Documenting Reentry from Prisons During COVID
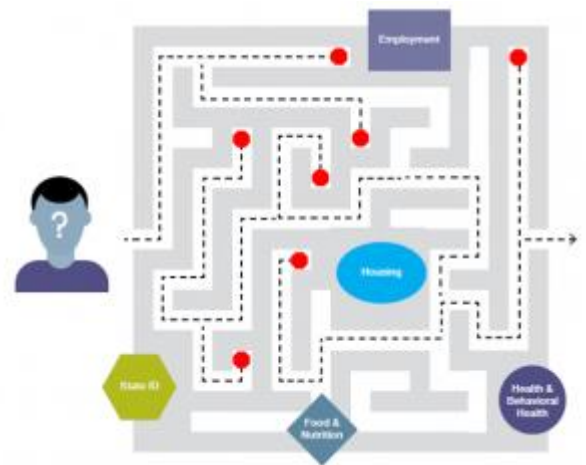
Due to COVID-19, the Illinois Department of Corrections released 9,365 individuals from March through August 2020 who were near the end of their sentences, or provided medical furloughs for those with vulnerable health. We thought it was important to document the unique challenges these returning residents faced upon reentry during these unprecedented times. In June of 2020, Barbara Otto worked with the Safer Foundation to interview a group of returning residents and document their experience *and* that of the community-level providers that serve them.

In March 2020 Safer Foundation had launched the Prison Emergency Early Release Response (PEERR) to address the needs of those returning to Chicago and Cook County. Safer recruited and formalized a network of community-based providers who specialize in providing social services that address social determinants of recidivism, such as: healthcare, behavioral health, housing, food and nutrition, and employment. We used storytelling and visualization tools to shed light on the challenges faced by those returning.

Already facing stigma for their conviction records, those returning had to contend with lack of state ID, lack of digital literacy, limited financial resources and unstable housing. Many had restrictions related to parole requirements and electronic monitoring. Many of the PEERR clients were on lockdown due to the quarantine *and* civil unrest that summer, which impaired their access to care packages, food, clothing, employment and health care services.

SPW and Safer conducted journey mapping with participants, combining storytelling and visualization to shed light on the challenges faced by those returning from incarceration – challenges that were exacerbated amid the pandemic and civil unrest.

Our insights drawn from this experience shed light on the need for a more pro-active response on the part of our public systems for both pre-release and post-release reentry services, automatic issuance of ID as part of leaving custody and infrastructure investments to fully automate Medicaid enrollment to ensure active coverage.

Read the full report