



WOMEN AND REENTRY

Evaluation of St. Leonard's Ministries' Grace House Program



Second in a series on reentry at St. Leonard's Ministries

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Grace House Program

Second in a series

2015

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Suggested citation: Cossyleon, J.E., & Reichert, J. (2015). *Women and reentry: Evaluation of the St. Leonard's Ministries' Grace House program*. Chicago, IL: Illinois Criminal Justice Information Authority.

This project was supported in part by Grant# 08-DJ-BX-0034 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Authority or the U.S. Department of Justice.

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Acknowledgements

The author would like to thank the following individuals and agencies for providing assistance and guidance on this project:

Angela Aidala, Columbia University
Diana Chavez, Loyola University of Chicago
Vickii Coffey, University of Illinois Chicago
Lisa Hampton, Illinois Department of Juvenile Justice
Heather Hlavka, Marquette University
Reuben Miller, University of Michigan
Patricia O'Brien, University of Illinois-Chicago
Gwendolyn Purifoye, Loyola University of Chicago
Ryan Santos-Leslie, Marquette University
Kimberly Sperber, Talbert House
Nathaniel Inglis Steinfeld, Sentencing Policy Advisory Council
Judith Wittner, Loyola University Chicago
Jennifer Yahner, The Urban Institute

The author would like to acknowledge the following St. Leonard's Ministries staff for their assistance:

Walter Boyd
Carolyn Champion
Kimberly Crawford
Robert Dougherty
Bernadine Dowdell
Victor Gaskins
Carla Lewis
Sister Theresa Mayrand
Christopher Roach

The author would like to acknowledge the following Authority staff for their assistance:

Sharyn Adams
Megan Alderden
Ashley Blair, Intern
Jordan Boulger
Kimberly Burke
Racquel Diaz, Intern
Jin Fong
Chelsea Hanlock, Intern
John Maki
Ernst Melchior
Cristin Monti Evans
Mark Myrent
Idetta Phillips
Mark Powers
Rebecca Skorek
Lisa Stephens
Amy Sylwestrzak, Intern

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Key findings

More than 2.4 million people are confined in correctional facilities across the United States (Wagner & Stakala, 2014). Each year, more than 500,000 inmates are released from prison and return to their communities (Carson & Sabol, 2012; Guerino, Harrison, & Sabol, 2011; Travis, 2005). The formerly incarcerated face many obstacles as they reenter the community, such as finding employment and housing, and paying outstanding fines, restitution, and other debts (Gouvis-Roman & Travis, 2004; Levingston, & Turetsky, 2007; Wheelock, 2005). Two-thirds of released prisoners are rearrested within three years for new crimes or parole violations (Langan, & Levin, 2002).

The Illinois Criminal Justice Information Authority has been evaluating St. Leonard's Ministries programs since 2011. As part of that evaluation, Authority researchers examined administrative program data and outcomes of residents after program participation, conducted interviews with program staff and stakeholders and completed field observations to identify program components that are effective in contributing to successful resident outcomes, learn about the programs' residents and operations, and analyze client outcomes. This report focuses on Grace House, a voluntary, residential, prisoner reentry program for women. Those accepted into the program receive housing, substance abuse treatment, psychological services, life skills mentoring, and education and vocational services.

Resident data

Applications collected between 2009 and 2012 indicated Grace House served an average of 20 residents per year. In 2012, the residents' average age was 41 years old. Fifty percent had come from prison, 33 percent had come from jail, and the rest entered the program from a substance abuse treatment facility.

Researchers tracked outcome data on a sample of 25 women. Women sampled had an average of 26 prior arrests. In addition, 76 percent had at least one prior property conviction, 72 percent had a prior drug conviction, and 40 percent had a violent crime conviction. Most were incarcerated three times, on average.

After leaving Grace House, 36 percent were arrested for another crime, 24 percent were convicted of another crime, and 20 percent were incarcerated again (examined an average of 1.5 years after leaving the program).

Program operations

A researcher observed day-to-day operations and noted specific content of group therapy sessions. Staff provided individual and group therapy sessions, skills development classes, enrichment groups, and referred residents to job training programs and a high school completion program. Group topics offered included parenting, rational-emotive therapy, Survivors Anonymous, anger management, and legal advocacy. Residents saw Grace House as a welcoming, home-like setting where women can find support from staff, Adler School of

Professional Psychology interns, volunteers, and former residents. While student interns with master's degrees in psychology appear to be an asset to the program, turnover with each academic year was disruptive to the psychological individual and group therapy process.

Implications for policy and practice

During the evaluation, researchers uncovered areas for improvement and program expansion. What follows are recommendations to enhance Grace House based on the evaluation findings and supported by literature and research.

Improve resident selection process

In most cases, women found their way to the program via word-of-mouth; outreach is needed to notify incarcerated women of the opportunity to participate in the program upon release. In addition, screening instruments should be used to guide program admission. Applicant interviews and a period of conditional acceptance would help ensure the program meets the needs of the individual.

Measure risk, needs, and assets

Grace House program administrators did not measure client risk, needs, and assets. Assessing risk is important to decrease re-offending and is considered an evidence-based practice. The Risk-Need-Responsivity (RNR) model holds that proper assessment should guide supervision and treatment decisions, with supervision levels matching offender risk for reoffending (risk principle), treatment focusing on identified criminogenic needs (need principle) and interventions tailored fit the learning styles, motivation, and strengths of the offenders (responsivity principle) (Bonta & Andrews, 2007). Further, a resident's assets, or advantages, can help determine likelihood of recidivism and may also help guide programming linkages.

Enhance programming

The Vera Institute of Justice recommends avoiding a one-size-fits-all approach with individualized reentry service plans based on resident priorities. The study revealed all residents were assigned to the same substance abuse treatment modality—intensive outpatient—regardless of prior or current substance use, substance abuse diagnosis, treatment needs, available support system, and risk of relapse. In addition, all residents were required to attend parenting group sessions regardless whether they were parents. Services and interventions should match the residents' unique conditions.

Target vocational training

Program participants can obtain training in many fields but later found employment in temporary jobs, and jobs in food service, community and social service, education, and libraries. Reentry programs like Grace House should offer skills specific to market demands with a greater likelihood of employment by adding value above a candidate with entry-level skills (Lawrence, Mears, Dubin, & Travis, 2002).

Increase resident autonomy

Grace House observations and interviews highlighted the need for an increase in resident autonomy. Residents with a lower risk of recidivism could benefit from more privileges (Lowenkamp & Latessa, 2004). Since Grace House is designed as a stepping-stone for independent living, it may be helpful to allow residents identified as lower risk more freedom to make decisions concerning their treatment and daily schedules.

Train all staff and volunteers

Four staff members reported receiving no formal training for their jobs. Staff said training was needed in conflict resolution, motivational interviewing, case management, communication, grants, fundraising, and leadership. Training and skill enhancement, particularly in evidence-based practices, are key for case managers and volunteers to be effective.

Use evidence-based case management

Staff effectiveness could be enhanced with motivational interviewing of residents. The Urban Institute's best practices for reentry emphasize motivating residents, envisioning new roles and self-concepts, and nurturing the commitment to change. Motivational interviewing is considered an evidenced-based practice; research has shown this case management is better at facilitating change in clients.

The program could be further enhanced with the "Thinking for a Change" program (T4C), which helps clients take command of their own lives and think through cognitive behavioral training, social skills improvement, and problem-solving techniques. Research has shown T4C reduces recidivism for participants.

Improve communication

Interviews with staff indicated they were unsure of the goals of the program, criteria for successful completion of the program, and enforcement of policies and procedures by staff. Stronger communication is recommended for staff agreement on program goals, requirements, and rules enforcement. A resident handbook outlining program components and rules should be developed and provided to all incoming program participants. Integrity to the program rules and guidelines set forth must be maintained.

Collect data for quality improvement

Resident data was limited during the course of the evaluation. Data collection is needed on all program applicants, including that which documents program and client outcomes. Program administrators should use periodic or pre- and post-program assessments to measure changes in resident recidivism risk levels, readiness for change, and criminal thinking. Continuous quality improvement and assurance is needed in the areas of assessment, case planning, cognitive-behavioral techniques, and motivational interviewing.

Introduction

Evaluation of St. Leonard's Ministries

St. Leonard's Ministries operates two, transitional, residential programs with supportive services. St. Leonard's House provides housing for adult men exiting prison, and Grace House provides housing for adult women exiting prison. Illinois Criminal Justice Information Authority researchers embarked on a multi-year, multi-component evaluation to identify program components that are effective in contributing to successful resident outcomes, learn about the programs' residents and operations, and analyze client outcomes. This information will educate criminal justice professionals and the public about the potential benefit of a long-term, structured, reentry program for formerly incarcerated men and women.

The methodology of the broader evaluation includes the following components; this report focuses on the second through fourth component:

1. Case study interviews with former program residents.
2. Interviews with program staff and stakeholders.
3. Field observation.
4. Outcome analysis.
5. Cost-benefit analysis.

The Grace House evaluation examined resident outcomes, including arrests, convictions, incarcerations, and employment. The overall research goals of the evaluation were to:

- Measure recidivism and employment outcomes of program residents compared to a control group.
 - Assess indicators of incremental and longer-term success for program residents.
 - Learn the day-to-day operations and interactions.
 - Provide a description of residents of the programs.
 - Identify effective components of the overall program model.
 - Gauge levels of resident satisfaction with programs.
 - Determine the cost and benefits of the programs.
- Offer suggestions for program enhancement

Prior evaluation of St. Leonard's Ministries

Several applied research studies have been conducted at St. Leonard's Ministries on formerly incarcerated individuals and reentry; however, program-specific information on process and outcomes was lacking. While similar residential programs exist around the country, little is known about the efficacy of a single-site model.

In a prior study of Grace House, researchers examined 154 residents during the program's first five years of operation, from 1994 to 1999, and conducted focus groups with 18 women (O'Brien, 2002). The study found that Grace House residents were mostly Black, mothers of

minor children, and an average age of 35 years old. Drug possession or sale was the most commonly reported serious offense, followed by property crimes, and crimes against persons. Most women reported a health problem and one-third reported having a mental health issue. Almost all identified having a substance use problem. About half (51 percent) reported a history of sexual abuse and 62 percent reported a history of physical abuse. The most frequently accessed service was individual counseling. The average length of stay at Grace House was five months, with a range of less than a day to 22 months. A total of 66 women (45 percent) left after successfully completing the program.

About St. Leonard's Ministries

St. Leonard's Ministries (SLM) was founded in 1954 as a result of the work of Father James Jones, who served as Episcopal Chaplain at the Cook County jail. St. Leonard's Ministries is located in Chicago in the West Loop neighborhood and operates two transitional housing programs—St. Leonard's House and Grace House.

Other programs of SLM are St. Andrew's Court, Harvest Commons, and the Michael Barlow Center. St. Andrew's Court opened in 1998 is subsidized rent program provides men who have successfully completed St. Leonard's House with small apartments on the grounds of Leonard's Ministries. Harvest Commons opened in 2014 and offers permanent residences for women and men. The Michael Barlow center offers educational and vocational assistance to residents of SLH and Grace House but is open to non-residents. St. Leonard's Ministries operates Gracie's Café which allows SLM residents training and employment in food service.

In 2011, St. Leonard's Ministries calculated and reported a three-year reincarceration rate for St. Leonard's House residents of 12.6 percent—34 out of 270 men returned to corrections. Grace House reported a 4.6 percent reincarceration rate—four out of 87 women returned to corrections. The reincarceration rate for all leaving the Illinois Department of Corrections (IDOC) is about 50 percent. However, that percentage is calculated by searching on the IDOC website for incarcerations. Therefore, recidivism is only examined one day per year, so former residents may have already served at IDOC before that day or will be serving time later that year. According to the Congressional Research Service, “When using recidivism statistics to evaluate a program, it is important to understand exactly what is included in the definition of recidivism” (James, 2015). Therefore, one of the series of evaluation reports on Leonard's Ministries by the Authority will offer a more precise recidivism rate from a sample of offenders and includes rearrest, reconviction, and reincarceration as measures of recidivism (Reichert & Cossyleon, in press; Reichert & Powers, in press).

In 2012, the National Criminal Justice Association awarded St. Leonard's Ministries the Outstanding Criminal Justice Program for the Midwest Region Award. In 2010, the United Way of Metropolitan Chicago awarded Leonard's Ministries the Agency of the Year Award, based, in part, on its valuable and collaborative efforts in advancing the United Way Mission. In 2001, St. Andrew's Court was the recipient of the Fannie Mae Foundation's Maxwell Award of Excellence work in the field of supportive housing for homeless individuals.

Program logic model

Researchers created a logic model of St. Leonard's Ministries residential programs to depict logical linkages among program resources, activities, outputs, and outcomes of the programs (*Figure 1*).

Figure 1
St. Leonard's Ministries residential program logic model

Inputs	Outputs		Outcomes – Impact	
	<i>Activities</i>	<i>Outputs</i>	<i>Intermediate</i>	<i>Long-term</i>
SLM staff (administration, direct service)	Recruit residents from IDOC, community	Number of residents in residential program	Formerly incarcerated individuals find stable housing	Improve outcomes for residents
Volunteers, interns	Conduct assessments	Number of case plans developed	Formerly incarcerated individuals are in substance abuse recovery	Reduce recidivism
Board of directors	Develop case plans	Number of meetings between clients and case managers	Formerly incarcerated individuals complete educational services	Increase public safety
Service providers	Case manage clients	Number psychological individual group therapy sessions	Formerly incarcerated individuals gain employment or enroll in school	Increase public health
Residents	Meet with clients' families	Number substance abuse group therapy sessions	Formerly incarcerated individuals fulfil parole or aftercare requirements	
On-site employment Center (Michael Barlow Center)	Provide residents needed services (substance abuse treatment, parenting, anger management, etc.)	Number other group therapy sessions	Formerly incarcerated individuals reduce recidivism risk level	
On-site permanent housing (Harvest Commons, St. Andrews Court)	Refer to employment	Number of employment referrals	Formerly incarcerated individuals show increased readiness for change, reduced criminal thinking	
Funding (federal, state, county, city, private) and private donations	Offer literacy, job readiness training	Number of residents securing employment or enrolled in school		
Gracie Café employment experience	Coordinate with IDOC, Parole Agents			
ICJIA evaluation support				

Operations

St. Leonard's Ministries is a non-profit organization with a governing board of 17 board members. The board has four committees—a personnel committee, a program committee, a fund raising committee, and a finance/audit committee. Grace House also has an advisory board.

Agency staff

In July 2012, St. Leonard's Ministries employed 43 full-time and 22 part-time staff. Many of the staff are formerly incarcerated individuals or former residents. Twelve staff members were employed at Grace House, including five full-time and seven part-time. They included:

- 1 administrator.
- 1 housing/ aftercare/ mentoring director.
- 1 administrative assistant.
- 2 full-time and 6 part-time house monitors.
- 1 part-time maintenance worker.

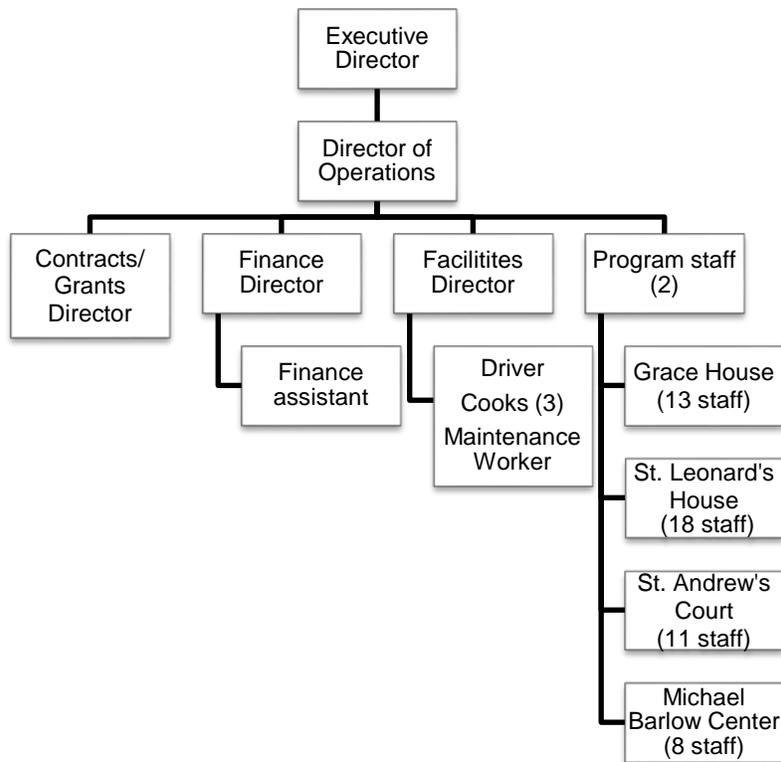
There were 18 staff employed at St. Leonard's House—12 full-time and six part-time—in the following positions:

- 1 program director
- 1 intake worker
- 2 case workers
- 1 housing specialist/ aftercare
- 1 senior house monitor
- 5 full-time and 6 part-time house monitor
- 1 data specialist

In addition, a volunteer services coordinator and a volunteer chaplain worked with both residential programs and St. Andrew's Court. The agency also hired 10 unpaid interns per college semester who receive college credit. In addition, 12 volunteers tutored program participants.

Figure 2 depicts St. Leonard's Ministries' organizational chart as of June 2012.

Figure 2
St. Leonard's Ministries' organizational chart

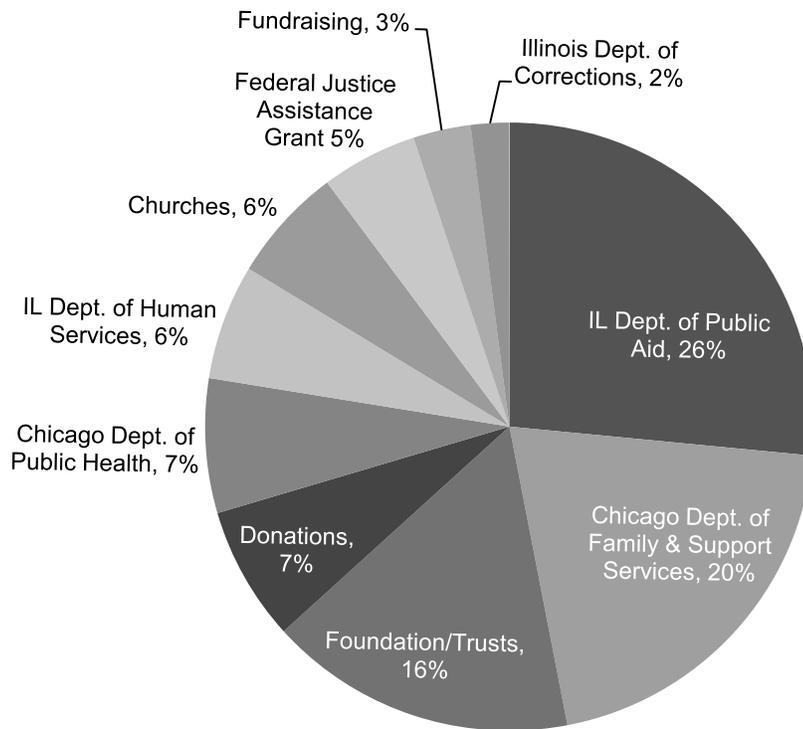


Budget

Operating budgets for fiscal year 2013 (FY13) were \$411,000 for Grace House and \$765,000 for St. Leonard's House. The budgets for both programs—slightly more than \$1.2 million—were 54 percent of Leonard's Ministries' total budget.

The majority of funding for the two programs was derived from state and local units of government. State agencies provided 34 percent of the budget and Chicago agencies provided 27 percent. The Authority awarded a federal fiscal year 2013 Edward Byrne Memorial Justice Assistance Grant to St. Leonard's Ministries which was 5 percent of its budget. Annually, the Board of Directors sponsored one major fundraising event, and Grace House Advisory Board hosted a smaller fundraising luncheon. Leonard's Ministries also solicited donations of those on its mailing list of nearly 1,300 with donation envelopes. *Figure 3* provides a breakdown of Grace House and St. Leonard's House sources of funding.

Figure 3
Grace House and St. Leonard's House sources of funding, Fiscal Year, 2013



The residential facilities

St. Leonard's House opened in 1954 and has two buildings at 2100 and 2110 W. Warren Boulevard, in Chicago, accommodating 40 men. The average stay is 120 to 180 days. St. Leonard's House rooms range from one- to six-person occupancy. On-site amenities include a weight room, a library, recreation rooms, and a chapel. Breakfast, lunch, and dinner are served daily, provided free of charge in the dining room. Breakfast, lunch, and dinner are served daily.

Grace House opened in 1994 in the Back of the Yards neighborhood and in 2000, moved to a building located at 1801 W. Adams in Chicago. The building can accommodate 18 women. The average length of stay for Grace House residents is 12 months. Grace House rooms range from single- to three-person occupancy. On-site amenities include a library, computer lab, and meeting room. Grace House has a cook that prepares dinner during the week but not on weekends. Food is provided and available in the kitchen for the women to make their own breakfast and lunch.

Rules and regulations

Staff are on duty 24-hours a day. Residents are required to sign in and sign out. When leaving, they must write where they are going, time they left, and time of return. Some residents have additional restrictions because of their parole. For example, if a resident is on electronic monitoring and misses curfew, St. Leonard's Ministries contacts the parole agent. The curfew for men is 11 p.m. Sunday through Thursday, and 1 a.m. Friday through Sunday. For women, the curfew is 10 p.m. Monday through Thursday, and 12 a.m. Friday through Sunday.

Residents are responsible for cleaning and maintaining their quarters and common areas within assigned buildings. Residents who are not attending programs or working are asked to complete chores to keep their living environment clean and safe. St. Leonard's Ministries issues a property bag with toiletries, bed linens, and room key to an assigned room. Residents are allowed laptop computers, personal DVD players, personal music devices, alarm clocks, electric razors/clippers, cell phones, and a maximum of three bags of clothing. Wireless Internet access is not available.

New residents receive passes allowing them to leave the grounds upon completion of a 10-day orientation period. Passes may be limited as a result of an individual's relapse during a weekend pass, unauthorized absences, or behavior detrimental to themselves or St. Leonard's Ministries, such as criminal activity. Visitors are allowed during program hours but are restricted to the first floors, dining room, and yard.

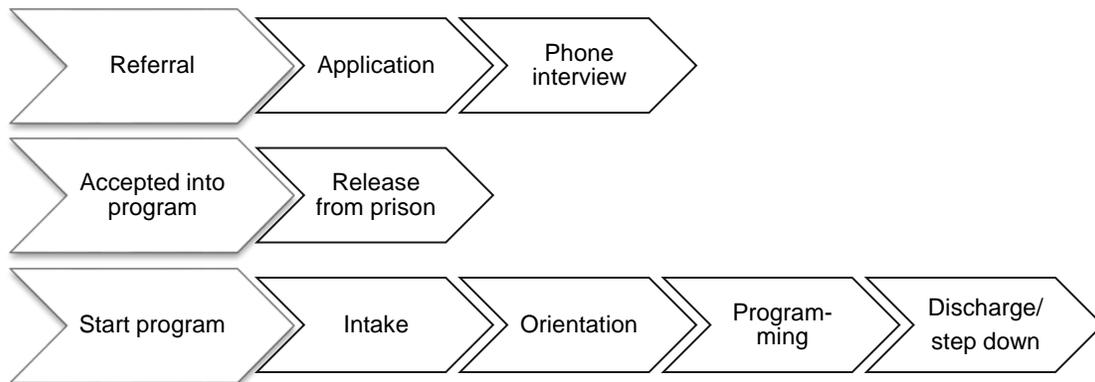
SLM has an appeals process for residents who believe they have been unjustly cited for a breach of the rules or who believe that imposed penalties are unduly severe. Residents can appeal the decision through a grievance process. They first discuss their concerns and intention to appeal with their caseworker. If the resident remains unsatisfied with the response, he or she then may appeal with program director. If the resident is not satisfied, they may make a final appeal to the St. Leonard's Ministries' director of operations.

Program process

While still incarcerated, individuals learn about the program through word of mouth or from the Illinois Department of Corrections Field Services Division. Field Services provides applications to the programs. An application completed by the inmate and sent to the program's intake coordinator. The intake coordinator decides who will be accepted into the program based on information collected from the application and in a phone interview. Decisions are made based on the individual's need and willingness to try to make changes in his or her life.

Figure 4 offers the flow of residents through St. Leonard's House and Grace House programs.

Figure 4
Typical flow of residents through programs



Intake and case management

Once accepted, residents must sign forms stating that they understand program requirements and guidelines. The program director, intake coordinator, case monitor, a representative of Adler School of Professional Psychology, and substance abuse treatment counselor perform an initial assessment of each new client's needs and creates an individualized service plan. Service plans include programming to address addiction, building marketable skills, life skills, healthy lifestyles, deviant behaviors, barriers to creating interdependent support systems, and future employment and housing. The program director, intake coordinator, and case worker meet weekly to review progress and make adjustments to the service plan. Interns from the Adler School of Professional Psychology conduct an intake assessment with residents which entails a written exam and an hour long interview. Residents are expected to participate in all program activities identified as part of their service plan.

Residents meet with case workers once a week for at least 30 minutes to review their progress toward achieving their goals and to address obstacles to success. Case workers function as the first line of staff to address resident concerns and make appropriate referrals.

Residents are expected to deposit 75 percent of their income from any source into a residential savings account, which will be held for them until the completion of their residency. Case workers may authorize a withdrawal from a resident's account when a need is identified. Residents are encouraged to open checking accounts with financial institutions when they have gained employment.

Discharge from the program

There are four ways to be discharged from St. Leonard's House or Grace House:

1. Successful completion of program.
2. Leave/ self-discharge.
3. Administrative discharge 1— asked to leave the program.
4. Administrative discharge 2— extensive medical or mental health needs.

Residents who refuse to fulfill service plans or otherwise participate in the program are asked to leave. Staff are required to contact the Illinois Department of Corrections if one of its parolees self-discharges or is administratively discharged.

All former residents are invited to an annual holiday party. Grace House sends postcards to former residents at three, six, and 12 months post-discharge requesting addresses, and information on employment, school, and attendance in recovery support meetings.

Program services

During the first 90 days, all services are mandatory. After that time period, residents are expected to attend all services unless excused to look for or attend work or attend school.

Grace House's mandatory services include:

- Substance abuse treatment services.
 - Intensive outpatient treatment.
 - Relapse prevention.
 - Alcoholics Anonymous/Narcotics Anonymous meetings.
- Psychological services.
 - Anger management.
 - Emotional healing.
 - Family restoration.
- Educational and vocational services.
 - Financial literacy.

St. Leonard's House's mandatory services include:

- Substance abuse treatment services.
 - Intensive outpatient treatment.
 - Relapse prevention.
 - Alcoholics Anonymous/Narcotics Anonymous meetings
- Psychological services.
 - Psychological assessment.
 - Mental health counseling.
 - Parenting.
 - Anger management.

- Life-skills development.
- Educational and vocational services.
 - Financial literacy.

St. Leonard's House and Grace House also require residents to obtain vital statistics forms such as birth certificates, social security card, medical cards, and medical evaluations.

Psychological services

The Adler School of Professional Psychology provides mental health counseling, parenting classes, and anger management classes to residents of both programs. The school's mission is to prepare its students to be socially responsible practitioners who engage communities and advance social justice during both their course of study and their later professional lives. The school and St. Leonard's Ministries have a direct service contract which allows students to meet the school's internship requirements. Graduate students gain experience with mental health assessments, testing, and individual and group counseling on site. Students are overseen by a site manager, also a student, who works with St. Leonard's Ministries for an academic year.

Substance abuse-related services

Grace House offers 60 to 70 hours of intensive outpatient services through Women's Treatment Center in Chicago. The Center's mission is to provide women with a continuum of care, recovery tools, and parenting skills to maintain a sober lifestyle as they rebuild their lives and their futures. Groups cover drug affects, relapse prevention, introduction to the 12-step recovery process, and related health issues.

Upon completing an assessment, residents are placed in either a 25-session intensive outpatient substance abuse group or a 10-session outpatient substance abuse group. Upon completion of the intensive outpatient substance abuse group, residents will automatically be placed in the 10-week program. During outpatient counseling, participants learn about the disease process of alcoholism and drug addiction, work with staff to understand and accept their own chemical dependence, and explore healthy life-styles that do not include alcohol and drug use.

Life skills

Life Skills Group is a 12-week course run by a volunteer. The course helps residents improve social development by introducing them to everyday topics they will need to successfully function in society. Life skills II course exposes the resident to cultural activities. Residents attend plays, write poems, and participate in cultural outings.

Educational and vocational services

The Michael Barlow Center offers residents of both programs:

- Literacy assessment and tutoring services.
- St. Leonard's High School Completion Program.
- Odyssey project.

- Money Smarts.
- Employment Preparation Training.
- Basic Culinary Skills.
- Greenworks: Building Maintenance for the Future.
- Computer lab.
- Job placement and retention services.

All resident are assessed for literacy and if their skills are too low for participation in education classes at the center, they may receive on-site tutoring.

The Odyssey Project provides a college-level introduction to the humanities through text-based seminars led by professors at colleges and universities. The project helps adults with low incomes more actively shape their own lives and the lives of their families and communities.

Money Smarts is a financial literacy class held twice a week. It helps residents in managing their finances like how to develop and maintain a budget, how to check their credit scores, and how to open a checking and saving account.

Employment preparation training is conducted regularly by MBC staff and the Inspiration Corporation conducts several three week-long, three-hour per day sessions that focuses on skills related to the job search such as resume preparation and job interview skills.

Basic culinary skills class is an 11-week, half-day class offered three times per year. Students learn the basics of food preparation and preservation as well as knife skills and general work in a food services setting. The class takes place in a fully-equipped kitchen classroom

Greenworks: Building Maintenance for the Future is an 11-week, half-day class offered three times per year. Students learn the basics of electricity, plumbing and carpentry with an emphasis on green technology and eco-friendly ways of building and maintaining structures.

Adler School of Professional Psychology graduate interns conduct an employment training group where residents can volunteer to participate in developing stronger interviewing skills.

The MBC has a computer lab with 18 computers which is open Monday through Friday from 9am to 5pm. Grace House has a computer lab with eight computer and is always open to residents. Frequently, computer classes are offered where tutors can provide computer assistance. Residents also have access to a job developer and retention counselor.

Housing assistance

Residents meet with a housing specialist 90 days into the programs for weekly training and guidance on identifying and maintaining acceptable housing.

Other programs and services

St. Leonard's House

St. Leonard's House residents can voluntarily participate in the Back on My Feet (BoMF) program; it is not offered to Grace House residents. BoMF is a national nonprofit organization dedicated to creating independence and self-sufficiency within the homeless and other underserved populations by engaging them in running as a means to build confidence, strength, and self-esteem. After one month of participation, BoMF members with a good attendance record advance to the Next Steps phase, where they can receive job training programs, educational scholarships, and housing assistance.

Residents who have successfully completed the program come back to speak to current residents. The goal is to help residents get an understanding of what life is like upon graduation from St. Leonard's House.

Understanding Relationships is a group for residents to discuss ways to develop and maintain healthy relationships in a group setting.

Neighborhood Writing Alliance allows residents to use the art of writing to express their thoughts and feelings. Some residents are not comfortable expressing their thoughts and feelings verbally and the program offers another form of expression.

House of Healing is a peer-led group (staff excluded) where residents discuss a variety of issues and, in those conversations, develop interpersonal and conflict resolution skills.

Grace House

Other Grace House programs include spiritual development, workshops on self-image, self-esteem, relationships, and stress management, meditation, a survivor's group, rational emotive therapy, legal rights, and recreational and social activities that compliment program services and programs. These may include gardening and other service projects such as talking to high school students about prison.

Grace House conducts a family reconnection program every other month. The day-long program includes an educational piece related to coping with life's challenges, guest speakers, recreational time with kids, and entertainment. There is a Mother's Day dinner, cookouts in the summer, and tree trimming in the winter. Counseling is available to the families, provided by Adler School of Professional Psychology.

Heartland Health Outreach provides medical exams, medicine, and referrals. Stroger Hospital provides limited medical treatment at no cost. Residents with medical needs that require payment

must pay out of pocket or set up a payment plan. Mile Square Community Health Center also provides limited health care. Medications are stored, distributed, and recorded by staff. Residents are required to use medication as prescribed.

Literature review

Incarceration and prisoner reentry

Nationwide, U.S. estimates indicate 13 million women and men are either currently serving or have previously served a felony sentence (Mauer, 2010). This large accrual of prisoners has been partially attributed to the enactment of tough on crime policies, the war on drugs, and mandatory and determinate sentencing guidelines (Lynch & Sabol, 1997). Leaders in reentry research describe the dynamic and often complicated process of exiting prison as incorporating not only a physical resettlement, but also a social and emotional process of returning to free society.

Reentry is not a new phenomenon as most incarcerated individuals return to their communities (Travis, 2005). Increased attention to the reintegration of former prisoners grew parallel to the drastic rise in incarceration rates (Lynch & Sabol, 2001). Since the 1980's, rates of incarceration have increased from one in 719 to one in 201 residents in 2010 (Blumstein & Beck, 1999; Guerino, Harrison, & Sabol, 2011;). Prisoner population estimates indicate that substantially more than half a million individuals are released from state or federal prison each year (Carson and Sabol, 2012; Guerino, Harrison & Sabol, 2011). Notably, although Blacks represent 13.1 percent of the national population (U.S. Census Bureau, 2010), they comprise 40.7 percent of prisoners sentenced to at least one year in state or federal prison (Guerino, et. al., 2011). These figures quantitatively describe the current reentry dilemma; but they only begin to portray the social and economic realities millions of formerly incarcerated individuals face each year due to prior convictions.

The collateral consequences re-entering individuals face after leaving prison include formal and informal policies that hinder reentry into various social institutions (Mauer & Chesney-Lind, 2003). Common repercussions of a criminal record include a decrease in civic participation, difficulties in finding employment, and housing insecurity and homelessness (Gouvis-Roman & Travis, 2004; Wheelock, 2005). Exiting individuals often have limited pre-release planning (Kupers, 1999; Nelson, Deess & Allen, 2011) and many have significant debt, outstanding fines, and restitution payments (Levingston & Turetsky, 2007). The culmination of these costs and other policies lead two thirds of released prisoners to be rearrested within three years of release—many for committing another crime, but nearly 25 percent for a technical violation of probation or parole (Langan & Levin, 2002). In fact, the number of people who returned to state prison for a parole violation increased seven fold from 1980 to 2000 (from 27,000 to 203,000) (Travis & Lawrence, 2002).

Issues that lead to incarceration

There are a number of factors that directly or indirectly influence an offender's likelihood of incarceration. Inmates have shown to have higher rates of substance use, gang involvement, mental health issues, childhood abuse and neglect, unemployment, and have lower levels of education than the general population (Esbensen & Huizinga, 1993; Fondacaro & Holt, 1999; Harlow, 2003; Johnson, Ross, Taylor, Carvajal, & Peters, 2005; Modestin & Wuermle, 2005;

Varano, Huebner, & Bynum, 2011; Widom, 1995). Each of these factors may play a role in an offender's criminal behavior.

Substance abuse

Research has shown that drug and alcohol use is a risk factor for criminal behavior and incarceration (Hattery & Smith, 2010; Sinha & Easton, 1999). Substance use can lower inhibitions causing changes in an individual's behaviors and certain drugs may increase aggressive tendencies (Sinha & Easton, 1999). Some individuals commit crimes to support their drug habit (Harrison & Gfroerer, 1992). Drug use has been shown to be highly correlated with property and violent crimes (Harrison & Gfroerer, 1992). One-fourth of jail detainees reported abusing alcohol or drugs and 40 percent reported alcohol or drug dependence (Karberg & James, 2005). Prisoners have a higher rate of substance abuse than the general population—48 percent for male prisoners and 60 percent for female inmates (Fazel, Bains, & Doll, 2004).

Gang involvement

Gang involvement has been found to be a significant risk factor for criminal behavior (Varano, Huebner, & Bynum, 2011). Research shows that individuals who are gang-involved commit their first offense at a younger age, are involved in more serious crimes, and are incarcerated more frequently than non-gang members (Huff, 1998; Levitt & Venkatesh, 2001). Gangs promote criminal behavior among members and significantly increase an individual's risk for incarceration (Krohn & Thornberry, 2008; Leavitt & Venkatesh, 2001). Varano, Huebner, and Bynum (2011) found that up to one third of sampled inmates were gang-involved prior to incarceration. Furthermore, gang members report significantly higher numbers of criminal activities than non-gang members, including those involving drugs and weapons (Esbensen & Huizinga, 1993; Varano et al., 2011).

Mental health

Individuals with major mental disorders are more likely to be arrested and incarcerated at some point in their lives (Lamb & Weinberger, 1998). Individuals with mental health disorders are overly represented in the criminal justice system. According to James and Glaze (2006), over half of incarcerated individuals have mental health disorders. There is a lack of community-based mental health treatment providers and psychiatric beds for individuals with mental illness (Aufderheide & Brown, 2005). As a result, many mentally ill individuals do not receive adequate treatment for their disorders and frequently come into contact with the criminal justice system (Aufderheide & Brown, 2005; Chelune, 2011; Lurigio, Rollins, & Fallon, 2004).

Childhood abuse and neglect

Victims of childhood abuse and neglect often suffer from psychological disorders, behavioral problems, and substance abuse (Fondacaro et al., 1999; Hattery & Smith, 2010; Johnson, et al., 2005; Widom, 1995). There is a higher rate of criminal and violent behavior among childhood abuse and neglect victims (Widom, 1989; Widom, 1995; Widom & Ames, 1994). According to Widom (1989), individuals with a history of child abuse and neglect have a significantly higher

rate of criminal justice involvement. Approximately 29 percent of adults and 26 percent of juveniles who are victims of childhood abuse and neglect are arrested at some point in their lives (Widom, 1995).

Employment and income

Unemployment rates are higher for offenders than the general population. Studies of unemployment have shown that between 34 and 53 percent of inmates were unemployed prior to their arrest (Indig et al., 2009; Lynch, Smith, Graziadei, & Pittayathikhun, 1994). In 2002, 29 percent of offenders reported that they were unemployed prior to their incarceration (James, 2004). In comparison, the unemployment rate for the general population at the end of 2002 was 6 percent (U.S. Department of Labor, 2012). Some studies find a correlation between unemployment rates and property and violent crimes (Lee & Holoviak, 2006; Parker & Horwitz, 1986; Raphael & Winter-Ebmer, 2001). Henderson (2001) reported that “unemployed offenders are more likely to have contact with the criminal justice system and that such offenders do not fare as well as their employed counterparts in the criminal justice system” (p .84).

Research finds a link between lower income and higher crime rates. Poverty and low income are related to violent crime with the exception of homicide (Box, 1987; Hsieh & Pugh, 1993). Research has shown that there is a strong relationship between income disparity and crime (Box, 1987). Areas in which there are high levels of income inequality have been found to have higher overall crime rates (Witte & Witt, 2000).

Education

Research shows that a lack of education can be a risk factor for criminal behavior. Individuals with lower levels of education, on average earn a lower salary and have higher crime rates (Harlow, 2003; Lochner & Moretti, 2004). According to Harlow (2003), the offender population has a significantly lower level of educational achievement than the general population. In 1991, 41 percent of offenders in the United States had not graduated from high school, compared with 18 percent of the general population (Harlow, 2003). Furthermore, researchers find that only 16 percent of offenders had attended college as compared to 43 percent of the general U.S. population (Lynch et al., 1994).

Reentry needs after prison

Reentry is defined as the transition of a formerly incarcerated individual from custody back into their community. Reentry can occur after release from local jails, state prisons, private correctional institutions, federal prisons, and juvenile detention facilities. The number of individuals incarcerated has increased over the past quarter century (La Vigne, Mamalian, Travis, & Visher, 2003). The rise in the incarceration rate peaked in 2006 with 749,798 incarcerated offenders and has slowly begun to decline (Guerino, Harrison, & Sabol, 2011). According to Petersilia (2003), prisoners, on average, will spend approximately five months in jail and 29 months in prison. With more individuals being incarcerated and relatively short incarceration periods, the number of individuals being released from correctional facilities has also increased over the past decade, peaking in 2008 with a total of 735,454 prisoners released

from state and federal prisons (Guerino, et al., 2011; La Vigne et al., 2003). In 2010, there were 708,677 individuals released prisoners released compared to 604,858 in 2000 (Guerino et al., 2011).

Many released offenders return to disadvantaged communities characterized by high levels of crime, poverty, and drug use (Visher, La Vigne, & Travis, 2004; La Vigne et al., 2003). In Illinois, over 50 percent of offenders return to the city of Chicago and over 30 percent return to six of the city's 77 communities (La Vigne, et al., 2003). The six communities with the highest number of returning offenders were areas characterized by socioeconomic disadvantage and high crime rates (La Vigne, et al., 2003). Petersilia (2011) finds that in poor and disadvantaged neighborhoods, approximately 20 percent of the male population is incarcerated. The incarceration and recidivism of large number of individuals in one area creates instability in communities (Thompson, 2008). Furthermore, the communities lack social cohesion and support necessary to help ex-offenders successfully live outside of prison (Visher, et. al., 2004). In addition, individuals returning to disadvantaged neighborhoods have higher recidivism rates (Visher et al., 2004).

Offenders reentering the community are faced with a wide range of barriers that often make successful reintegration difficult (Graffam, Shinkfield, Lavelle, & McPherson, 2008). Formerly incarcerated offenders may have trouble reconnecting with family members, finding stable housing, securing employment, maintaining sobriety, and obtaining other forms of assistance (Flannery, 2004; Guerino et al., 2011; Hattery & Smith, 2010). Correctional facilities offer fewer prison programs and services to inmates (Petersilia, 2003). Furthermore, La Vigne et al. (2003) found participation in prison programs is declining. While substance abuse and dependence rates are high among inmates, less than 25 percent of offenders will attend substance abuse programs while incarcerated (Petersilia, 2003). Furthermore, less than one third of inmates will participate in educational or vocational training in prison (Petersilia, 2003). Often inmates are unable to attend prison programs due to long wait lists (Petersilia, 2003).

Preparing inmates for successful reentry is vital to preventing offender recidivism. According to the Bureau of Justice Statistics, over 67 percent of offenders are rearrested within three years of release (Langan & Levin, 2002). Factors that contribute to recidivism include homelessness, poverty, unemployment, and drug use (La Vigne et al., 2004; Paylor, 1995; Uggen & Staff, 2004). According to Hattery and Smith (2010), "barriers to reentry significantly shape the probability for recidivism" (p. 14). Research has shown that offenders who were given support in finding housing and employment had better outcomes and were more successful when returning to their communities (Hattery & Smith, 2010). Furthermore, individuals that had strong social support networks and close ties to family were more successful at reintegration (Graffam, et al., 2008; Solomon, Gouvis, & Waul, 2001).

Physical and mental health

The majority of offenders leaving prison suffer from chronic physical health problems. According to Mallick-Kane and Visher (2008), 49 percent of male offenders and 67 percent of female offenders leaving prison reported a physical health problem. Research has shown that formerly incarcerated individuals suffer from a wide range of health conditions including

asthma, diabetes, heart disease, cancer, HIV/AIDs, hepatitis, hypertension, and tuberculosis (Mallik-Kane & Visher, 2008; Thompson, 2008; Visher, 2004; Williams, 2006). Individuals with health problems have greater difficulty reintegrating into society. They struggle to find stable employment and housing, and have greater difficulty with family reintegration (Mallik-Kane & Visher, 2008).

In 2005, over 700,000 incarcerated individuals had symptoms of a mental disorder. There are high rates of mental health disorders such as mania, depression, and psychosis among prisoners (James & Glaze, 2006). However, the majority of former prisoners with mental health disorders are unable to receive long term care (Mallik-Kane & Visher, 2008). Many individuals with mental health disorders who do not receive adequate treatment have trouble functioning in the community (The Sentencing Project, 2002). The presence of a mental health disorder makes reentry even more challenging for offenders. Offenders with mental illness experience greater difficulty with finding stable housing, employment, and receive less support from family members (Mallik-Kane & Visher, 2008). Individuals with serious mental disorders are at a higher risk for recidivism and return to prison sooner than individuals without mental disorders (Cloyes, Wong, Latimer, & Abarca, 2010).

Formerly incarcerated persons often lack access to financial support for health care. Many offenders do not have health insurance and have had federal benefits suspended. Offenders incarcerated for long periods of time may have their Medicaid benefits terminated (La Vigne et al., 2004, Thompson, 2008). While an offender may apply for these benefits to be reinstated, it often takes a substantial amount of time. As a result, many offenders with chronic physical or mental illnesses do not receive health care and treatment after release (Mallik-Kane & Visher, 2008). Many are forced to seek short-term treatment in hospitals and emergency rooms (Mallik-Kane & Visher, 2008).

Substance abuse

Substance abuse is another common problem for former prisoners. Approximately two-thirds of individuals entering prison report some form of substance abuse (Mallik-Kane & Visher, 2008). While there are prison programs to help inmates deal with their addiction problems, only about half of offenders participate in prison programming for their substance abuse (Mallik-Kane & Visher, 2008). Research has shown that individuals with prior substance abuse problems are at a higher risk for continued use and criminal activity (Gever, 2007; Mallik-Kane & Visher, 2008; Sinha & Easton, 1999). Up to one-third of former prisoners reported substance use within a year of their release (Mallik-Kane & Visher, 2008). Substance abuse can further complicate a former offender's ability to obtain stable employment or housing (Holzer et al., 2003; Mallik-Kane & Visher, 2008). Formerly incarcerated populations suffering from addiction are at an increased risk of developing serious health conditions or contracting infectious diseases (Mallik-Kane & Visher, 2008). Furthermore, the risk of overdose is high for recently released offenders with substance abuse problems. Research has shown that offenders with substance abuse problems who obtain treatment have lower rates of recidivism; however, there is a lack of available treatment programs for released offenders (Gever, 2007).

Unemployment

Research has shown that finding employment can help reduce recidivism rates of released prisoners (Holzer, Raphael, & Stoll, 2003; La Vigne et al., 2004; Uggen & Staff, 2004). However, there are a number of challenges that returning citizens face when seeking employment, such as a lack of education, work experience, qualifications, and employment opportunities, as well as negative employer attitudes (Holzer et al., 2003, Holzer, Raphael, & Stoll, 2004; Visher et al., 2004; Uggen & Staff, 2004). Of those offenders that are able to obtain employment, the majority obtain a low-wage jobs (Holzer et al., 2003; Weiner, 2004). Often wages earned are not enough to cover the cost of an apartment and other basic necessities. Furthermore, these jobs are often temporary and lack benefits (Holzer et al., 2003). Visher et al. (2004) found that eight months after release, only 65 percent of offenders were able to obtain some form of employment and less than half were currently employed at the time of the interview. Offenders who are unable to obtain legitimate employment or have low wages are often forced to rely on other sources of income, such as support from family and friends, informal work, public assistance, and in some cases, illegal income (Holzer et al., 2003; Visher et al., 2004).

Many former prisoners have low levels of education and lack work experience (Harlow, 2003; Holzer et al., 2003; Uggen & Staff, 2004). Visher et al. (2004) found that approximately half of offenders have their high school diploma. Furthermore, research has shown that up to one-third of offenders were unemployed prior to their incarceration (Lynch & Sabol, 2001; Visher et al., 2004). Few offenders have specialized training or job skills that will assist them with finding employment (Graffam et al., 2008). Offenders may not know how to look for or apply for a job and their ability to locate a job may be difficult. Offenders may have lost job contacts as a result of their incarceration (Visher et al., 2004). Offenders may also lack the ability to afford appropriate attire to wear to interviews or on the job and may have difficulty securing or affording transportation to and from work (Graffam et al., 2008)

Another employment barrier for former prisoners is employer attitudes towards hiring individuals with criminal records. Many employers conduct criminal background checks on potential employees or ask about criminal history on applications. Research has shown that employers are often reluctant to hire formerly incarcerated individuals, with approximately two-thirds of employers reporting that they would not hire an individual with a criminal background (Holzer et al., 2004). While willingness to hire may increase depending on the specific offender's education, the type of offense committed may negatively impact employer attitudes (Albright & Denq, 1996). Research has shown that employers are least likely to hire those who have been convicted of a violent crime or a crime committed against a child, such as sexual or physical abuse (Albright & Denq, 1996). According to Holzer et al., (2004), employers may believe that populations with records will be untrustworthy or unreliable employees. Furthermore, they may be hesitant to hire an ex-offender out of concern for the safety of other employees or customers (Harris & Keller, 2005). Employers may fear being held liable for the criminal actions of the ex-offender. An employer may be liable if they expose their employees or customers to dangerous individuals (Holzer et al., 2004).

Other barriers returning citizens may encounter are state or federal laws prohibiting their employment in certain professions. Offenders with felony convictions are barred from holding jobs in some health services industries, the security industry, and any job where they may be in contact with children (Holzer et al., 2003). Furthermore, some companies may have policies that prohibit hiring individuals with criminal records (Taxman, Young, & Byrne, 2002). There are also licensing restrictions, depending on the state, that prevent offenders from obtaining employment in certain fields such as health care, law, garbage collection, barbering, and cosmetology (Petersilia, 2003).

Federal assistance

Individuals who are convicted of a felony are ineligible to receive certain federal assistance. Individuals convicted of drug-related offenses are banned from obtaining food stamps, veteran's benefits or participating in the Temporary Assistance for Needy Families (TANF) program (Roman & Travis, 2004). While offenders may still be eligible to receive assistance through Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), these benefits may be suspended if an offender is incarcerated for more than one month. It often takes a significant length of time for these benefits to be reinstated (Roman & Travis, 2004).

Offenders convicted of drug-related felonies have additional barriers. Federal legislation was passed that prevents individuals with felony convictions for a drug offense from obtaining financial aid for education (Hattery & Smith, 2010). Furthermore, the federal government passed a law requiring that states suspend or revoke the licenses of individual convicted of drug felonies, including DUIs, for at least six months or loses federal highway funding (Hattery & Smith, 2010; Petersilia, 2003).

Housing

According to Cortes and Rogers (2010), "in most jurisdictions to which individuals return after incarceration, accessible and affordable housing is in exceedingly short supply," (p. vii). While there are several options for those exiting incarceration, such as residing with friends and family, community-based correctional housing, transitional housing, federally subsidized housing, supportive housing, and housing in the private market, there are barriers that make obtaining these different forms of housing challenging.

As a condition of their parole, many offenders are required to have their residence pre-approved and are prevented from living with certain individuals (Bradley, Oliver, Richardson, & Slayter, 2001; Thompson, 2008). Research has shown that up to 80 percent of released offenders will move in with friends or relatives for a period of time (Roman & Travis, 2004). However, some offenders may not have any family or friends, may lack close ties with them, or there may be family conflict that prevents an offender from residing with relatives (Roman & Travis, 2004). Friends and family who allow a paroled offender to live with them are subject to visits by the offender's parole officer, as well as searches of their home (Thompson, 2008). Friends and family members may fear having the offender return to their home due to past violence or drug use (Roman & Travis, 2004; Thompson, 2008). Furthermore, an offender may be prohibited from living with another individual with a criminal history (Petersilia, 2003; Roman & Travis,

2004). Finally, the offender may be prevented from living within a certain distance of their victim or other specified areas (Logan, 2007; Petersilia, 2003).

Offenders who are unable to reside with friends and family may be required to live in community-based correctional housing or halfway houses. Halfway houses are run through federal or state department of corrections and are designed to transition offenders from prison life back into the community. Offenders that are eligible may serve up to 10 percent of their sentence in a halfway house (Roman & Travis, 2004). However, certain criteria may exclude an individual from residing in a halfway house such as serious or violent criminal backgrounds, unemployment, or major psychiatric problems. Furthermore, there are a limited number of halfway houses available and limited space (Roman & Travis, 2004; Shilton & Vail, 2005). For this reason, halfway houses are not a viable option for many offenders leaving prison.

There are also government funded transitional housing programs that offer housing to homeless individuals that are disabled, mentally ill, or living with HIV/AIDS (Roman & Travis, 2004). Offenders who have been incarcerated for more than 30 days and meet other inclusion criteria are eligible for this type of transitional housing. However, the availability of this type of housing is limited and there are often long waiting lists (Roman & Travis, 2004).

Offenders rarely have access to federally subsidized housing due to selection criteria and prohibitions. There is a lack of available public housing around the country (Roman & Travis, 2004). Individuals applying for public housing are subject to background checks, so they are less likely than other non-offending individuals to be granted subsidized housing (Hattery & Smith, 2010; Roman & Travis, 2004; Thompson, 2008). Furthermore, there are bans on violent criminal activity and drug use on and off the property of any individual residing in public housing (Hattery & Smith, 2010; Thompson, 2008; Visher et al., 2004). Therefore, if an individual or guest violates this provision, all individuals residing in the house are subject to eviction (Thompson, 2008). Therefore, individuals residing in public housing may be hesitant to allow an ex-offender to reside there.

Offenders are rarely able to find rental apartments when they are released from prison due to criminal history and lack of finances (Petersilia, 2003; Visher et al., 2004). Landlords often do not want to rent to individuals with a criminal history (Clark, 2007; Harding & Harding, 2006). Furthermore, with publically available criminal records, the community may object to apartments being rented to individuals with criminal records (Clark, 2007; Roman & Travis, 2004). Other barriers to an offender's ability to rent are a lack of or poor credit history and rental history (Clark, 2007; Gunnison, 2011). A lack of finances is another barrier that prevents an offender from being able to rent an apartment upon release from prison (Hattery & Smith, 2010; Visher et al., 2004). Individuals leaving prison often receive less than \$200 dollars upon release, which may not cover a security deposit and rent for an apartment (Roman & Travis, 2004).

Released offenders that are unable to secure housing are often left homeless and forced to stay in shelters. Research has shown that individuals living in shelters have a less successful reentry process than those who find stable housing (Nelson, Deess, & Allen, 1999). Furthermore, the shelter environment may not be ideal for individuals trying to avoid the criminal and drug lifestyle (Graffam et al., 2008; Paylor, 1995).

Reentry housing programs

Transitional supportive housing is another option for ex-offenders leaving prison. These typically run through private faith-based or non-profit organizations and are designed to support offenders as they move back into the community (Roman & Travis, 2004; Shilton & Vail, 2005).

Transitional housing is typically short-term and designed to help residents become independent. Supportive services such as life skills, employment assistance, counseling, and substance abuse treatment are typically offered to residents (Roman & Travis, 2004). Offenders are allowed to reside in the transitional homes for a period of time until they are able to secure long-term housing. However, there is limited space available in transitional programs and not all offenders are eligible to reside in this type of housing (Shilton & Vail, 2005).

An example of a reentry housing program is the Fortune Academy and Castle Gardens in West Harlem, New York. Fortune Academy provides emergency and longer-term housing for 62 formerly incarcerated individuals. Castle Gardens provides supportive and affordable housing and essential services at the same site, creating long-term housing solutions for homeless people with histories of incarceration and their families, as well as low-income individuals and families.

A different type of reentry housing program, Delancy Street, started in 1971 and provides housing for formerly incarcerated, substance abusers, and homeless individuals. The program is available in five locations throughout the United States—New Mexico, San Francisco, Los Angeles, North Carolina, and New York. Delancy Street is considered an extended family or community with no staff of experts and no programmatic approach. The program runs without government funds and is resident-run in that all residents contribute to the community. The program offers residents free food, housing, clothing, and education, and entertainment.

Reentry issues of female prisoners

As of 2010, more than a million women were under the jurisdiction of the criminal justice system (Sentencing Project, 2012). Over 815,000 women were on probation or parole (Glaze & Bonczar, 2011); nearly 113,000 were incarcerated in a state or federal prison (Guerino, et. al. 2011); and 93,300 were housed in local jails (Minton, 2012). In 2009, of the women sentenced nationwide to more than a year in prison, 36 percent were serving time for a violent offense, followed by a property offense (30 percent), or a drug offense (26 percent) (Guerino, et. al., 2011). Although the U.S. rate of incarceration of Black women continues to be higher than that of White women (133 per 100,000 compared to 47 per 100,000), the disproportionate number of incarcerated Black women has improved in the past ten years. In 2000, Black female prisoners comprised 45 percent of women sentenced in a state or federal facility; in 2010, Black female prisoners made up 25 percent the same population (Guerino, et. al., 2011). In Illinois, women constitute 6.1 percent of the state prisoner population (2,900) and 9.8 percent of the parolee population (2,751) (IDOC, 2010). Locally, last year 9,161 women accounted for nearly 13 percent of total admissions to Cook County Jail. This number includes 934 women who entered twice and 202 women who were admitted three or more times within the same year. Descriptively, nearly 70 percent of female admissions were Black, followed by 20 percent White, and 12 percent Hispanic (Olsen & Taheri, 2012).

Many formerly incarcerated women return to poor, socially disadvantaged communities (Visher & Farrell, 2005), and often struggle with drug addictions (Karberg & James, 2005), chronic medical problems (Maruschak, 2008), mental health concerns (James & Glaze, 2006), and prior sexual and physical victimization (Chesney-Lind, 2002). Dodge and Pogrebin (2001) interviewed 53 women on parole and found various social impediments to reentry. Their findings highlight difficulties in reuniting with children and family, as nearly half of respondents reported having minimal or no contact with family. Other respondents talked of the challenges in retrieving their children from foster care given their marginal place in society. Interviewees also discussed their struggles with personal shame due to their perceived stigma of a criminal record. Respondents mentioned, "Having to prove themselves as worthy citizens" (p. 49) as a stressful endeavor. Community members, including other parents, church members, and employers, treated interviewees differently after learning of their criminal backgrounds, further aggravating their adjustment to society.

When individuals exit prison, they often transition to community supervision and are expected to manage designated rules of extended supervision post-release. Some of these guidelines include daily curfews, random drug tests, scheduled and unscheduled check-ins, and needed approval for residence, employment, and travel outside of the state. Opsal (2008) interviewed 43 women on parole and found that most respondents viewed parole agents as an extension of law enforcement because they had the power to revoke their freedom at any point. Based on her data, Opsal suggests the institution of parole is "a pervasive factor in the women's lives as they return to their community and can actually function to inhibit their reintegration efforts" (p. iii). Respondents saw the overall system of parole as a mechanism of control and surveillance, despite their positive remarks about individual parole agents. Respondents explained community supervision was not designed not to help them successfully reintegrate, but rather to ensure they did not break any rules. These findings are consistent with Petersillia's (2003) appraisal of community supervision as more concerned with surveillance than rehabilitation. Petersillia describes, "The system's perception that those coming out of prison today are a more hardcore group requiring surveillance more than services" (2003, p. 92). In addition to adhering to parole guidelines, women often encounter numerous barriers to reconnecting with their children.

Children

Through interviews with formerly incarcerated women and their children, Golden (2005) highlights that poor, formerly incarcerated women are often stigmatized as unfit mothers and are subjected to a racialized system of inequality that has historically shaped child welfare and social welfare policy in the US. Golden argues the war on drugs was a war on the family, one that particularly affected Black families. At midyear 2007, there were 65,600 women in a state or federal prison who were caregivers to over 1.7 million minor children; over 70 percent of those children were Black or Hispanic (Glaze & Maruschak 2008; Schirmer, Nellis, & Mauer, 2009).

Since women are incarcerated less frequently than men, there are fewer prisons for women. Because of this, mothers often serve their prison sentence hundreds of miles away from their families, making continuous visitation challenging (Flavin, 2009; Greenberg, 2006). The lack of visitation from children could make serving time increasingly painful as former research notes that many women view their children as extended identities (Ferraro & Moe, 2006). Prior to

arrest, 64 percent of mothers in prison reported themselves as primary caregivers of their children and 42 percent of those mothers were single parents (Glaze & Maruschak, 2008). Thus, when a mother is incarcerated, children are usually cared for by a grandparent or family member (Glaze & Maruschak, 2008), and in about 10 percent of cases, children enter the foster care system.

The Federal Adoption and Safe Families Act (2007) mandated the termination of parental custody rights after a child has been in foster care for 15 of the most recent 22 months (Evans, 2006). The average prison sentence spans beyond 22 months; consequently mothers with longer sentences are more likely lose legal custody of children (Schirmer, Nellis & Mauer, 2009). Later, when a mother leaves prison, regaining parental rights is often contingent upon stable employment and housing circumstances since mothers must prove to be able to care for their children both to relatives and to the state (Dodge & Pobrebin, 2001; Richie, 2001).

Although children may motivate a mother to succeed during reentry, they can also be a source of added stress (Brown & Bloom, 2009; Dodge & Pogrebin, 2001; O'Brien, 2001). Through interviews with 100 reentering mothers, Michalsen (2011) found that experiences concerning children were unstable due to a number of factors. Some of these factors revolve around: housing and financial instability; difficulties in coping with prior domestic violence; and troubles with maintaining sobriety—all of which influence a mother's ability to care for her children.

Health and substance abuse

After release from prison, women often struggle with chronic substance abuse and physical and mental health problems (Arditti & Few, 2006; Visher, La Vigne, & Travis, 2004; Vito & Tewksbury, 2000). Prior research explores how women's drug use correlates with incarceration. One study found that women in jail were 11 times more likely to meet the criteria for substance dependence or abuse compared to the overall U.S. population (69.2 versus 6.1 percent) (Karberg & James 2005). In a study conducted by Pollock and Crouch (2002), researchers discovered a high correlation between female prisoners, drug use and criminality—particularly for property and public order crimes. Another study posits drug addiction for women is largely associated with three types of crimes: prostitution, drug-related offenses, and property crimes (Anglin & Hser, 1987). Other scholars suggest formerly incarcerated women use drugs to cope with several types of abuse (Nelson-Ziupko, Kauffman & Dore, 1995) including victimization or current dysfunctional and or abusive relationships (Pollock, 1999).

Medical concerns are likewise prevalent within former prisoner populations. In a study of medical problems of prisoners, 59 percent of women reported having a chronic medical condition including HIV, Hepatitis C, and or a sexually transmitted disease (Maruschak, 2008). Another study found 73 percent of women prisoners and 75 percent of women jail inmates reported symptoms of a current mental health problem (James & Glaze, 2006). Around 75 percent of inmates, who reported mental health problems, also had high rates of substance dependence or abuse and were more likely to have been homeless in the year prior to their arrest (13 percent). Moreover, finding access to treatment and medical care may be increasingly difficult for women upon release given that many incarcerated individuals come from low-income and medically underserved neighborhoods (Dumont, Brockmann, Dickman, Alexander,

& Rich, 2012). Notably, women may have temporarily benefited from medical treatment while incarcerated and upon reentry, this care immediately ends. Diminished health also may affect an individual's employment opportunities and advances in educational achievement.

Employment and education

Incarcerated women are likely to be undereducated and unemployed prior to arrest (Greenfeld & Snell, 1999; Harlow, 2003). One study found that only 36 percent of women in prison have earned a high school diploma or have attended a post-secondary institution (Wolf, 2003), limiting their employment opportunities. An Urban Institute study found that both before and after incarceration, women were less likely to have employment than men, they earned lower hourly-wages, and were more likely to work in food services or in retail in comparison to largely male-dominated manual and higher paid trades. In their study sample of women, only 34 percent were working eight to 10 months following their release (LaVigne, Brooks, & Shollenberger, 2009). Similarly, other scholars note that women often lack resources for education and job training in fields that would increase their likelihood of earning a living wage (Bloom, Owen & Covington, 2004).

Beyond facing employment discrimination from employers (Western, Kling, & Weiman, 2001), individuals with felony convictions are banned from certain occupations through state and federal laws. Popular and decently paid jobs for women with records often become unattainable as many states have restrictions preventing women from teaching, working with children, practicing social work, or holding jobs in healthcare (Holzer, Raphael, & Stoll, 2003; O'Brien, 2001). Given formerly incarcerated women's barriers to finding employment, one study found that recently released women who qualified and received such state-sponsored assistance as vocational programming or housing were significantly less likely to be reincarcerated (Reisig, & Morash, 2004).

Transitional housing

Transitional housing units are intended to provide temporary assistance for exiting individuals, while also enforcing daily structure. Transitional housing programs propose and have been found to help individuals find and obtain employment, connect to local community resources, and receive needed support during the initial release period (Abadinski, 1997). D'Auria (2011) conducted observations and interviews with residents and staff at a halfway house for women. Among 15 women residents, she found most of her respondents were grateful for the opportunities the transitional living place provided, but also found that, "house rules and regulations, which are dictated by the funding source, can impede the residents ability to successfully reintegrate into society and puts them at a greater risk of official sanction" (D'Auria, 2011, p. iii). For instance, one rule for visiting a family member or "sponsor" was to provide a valid landline and address. Some relatives could not afford a landline telephone and thus residents had to choose between visiting family or lying about the phone number, which would place them at risk of violating their conditions of release. Moreover, D'Auria's study respondents 'suggested staff should "apply rules to all residents equally" (p. 83), as they said residents' drug use was overlooked in certain circumstances.

From a sub-sample of a larger study, O'Brien (2001) interviewed women mandated to finish their last six to nine months of their prison sentences in a federal community placement. She found that respondents "resented the continued control and monitoring of their day-to-day lives and the consequent difficulties they had in seeing family members and their children until they had earned enough free time away from the facility" (p. 35). In addition to having to pay for housing, respondents also said they felt frustrated by the lack of privacy and constant surveillance from staff members. One positive comment regarding residents' stay was that a formerly incarcerated staff member, who had personally struggled with drug abuse, was inspirational to them during their recovery. Though the size of this subset data is limited, it provides a meaningful recognition of the continued monitoring of residents in transitional placement.

Prior research has explored the balance between rules and individual decision-making of women while in a reentry home setting. Richie (2001) suggests that community-based reentry services utilize an empowerment approach. This approach helps women to understand the many structural influences on their choices, while helping them expand their decision-making skills within their social contexts. Further, the approach fosters, "a sense of hope, an orientation toward the future, and the willingness to take responsibility." Richie (2001) suggests the success of reentry programs should be measured by the aforementioned objectives. Contrary to a self-blame stance, women can contextualize their previous mistakes while considering their often-limited resources, access to services, and economic situations. Therefore, the empowering approach may help foster confidence for women to live self-sustained, healthy lives while addressing conditions of extended supervision despite the myriad of structural challenges faced upon reentry.

Methodology

The Grace House evaluation analyzed four data sources:

- Administrative program data.
- Outcome data, including official state data on arrests, convictions, incarcerations, and employment.
- Staff and stakeholder interviews.
- Field observations.

Administrative program data

Grace House provided data on its female residents collected from 2009 to 2012. The data was self-reported and collected in program applications. A total of 79 females were residents of Grace House during the four years examined. Data included basic demographics, prior substance use, physical and sexual abuse, and prison stays.

Resident outcome data

Grace House provided basic data from application forms of the 55 women who applied to the program from 2010 to 2012 and were accepted. Of them 25 were matched to official Illinois arrest and incarceration data. Grace House did not keep records of those who applied and were not accepted into the program. Therefore, no control or comparison group was available.

Research questions answered by Grace House outcome data included:

- What is the recidivism rate of Grace House residents?
- How many times were residents rearrested, reconvicted, reincarcerated?
- What was the length of time to recidivism of residents?
- What were the characteristics of residents who did not recidivate?
- What were the characteristics of residents who recidivated less (fewer arrests)?
- What were the characteristics of those who had longer periods of time before recidivism?
- What was the criminal history of residents prior to entering Grace House?

In January 2014, the Authority's Institutional Review Board granted an exemption for researchers to obtain administrative client data. Between February and June 2014, the program pulled paper and electronic records containing names and other identifying resident information and shared them with the Authority. In June 2014, researchers sent select identifiers to the Illinois Department of Employment Security for employment records. Further data follow up and clean up occurred between July and October 2014. In November and December 2014, researchers pulled Illinois Department of Corrections data (prison records) and Criminal History Record Information (arrest records) for the sample.

Arrest and conviction data

Grace House resident criminal history record information was electronically extracted from the Criminal History Record Information (CHRI) System, the state's central repository for criminal history information maintained by the Illinois State Police (ISP). The purpose was to obtain resident prior arrest histories and Grace House arrests occurring during program participation.

CHRI contains information on each offender that is statutorily mandated for submission by arresting agencies, state's attorney's offices, circuit courts, and state and county correctional institutions for the purpose of creating a cumulative history (rap sheet) of such events. Upon arrest, an individual is fingerprinted via a paper card or an electronic Livescan system, which is then forwarded to ISP for processing and posting onto the individual's criminal history record. About 94 percent of all arrest cards in Illinois are submitted electronically via Livescan. The Authority has access to most information in the CHRI System through a connection to ISP's off-line, ad hoc database, which allows extraction of complete CHRI for research purposes.

St. Leonard's Ministries submitted unique CHRI System identifiers (state identification, or SID numbers) for probationers when available. If an exact match on the SID provided could not be found, researchers used the first three letters of the last name, the first three letters of the first name, and the date of birth to search for the resident's record. This is the conventional standard method for conducting name-based searches. An SQL query into the system returned the unique SIDs of potential matches. The researchers then manually examined the potential matches to confirm their accuracy and make adjustments to the matching procedures. Once matches were confirmed, all arrest records for the matched individuals were extracted, reviewed, and analyzed. Researchers examined statutorily reportable arrest incidents which exclude minor traffic violations and offenses that were less than a Class B misdemeanor.

For each arrest event in a Grace House resident's criminal history, the most serious charge was identified based on offense class and coded into major categories based on statutory definitions. A violent offense in this study included those that met the criteria of violent under the Rights of Crime Victims and Witnesses Act [725 ILCS 120]. The non-violent sex offense category included those that did not involve the use or threat of force, including prostitution and sex offender registry violations.

The CHRI data used in this report were extracted in November and December 2014 for analysis. All of the data were analyzed using SPSS predictive analytics software.

Incarceration data

The sample was linked to prior incarcerations using their assigned IDOC numbers. The number remains a unique identifier for the individual in all subsequent incarcerations with IDOC. Researchers obtained the prison records in November and December 2014. In addition to prior incarcerations, subsequent admissions to IDOC through June 30, 2013, were analyzed.

Employment data

The Authority entered into an agreement with the Illinois Department of Employment Security (IDES) to obtain employment and earnings data for the sample through its Wage Information System/Employment Tracking database. The file contained quarterly wage information including employer, wages, and employment period from January 1, 2013, to December 31, 2014.

Social security numbers were provided by St. Leonard's Ministries and kept confidential. In June 2014, the Authority provided IDES with a compact disc containing the social security number and a unique case control number for each individual sampled. IDES returned the compact disc with case control numbers and employment data, stripped of all personal identifiers. Outcome data were analyzed using SPSS.

Staff and stakeholder interviews

Between July 2012 and January 2013, researchers interviewed 15 staff members and stakeholders who work with Grace House residents. Thirteen participants were interviewed in private rooms at St. Leonard's Ministries and two were interviewed over the telephone. Interviewees were asked 34 questions on demographics, operations, and their roles and responsibilities at Grace House. Interviews also covered programs offered by Grace House and partner agencies, and the general perceived reentry experiences of residents. Similar interviews with an Adler intern and two volunteer group facilitators informed group session observations.

Staff and stakeholders interviewed included the:

- Administrative assistant.
- Administrator.
- Aftercare director.
- Board member.
- Director of Outpatient Services.
- Executive director.
- House monitors (2).
- Interns (3).
- Program director.
- Senior parole agent.
- Staff psychologist.
- Volunteer tutor.

Field observations

A researcher completed 80 hours of observations from February 1, 2012, to May 31, 2012, and conducted interviews with 16 individuals.

Field observations were done to:

- Provide an overview of scheduled group sessions, social activities, and free time.
- Provide a narrative of day-to-day interactions among residents, staff, and guests.
- Describe interactions of residents and facilitators during group therapy.

The researcher conducted observations to watch varied interactions and guard against spurious findings (LeCompte & Goetz, 1982). Most observations took place during group therapy sessions led by Adler interns, staff, and volunteers. The researcher attended house events, luncheons, and house meetings, and was present during some of residents' free time. Following well-established ethnographic methodology (Emerson, Fretz, & Shaw, 1995), the researcher jotted abbreviated handwritten notes of conversations, interactions, and content during daily activities. Field notes were completed within 24 hours of observations and were supplemented by memos to guide in the writing of this report. The researcher used NVIVO 9, a qualitative analysis program, to assist in preliminary coding of observations and interview transcripts.

Before beginning observations, the researcher attended a Grace House meeting and spoke to residents about the study. The researcher informed residents and staff of confidentiality measures and assured residents no identifying information would be included in the final report. All residents received a handout with a description of the project and contact information of the researcher (*Appendix A*). Residents were given the option to opt out of participation. All agreed to participate. Residents completed a consent form outlining the goals of the study, possible risks, confidentiality measures, along with interview length and procedures.

During the field observation period, the researcher conducted private one-on-one interviews with residents and full-time staff. Interviews took place during the latter part of the observation period to encourage familiarity and increased openness with the researcher. This strategy mirrored another study of women living in a transitional home where the researcher built trusting relationships with women who shared their pathways into sex work and shoplifting (Caputo, 2008).

Interviews with 16 individuals were conducted, including 11 residents, two full-time staff, one intern, and two volunteer group facilitators. The interviews were conversational, guided by a set of 18 questions, each with up to four follow-up questions. Residents were asked to share their experiences while residing at Grace House. Interviews also covered the residents' prior criminal histories, demographic information, family and support systems, housing situations, programming and services they were participating in, employment histories, education levels, and overall reentry experiences.

Administrative data provided an overview of residents serviced during the observation period. A records review of resident application data provides descriptive information and demographic characteristics of Grace House residents from January 1 to May 31, 2012. This data was collected and input on a Microsoft Excel spreadsheet by Grace House staff. Brochures, monthly calendars, posted signs, and fliers were useful in describing events and programming.

Data limitations

The sample size used for the study's outcome analysis was limited. Information on only 25 of the 55 women sampled was located in official criminal justice system records. In addition, with no records on women who were not accepted into the program, it was not possible to compare outcomes with those who resided at Grace House.

Interview data was garnered largely through self-reporting. Self-reporting required recall of memories that may change or be forgotten over time. Subjects may be biased, untruthful, or omit information.

CHRI system data is limited to events documented by arresting agencies, state's attorney's offices, and circuit court clerks, and successfully posted to the system by Illinois State Police.

Employment histories included only official taxed employment. "Under the table" employment was not counted. Social security numbers were not reported by all applying to Grace House. Employment data for the sample was provided for only 2013 and 2014.

Findings: Administrative program data

Grace House provided self-reported application data from residents covering the period of 2009 to 2012. Researchers examined trends with a closer look at 2012, the most recent year of data. A total of 79 women were residents of Grace House during the period examined. Race and ethnicity were not collected.

Each year, the average age of residents was 40 to 43 years old during period examined. In 2012, the residents' average age was 41 years old, with a range of 20 to 66 years old; 63 percent were mothers with an average of two children (range of 0 to 11 children) (*Table 1*).

Table 1
Demographics of Grace House residents, 2009-2012

	Year			
	2009	2010	2011	2012
Number of residents	20	25	22	12
Average age	40	40	43	41
Average number of children	2.1	2.4	3.5	1.73

Substance use

In 2012, two-thirds of Grace House residents in the sample reported that their drugs of choice were multiple—some combination of heroin, cocaine, and marijuana. *Table 2* indicates the drug of choice indicated by clients in their applications.

Table 2
Resident drug of choice, 2009-2012

	2009		2010		2011		2012		2009-2012	
	n	%	n	%	n	%	n	%	n	%
Cocaine	0	0.0%	3	12.0%	2	9.1%	0	0.0%	5	6.4%
Heroin	1	5.3%	4	16.0%	2	9.1%	2	16.7%	9	11.5%
Marijuana	0	0.0%	1	4.0%	1	4.6%	0	0.0%	2	2.6%
Multiple drugs	15	78.9%	11	44.0%	14	63.6%	8	66.7%	48	61.5%
Alcohol and drugs	0	0.0%	4	16.0%	1	4.6%	1	8.3%	6	7.7%
Other	3	15.8%	2	8.0%	2	9.1%	1	8.3%	8	10.3%
TOTAL	19	100%	25	100%	22	100%	12	100%	78	100%

Physical and sexual abuse

In their applications, individuals were asked for their physical and sexual abuse histories. Of all Grace House residents in 2012, 75 percent indicated they had experienced abuse in their lifetimes. Of those who had been abused, in 2012, 78 percent indicated that they had received counseling for the abuse at some point (*Table 3*).

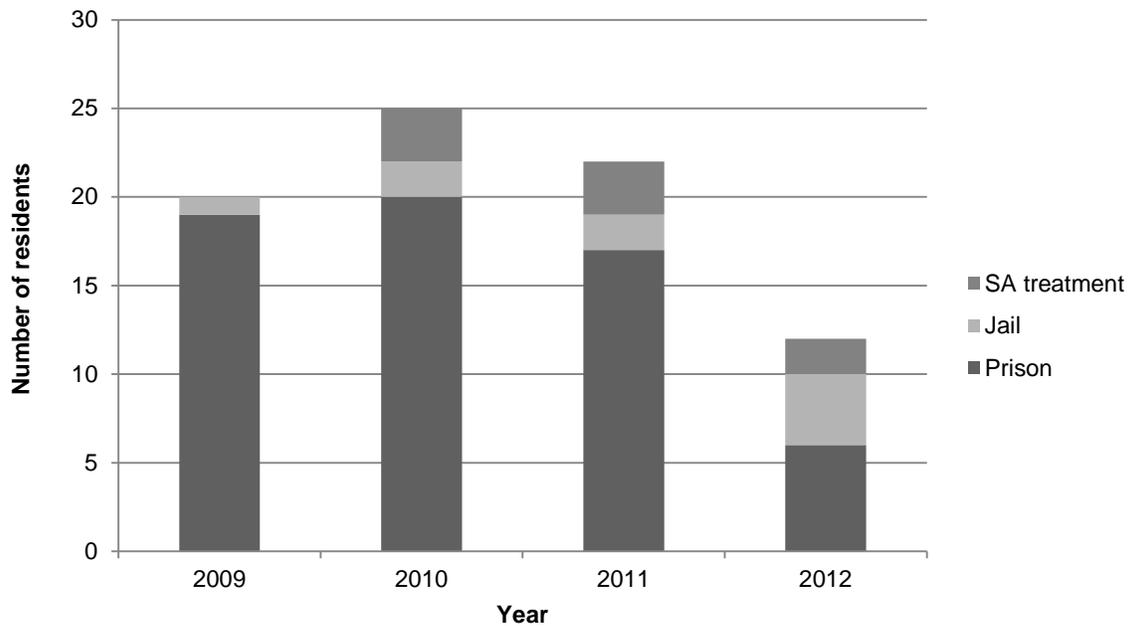
Table 3
Prior physical or sexual abuse of residents, 2009-2012

	2009		2010		2011		2012		2009-2012	
Physical or sexual abuse	n	%								
Yes	15	75.0%	16	64.0%	17	77.3%	9	75.0%	57	72.2%
No	5	25.0%	9	36.0%	5	22.7%	3	25.0%	22	27.8%
TOTAL	20	100%	25	100%	22	100%	12	100%	79	100%
If abused, received counseling										
Yes	6	40.0%	7	43.7%	9	52.9%	7	77.8%	29	50.9%
No	9	60.0%	9	56.3%	8	47.1%	2	22.2%	28	49.1%
TOTAL	15	100%	16	100%	17	100%	9	100%	57	100%

Prison stays

Grace House accepts residents reentering society from prisons, jails and substance abuse treatment centers. Between 2009 and 2012, 79 percent came from prison, 12 percent from jail (Cook, DuPage, or Kane County) and 10 percent came from a substance abuse treatment facility. Treatment facilities included Haymarket Center, Women's Treatment Center, Human Resources Development Institute, Inc., and Jackson Square (*Figure 5*).

Figure 5
Location prior to Grace House residency, 2009-2012



In 2012, six residents (or half of the residents that year) had been incarcerated in prison prior to residing at Grace House, representing a decrease from previous years when more than 17 residents came from a prison. *Table 4* indicates the prisons in which residents were housed.

Table 4
Prison prior to residence at Grace House, 2009-2012

Prison	Security level	2009		2010		2011		2012		2009-2012	
		n	%	n	%	n	%	n	%	n	%
Decatur	Min	4	21.1%	3	15.0%	8	47.1%	5	83.3%	20	32.3%
Dwight	Max	4	21.1%	5	25.0%	4	23.5%	0	0.0%	13	21.0%
Kankakee	Min	2	10.5%	1	5.0%	0	0.0%	0	0.0%	3	4.8%
Lincoln	Min	7	36.8%	10	50.0%	4	23.5%	1	16.7%	22	35.5%
Unknown	--	2	10.5%	1	5.0%	1	5.9%	0	0.0%	4	6.5%
TOTAL		19	100%	20	100%	17	100%	6	100%	62	100%

Although applicants were asked how their time was spent during their incarceration, no preference was displayed by the intake team on engagement in activities and programs (*Table 6*).

Table 5
Resident participation in activities, programs while incarcerated, 2009-2012

	2009		2010		2011		2012		2009-2012	
Attended school	n	%								
Yes	10	50.0%	9	36.0%	10	45.4%	6	50.0%	35	44.3%
No	8	40.0%	13	52.0%	11	50.0%	6	50.0%	38	48.1%
Unknown	2	10.0%	3	12.0%	1	4.5%	0	0.0%	6	7.6%
TOTAL	20	100%	25	100%	22	100%	12	100%	79	100%
Extracurricular activities										
Yes	10	50.0%	13	52.0%	12	54.5%	6	50.0%	41	50.6%
No	8	40.0%	9	36.0%	9	40.9%	4	33.3%	30	37.0%
Unknown	2	10.0%	3	12.0%	1	4.5%	2	16.7%	8	9.9%
TOTAL	22	100%	25	100%	22	100%	12	100%	81	100%

Summary of program data

Based on information on applications to Grace House from 2009 to 2012, 79 women received services during that time period. From 2009 to 2012, there was a 40 percent decrease of women admitted to Grace House. In 2012, the average age for a Grace House resident was 41 years old, ranging from 20 to 66 years old. In 2012, 63 percent of residents had children, an average of two children per resident. Two-thirds of residents in 2012 reported multiple drugs of choice—heroin, cocaine, and marijuana. Three-fourths of residents in 2012 reported prior physical or sexual abuse and of those, 78 percent had received counseling for the abuse. In 2012, half of Grace House residents came from prison, one-third from jail, and 17 percent from a substance abuse treatment facility.

Findings: Program outcome data

The total sample included 25 women who applied and were accepted as residents into Grace House. Information was derived from self-reported data on applications to Grace House. The applications were submitted to Grace House between January 15, 2010, and January 24, 2012.

Most of the residents (72 percent) in the sample completed the core 90-day program. Participants lived at Grace House for between 11 and 682 days, with an average of 228 days.

Sample characteristics

All residents in the sample were between 23 to 55 years old; the average age was 41 years old. Most residents had at least one child (92 percent) (*Table 6*). Most residents sampled were Black (84 percent) and 12 percent were White. Many residents (44 percent) had a high school degree or GED and 32 percent had completed some high school.

Table 6
Characteristics of sample

	n	Mean
Age (at application to Grace House)	25	41
	n	Percent
Race		
Black	21	84.0%
White	3	12.0%
American Indian	1	4.0%
Children		
0	2	8.0%
1	8	32.0%
2	5	20.0%
3	4	16.0%
4	2	8.0%
5	3	12.0%
9	1	4.0%
Education (highest attained)		
Some elementary school	1	4.0%
Some high school	8	32.0%
High school/GED	11	44.0%
Some college	5	20.0%
TOTAL	25	100%

Criminal history

Prior arrests

Prior arrests of the residents sampled ranged from one to 65 and averaged 26 (*Table 7*).

Table 7
Number of prior arrests

Prior arrests	n	Percent
0	0	0.0%
1-10	<10	20.0%
11-20	<10	28.0%
21-30	<10	20.0%
31-40	<10	4.0%
41-50	<10	16.0%
50+	<10	12.0%
TOTAL	25	100%

Source: ICJIA analysis of Criminal History Record Data

Note: Some numbers masked to maintain confidentiality of study participants

Most residents (92 percent) had an arrest for a property crime on their record and 80 percent had a prior drug arrest (*Table 8*). Almost all residents sampled (96 percent) had a prior felony arrest on their records and 96 percent had a prior misdemeanor arrest.

Table 8
Number of prior arrests by class and type

Prior arrest class	Number of arrests	Percent of sample	n
Misdemeanor	354	96.0%	24
Felony	175	100.0%	25
Other	100	76.0%	19
Unknown	29	N/A	N/A
Prior arrest types			
Violent	49	68.0%	17
Property	341	92.0%	23
Drug	100	80.0%	20
Sex (non-violent)	58	56.0%	14
Weapon	<10	N/A	N/A
Other	105	76.0%	19
Unknown	<10	N/A	N/A
TOTAL	658	100%	25

Source: ICJIA analysis of Criminal History Record Data

Note: Some numbers masked to maintain confidentiality of study participants

Prior convictions

The number of prior convictions ranged from one to 57 per resident sampled, an average of 13 (Table 9).

Table 9
Number of prior convictions

Prior convictions	<i>n</i>	Percent
1	2	8.0%
3	1	4.0%
5	3	12.0%
6	1	4.0%
7	1	4.0%
8+	17	68.0%
TOTAL	25	100%

Source: ICJIA analysis of Criminal History Record Data

Forty percent of the study sample had at least one prior violent conviction (n=10). Seventy-six percent of Grace House residents had at least one prior property conviction (n=19). A majority of residents (72 percent, n=18) had a prior conviction for a drug offense and 32 percent had a prior conviction for a sex offense (n=8) (Table 10).

Table 10
Number of prior convictions by type

Prior conviction types	Number of convictions	Percent of sample	<i>n</i>
Violent	18	40.0%	12
Property	154	76.0%	19
Drug	63	72.0%	18
Sex (non-violent)	27	32.0%	<10
Weapon	<10	4.0%	<10
Other	52	48.0%	12
Prior conviction class			
Felony	300	95%	20
Misdemeanors	15	5%	15
TOTAL	315	100%	25

Source: ICJIA analysis of Criminal History Record Data

Note: Some numbers masked to maintain confidentiality of study participants

Prior incarcerations

IDOC incarceration information can offer a more accurate representation of serious offending, since a sentence of incarceration requires a felony conviction. IDOC records include only the most serious charge carrying the longest potential sentence. Researchers chose prior incarcerations to include all those offenses that led to a prison stay except the last one prior to Grace House participation, which was examined separately.

A majority of residents had more than one period of incarceration in their histories (84 percent, n=21) (*Table 11*). Residents had a range of zero to 13 prior incarcerations, for an average of three incarcerations per resident.

Table 11
Number of prior incarcerations

Prior incarcerations	n	Percent
0	4	16.0%
1	6	24.0%
2	3	12.0%
3	5	20.0%
4	2	8.0%
5	3	12.0%
7	1	4.0%
8+	1	4.0%
TOTAL	25	100%

Source: ICJIA analysis of Illinois Department of Corrections Planning and Research data

Offense at time of application

The average amount of time served in prison was 1.76 years. At the time of application, almost all Grace House residents in the sample (96 percent) were serving time in prison for a new sentence, while one was serving time in prison for a technical violation of parole. Felony property and drug offenses were the last offenses leading to incarceration among all residents, at 44 percent, n=11, and 36 percent, n=9, respectively (*Table 12*). Ten applicants were serving time in Decatur Correctional Center, nine in Lincoln Correctional Center, five in Dwight Correctional Center, and one in Fox Valley Adult Transition Center.

Table 12
Offense at admission to Grace House

Prison admission type	n	Percent
New sentence	24	96.0%
Technical violation	1	4.0%
Offense class		
Class 4 felony	7	28.0%
Class 3 felony	7	28.0%
Class 2 felony	7	28.0%
Class 1 felony	3	12.0%
Class X Felony	1	4.0%
Murder	0	0.0%

Table 12 continued

Offense type		
Violent	2	8.0%
Property	11	44.0%
Drug	9	36.0%
Sex	1	4.0%
Other	2	8.0%
Prison		
Decatur	10	40.0%
Lincoln	9	36.0%
Dwight	5	20.0%
Fox Valley	1	4.0%
TOTAL	25	100%

Source: ICJIA analysis of Illinois Department of Corrections Planning and Research data

Post-program recidivism

For the 25 GH residents in the sample, the rearrest rate was 36 percent, the reconviction rate was 24 percent, and the reincarceration rate was 20 percent.

Researchers compared the recidivism rates in this study to those found in other sources. However, these were rates of all incarcerated women, so they were different populations than those living in Grace House. An analysis of IDOC and CHRI data found rates of 56 percent for rearrest, 33 percent for reconviction, and 36 percent for reincarceration for women within three years of leaving IDOC. National studies of formerly incarcerated individuals estimated the reincarceration rates at 32 percent for women and between 43 and 75 percent for male and female samples after three to five years of release (Bureau of Justice Statistics, n.d.; Durose, Cooper, & Snyder, 2014; Pew Center on the States, 2011).

Post-program arrests

The 25 women in the sample applied to the program between June 9, 2009, and May 16, 2012. Criminal history record information of the residents was pulled on August 4, 2014. Residents were observed for an average of 1,281 days (3.5 years) post-program for rearrest; with a range of 851 to 1,576 days. More than one-third of residents sampled (36 percent) were rearrested during that period (n=9) with an average of one arrest.

Seven of the nine women were rearrested post-participation for a felony, six for a misdemeanor. *Table 13* provides the number and type of arrests for the sample.

Table 13
Number of rearrests by class and type

Rearrest class	Number of rearrests	n
Misdemeanor	21	<10
Felony	12	<10
Rearrest types		
Violent	<10	<10
Property	<10	<10
Drug	0	0
Sex	0	0
Weapon	0	0
Technical violation	<10	4
Other	0	0
Unknown	27	N/A
TOTAL	33	<10

Source: ICJIA analysis of Criminal History Record Data

Note: Some numbers masked to maintain confidentiality of study participants

Post-program conviction

Six of the 25 residents sampled were convicted of a crime after leaving the program. Residents were convicted an average of 834 days, or 2.3 years, after leaving prison, with a range of 229 to 1,211 days. The six residents who were convicted of new crimes had a range from one to four reconviictions (*Table 14*). The new convictions were for violent, property and drug crimes.

Table 14
Number of reconviictions

Reconviictions	n	Percent
0	19	76.0%
1	<10	12.0%
2	<10	8.0%
4	<10	4.0%
TOTAL	25	100%

Source: ICJIA analysis of Criminal History Record Data

Note: Some numbers masked to maintain confidentiality of study participants

Post-program incarceration

Residents were observed for recidivism for an average of 884 days, with a range of 454 to 1,179 days. Five residents were reincarcerated after participating in the program (*Table 15*).

Table 15
Reincarcerations of sample

Reincarcerations	n	Percent
0	20	80.0%
1	4	16.0%
2	1	4.0%
TOTAL	25	100%

Source: ICJIA analysis Illinois Department of Corrections Planning and Research data

Table 16 provides reincarcerations for the sample by type.

Table 16
Reincarceration admission and conviction types

Admission type	n	Percent
New sentence	1	8.0%
Technical violator	4	16.0%
Conviction type		
Violent	0	0.0%
Property	1	4.0%
Drug	0	0.0%
Weapon	0	0.0%
Sex	0	0.0%
Technical Violation	4	16.0%
Other	0	0.0%
TOTAL	5	100%

Source: ICJIA analysis of Illinois Department of Corrections Planning and Research data

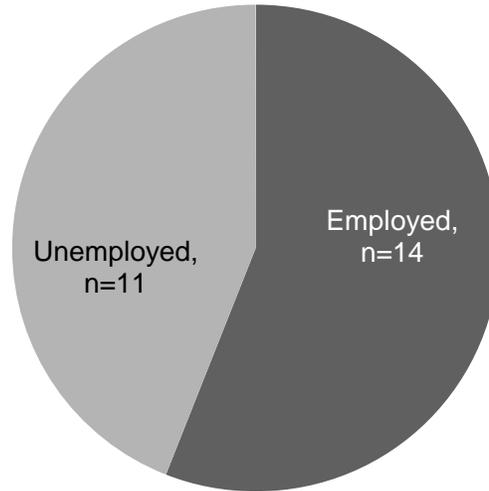
Recidivism over time

Residents sampled were arrested upon release from prison an average of 566 days, or 1.5 years. One resident was rearrested six months after her exit, four after one year post-incarceration, six after two years post-incarceration, and eight residents were arrested after three years of release.

Employment after Grace House participation

Resident employment records were provided for the period of January 2013 to December 2014. Slightly more than half (56 percent) of the Grace House residents were employed during that time period (n=14) and 44 percent were unemployed (n=11) (Figure 6).

Figure 6
Sample employed, 2013-2014



Source: ICJIA analysis of Illinois Department of Employment Security Data

State employment record data was provided for eight quarters. Residents were employed on average for about three quarters. Total wage earnings ranged from \$220 to \$43,639.16 in the two years examined. Wages per former resident averaged \$7,438.17. Of the 14 with jobs, 13 were employed in Illinois. Nine were employed in Chicago. Many residents worked at temporary agencies (n=9). *Table 17* provides the number of employed residents, quarters employed, and type of employment.

Table 17
Employment, 2013-2014

Employed	Participant	
	<i>n</i>	<i>Percent</i>
Yes	14	56.0%
No	11	44.0%
Quarters employed (out of 8)		
0	11	44.0%
1	2	8.0%
2	0	0.0%
3	3	12.0%
4	3	12.0%
5	0	0.0%
6	2	8.0%
7	2	8.0%
8	2	8.0%

Table 17 continued

Employment type		
Temporary job agency	9	36.0%
Food preparation and serving-related	3	12.0%
Community and social service	3	12.0%
Education, training, and library	3	12.0%
Legal	2	8.0%
Transportation, material moving	2	8.0%
Sales and related	2	8.0%
Healthcare support	1	4.0%
Building, grounds cleaning, maintenance	1	4.0%
Management	1	4.0%
Life, physical, and social science	1	4.0%
Unknown	1	4.0%
TOTAL	25	100%

Source: ICJIA analysis of Illinois Department of Employment Security Data

Summary of resident outcomes

The sample included 25 women who applied and were accepted as residents into Grace House. Participants resided in the program for an average of 228 days.

Residents had an average of 26 prior arrests and 96 percent had a prior felony arrest on their records. The sample had an average of 13 convictions and 40 percent had at least one prior violent conviction. A majority of residents had a prior conviction for a drug offense (72 percent). Of the 25 program residents, four had no prior incarcerations and 21 had been previously incarcerated.

The sample's rearrest rate was 36 percent, reconviction rate was 24 percent, and reincarceration rate was 20 percent

Slightly more than half (56 percent) of those sampled were employed in 2013 and 2014, most commonly in temporary jobs.

Findings: Staff and stakeholder interviews

Fifteen staff members, volunteers, and other stakeholders were interviewed in this study. All worked with Grace House. The participants worked at Grace House for an average of eight years. Staff and stakeholders worked an average of 28 hours per week.

All interviewees had college experience, with most holding master's degrees. Two were former residents of Grace House and had served prison time for felony convictions.

Program goals

The long-term goals of the program are to improve outcomes for residents, reduce recidivism, increase public safety, and improve public health outcomes. Researchers asked staff and stakeholders to name the main goals of Grace House. Their responses varied significantly. Nine individuals mentioned stable and secure housing. One person said housing gave “persons time to focus on issues instead of basics (food, clothing, shelter).” Another stated Grace House provided “*a place where women can safely heal with comprehensive services to meet the needs of incarcerated women.*” One person said it was a “*healing environment; [residents] can trust us.*”

Six respondents indicated the main goal of Grace House was to provide residents with help for substance abuse issues. One person mentioned “sobriety from drugs, alcohol, hustling.” Six participants stated education was a main goal of the program. Two interviewees stated a main goal was family reunification, two said helping residents get employment, and two said a main goal was to provide a support system.

Other program goals mentioned included:

- Computer skills.
- Moment for reflection.
- Provide network for healthy individuals.
- Self-esteem.
- Deal with past psychological abuse and trauma.

Staff who reviewed applications were asked to explain the acceptance process. Prior to program acceptance, disciplinary records, mental health status, and general competency are reviewed. Staff also inquire about applicant motivation for change, criminal background, support systems, and children.

Researchers asked Grace House staff and stakeholders to define successful completion of the residential program. Successful completion of the program includes a measure of personal change or growth and a sense of confidence, trust, gratitude, and self-esteem, they said. Clients that had been able to use their skills to address, plan, and resolve their barriers to reentry were considered successful.

Staff said finding employment, building on education, and securing and maintaining affordable housing was a part of successful completion of the program. One person explained residents need to complete: *“all mandatory requirements”* and *“attain all goals, “for example, women custody of children, housing, education, [and] job.”* Four interviewees stated being in recovery from substance use and maintaining sobriety indicated successful completion of the program. Two respondents indicated no future criminal activity was a part of success in the program and two stated family reunification.

Interviewers asked case managers how the length of stay at Grace House was decided. Similarly, answers varied. One person indicated that the length of stay is *“usually nine months at Grace House.”* Another interviewee stated, *“[Residents] stay until they get permanent housing. We don’t kick people out, they kick themselves out.”*

Training

Researchers asked Grace House staff and stakeholders about the training they received upon commencing their work position. Eleven respondents said they received training at the start of employment and four said they did not receive any formal training. A number of interviewees said they received training on the job, through *“orientation”* and by *“shadowing”* other employees and interns. A few said they received training through their school.

Interviewees answered questions about ongoing training received on the job. Many mentioned learning through monthly workshops on a variety of topics, some mentioned seminars and conferences, and one said *“retreats”* were one type of ongoing training. Adler interns mentioned receiving school training and one reported having *“didactics, covering various topics twice per month.”*

Researchers asked participants about their current training needs. Training needs mentioned included: conflict resolution; motivational interviewing; case management; communication; grants; fundraising; and leadership. One person said they wanted training on *“effective communication with staff, to promote and impose communication on a direct-service level and management level.”* Three respondents said they did not have any current training needs.

Working at Grace House

Researchers asked staff and stakeholders to share the best part of working at Grace House. Respondents said they enjoyed helping and experiencing residents achieve their goals, relationships with residents, and the quality of the Grace House residential program. One respondent said it was *“exciting to see improvement in the men and women... when you see a former resident who has succeeded.”* Further, the following quotes describe the best part of the job as helping residents achieve their goals:

“Seeing women reunite with their families and change their lives.”

“Watching women grow in self-esteem, education, and sobriety.”

The next quotes include comments from respondents who said the best part of the job was building relationships with residents:

“Getting to know the women; building therapeutic relationships with them.”

“Interacting with the women—daily interactions, group therapy, individual therapy. Women are very welcoming.”

Grace House staff and stakeholders also answered questions about the worst part of the job. Respondents reported difficulties with working with residents (especially those who are asked to leave the program), the program’s financial concerns, and other programmatic frustrations.

The following are quotes about the worst part of the job stemming from difficulties with working with select residents, particularly those who are asked to leave the program:

“Some residents are real resistant—personality is set that's really hard to shift at times...when [a] person doesn't want to change, there's not a lot you can do.”

“Stress of walking with people as they struggle through the stages of change. They deal with mental, emotional problems. Working with women who have been traumatized—getting them stable, to trust you.”

One interviewee said the main challenge was consistency with rules and regulations. One person mentioned changing public perception of the population was the most challenging. They mentioned: *“Helping people come to become more enlightened about ex-offenders, public in general, funders, churches, neighbors”* as most challenging.

Religion and spirituality

Since the umbrella organization St. Leonard’s Ministries was founded by an Episcopal Chaplain, researchers sought to learn if there was religion or spirituality incorporated in the program. Eight of those interviewed emphasized that religion is used but not forced on the residents. They explained that the program does not directly involve religion, religion is endorsed, and no one is forced to take part in religious activities or discussions. However, eight said that the program did incorporate spirituality. For example, substance abuse recovery groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) mention a “higher power” in their 12-step model. Staff reported the program holding morning meditation, a spirit, mind, and body group, voluntary church attendance, and retreats on the weekends.

Tension and friction between staff and residents

Fourteen of the 15 individuals interviewed said that there are times when there is tension or friction between residents and staff at Grace House (one did not know). Five interviewees reported it was the residents that caused the tension or friction. This included resident resistance to structure, anger issues, and their perception of unfair rules.

A few interview participants said staff were the cause of the friction or tension with residents. A couple mentioned that part of the problem stemmed from former residents who are now current staff. The residents may not listen to former residents that are staff and have power struggles with former residents.

Fourteen of the 15 individuals interviewed said there were times when tension or friction existed among residents at Grace House (one did not know). Six of those interviewed mentioned that residential living environment was the cause of friction or tension including: roommate issues; living in close quarters; house rules; congregate living; and personality conflicts in residential living. Eight staff and stakeholders of Grace House mentioned tension or friction was due to minor things such as loud music, eating each other's food, television, room temperature, talking too loud, and not doing chores.

Program strengths

Staff and stakeholders of Grace House were asked to share program strengths. Thirteen mentioned a strength was the excellent and supportive staff, volunteers, and board members. Some praised the program leaders and executives.

Eight of those interviewed said the services offered are the strongest parts of the program. Some mentioned therapy, groups, workshops, and employment and many felt the variety of services were its strength. One person simply stated Grace House provides "a home" for formerly incarcerated women. Finally, three individuals shared that community resources and support were strengths of the program.

Program weaknesses, reentry challenges

Those interviewed for the Grace House evaluation were asked to share program weaknesses. Staff identified inconsistency and follow through when it came to abiding by policies and procedures as weaknesses. For example, one person will relapse and be asked to leave, while another was not. Some staff give certain residents "breaks" or chances after rule violations, while others do not get them. Staff cited the need for stronger communication between applicants and corrections officials to accurately prepare them for the program.

Four individuals mentioned the lack of resources and services in the community. For example, staff and stakeholders shared a reentry challenge is the lack of sustainable housing and employment, funding for transportation, and another social worker and more case managers.

Staff recommendations

Four of the 15 staff and stakeholders interviewed recommended improving the consistency of Grace House policies and procedures. Another recommended clearly defining the roles and responsibilities of each staff position. A staff increase to include more case managers, an intake coordinator, and social worker was recommended, as well as full-time Adler interns to decrease instances of turnover.

Other recommendations included a cook to prepare meals only Mondays through Thursdays so residents learn to shop and cook for themselves the other days. Another recommended starting a resident money savings program. Two interviewees mentioned improving communication among staff. One person recommended increasing the time at Grace House before being eligible for a pass to stay off grounds overnight. Finally, one person said that they would like a similar residential program for youth who were formerly incarcerated.

Summary of staff and stakeholder interviews

Staff members were not able to articulate the same goals of Grace House. Eleven respondents received training at the start of employment and monthly workshops. They reported the best part of the job at was helping residents achieve goals, relationships with residents, and the quality of the residential program. The worst part was difficulties with working with residents and financial instability of the program. Most respondents stated that there are times when there is tension or friction between residents and staff it is because residents do not following rules, minor issues among residents. Most respondents reported tension or friction among residents due to minor things or communal living issues. Respondents mentioned staff, volunteers, and board members as the strongest part of the program, as well as the services. The weakest part of the program was inconsistency and enforcement of policies and procedures by staff.

Findings: Field observations

Grace House administrative data indicated the program served 27 residents during the field observation period (from February 1, 2012, to May 31, 2012). This number includes women who arrived prior to and during the observation period. The average length of stay for residents during the study period was 280 days, with a range of 17 days to 582 days.

Sample characteristics

Residents' applications provided data on the 27 residents observed during the study period. The average age of residents was 44 years of age and residents ranged in age from 19 to 55 years. A majority were Black (81 percent). A majority of residents were single (n=23) and had between one and three children. Two women reported no prior criminal convictions and did not come from prison.

Upon entering Grace House, 18 women reported not having a high school diploma, 11 women said they had never held prior employment, and 18 women reported receiving food stamps.

Twelve women reported past physical or sexual abuse, 12 reported at least one medical condition including high blood pressure, hepatitis C, tuberculosis and asthma. Eight women reported at least one mental health condition, including, but not limited to, depression, anxiety, and a stress disorder. Ten women said they did not have a medical nor mental health condition. According to application data, all Grace House residents reported prior alcohol or substance abuse.

Table 18 displays resident characteristics.

Table 18
Resident characteristics

Age	n	Percent
18-24	1	3.7%
25-44	17	62.9%
45-55	9	33.3%
Race		
Black	22	81.4%
White	4	14.8%
Hispanic/Latino	1	3.7%
Marital status		
Single	23	85.2%
Married	1	3.7%
Separated	2	7.4%
Divorced	1	3.7%

Table 18 continued

Number of children	n	Percent
None	5	18.5%
1-3	16	59.2%
4-6	5	18.5%
7 +	1	3.7%
High school diploma		
Yes	9	33.3%
No	18	66.6%
Ever employed		
Yes	16	59.2%
No	11	40.7%
Medical condition		
Yes	12	44.4%
No	15	55.5%
Mental health condition		
Yes	9	33.3%
No	18	66.6%
TOTAL	27	100%

Applying to Grace House

Application data and interviews indicated most residents heard about the program from a social worker or criminal justice staff member, through word of mouth, or from previous residents. Most prospective residents applied for residence while incarcerated, soon after release from prison, or during an in-person interview. Former residents were able to re-apply at Grace House staff's discretion.

The Grace House Program Director screened prospective residents based on their residential status and commitment to recovery from drug and alcohol abuse. This decision was based on a range of questions regarding past services received, motivations, and future goals. No screening instrument was used when interviewing prospective residents. Interviews were conducted by telephone or in person.

Prospective residents received a three-and-a-half-page summary of house rules, program guidelines, and resident responsibilities along with the application. House Rules were as follows: "No narcotics or alcohol, no violence (physical or verbal), no weapons, no stealing, no sex, no gambling, no loaning of money, and no smoking in undesignated areas." The handout also indicated that failure to observe those rules would result in immediate dismissal from Grace House." Attendance in regularly scheduled groups and house meetings was mandatory. The document also informed prospective residents of a rule prohibiting outside employment during their first 60 days. Lastly, the handout outlined that residents who were assessed to have a substance abuse problem were required to attend three Narcotics Anonymous or Alcoholics Anonymous meetings per week.

During an hour-long orientation facilitated by program staff, the new residents were asked to sign a contract to confirm awareness of the house rules.

Grace House programming

Grace House structured residents' days with group therapy sessions, workshops, and enrichment opportunities. While the residential program is voluntary, most planned activities are mandatory for residents to comply with house rules. During the observation period, group sessions began at 8 a.m. and ended at 7 p.m., Monday through Friday (*Appendix B*). Residents attended Alcoholics Anonymous and Narcotics Anonymous meetings from 7:30 to 9 p.m. in the neighborhood.

Residents were expected to participate in all group sessions and activities unless full-time staff granted a special exception. Absences were excused for attending school, working a part-time job, or going to an approved medical appointment.

One resident recapped a typical day at Grace House filled with groups, school, and, when allowed, employment:

“On Monday, I woke up at 6:30 a.m. I leave out at 7:30 a.m. to go to school. Then I get out of school at 3:30 p.m. and then I come here back to Grace House and we have to be here from 5 to 5:30 p.m. to eat dinner. And then I have the church group from 6 to 7 p.m. and after that I go to an AA meeting from like 7:30 to 9 p.m. and then I come back and do my assignment around the house and clean up an area and go to sleep and do the same thing over the next day.”

One resident said the program helped her by providing resources.

“Grace House made it easier for me because it was like giving me opportunities and helping me get to different resources. [Staff] were pointing me to different resources and telling me how I could get help here and get help there for certain things, like my state ID, birth certificate, all those type of things. They had a job training program here. And I did the job-training program for like three months. I raised an organic farm. I did that for three months. And after I did that, that's when I ended up going to school and getting a high school diploma. I ended up just putting myself in college and that's where I am now.”

Housing services

Grace House program was designed to transition its residents into permanent housing. An aftercare director was charged with finding available apartments, submitting resident's names on Chicago's centralized waiting list, and helping residents apply for housing. The aftercare director ensured residents had proper identification and proof of income (when applicable), and offered guidance on improving individual credit scores.

Finding permanent housing is a challenging endeavor due to the limited affordable options for families and individuals with criminal backgrounds. Staff said the waiting time for acceptance into permanent and affordable housing was between nine and twelve months.

Psychology services

The Adler School of Professional Psychology offered an internship program at Grace House for graduate clinical psychology students. The students gained experience by providing counseling and group therapy services. Adler students were eligible for the internship only after having established a designated amount of training and class credits. Interns receive training hours or credits for their service. The site coordinator, a licensed staff psychologist, receives a stipend from St. Leonard's Ministries for overseeing the internship program. The site coordinator provides feedback on services rendered to the residents and reviews the interns' client reports and notes.

The researcher met the site coordinator only for an initial meeting to arrange observations. The site coordinator did not attend groups or have any observable contact with residents. The role of the site coordinator was to provide guidance on intern's weekly reports and to assist interns with any questions regarding individual or group therapy sessions. However, the site coordinator does not have direct observation of the intern's daily work. On one occasion during observations, an Adler intern said she felt unproductive during certain hours of the day when most residents were away either in treatment, at school, or at work.

Interns worked at Grace House for one calendar year, from September through August, for 16 hours per week. Interns, all of whom were women, had various roles. In addition to providing services, one Adler intern served as site supervisor to the three other interns and handled everyday service concerns. Interns conducted psychological evaluations of the residents, starting with an intern-led intake interview. All interns provided weekly individual psychological therapy to residents, and facilitated parenting and rational emotive group therapy sessions twice weekly.

Interns and full-time staff were scheduled to meet monthly to discuss residents' progress. However, one intern said the monthly meetings were not held regularly. After the researcher discussed the meeting schedule and the intern's experience with Grace House staff, the meetings were held more regularly—on the second Monday of each month.

Therapy sessions

Adler interns conduct individual weekly therapy sessions and facilitate group therapy sessions to assist in residents' recovery. Grace House residents said Adler services were helpful and that group therapy was particularly valuable. During the observation period, two Adler interns facilitated a parenting group and two interns facilitated rational emotive therapy sessions. During these sessions, residents and facilitators gathered around a table. Facilitators spoke calmly and clearly and made eye contact with residents when speaking.

A number of residents mentioned the interruption caused when interns left Grace House when their internships ended. Said one,

“It takes time for me to get really used to a person to open up. I’m not the type of person that as soon as I meet you, I’m gonna tell you my whole life story and tell you deep secrets or whatever. I’m not that type of person. It just takes me time to get used to Adler. But then another thing, by them switching up every so often, that doesn’t help. Because as soon as you get used to one person, here comes somebody else! So, yeah, you have to start all over again.”

Internships last a year, so it was possible for a client to just start building a rapport with their intern/therapist and that person would leave. An Adler intern confirmed the challenge of working with clients for short periods of time. *“Some clients don’t quite understand or they look at it as just another abandonment in their life..”*

Psychological evaluations of residents

Adler interns conduct intake interviews with residents within 30 days of the resident’s arrival. The structured interview is the first component of the resident’s psychological evaluation and lasts around two hours. The researcher observed an intake interview with the permission of the resident and intern.

Before starting the interview, the resident signed a consent form, which allowed Adler and Grace House to request medical and mental health records from John H. Stroger Hospital of Cook County. Residents also receive a Health Insurance Portability and Accountability Act form, which provided information about medical privacy and security regulations.

Interns informed the resident that they might bring up her overall progress during staff meetings, but assured the resident that the content of one-on-one therapy would be confidential. Interns asked the resident a series of questions in regard to her childhood, adolescence, and adulthood. Topics included work, family, substance abuse, and mental health.

The second part of the psychological evaluation includes a five to eight-hour psychological evaluation on each incoming resident. The evaluation incorporates a written exam that tests the resident’s cognitive skills, including reading, and an exam that tests emotions and personality.

The overall evaluation is summarized in a 10- to 12-page report with both broad and specific recommendations. Adler interns provide a suggested psychological diagnosis for the resident and make recommendations for individual treatment. The report is filed and kept to help in individual treatment planning. Interns sometimes refer residents to a doctor or psychiatrist for further evaluation based on their findings. Many residents have been previously diagnosed with a mental illness by a doctor or counselor, but many have been incorrectly diagnosed or the diagnosis had changed.

On subsequent incorrect prescriptions for medications, one intern said.

“We use all that data to make a well-informed diagnosis for these women. Which then, you know, it could be that they have been wrongly diagnosed, they’ve been on the wrong medication, they’ve been feeling like crap. As soon as we say hey it’s not diagnosed as X, [and] get these medications relooked at, that can make a huge difference. So, that’s a big factor in what we do and it’s a real benefit to these women that are getting these psych evals to make sure their diagnoses are correct.”

Adler interns review individual psychological exam results with residents and establish a proper diagnosis, treatment plan, and referrals to medical services and psychiatrists.

Groups held at Grace House

A typical group session had eight to ten residents and took place in a medium size room. With the exception of one day when residents completed an activity outside, residents sat around a rectangular table, comprised of smaller square tables. The wall décor displayed a framed poster of Rosa Parks and a number of outdoor scenes. A table stood at one end of the room covered by a pink tablecloth and decorated with a vase filled with colorful artificial flowers. At the room’s posterior was a wall of windows, which allowed natural light.

Groups facilitated by staff

Grace House staff facilitated a “Woman to Woman” group, a “Survivors Group,” and a relapse prevention group. The topic of one group was the “Survivor’s Creed.” Residents took turns reading the creed’s excerpts and commenced discussion.

The following excerpt was a brief exchange between a resident and the facilitator at the start of group discussion.

Resident: *“I want to use, I’m just going to keep it real, she said, “I’m using men, I’m hoeing around. I am stressed out.”*

Facilitator: *“You feel like that because that’s what you used to do to cope and that’s what your body is telling you to do and your mind. But nothing and no one can make you use. Only you can choose. Sometimes we use people for sex, things, dinner, or money. I know, but now that you’re clean, you don’t have to anymore. And your kids, they got you on a hook when you’ve messed up and you haven’t been there.”*

This exchange sparked a conversation around children and families. During this conversation, one woman shared her struggles as a parent:

“My son, he’s 16 and today his grandma called me and said, ‘You need to take your son.’ What am I supposed to do when I get him? What do I do with him? She said she can’t handle him anymore, but I don’t know what I’m going to do. She’s been raising him since he was a baby.”

The residents shared their thoughts on a range of topics, often centering on family, intimate relationships, and prior drug use. Beyond guiding group discussion, facilitators provided positive reinforcement and support.

Toward the end of a group session led by a staff member, the facilitator declared that the following week, residents would be creating their “visions.” She explained that in the prior week, residents had created their “nightmares.” She spread out the collages on the table and said, *“This is how your lives used to be.”* Magazine cutouts were glued on half of a manila folder and were arranged to convey a message. One collage read: *“You can’t hide the pain.”* Another contained a picture of a woman wearing a mask. Another had pictures of darkness and rainfall. One collage had a woman standing at the center of the page with garbage all around her. Through expressive art, emotional conversations, and hour-long discussions, residents appeared to support one another.

Parenting group

On Monday afternoons, Adler interns facilitated the parenting group for all residents for one hour. An Adler intern described the group as place where residents could work toward becoming better parents, while discussing their own upbringings. The group discussed relapse prevention, boundaries, childhood trauma, forgiveness, maternal shame, reframing techniques, and identifying negative thinking. Some residents were not parents but the group also focused on ways they could “parent themselves.”

Residents spoke of growing up with little parental guidance and large amounts of freedom. Said one:

“I was taken from my mom at age 13. The streets raised me. I don’t know nothing about boundaries.”

One resident discussed the lack of parental guidance growing up:

“[My parents] didn’t discipline me a lot. They should have been telling me what’s right and what’s wrong. That caused trouble in my behavior. I saw violence as a way of life and that got me in trouble.”

Residents shared they had lacked awareness about their own sexuality and health. Echoing prior Grace House case studies (O’ Brien, 2002), residents desired space to talk about their

bodies and about sexuality. The researcher observed women openly talk about these and other topics.

Some spoke of distancing themselves from a negative family environment. The following quote serves as one example:

“All of the letters I got [in prison] from my mom were negative. I had to prepare myself to open her letters. Like I would open them three days later. I knew I would feel bad. My family makes me feel bad. I removed myself from the equation.”

Residents also discussed their own children and what it means to be a good parent. Some residents said they had open relationships with their children, while others said they had been largely absent in raising their children and wished to learn how to parent. One resident said:

“I never learned how to be a parent. My son was basically raised by my family. And now he’s a teenager, but it’s not too late to learn the tools of how to be a parent to a teenager.”

Rational emotive therapy group

According to the National Association of Cognitive-Behavioral Therapists (n.d.) specific types of cognitive behavioral therapy (CBT) are rational emotive therapy, cognitive therapy, and dialectical behavioral therapy. CBT is a form of psychotherapy that focuses on altering thinking, and ultimately behavior, to be healthier and more productive. Studies have found that CBT is an effective intervention for criminal thinking (Landenberger & Lipsey, 2005). A previous meta-analysis on group CBT programs for offenders displayed a 20 to 30 percent lower recidivism rate than the comparison group (Wilson, Bouffard, Mackenzie, 2005). Meta-analyses have shown that while CBT as a whole is effective, the individual impact of RET is unknown (Dryden & David, 2008; David, 2014).

Adler interns facilitated weekly, hour-long rational emotive therapy for an hour. The interviewed intern explained rational emotive therapy as a process oriented session where women could reflect on topics related to their recovery. Rational emotive therapy is a widely used method of modifying personality, and includes a large variety of cognitive, emotive, and behavior therapy methods (Ellis, 1989). In therapy, residents were encouraged to share personal stories about childhood, relationships, and family as it pertained to their everyday lives.

Topics covered included self-coaching and coping skills, modeling, dealing with confrontations, anger, cooperation, collaboration, dealing with feelings of being judged, and “wearing masks.” The most common group discussions included troubles related to prior drug use, relationships, and managing emotions. Other topics covered during the sessions included self-esteem, spiritual development, relationships, stress management, forgiveness, relationships, medical diagnoses and medicine, emotions and feelings, body and sexuality, shame management, and goals and motivations.

Many residents talked about how relationships influenced their drug use. Some women said they would physically hurt themselves when relationships were not going well. Others expressed low self-esteem resulting from poor body image.

Residents also talked about how they masked their feelings and personalities to postpone confronting situations while living at Grace House. Examples of resident's comments regarding managing their feelings include:

"I feel like I'm being phony because I walk around with a smile on my face like all happy when I'm not really happy. I used to always be in this mode of not wanting to be bothered and shut myself out from people. Ever since I got here I feel like I have to be happy and smiling. But, I feel like it's fake because that's not how I feel inside. I have been really damaged by past relationships and it's always been about him. It's never been about me."

"You know, it seems like you can't be sad in this house. Because when you get sad, you get sent to talk to [a staff member]. They say you should express your feelings but then why can't I be sad and not have to go see [staff]?"

"At first, I felt I had to put that feminine side on and be like hey girl! I'm used to kicking in the street with the guys. But, now I realize that [residents] accept me for me and my thuggish ways. I don't have to put that mask on anymore."

In another session, residents talked about how the relapse of two fellow residents affected them. This particular discussion included triggers, feelings about seeing someone intoxicated, recollections of prior drug experiences, and participating in risky behaviors, such as prostitution. The interns helped the women process their experiences.

Groups: A place to ask questions

On one particular day, the facilitators began a group discussion on reframing techniques. The facilitators explained that reframing techniques could be used instead of negative self-talk and asked the group to go around and share some of the negative self-talk they used when presented with a tough situation. The residents offered their negative self-talk, including *I can't*, *It's too hard*, and *I'm gonna screw this up*.

A new resident shared a story about her experience the day before.

"I was told to go to the Michael Barlow Center. But I was told that I was not eligible for the sanitation program because I already have my sanitation license. Then I can't do the construction maintenance program because I'm 49 years old and I'm not going to hang drywall. Grace House told me I was moving too fast. But this is going to help me. Why should I have to wait 60 days?"

The women in the group offered this resident encouragement and reminded her that the staff tailored programs to individuals. One woman said: *"I used to think how am I going to get*

around knowing that I can't do that program, or work that job? What's me is for me and what's yours is yours. Don't compare yourself to other people or to what they let someone else do."

Resident resistance to therapy

Several residents said the discussion topics were repetitive. Residents expressed frustration with having to attend group day after day on several occasions.

During an interview, one resident said:

"If you're in school or working, there are some meetings that you don't have to go to. But, for me, as long as I've been here, these meetings are been repeated over and over again. I'm not really happy."

On several occasions, residents said they had already learned what they needed to know from group therapy sessions. Some saw the sessions as a tiresome process that often conflicted with homework and free time to talk to their children and families.

One of the rules of the house is to attend group unless the time conflicts with approved work or school. However, women were expected to attend group during midterm and final exams.

In one Adler intern-led session, facilitator asked how everyone was doing. She suggested they looked overwhelmed. Some of the women said they had a lot of homework to do. They said they had homework to finish ahead of the deadline later that day. Some put their hands on their face and rubbed their eyes. Others had a look of exhaustion. The group continued with minimal participation. The women resisted the intern's efforts to them to engage them in discussion. One resident said, *"I ain't got nothing to say. I ain't got to participate if I'm here. I'm listening, I have nothing to say."*

On another occasion, during an intern-led group session on boundaries, a number of women suggested that group should be cancelled due to low attendance. Five women out of six participants said they were in the midst of studying for midterm exams. The following is an excerpt from a short conversation that occurred during the session:

Facilitator: *"Group is voluntary."*
Resident: *"No it's not. You take away passes if we're not here."*
Facilitator: *"I wanted to go over rules."*
Resident: *"What? Am I breaking the rules now?"*
Facilitator: *"Well, you're being disrespectful."*
Resident: *"No, I'm not. I'm not cursing at you. I always participate. I can go one day without participating."*

Although these exchanges were atypical, they indicate the growing frustration of residents who had attended groups each day for over six months. A number of residents said they went to group even if they did not want to because they did not want to have their weekend passes taken away. They looked forward to seeing their friends and families and went to group regardless of their

hectic schedules. When residents were tired, they often put their heads down and looked around the room and at times looked at their cell phones until they were told to put them away.

An intern shared this on the women's varying participation levels:

"I would say 80 percent that attended therapy regularly and then there was 20 percent that don't think that they need it, don't want it, aren't going to engage, couldn't care less, and are completely resistant. So, you go through cycles. We also observed that the tone of the house shifted a lot and you might have three, four, five, six women that have very dynamic personalities, that are very resistant to change, and that's going to impact the rest of the clients who look at what's going on and their motivation level. So, we went through some of those shifts that impacted therapy."

Similarly, a volunteer group facilitator talked about how group participation requirements impact the dynamics of group sessions:

"[Group requirements are] something that we wish weren't the case. A lot of times [residents] are just tired. It should be something that they choose to do. We have had times when women have not participated the way we may have liked. It creates a difficult environment and it makes it very hard. The group itself creates a different personality when people are required to take part."

Both interns and volunteers said they were concerned with mandatory group sessions because the individual desire of clients to talk and participate is perceived as vital to their program offerings. In a review of literature on mandated therapy outcomes, Syder and Anderson (2009) found that "mandated therapy can in many cases be as successful as voluntary therapy, across diverse problem types" (p. 286). However, the researchers highlighted that clients who are mandated to attend treatment are more likely to show signs of resistance during treatment. According to their appraisal of the available research, Syder and Anderson (2009) point out that the majority of therapists have not been trained to work with mandated clients.

Group helpfulness

Interviewed residents shared opinions on the helpfulness of the groups. Several residents said they were able to help others during group sessions:

"If you say something, it can help someone else. I've had people say, 'Man what you said helped me out,' but they didn't say anything during group. I always feel that I can say something to help somebody if I share something about my experience."

"I feel like I have something to offer. I've done this before and I know how you can fall back, and if I can help them in any way, I will. So I try not to hold back because I know it may help them."

One resident affirmed her dedication to engaging in groups:

“I go to groups, and even though I’ve had the same group a thousand times, I go and I engage in that group. I have to continue to engage. Because somewhere down the line, life is going to get boring. What am I gonna do? Am I gonna go engage or am I going to quit?”

Residents expressed a great commitment to their rehabilitation, regardless of their hectic schedules.

Substance abuse treatment

Each new resident completes at least 60 days of intensive outpatient treatment at the Women’s Treatment Center upon entering Grace House. Women’s Treatment Center is an inpatient and outpatient substance abuse treatment facility in Chicago.

Apart from substance abuse treatment, residents worked, attended school, and participated in training programs.

During the observation period, intensive outpatient treatment began at 9:30 a.m. and ended at 12:30 p.m. on Mondays, Wednesdays, and Thursdays. On most days, facilitators dismissed women 15 minutes early. At the facility, residents attended larger group sessions comprised of other women in the community. In treatment, some group facilitators disclosed their own prior addiction to drugs. Facilitators were active in the groups, pacing back and forth and raising their voices. During groups, participants raised their hands eagerly and responded to facilitator questions.

Women in treatment discussed with one another their addictions to drugs and alcohol. They completed assignments outside of group and on several occasions volunteered to go in front of the room to share their completed assignments. One observed activity was a research project, where women researched their prior drug of choice. Participants presented to a local elementary school to teach children to say no to drugs.

Through tears and laughter, women discussed difficult topics and appeared to help one another with reassuring words.

Workshops and enrichment groups

Volunteers and staff offered a variety of programs and activities to the residents. The following were offered during the observation period:

- “Woman to Woman”
- Anger management
- “Emotions Anonymous”
- “Spirit, Mind and Body”
- Relationships group by SISTAH (Sisters in Sobriety Transformed, Anointed & Healed)

- Legal advocacy by CLAIM (Chicago Legal Advocacy for Incarcerated Mothers)
- “The Dance of Recovery”
- “Movement,” offered by Columbia College students
- Morning meditation
- Financial literacy
- Life skills
- Nutrition and women’s health
- Computer literacy, offered by Chicago Cares
- Expressive art
- Professional development, offered by The Links Incorporated

Some residents also participated in programs sponsored outside of Grace House including a 14-week Growing Home organic gardening internship, manufacturing training programs, an “Employment Project” program, spiritual meetings at nearby churches, job fairs, Alcoholics Anonymous. Residents also attended the Michael Barlow Center for school, job training, and culinary arts certification.

Grace House also hosted family reconnection meetings, where the residents’ family members are invited to spend an afternoon at the facility. During the meetings, families toured the residence and met the other residents. Family members got an opportunity to share their concerns about the residents’ challenges as they transition into the community.

Free time and weekend passes

In the evening and on the weekends, residents of Grace House have free time. During the week, residents are expected to be in the house by 5 p.m. Residents must provide contact information in their requests for weekend passes, or days away from the house. New residents were eligible for weekend passes on the fourth weekend of their stay. Staff reserve the right to withhold weekend passes if residents have repeatedly missed group sessions without permission, broken house rules, or failed to complete assigned chores.

Residents said down time and weekend passes enhanced their recovery and self-growth. One resident shared:

“When we have weekend passes, it’s like—it gives you a chance to go out there and trust your own self. You can go out there on a weekly basis and say I didn’t use, I’m clean.”

Recreational and social activities

Extracurricular activities were designed to complement services and programs. Some of these activities included picnics, bowling trips, cultural concerts, group outings, and fundraisers. They included:

Spring and summer activities

- Annual Mother's Day breakfast
- Klezmer dancing at the Chicago Summer Dance at Grant Park
- Walkathons (Department of Public Health's Recovery Walk, Chicago Food Depository's Prevent Hunger Walk)
- Spiritual retreats
- Annual alumni picnic
- Annual back-to-school picnic- through donor support, 48 children of residents and alumnus received school supplies

Autumn and winter activities

- "Extreme makeover" three-day event; interpersonal makeovers, hair and make-up, and clothes and jewelry styling
- Architectural lake boat tour
- SISTAH's 1st Annual "Celebrating Recovery Gala," where residents' art collages were displayed
- Annual holiday tree trimming

Awards and recognitions

Resident recognitions include an "Outstanding Resident Award," presented to residents who exemplify outstanding effort and engagement. A "Rising Star Award" recognizes former residents who have made substantial progress in their lives. And the "Mary Dolan Award" is granted annually to a former resident who has made great strides in her life and who has mentored or volunteered over an extended period of time. Staff also celebrates resident's achievements by posting their pictures and recent accomplishments on an "Amazing Grace Board" in the living room area.

Interactions among residents, staff, and guests

During everyday interaction, residents easily confided in staff and other residents. Residents expressed a readiness for personal change. Residents repeatedly shared their need for help with substance abuse, prior trauma, relationships, and family. They often shared personal stories about their everyday lives during group sessions and asked staff and other residents for advice. Residents discussed a range of topics including health issues, stigma of a criminal record, ways to get closer to their children, and relationship advice. Some women shared their cell phones with one another to help fellow residents connect with their families. Staff appeared responsive to residents and met privately with residents in distress.

The researcher observed a constant personal struggle to remain positive. Even the most involved and cooperative residents shifted their moods on some occasions. This shift seemed indicative of external stressors, compounded by the frustration of having little control over numerous aspects of their daily lives including their children, families, availability of permanent housing and

employment, and the freedom to live a “normal” life. Several residents said they wished they did not have to report to anyone or seek permission to complete small errands. Residents looked forward to the freedom to make their own decisions.

Interactions among residents

Grace House residents appeared comfortable sharing their daily troubles with each other. Some residents were concerned by the stigma of being formally incarcerated and having a criminal background and connected with other residents because of that parallel.

On one occasion, a resident entered the living room area and said she had just received a message from a bill collector who claimed she owed a large sum of money for medical treatment provided years earlier. Residents helped her recall a visit to the emergency room where she was treated for an injury she vaguely remembered. After realizing the call was not erroneous, the resident said she remembered wanting to be transported to the county hospital where she would receive treatment at a low cost, but the ambulance took her to the nearest trauma center. The resident thanked the other women for helping her recall the events and left the room to contact the bill collector and acknowledge her debt.

Previous research on formerly incarcerated women suggests that maintaining healthy relationships and positive networks are linked to surviving in “the free world” (O’Brien, 2001). Social support from immediate or extended family may help avoid harmful behavior (Maidment, 2006). Residents said staff assigned them a “big sister” when they arrived who was able to answer general questions. They spoke of sponsors in the larger community, usually former residents, who also helped them throughout recovery. These relationships are helpful to women in transition to independent living and serve as guides to maintaining sober and law-abiding lives.

Residents reportedly checked in with one another and supported each other during their path to independent living. In an interview, one resident spoke about how she guided new residents:

“I always make sure I bond with the new ladies in the house. That’s real important, seeing if they need something. Trying to give them the ropes of what’s going on and then being that example. You know, because it’s not easy. You think when you come from where you’ve been, you have these expectations. Guess what? You’ve got rules and only you can decide, and I know from my experience, food, shelter, and clothes are the essentials that I need and if that’s done, I need to be grateful. I try to help them with whatever’s going on. Whatever is going on, it ain’t that bad because if I can learn how to function in this house, while I’m challenging my beliefs, I will learn how to live on the outside. People always say clean your own house now. Right now this is my house.”

Residents showed pride in their living environments and held each other accountable for household responsibilities. Common areas, including the living room, kitchen, library, and guest bathrooms were kept neat. On more than one occasion, residents were asked to clean up after themselves to maintain order in the house. During weekly scheduled house meetings, a number of residents raised concerns about timely completion of chores. Three residents suggested an

improved system for supervising the chores and were particularly concerned with the timely cleaning of the bathrooms.

The researcher observed several instances of tension among residents. Minor conflicts were contained to mumbling and whispering among residents. At times conflicts would surface during group sessions with disagreements about noise levels, sharing, or gossiping.

Interactions between staff and residents

Staff and residents maintained cooperative relationships. The researcher observed staff asking residents for help and residents agreeing without hesitation. In an effort to keep the front desk staffed, resident were asked at times to sit and buzz people in, answer phones, and greet people if necessary. Other times, home improvement projects were a group effort where residents and staff got their hands dirty and shared laughs during the process. Observed activities included gardening and group planning to repaint the walls.

A number of residents indicated their appreciation of staff. Residents said they found overarching support from staff and interns in helping them find resources in the community. Said one resident:

“The staff, they give you like the tools and show you the way. Like this is how it is you should be doing or you know they ask you your opinion on like what you think. Then they tell you their opinion. Of course, by me not knowing, I’m gonna go with their opinion because they know. I didn’t know how to go on the computer and sign up for school. I didn’t know what to go under. They give you like the resources to go under. As far as like the job. Like the programs that help ex-felons, they gave me like brochures on that. So, it was up to me to sign up if that’s what I wanted to do.”

Another resident said staff treated her as a unique person. She said, *“Grace House staff observes you and they notice how you deal with restrictions. They treat you as an individual.”*

Another resident empathized with staff:

“Staff evaluates themselves too you know. For instance, I won’t say her name, but when she relapsed, they probably thought, what did I do wrong? You know? They probably wonder where did we go wrong? What could we have done differently? Here, you’re gonna be treated like a human. They may be professionals but they’re also human.”

Residents reported an admiration of staff for their continued dedication and guidance. The majority of residents indicated they were able to connect with staff and with other residents during their transition to independent living.

Interactions between residents and guests

Residents openly shared accounts of “sisterhood” or close bonds with residents and former residents. On a few occasions while the researcher was present, former residents stopped by to

say hello. During these instances, the researcher observed staff and residents greet one another with open arms, ask questions, and share recent accomplishments.

Grace House residents were courteous to guests. On one occasion, a woman was completing a Grace House application. One of the residents offered her advice on her application, suggesting she give thoughtful responses pertinent to her life. Exchanges like these appeared helpful to residents because they were able to ask one another for advice and many were willing to assist someone else without expecting anything in return.

Recommendations from residents, interns, and volunteers

Residents

The most frequent resident recommendation was on outlining and enforcing house guidelines. Residents described confusion when staff decided to expel someone from the program after a drug relapse. One resident recommended more equality in the enforcement of rules:

“I think that what’s for one person should be for the next person. And a lot of times it’s not. You know. I just think that everything needs to apply [the same rules] for everybody. I understand being lenient in certain things. When you apply rules, it should be for everybody. If you let one person use [alcohol or drugs] three times before they get kicked out. The next person that uses once, shouldn’t get put out.”

Although formal rules depict a no-tolerance policy for relapse, staff said they made decisions on a case-by-case basis. Another resident suggested more communication with staff regarding what steps she could take help in finding housing and to work individually with residence to help determine the best future housing options for them.

Little can be done to expedite the process once a resident is placed on the waiting lists for affordable housing. Affordable housing is limited for women with criminal histories, and housing options may be limited to locations with a high prevalence of drug use and criminal activity.

One resident suggested etiquette classes might be an appropriate addition to resident programming:

“We could use lady classes, etiquette classes, so some women can learn how to—I’m surprised how some women don’t know how to maintain their cleanliness you know, because they weren’t taught things like that. And they have bad self-esteem about their appearance. And just like to know how to go out and eat dinner anywhere in society. To know where the fork is placed, the spoon, the knife—just etiquette classes or stuff like that. I think to me, that’s probably the only thing that’s missing.”

One intern suggested a better method for enforcing house rules.

“Grace House does have a manual with 10 to 12 rules that often times get broken. So I think that if they just focused on those rules and really abided by them, I think that the tone could shift a little bit more; and boundaries could be more firm. Women are signing a contract saying they’re going to attend therapy and group and certain requirements of the home and when they stop, it becomes, ‘let’s chase them down to come to therapy or let’s chase them down to come to group’ when really, you can pull out that contract and say this is what you signed up for and this is what we want provide for you.”

The intern suggested making admission decisions as a team based on discussion and a vote. The intern believed, *“it would take the pressure off that one particular person that’s making those [intake] decisions.”* The same intern suggested a 30-day probationary period. After 30 days, the team would review how the resident was doing and make changes accordingly.

Two volunteer group facilitators who worked with residents several times a month were interviewed. One volunteer emphasized the need for greater resident autonomy:

“There is not much where [residents] can decide what they can and can’t do. [Residents] should start to think about what they [want to] take part in, to take back that confidence. I would think that coming out [of prison] with that star that says you’re a felon. They have to see themselves as people again. How do we help them shed some of those hard labels?”

Another volunteer group facilitator suggested an increase in privacy among residents.

“Staff gave me a tour and [we] walked into women’s rooms and private areas without a thought process or giving women a warning that we were coming-- without a real thought of their privacy. I think there needs to be more on privacy. In prison, [residents] had no autonomy. I’d like to see some type of transition between no autonomy and all autonomy...One of the women came out of the shower and she was still in a towel and it felt really uncomfortable for her and for me. [We should] respect her private space. This is her room and her home. An announcement, ‘We’d like to show the room.’ Some kind of warning we were coming. That’s what they experienced in prison. I don’t want them to experience that if they don’t have to.”

Positive comments from residents

When the researcher asked residents to discuss Grace House programming they were overwhelmingly positive. Many residents discussed their rehabilitation as primarily accomplished through their will to succeed in society. Residents often attributed their sobriety, increased level of education, and overall well-being to the services and support they received while residing in the Grace House residential program.

“This is a great, wonderful place for anyone to transition to because if you want to do the right thing and change your life, you can come here and it will happen. I know it’s a process and it’s going to take time. I know we have done things in our past and there’s going to be a whole lot of people that are going to shut the doors on us. But, if we’re determined and want to do better in our lives and push forward, you going to have to look at it and say well when one door closed, another one opens for you.”

“Basically, Grace House is a wonderful place. This is a wonderful place and I just thank God that they approved me to come here, that they accepted me here. I know that’s one mistake that I didn’t make by coming here. Like, of all the mistakes I’ve made in my life, this is one mistake I did not make.”

A safe second chance

Residents described Grace House as a safe haven, guarding them from chaos on the streets. Grace House was a place where they felt a neutralization of the constant pressure to use drugs or engage in unsafe behavior. During group therapy, one resident said: *“If I [went] outside, I’d relapse.”*

Most residents said they found comfort in living with others who faced similar experiences. One resident said she felt closer to her floor mates than her own sisters— a sentiment that was common among residents. The women also connected with former residents through a mentoring program. The mentoring program was an informal way for current residents to gain support from Grace House alumnae.

Residents received medical services during visits from the Heartland Alliance, a healthcare program that provided routine physicals, diagnostic testing, and treatment of chronic illnesses. Some residents also visited doctors and psychologists at John H. Stroger Hospital of Cook County.

Many residents said Grace House offered them a safe, physical, and emotional living environment where they could focus on healing and recovery, and stabilize their lives to be successful in the community.

Multiple women said they were grateful for having a place to stay, where they could work on getting their lives back on track. They said they trusted staff to guide them through their transition to independent living. On various occasions residents described staff as treating them as individuals, something they said was rare in prison

Summary of field observations

Residents overwhelmingly depicted Grace House as a welcoming, home-like setting, where women can find support from staff, Adler interns, volunteers, and former residents. Most residents attend the same modality of substance abuse treatment—Intensive Outpatient—at Women’s Treatment Center

While Adler School of Professional Psychology interns appear to be an asset to the program, there is a lot of turnover each academic year, which can disrupt the psychological individual and group therapy process.

Some residents and staff noted problems with required group therapy including low levels of engagement and participation. Residents and staff recommended an improved system of outlining and enforcing house guidelines, greater autonomy, and privacy among residents.

Some communication issues were observed. Researchers did not observe the Adler site coordinator's presence at Grace House. In addition, Adler interns and staff were not holding regular meetings. Staff and residents recommended an improved system of outlining and enforcing house guidelines.

Implications for policy and practice

Grace House achieved its long-term goal of improving outcomes for residents, including reduced recidivism and obtaining employment. The reincarceration rate for the sample was 20 percent. The program helped residents overcome addictions and gain education, life skills, employment, and permanent housing. Grace House incorporates the evidence-based practice of rational emotive therapy.

During the evaluation, researchers uncovered some areas for improvement and expansion of the program. The following suggestions are based on the research findings and supported by literature and research.

Improve resident selection process

St. Leonard's Ministries should take steps to increase program accessibility. By creating or enhancing a working relationship with the IDOC Field Services Division, St. Leonard's Ministries would be in a better position to connect with individuals in need of reentry services.

Program applicants were not properly screened with an instrument to assess risk, need, and readiness for change. Applicants, rather, were selected based on interviews with a range of questions on homeless status, abstinence from drugs and alcohol, and commitment to recovery.

Because of the program's limited capacity, selecting appropriate clients is paramount to appropriate use of the program's limited resources. A comprehensive assessment process can measure an applicant's readiness for change within seven areas, including basic needs, substance abuse treatment, health care, familial relationships, increasing physical safety, resolving trauma and understanding mental and emotional needs (O'Brien & Young, 2006).

Measure risk, needs, and assets

Grace House administrators did not measure client risk, needs, and assets. Assessing risk is important to decreasing re-offending because risk principle suggests levels of service should associate with the offender's risk of recidivism (Andrews & Bonta, 1998; Sperber, Latessa, & Makarios, 2013; Lowenkamp & Latessa, 2004). Clients' needs must be determined prior to residency to ensure their treatments focus on major risk factors that can lead to re-offending. Modified treatments for each client are important in reducing recidivism, especially for those considered to be at high risk for recidivism.

The Level of Service Inventory–Revised™ (LSI-R) is an actuarial risk determination tool used by probation departments to regulate levels of supervision for probationers. The LSI-R scores probationers on a list of criminogenic risks and needs, allowing probation staff to focus on precise areas for treatment. The tool shows four levels of risk: containment, high, moderate, and low risk. This tool would enhance the program's effectiveness for each client.

The tool can also be used to help determine length of treatment dosage. According to Makarios, Sperber, and Latessa (2014), moderate to high-risk offenders experienced a decrease in

recidivism for every supplementary increase in treatment dosage, which indicates moderate to high risk clients benefited from a more intensive treatment (more than 250 hours of treatment). Sperber, Latessa, and Makarios (2013) suggest that high need and high risk individuals need at least 300 hours of treatment to effectively decrease recidivism. Low-moderate and moderate risk clients benefited from between 100 and 200 hours, demonstrating that lower risk individuals benefit from a less intensive treatment program (Makarios, Sperber, & Latessa, 2014). Treating or over-treating lower risk offenders, however, may be harmful because the characteristics that make those offenders low risk for recidivism are disturbed by the interference of treatment (Lowenkamp & Latessa, 2004).

Better maximization of resident assets also is needed to improve the Grace House program. Characteristics that positively impact recidivism include family support, previous employment, and education (Muhlhausen, 2010). Focusing on the strengths of the residents allows both the resident and the treatment provider to concentrate on the client's abilities rather than their deficiencies (Saleeby, 1996).

Measure readiness for change

Prior research suggests using a "stages of change" measure in determining an individual's readiness. Examples of these instruments include the University of Rhode Island Change Assessment (URICA), a general test of therapy and rehabilitation readiness, and the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES-8D), a drug and alcohol use measure (McConaughy, Prochaska & Velicer, 1983; Miller & Tonigan, 1996).

Make group decisions on admissions

A council of Grace House advisory members, staff, interns, and former clients could strengthen the interview and admissions process. A 30-day trial period of conditional resident acceptance may help identify the most suitable applicants. The council would be responsible for reviewing the client's progress and participation and making appropriate adjustments to her programming or transition plan. In some cases, simple adjustments to programming may prove effective.

Enhance programming

Individualize services

The Vera Institute of Justice recommends avoiding a one-size-fits-all approach and "individualizing reentry service plans for maximum impact" (Sandwick, Tamis, Parsons, & Arauz-Cuadra, 2013, p.21). An individual's, risk, needs, and assets should guide programming. Residents are engaged in programs that address issues they view as personal priorities, such as employment, housing, and family unification (Sandwick, Tamis, Parsons, & Arauz-Cuadra, 2013).

For a more effective treatment, residents with specific identified needs should receive the appropriate treatment groups and services. Staff with expertise in a particular field should be paired with clients with those specific needs.

Address treatment dosage and modality

The assessed recidivism risk should influence the amount of treatment—low, moderate, or high levels. Low level dosage is considered 0 to 99 hours of treatment, moderate dosage is 100 to 199 hours of treatment, and high dosage is 200 or more hours of treatment (Sperber et al., 2013). The results of Sperber et al.'s (2013) study revealed that when dosage increased from the low to moderate level, client recidivism for decreased by 13 percent. Recidivism declined by 9 percent as levels increased from low to high. This study also discovered a recidivism decrease by 24 percent for high-risk clients that received high level dosages.

At Grace House, all residents were assigned to the same substance abuse treatment modality—intensive outpatient—regardless of their prior or current substance abuse, substance abuse diagnosis, treatment needs, assets, and risk of relapse. Substance abuse is a multifaceted condition and no single treatment is effective for everyone. Treatment should be tailored, matching services and interventions to the patient's unique condition (National Institute of Drug Abuse, 2013). In addition, treatments and services should to be altered during the course of the treatment to accommodate progression (National Institute of Drug Abuse, 2013).

Parenting group

All residents must attend a parenting group regardless of their parental status or roles, again falling into the trap of a one-size-fits-all approach. Some residents were not mothers. In addition, parents of younger children may have different needs than those of adult children.

Children of younger parents are more at risk of abuse and neglect, poor cognitive and behavioral skills, and placement in foster care than children of older parents (Center for Law and Social Policy, 2007) and parenting programs often prove more effective for younger parents (Kellermann, Fuqua-Witley, Rivara, & Mercy, 1998).

While training in parenting skills is valuable, it is most effective when paired with counseling, discharge planning, case management, and connections to the child's other parent (Gaynes, 2005).

Connect length of stay and caseloads to risk levels

The women in sampled in this evaluation stayed at Grace House for an average of 7.6 months. How lengths of stay were determined by program administrators was uncertain. Length of stay in residential reentry programs should be determined by the level of risk of recidivism (Lowenkamp & Latessa, 2004). Shorter stays for lower risk residents might allow for more extensive and intensive programming for those at high risk. Treatment groups serving residents at their specific risk levels are more effective.

Risk level-specific caseloads also enhance programming. In addition, smaller caseloads of high risk clients allows for an increase in time and services dedicated to the population. Case managers could better reduce recidivism by investing more one-on-one time with their high-risk clients (Andrews, Bonta, & Hoge, 1990; Lerner, Arling, & Baird, 1986).

Target vocational training

At Grace House, residents could gain skills in a number of different fields. However, of the employed residents, the most common type of employment was temporary job agencies and food preparation and serving related occupations. Most of these jobs require little to no formal skill (Peck & Theodore, 2008). Most former prisoners are almost always barred from many service jobs that require direct contact with clients or money; the majority of the industrial and warehousing market comprises the few remaining job openings (Peck & Theodore, 2008). Informal jobs, day-labor, and temp jobs are very common (Peck & Theodore, 2008). The most established way to enter into manual labor jobs is to become a temporary employer through a temp agency (Peck and Theodore, 2001; Theodore, 2003). Most people reentering the community should apply to a temporary employment service to maintain a good work history (Peck & Theodore, 2008). Cleaning/ janitorial work, general laboring, and routine assembly work are the most commonly entered employment opportunities by individuals with criminal records in Chicago (Eimicke, & Cohen, 2002; Peck & Theodore, 2008).

Concentrating on skills applicable to the job market is imperative (Lawrence, Mears, Dubin, & Travis, 2002). Based on literature and employment outcomes, it would be beneficial to focus vocational training on transportation and material moving, food preparation and serving, and office and administrative support occupations (Illinois Department of Employment Security, 2012). For example, the Indiana Department of Corrections focuses tailors employment services to occupations identified by the Indiana Department of Workforce Development to be in high need of workers (Indiana Department of Corrections, 2000).

Facilitate reconnection with family

Grace House's family reconnection program is held every other month. Family connections made during weekends away from the program are unknown. Studies show that former prisoners with strong connections to their families and those who resumed parenting and spousal roles had greater post-prison success (Naser & LaVigne, 2006; Travis & Visher, 2005), and former prisoners who are engaged with their families are less likely to recidivate (Fontaine, Gilchrist-Scott, Denver, & Rossman, 2012; Naser & La Vigne, 2006). Because of the positive impact of family engagement in reducing recidivism, reentry programs should design their programs to facilitate that contact (Visher, LaVigne, & Travis, 2004). Contact with families is particularly critical early in the reentry process (Travis & Visher, 2005), so it would be best if this behavior were encouraged and facilitated by reentry programs.

Research indicates that the majority of female inmates have children, and most of those women plan to reside with at least one of their children subsequent to their release (Arditti & Few, 2006). However, separation from children is considered the most damaging aspect of women's incarceration and it has been found to increase women's feelings that they could not adequately mother their children (Arditti & Few, 2006). Prisoners can be optimistic about the ability to reconnect with their minor children post-release; however, studies suggest that the relationships/contact, without intervention, is not as easy to reestablish as prisoners hope (Visher, LaVigne, & Travis, 2004). Bearing that in mind, it is reasonable for reentry programs to attempt

to repair or improve the bond between these women and their families, particularly their children and their children's other caregivers.

Reentry programs would benefit, however, by screening out families members who would negatively influence participants, such as those who encourage drug use or commit crimes (Naser & La Vigne, 2006; Visher, LaVigne, & Travis, 2004). Reentering prisoners whose family members engage in criminal activity are more likely to recidivate (Visher, LaVigne, & Travis, 2004). In those cases, programs should attempt to build support networks to facilitate reentry for those participants (Naser & La Vigne, 2006).

Increase resident autonomy

Grace House observations and interviews highlighted the need for an increase in resident autonomy. Residents with lower risk of recidivism could benefit from more privileges (Lowenkamp & Latessa, 2004). Decreased supervision allows low-risk residents more time to nurture important ties with their families, gain or keep employment, and increase senses of independence allowing for a smoother transition. Urban Institute's best practices for reentry programs recommends a gradual transition from the institution structure of prison to an open schedule.

The Center for Supportive Housing (2009) proposes tenants should have the choice "to determine the specific services in which they wish to participate, or decline to participate in" (p. 26) and residents should also be "involved in the design, development, and implementation of their individualized service plans" (p. 26). Since Grace House is designed as a stepping stone for independent living, it may be helpful for residents to have increased freedom to make decisions concerning their treatment and daily schedules. One suggestion involves residents progressing through the program in stages with earned privileges and responsibilities. Earning levels of program completion may provide residents with more autonomy, self-confidence, and greater schedule flexibility.

Some residents showed signs of exhaustion and resistance during group therapy sessions, particularly when enrolled in school. The lack of active participation in program components can be disruptive to other residents' progress. Possible recommendations include offering excused absences or shortened group sessions during exams.

Moreover, resident privacy should be upheld unless there is a particular reason to suspect residents are harming themselves or others in their sleeping areas. Findings indicate tours of resident living spaces have been held without advanced notice or consent from residents. Grace House is home to 18 residents, most of whom experienced a lack of privacy and autonomy while incarcerated. Written policies and procedures regarding tenant privacy and confidentiality should be drafted, provided to staff and tenants, and consistently enforced.

Enhance case management skills, effectiveness

Training for staff and volunteers

Four staff members interviewed reported receiving no prior formal training for their jobs. Staff requested training in conflict resolution, motivational interviewing, case management, communication, grants, fundraising, and leadership. Training and skill enhancement are key for case managers and volunteers to be effective.

Case manager training in evidence-based practices supports:

- Modeling prosocial attitudes and behaviors, including healthy communication practices and problem-solving skills, in their interactions with offenders.
- Promoting skill acquisition and effective problem solving through structured exercises and repeated opportunities to practice the skills.
- Using reinforcers and incentives consistently and generously.
- Using disapproval and punishment wisely and selectively.
- Maintaining an authoritative, but not authoritarian, posture.
- Assuming the role of advocate and fair broker.

(Burke, Herman, Stoker, & Gigure, 2010).

Corporation for Supportive Housing (2009) recommends the ongoing training of staff members of supportive housing units. They suggest staff should receive training relevant to their roles and responsibilities including, but not limited to:

- House rules tenant rights.
- Confidentiality of tenant's information (including what can be shared with other staff).
- Grievance policies and procedures.
- Requirements for mandated reporting of resident's who may harm themselves or others.
- Other applicable local, state, federal laws, regulations and standards.
- Community-building and supporting tenants.
- Reasonable accommodations and reasonable modifications, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act.

Volunteer management practices are important for a successful program. Volunteers typically do not share a mutual knowledge or skill set, which makes training very pertinent (Zischka & Jones, 1988). Volunteer training has been shown to predict the amount of time volunteers dedicate to their service, it also linked with retention, and overall satisfaction (Hidalgo & Moreno, 2009; Jamison, 2003; Tang, Choi, & Morrow-Howell, 2010).

Some interviewed staff were former residents of Grace House. While there are benefits to hiring former residents, such as empowering them, gaining their unique insights, and providing role models to current residents, boundary issues may occur if and when disclosing former program participation (Reamer, 2013). Case managers should maintain clear and appropriate boundaries

in relationships with clients (Reamer, 2012) while engaging and motivating them (Burke, Herman, Stoker, & Gigure, 2010).

Use motivational interviewing techniques

Program effectiveness could be enhanced by staff use of motivational interviewing.. The Urban Institute's best practices for reentry emphasize motivating residents, envisioning new roles and self-concepts, and nurturing the commitment to change. Motivational interviewing is an evidenced-based practice as research has found the case management style is better at facilitating change among clients (National Institute of Corrections, n.d.). In fact, the U.S. Department of Justice recommends that its employees utilize motivational interviewing when working with released populations because it "can help increase offenders' motivation to make positive changes in their lives that will reduce their likelihood of reoffending" (Walters, et al., 2007, p. vii).

Motivational interviewing is a form of collaborative conversation for strengthening motivation and commitment to change. It pays particular attention to the language of change within an atmosphere of acceptance and compassion. The strategy embraces the core elements of collaboration, fostering a partnership between the resident and practitioner, evocation, bringing out the resident's internal motivation, as opposed to telling the resident why she should change, and autonomy, acknowledgement that the resident has the ability to determine how he/she will act.

Motivational interviewing strategies include:

- *Open-ended questions*: probe for more information; help understand client's priorities and values.
- *Reflective listening*: non-threatening, mirrors what clients say, communicates acceptance of clients as they are while supporting them in the process of change; avoids advising, moralizing, suggestions, directing, persuading.
- *Affirmation*: support the client, demonstrate respect and understanding, encourage more progress.
- *Summarize*: reflect back to client, show understanding, and clarify any misunderstanding.
- *Elicit self-motivational statements*: help the client make change statements.
- *Roll with resistance*: use reflective listening, understand and use empathy.

Change residents' criminal thinking

The program could be further enhanced by using the "Thinking for a Change" program (T4C), which helps clients take command of their own lives and thinking through cognitive behavioral training, social skills improvement, and problem-solving techniques (Bush, Glick, & Taymans, 2011). Analyses of the T4C program advocate that this program diminishes the incidence of recidivism for those who participated (Lowenkamp & Latessa, 2006). The National Institute of Corrections established the T4C curriculum, consisting of lesson plans, facilitator notes, video clips, and slides that are available free of charge. Most sessions include educational instruction, role-play illustrations of concepts, a review of previous lessons, and homework assignments in

which participants practice the skills learned in the group lesson. Group facilitators do not need a specific education level or certification to lead the curriculum, however, the institute does offer certification and training for interested T4C facilitators.

The curriculum includes 25 lessons, created to be presented to a select group of offenders by a pair of group facilitators in one to two hours. Lessons cover:

- Introduction.
- Active listening.
- Giving feedback.
- Knowing your feelings.
- Thinking controls our behavior.
- Pay attention to our thinking.
- Recognize risk.
- Use new thinking.
- Thinking check-in.
- Understanding the feelings of others.
- Making a complaint.
- Apologizing.
- Responding to anger.
- Negotiating.
- Introduction to problem solving.
- Stop and think.
- State a problem.
- Set a goal and gather information.
- Practice problem solving skills.
- Think of choices and consequences.
- Make a plan.
- Do and evaluate.
- Problem solving application.
- Next steps.

(National Institute of Justice, n.d.).

Improve communication

Communication among staff

Ongoing communication between interns and full-time staff regarding a resident's progress and participation during group therapy is important. Evaluation findings indicated monthly meetings between full-time staff and the interns were often cancelled. Extended time between meetings does not allow the staff and interns to address issues in a timely manner. One suggestion is to meet briefly every other week to discuss pressing concerns. Further, staff interviews and observations indicated the need for a full-time social worker with a designated role of tracking resident's progress.

In interviews, staff had differing opinions on program goals and criteria for successful completion. In addition, staff reported inconsistency and enforcement of policies and procedures by staff. Communication is also important so staff are unified and in agreement on what Grace House is trying to accomplish.

Communication with residents

Residents expressed uncertainty about house rules and program expectations. In addition, four of the 15 staff and stakeholders interviewed recommended improving the consistency of program policies and procedures. A Corporation for Supportive Housing (CSH) report (2009) suggests that

supportive housing tenants should have a clear understanding of their options, rights, and responsibilities according to their individualized services plans. Grace House provides an orientation session for each new resident. However, a staff handbook or video of the training should be used to ensure every resident receives the same information. All residents should receive a detailed and updated resident handbook to provide a description of program components, weekly required meetings with the intern, required house events, and any other pertinent house obligations. Although Grace House does have a handbook for residents, it has not been updated for a few years and some of the rules have been modified, including smoking restrictions and cell phone use. The handbook should specify detailed expectations, reasons for exceptions, and process for grievance if a resident feels they have been treated unfairly. A short quiz administered to new residents after the orientation would provide another opportunity for residents to review and ask questions about house rules.

Residents expressed confusion about staff-led disciplinary actions and uncertainty about the consequences of failing to adhere to house rules. Interview findings suggested the need for greater consistency in administering consequences for house rule violations. While the official house rules depict a zero-tolerance policy, interviews suggested staff discretion was used in administering consequences. Consistency in administering the rules and consequences is recommended. To avoid confusion, staff may choose to be transparent about their use of discretion. In addition, a council or group of designated staff (and residents) could review the violation of rules to determine next steps.

Collect data for quality improvement

Data on Grace House residents was limited. To improve the program and maintain fidelity, program administrators should continuously collect data on clients and applicants that were not selected for the program. This information could be used to compare populations reentering the community. The intermediate goals of the program also should be measured. Periodic or pre- and post-assessments can measure reductions in resident recidivism risk level, increased readiness for change, and reduced criminal thinking.

Long-term success can be monitored by continuing to follow-up with clients who have left the program. To continuously assess client's outcomes, a set of specific characteristics should be tracked relating to the goal of the program, including number of times recidivated, recidivism risk, employment, and sobriety (Lampkin, & Hatry, 2003). During the program, clients can be notified of the need for follow-up information. To gain participation, the program can offer incentives and ask for up-to-date contact information from former residents (Nayyar-Stone & Hatry, 2003). Continuing communication with former residents encourages them to avoid previously problem-some behaviors and reinforces positive learned behaviors (Nayyar-Stone & Hatry, 2003). Maintaining contact with clients is exceedingly important for continuous participation. Collecting outcome data allows for potential analysis and improvement of the program, including benchmark data.

In addition, the evaluation uncovered little evidence of quality assurance, assessment, or improvement. According to Domurad and Carey (2010) an effective reentry program must

ensure continuous quality improvement or assurance in the areas of assessment, case planning, cognitive-behavioral techniques, and motivational interviewing.

Although limited funding concerns are acknowledged, an in-house researcher could manage and analyze the data necessary for program and performance management and quality improvement (Derrick-Mills, 2014; Sanger, 2008). An on-site researcher would continuously collect and analyze data about the program and constantly provide feedback to improve the program. Data would be available for applications for grant and other funding opportunities.

An Evidence Based Correctional Program Checklist can help the program evaluate its use of evidence-based practices (Latessa, Lovins, & Smith, 2010). Program management and progress are measured and staff are evaluated on training and skills they are required to perform, their supervision, and their outlook and care. The review process is reliant on the ability to preserve the treatment processes, client satisfaction, and continued recidivism-risk assessment.

Conclusion

St. Leonard's Ministries is a non-profit organization which opened in 1954 to house formerly incarcerated individuals. St. Leonard's Ministries employs 65 staff and the budget for its' two temporary housing programs is approximately \$1.2 million annually. Up to 18 women reside at Grace House and they stay an average of 12 months. Prospective residents typically apply for acceptance into the programs while still incarcerated in one of Illinois' prisons.

The research sample included 25 residents of Grace House. The sample's rearrest rate was 36 percent compared to 56 percent for women within three years of leaving Illinois prisons. The sample's reconviction rate was 24 percent compared to 33 percent for all women prisoners in Illinois. The reincarceration rate for the sample was 20 percent compared to 36 percent for women prisoners in Illinois. Therefore, the sample of Grace House residents had lower recidivism rates than state rates.

Slightly more than half of the Grace House sample were employed in 2013 and 2014, most were employed with temporary agencies.

Researchers suggested the following six areas for program enhancement based on the evaluation findings and supported by other research.

- Improve resident selection process
- Enhance programming
- Increase resident autonomy
- Enhance case management skills, effectiveness
Improve communication among administration, staff, interns, and volunteers.
- Collect data for performance management and quality improvement.

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Appendix A

Field observation announcement

TO RESIDENTS and STAFF OF GRACE HOUSE

RESEARCH STUDY INFORMATION

**Observations and interviews for a research study will
be conducted at Grace House**

Purpose of research:

The purpose of this study is to learn about the
programs offered at Grace House,
get to know guests/staff and gain insight on every-
day re-entry experiences of women

Your participation:

Participation is completely voluntary. There are no direct benefits to
participating, but your input may be helpful in raising awareness of
issues pertinent to reentry.

Please let me know if you do not wish to participate. Observations
and interviews are anonymous and confidential.

Questions? Contact Jennifer at jcossyleon@luc.edu or by mail
1032 W. Sheridan Rd. Chicago, IL 60660,
Sociology Department, Loyola University Chicago

Appendix B

Sample Grace House monthly calendar

	TUE	WED	THUR	FRI
	1 8:00-Morning meditation 10:00-Survivors group 1:30-Woman 2 Woman 6:00-Computers	2 8:00-Movement 9:30-12:30 WTC 1:30-L&L Skills	3 8:00-Morning meditation 9:30-12:30-WTC 1:30-RET 6:00-12 Set Meeting	4 8:00-Meditation & movement 9:30 House meeting 11:00- Relationship group 1:30-Emotion anonymous
7 8:00-Morning meditation 9:30-12:30-WTC 1:30-Parenting 6:00-SMB	8 8:00-Morning meditation 10:00-Survivors group 1:30-Woman 2 Woman 6:00-Guest facilitator	9 8:00-Movement 9:30-12:30-WTC 1:30-L&L Skills 3:30-CLAIM	10 8:00-Morning meditation 9:30-12:30-WTC 1:30-RET 6:00-12 Set meeting	11 8:00-Meditation & movement 9:30-House meeting 11:00- Relationship group 1:30-Emotion anonymous
14 8:00-Morning Meditation 9:30-12:30-WTC 1:30-Parenting 6:00-SMB	15 8:00-Morning meditation 10:00-Survivors Group 1:30-Woman 2 Woman 6:00-Computers	16 8:00-Movement 9:30-12:30-WTC 1:30-L&L skills 6:00 Crocheting	17 8:00-Morning meditation 9:30-12:30-WTC 1:30-RET 6:00-12 Set meeting	18 8:00- Meditation & movement 9:30 House Mtg. 11:00- Relationship group 1:30-Emotion anonymous
21 8:00-Morning meditation 9:30-12:30-WTC 1:30-Parenting 6:00-SMB	22 8:00- Morning meditation 10:00-Survivors group 1:30-Woman 2 Woman	23 8:00-Movement 9:30-12:30-WTC 1:30-L&L skills 3:30-CLAIM	24 8:00-Morning meditation 9:30-12:30-WTC 1:30-RET 6:00-12 Set meeting	25 8:00-Meditation & movement 9:30-House meeting 11:00- Relationship group 1:30-Emotion anonymous
28 8:00-Morning meditation 9:30-12:30-WTC 1:30-Parenting 6:00-SMB	29 8:00-Morning meditation 10:00-Survivors group 1:30-Woman 2 Woman 6:00-Computers	30 8:00-Movement 9:30-12:30-WTC 1:30- L&L skills 6:00 Crocheting	31 8:00-Morning meditation 9:30-12:30-WTC 1:30-RET 6:00-12:00 Set meeting	



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