounting for 70 percent of the 2014 Reentry Program participants. These are indications that the program referral process was not as robust as anticipated. Programs interested in providing supplemental parole services for both youth and young adult reentry clients should consider designing internal operational structures that deal separately with the juvenile and adult correctional agencies for a more successful referral process from each correctional agency. Successful liaison with correctional officials is more likely to occur to the extent that community reentry program administrators can demonstrate the program's capacity to provide each client group with services that are evidence-based and developmentally appropriate.

Corrections, Prisoner Review Board officials and policy makers

Design parole mandates in tandem with community reentry programs that are based on evidence-based practices

Parole mandates set by the PRB and parole/aftercare specialists were central to the services offered by the Reentry Program. The Crime Reduction Act of 2009 [730 ILCS/190] mandates that conditions of parole are to be imposed by the PRB in light of standardized assessment that takes into account the individual's risks, assets and needs, and that such an assessment be

conducted before the individual is released. The law also calls for the results to be used to develop evidence-based local supervision strategies, and that they be shared with non-governmental entities that will actually be supplying mandated services in the community. At the time of the Reentry Program performance period in 2014, this assessment process was not yet implemented within IDOC. As the organization begins to roll out its Risk, Assets and Needs Assessment (RANA) process (IDOC FY2015 Annual Report, 2016), it is recommended that correctional officials and other policy makers consider adoption of the continuum of care model, where community programs are given a role in reentry case planning ahead of the individual's release into the community (Alschuler & Armstrong, 2002). Building the institutional capacity to partner with community reentry programs capable of delivering evidence-based services has been shown to reduce recidivism and increase the pro-social engagement of released individuals (James, 2015).

Conditions of parole that apply to both juvenile and adult parolees are defined by state statute [730 ILCS 5/3-3-7], although others can be set by the PRB and parole officers based on the needs of the individual. Other states have begun to examine the extent to which their statutory parole mandates align with current research on evidence-based community supervision practices (for example, Colorado Commission on Criminal and Juvenile Justice, 2016). Illinois' Crime Reduction Act calls for the adoption of evidence-based practices in local supervision, as well. This evaluation found that the most commonly mandated conditions of parole were related to employment and job training, education, and substance abuse treatment. Future research should examine how parolee readiness affects the successful completion of those mandates, and how correctional and community reentry programming can effectively assess readiness and provide services in ways that will reduce parole mandate non-compliance and resulting expensive technical violation incarceration.

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Appendix A: 2014 Reentry Program participating agencies

Geographic area	Community area	Lead agency	Partnering agency	Site before 2014
North	Albany Park	Albany Park Community Center	Community Human Services	No
North	Avondale	Fellowship Connection, Inc.	Rincon Family Services	No
North	Humboldt Park	Alliance of Local Services Organization (ALSO)	Alliance of Local Services Organization (ALSO)	Yes
			Health Care Alternative Systems	Yes
		Chicago Commons	Association House	Yes
North	North Lawndale	Sinai Community Institute	Sinai Community Institute	Yes
North	Rogers Park	A Safe Haven	A Safe Haven	Yes
West	Austin	TASC, Inc.	National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI)	No
		Mental Health Center, Inc.	Build, Inc.*	Yes
		Community Action (PLCCA)	Living Word Christian Center Prison Ministry	Yes
West	East Garfield Park	UCAN	Mt. Vernon Baptist Church*	Yes
West	North Lawndale	UCAN	People Community Development Corporation	Yes
			Lawndale Christian Legal Center	Yes
		Sinai Community	Yes	
West	Pilsen/Little Village	Chicago Commons	New Life Knew Solutions	Yes
West	West Garfield	Chicago Area Project	TASC, Inc.	No
South	Auburn Gresham	Chicago Area Project (St. Sabina)	The Beloved Community, Inc.	No
South	Englewood	Children's Home + Aid	Team Englewood	Yes
South	Grand Boulevard	Chicago Area Project (Bright Star)	Chicago Youth Centers, Elliott Donnelley	Yes
South	Greater Grand Crossing	Greater Auburn Gresham Development Center (GAGDC)	Target Area Development Corp.	Yes
South	New City	Children's Home + Aid	Access Community Health Services	Yes
South	Roseland	Community Assistance Programs	Roseland Ceasefire	Yes
			Lights of Zion	Yes
South	South Shore	Black United Fund of Illinois, Inc.	Black United Fund of Illinois, Inc.	Yes

South	West Chicago/Near West Side (Gage Park, Chicago Lawn)	Good City	Health Care Alternative Systems	Yes
South Suburban	Rich Township/ Chicago Heights	Southland Health Forum	TASC, Inc.	No
West Suburban	Maywood	Proviso-Leyden Council for Community Action (PLCCA)	Proviso-Leyden Council for Community Action (PLCCA)	Yes
West Suburban	Cicero	Corazon Community Services, Inc.	Corazon Community Services, Inc.	Yes

* No client data (in either electronic or paper format) was received from this site.

Appendix B: Client enrollment by Chicago community area

Geographic area	Community area	Total clients enrolled	Number of clients living in that community	Percent	Number of clients not living in that community	Percent
North	Albany Park	38	38	100%	0	0%
North	Avondale	15	0	0%	15	100%
North	Humboldt Park/Logan Square	86	19	22%	67	78%
North	Rogers Park	19	19	100%	0	0%
North	Total	158	76	48%	82	52%
West	Austin	75	40	53%	35	47%
West	North Lawndale	47	41	87%	6	13%
West	Pilsen/Little Village	13	7	54%	6	46%
West	West Garfield Park	17	0	0%	17	100%
West	East Garfield Park	0	0	0%	0	0%
West	Total	152	88	58%	64	42%
South	Auburn Gresham	1	1	100%	0	0%
South	Brighton Park	0	0	0%	0	0%
South	Englewood	1	1	100%	0	0%
South	Grand Boulevard	11	8	73%	3	27%
South	Greater Grand Crossing	42	2	5%	40	95%
South	New City	11	11	100%	0	0%
South	Roseland	24	22	92%	2	8%
South	South Shore	22	17	77%	5	23%
South	West Chicago/Near West Side (Gage Park/Chicago Lawn)	51	49	96%	2	4%
South	Total	163	111	68%	52	32%
South Suburban	Rich Township/Chicago Heights	14	14	100%	0	0%
West Suburban	Cicero	5	2	40%	3	60%
West Suburban	Maywood	25	16	64%	9	36%
Suburban	Total	44	32	73%	12	27%
	Total clients	517	307	59%	210	43%

Appendix C: Clients' incarceration offenses prior to Reentry Program enrollment

Offense category	Offense
*Violent	Aggravated battery
	Aggravated battery/great bodily harm
	Aggravated battery/peace officer
	Aggravated battery/firearm
	Aggravated battery/public place
	Aggravated discharge firearm/occupied vehicle
	Aggravated robbery
	Aggravated vehicular hijacking/weapon
	Aggravated domestic battery
	Armed robbery/firearm
	Armed robbery/no weapon
	Armed violence/weapon
	Attempt armed robbery
	Attempt robbery
	Attempt murder of a minor
	Battery
	Criminal sexual assault/can't consent
	Domestic battery
	Home invasion/firearm
	Murder
	Second degree murder
	Residential arson
	Resist arrest/obstruct officer/injury
	Robbery
	Robbery/victim handicapped or 60+ years
	Strong arm robbery
	Unlawful restraint
Vehicular hijacking	
Property	Aid/abet/possess/sell/stolen vehicle
	Aggravated fleeing/damage > \$300 property
	Arson
	Attempt residential burglary
	Attempt burglary
	Burglary
	Burglary/school/place of worship
	Credit card fraud/> \$300
	Criminal trespass to vehicle
	Criminal trespass to residence
	Forgery
	Identity theft/\$300-\$2,000
	Knowingly damage property/> \$300-\$10,000
	Money laundering

	Possess fraudulent identification
	Receive/possess stolen vehicle
	Residential burglary
	Retail theft
	Theft/> \$300-\$10,000
	Theft/\$300-\$10,000/school/place of worship
	Unlawful possession/driver/stolen vehicle
Drugs	18 years+ deliver controlled substance to under age 18/park/school/public housing
	Manufacture/delivery 1-15 grams cocaine
	Manufacture/delivery 10-15 grams heroin
	Manufacture/delivery 15 <100 grams heroin
	Manufacture/delivery, other amount, narcotic schedule I & II
	Manufacture/delivery, cannabis, 10-30 grams
	Manufacture/delivery, 10 >15 Ecstasy pills
	Manufacture/delivery 15 >100 Ecstasy pills
	Manufacture/delivery 15 >200 Ecstasy pills
	Possession amount controlled substance except (A) (D)
	Possession controlled substance heroin
Weapons	Aggravated unlawful use of weapon
	Aggravated unlawful use of weapon/vehicle
	Aggravated unlawful use of weapon/vehicle 2nd
	Aggravated unlawful use of weapon/on person
	Felon possess/use firearm
	Possession firearm with defaced serial number
	Possession of firearm by gang member
	Possess weapon in penal institution
	Possession of firearm
	Possession of stolen firearm
	Possession rifle <16 inches/shotgun <18 inches
	Unlawful use of weapon
Other	Aggravated driving under the influence (DUI)/license suspended or revoked
	Aggravated fleeing
	Escape/violate electronic monitoring
	Obstruct justice/destroy evidence
	Resist arrest
	Violate sex offender registration

Source: IDOC Offender 360 System/Reentry Program client database

*Violent offenses were defined according to the Rights of Crime Victims and Witnesses Act, which defines a violent offense as any felony in which force or threat of force was used against the victim [725 ILCS 120/et seq.].

Appendix D: Reentry program client survey

Please answer the following questions about the Reentry program. Your feedback is valuable to us. Note: In this survey, *IDOC* refers to the *Illinois Department of Corrections*, or the adult prison system; *IDJJ* refers to the *Illinois Department of Juvenile Justice*, or the juvenile prison system.

1. How long have you been in the Reentry program?

<input type="checkbox"/> New client/ intake	<input type="checkbox"/> 7-12 months
<input type="checkbox"/> 0-3 months	<input type="checkbox"/> 12+ months
<input type="checkbox"/> 4-6 months	

2. CVPP Community: _____

3. Date of birth: ____ / ____ / ____

4. Male Female

5. How did you learn about the Reentry program?

<input type="checkbox"/> IDOC/ IDJJ Prison staff
<input type="checkbox"/> Parole Officer/ Aftercare Specialist
<input type="checkbox"/> Friend, relative
<input type="checkbox"/> Another program participant
<input type="checkbox"/> Community agency
<input type="checkbox"/> Online, website
<input type="checkbox"/> Other (specify):

6. For what offense were you sentenced during your most recent stay at IDOC/IDJJ? (If multiple offense charges, please indicate the most serious).

7. When did you first meet with your Reentry program Case Manager?

<input type="checkbox"/> In prison/ while still incarcerated
<input type="checkbox"/> Less than one month after release from prison
<input type="checkbox"/> 1-2 months after release
<input type="checkbox"/> 2-3 months after release
<input type="checkbox"/> 3-6 months after release
<input type="checkbox"/> 6-12 months after release
<input type="checkbox"/> More than 12 months after release

8. What are the main services/assistance you have used with the help of the Case Manager?

<input type="checkbox"/> None/ NA	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing	<input type="checkbox"/> Substance abuse services
<input type="checkbox"/> Money/ financial	<input type="checkbox"/> Domestic violence services
<input type="checkbox"/> Food, meals, clothing	<input type="checkbox"/> Mental health services
<input type="checkbox"/> Education/ job training	<input type="checkbox"/> Parenting/ child care
<input type="checkbox"/> Employment assistance/ placement	<input type="checkbox"/> Other(specify):
<input type="checkbox"/> Legal issues	

9. How is your Reentry Case Manager's job different from your Parole Officer/Aftercare Specialist's job?

10. Your Reentry Case Manager...

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Treated you with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was concerned about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits helped you be compliant with parole requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expected too much of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was easy to reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past three months, how many times...

	0	1	2	3 or more
Have police brought you home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you gotten a ticket for citation for curfew, loitering, drinking, or tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been arrested for a crime, like theft, drugs, assault, disorderly conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In your neighborhood, please rate the seriousness of each problem below:

	Very small problem	A small problem	Average	A big problem	A very big problem
People selling drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups of people hanging around the neighborhood and causing trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence among community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to walk safely on the streets of your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gunshots and shootings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent crime (like people being beaten, robbed, assaulted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-violent crimes (like theft, vandalism, drug sales)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What do you hope to get from the Reentry program?

Appendix E: Reentry case manager exit survey

1. CVPP community: _____

2. Age: _____

3. Gender:
- Male
 - Female

4. How would you rate the quality of the following elements of the Reentry program?

	Very good	Good	Average	Poor	Very poor
A. Assistance from your Lead Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Training for your role as Reentry Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grant and policy assistance from Illinois Criminal Justice Information Authority (ICJIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What, if anything, do you think you needed more information or training on? Check all that apply.

- Intakes, screenings, or assessments
- Case planning
- Responding to client crisis/emergencies
- Mental health/ mental illness
- Substance abuse issues
- Trauma or post-traumatic stress disorder
- Violence prevention (such as risk and protective factors for youth violence)
- Motivational interviewing
- Cognitive behavioral therapy
- Mentoring
- ICJIA policy
- Other (specify): _____

6. How many CVPP Reentry program case managers work at your agency? _____

7. How do you obtain clients? Please check all that apply.

- Outreach
- IDOC/IDJJ
- Parole Agents/Aftercare Specialists
- Other

8. In 2014, what was your average caseload? _____
9. In 2014, in general, how successful was the Reentry program?
- Very successful
 - Successful
 - Neutral
 - Unsuccessful
 - Very unsuccessful
10. How often did you meet with clients pre-release?
- Never
 - Seldom
 - Often
 - Very often

11. Please indicate your agreement with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
A. I was prepared for my job as Reentry Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I felt supported by my Reentry program Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The Reentry program prepared/supported clients in returning to their communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The Reentry program prepared/supported clients in reducing delinquency and recidivism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The Reentry program helps to reduce violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please check if you attended the trainings offered through CVPP this year.
- Motivational Interviewing
 - Panel on Mentoring At-Risk Youth
 - Internet Safety Workshop
13. Which of the following services do you refer/provide to clients? Check all that apply.
- GED, enrollment in school
 - Job training, referrals, resume
 - Substance abuse treatment
 - Recovery support groups (such as AA or NA)
 - Money management
 - Identification (driver's license, social security card)
 - Public financial assistance (such as food stamps, temporary assistance to needy families/TANF or other assistance)
 - Child-related (such as custody issues, obtaining, modifying child support payments)
 - Legal assistance
 - Housing

- Transportation
- Domestic violence-related services
- Medical assistance
- Dental assistance
- Mental health services or treatment
- Anger management
- Emergency assistance (such as food, clothing, shelter)
- Other (specify):_____

14. Are you aware of the CVPP Youth Employment Program?

- Yes
- No
- Unsure

14a. In 2014, did you have any clients involved in the CVPP Youth Employment Program?

- Yes
- No
- Unsure

15. Are you aware of the CVPP Parent Program?

- Yes
- No
- Unsure

15a. In 2014, did you have any clients or their family members involved in the CVPP Parent Program?

- Yes
- No
- Unsure

16. Please provide additional comments or feedback on the Reentry program.



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