



# FIDELITY TO THE INTENSIVE SUPERVISION PROBATION WITH SERVICES MODEL

An examination of Adult Redeploy Illinois programs





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# Table of contents

|   |    |
|---|----|
| Key findings .....  | i  |
| Introduction .....  | 1  |
| About Adult Redeploy Illinois .....                             | 2  |
| Literature review .....   | 7  |
| Methodology .....   | 9  |
| Findings: Fidelity to ISP with services .....                   | 13 |
| Key Component #1: Established goals.....                        | 14 |
| Key Component #2: High-risk clients .....                       | 15 |
| Key Component #3: Selection criteria .....                      | 16 |
| Key Component #4: Evidence-based treatment dosage .....         | 18 |
| Key Component #5: Decreasing contact levels.....                | 19 |
| Key Component #6: Small caseloads.....                          | 20 |
| Key Component #7: Effective case management .....               | 21 |
| Key Component #8: Treatment and services .....                  | 25 |
| Key Component #9: Measurement and feedback .....                | 28 |
| Implications for policy and practice .....                      | 30 |
| Conclusion .....  | 32 |
| References .....  | 33 |
| Appendix A: Interview questions on program implementation ..... | 39 |

# Key findings

Prison populations in America are the highest per capita of any country in the world (International Centre for Prison Studies, 2014). Illinois houses about 49,000 prisoners daily, spending \$1.1 billion on corrections in 2014 (Illinois Department of Corrections, 2015; Illinois State Commission on Criminal Justice and Sentencing Reform, 2014). Growing public support for prison reform has brought attention to incarceration alternatives, including intensive supervision probation (ISP).<sup>1</sup>

ISP programs include increased surveillance, increased surveillance with treatment, and increased surveillance with evidence-based practices (Drake, 2011). The ISP programs examined for this study were a hybrid of the three, using increased surveillance with treatment services and evidence based practices. For the purposes of this report, these programs will be referred to as intensive supervision probation with services (ISP-S). ISP-S programs have better outcomes than deterrence-based, surveillance-only ISP (Aos, Miller, & Drake, 2006; Crime and Justice Institute at Community Resources for Justice, 2009; Paparozzi & Gendreau, 2005). Research has shown ISP-S programs reduce recidivism by 17 percent, saving approximately \$20,000 per offender (Drake, Aos, & Miller, 2009).

Illinois Criminal Justice Information Authority (Authority) researchers examined ISP-S programs operating in four counties supported by Adult Redeploy Illinois (ARI). ARI applies evidence-based, data-driven, and result-oriented strategies to curb prison overcrowding and enhance public safety. Since 2010, the Authority has administered grant funding for ARI and offered research, evaluation, and technical assistance to the program. In exchange for grant funding, jurisdictions agree to implement evidence-based prison-diversion programs, such as ISP, and reduce by 25 percent the number of non-violent offenders sentenced to prison from a target population.

Researchers examined ISP-S programs in DuPage, Macon, McLean, and St. Clair counties and used staff and stakeholder interviews, client interviews, and program data to evaluate fidelity to key components to evidence-based ISP-S. Researchers developed a list of nine key components of ISP-S drawing from Petersilia and Turner's ISP literature and the National Institute for Corrections (NIC) recommendations for evidence-based practices, shaped largely by Andrews and Bonta's Risk-Need-Responsivity model (Andrews & Bonta, 2010; NIC, 2004; Petersilia & Turner, 1993; Petersilia & Turner, 1991; Petersilia & Turner, 1990). Researchers used data collected during the 18-month, pilot phases of DuPage, Macon, McLean and St. Clair county programs, beginning in 2011.

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<sup>1</sup> Practitioners in Illinois often refer to intensive supervision probation (ISP) as intensive probation supervision (IPS). In this report, researchers used the term ISP to be consistent with the more widely accepted term consistent with the literature.

Key components include the following:

- Key Component #1: Goals are established for the program overall and for individual probationers (Lowenkamp, Flores, Holsinger, Makarios, & Latessa, 2010; Petersilia, 1990).
- Key Component #2: The program has a defined, higher-risk, target population (Andrews & Bonta, 2010; Bonta, 2002; Vose, Smith, & Cullen, 2013).
- Key Component #3: The ISP-S program has consistent selection criteria using a standard program acceptance procedure. Uniform selection of participants ensures that probation officer's skills and resources will be well-utilized and that conclusions drawn about services will be generalizable to the target population (Wolff, Huening, Shi, Schumann, Sullivan, & Epperson, 2014).
- Key Component #4: Length of treatment conforms to evidence based-practice recommendations on dosage for high-risk offenders (Bourgon & Armstrong, 2005; Crime and Justice Institute at Community Resources for Justice, 2009; NIC, 2004; Sperber, Latessa, & Makarios, 2013).
- Key Component #5: The program operates in phases which decrease officer-probationer contact gradually (Jalbert, Rhodes, Flygare & Kane, 2010; Petersilia & Turner, 1991).
- Key Component #6: The program has smaller caseloads than standard probation (Grant, Smith, Brown, & Goldstein, 2011; Jalbert et al., 2010; Paparozzi & Gendreau, 2005).
- Key Component #7: Enhanced surveillance and control mechanisms (electronic monitoring, curfew, community service, drug testing, and financial obligations) are balanced with rehabilitative services (employment, education, and treatment) (Landenberger & Lipsey, 2005; Clark, Walters, & Gingerich, 2006; MacKenzie, 2013; Petersilia & Turner, 1993; Robinson, Lowenkamp, Lowenkamp, & Lowenkamp, 2015; Taxman, 2002).
- Key Component #8: The program is able to link probationers with appropriate resources and providers, including substance abuse treatment, health care, support in finding employment and housing, and education assistance, if needed (Bahr, Masters, & Taylor, 2012; Graffam, Shinkfield, & Lavelle, 2014; Hall, 2015; Makarios, Steiner, & Travis, 2010; Wallace & Papachristos, 2014).
- Key Component #9: Programs keep thorough documentation of relevant data, performing regular reviews and providing feedback to providers on what has been shown to effectively reduce recidivism (NIC, 2004).

Overall, the four ISP-S programs maintained fidelity to some degree to most of the key components of ISP-S. Each conducted a program with clear and relevant goals for probationers, used consistent selection criteria, conformed to evidence-based dosage recommendations, and participated in measurement that allowed feedback. Three of four counties also met robust standards for treatment and service provision.

However, DuPage County slightly exceeded the requirement for small caseloads. Macon County did not have a majority of high-risk clients and they shared DuPage County’s oversized caseload issue.

The programs did best with meeting fidelity to evidence-based dosage (#4), decreasing probationer contact levels (#5), and treatment and services (#8). The programs did the worst with meeting fidelity to established goals (#1), small caseloads (#6), and measurement and feedback (#9). The table below depicts the counties and their fidelity to key components of ISP with services.

**Illinois ISP-S fidelity to key components by county**

| Key component  |   |   |   |   |  |   |   |   |   |
|--|---|---|---|---|--|---|---|---|---|
| County program   | 1 | 2 | 3 | 4 | 5  | 6 | 7 | 8 | 9 |
| DuPage   | ◐ | ● | ● | ● | ●  | ○ | ● | ● | ◐ |
| Macon  | ◐ | ○ | ● | ● | ●  | ○ | ● | ● | ◐ |
| McLean   | ◐ | ◐ | ◐ | ◐ | ●  | ● | ◐ | ● | ◐ |
| St. Clair  | ◐ | ● | ● | ● | ◐  | ● | ◐ | ◐ | ◐ |
| Key components:<br>1= Established goals<br>2= High-risk clients<br>3= Selection criteria<br>4= Evidence-based dosage<br>5= Decreasing probationer contact levels<br>6= Small caseloads<br>7= Effective case management<br>8= Treatment and services<br>9= Measurement and feedback |   |   |   |   | Symbol key:<br>○ = did not meet fidelity criteria/ insufficient evidence<br>◐ = partially met criteria/ some evidence<br>● = fully met criteria/ sufficient evidence |   |   |   |   |

## Implications for policy and practice

What follows are recommendations to enhance ISP-S programs based on the evaluation findings and supported by literature and research.



## **Target high-risk clients**

While all four ISP-S programs completed assessments to determine risk, two did not have a majority of their probation caseloads assessed to be at high-risk for recidivism. High-risk offenders have greater reductions in recidivism from larger numbers of treatment hours than low- and moderate-risk offenders (Bourgon & Armstrong, 2005; Markarios, Sperber, & Latessa, 2014; Sperber et al., 2013). Government resources for programs are limited and targeting those at greater risk for recidivism and need for services can make the biggest impact.

## **Offer comprehensive services**

All four programs presented evidence of providing health care and substance abuse treatment. However, one ISP-S program did not provide assistance with employment and housing and clients reported most of their service needs were not met. Research has found substance abuse treatment with health care, employment assistance, housing, and educational services reduces recidivism among high-risk offenders (Bahr et al., 2012; Graffam et al., 2014; Hall, 2015; Makarios et al., 2010; Wallace & Papachristos, 2014).

## **Employ small caseloads**

Successful ISP-S programs operate with caseloads of 20 to 25 offenders per officer (Grant et al., 2011), though the exact number likely depends on client recidivism-risk level and staff skills. Best practices recommend probation officers accurately measure risk and effectively respond to criminogenic needs, such as substance use, antisocial thinking, antisocial peers, dysfunctional family relationships, and unemployment (Wooditch, Tang, & Taxman, 2014).

## **Training on evidence-based practices**

Two of the four ISP-S programs emphasized training of probation officers on evidence-based case management techniques, which is considered a best practice (NIC, 2004). Research has found outcomes are improved when probation officers understand positive reinforcement, motivational interviewing, and social learning (NIC, 2004).

## **Strategic drug testing**

Drug testing should be conducted randomly and frequently, and failed tests should be addressed immediately (Grommon, Cox, Davidson, & Bynum, 2013). McLean County probation officers reported office visit drug tests were not helpful since clients would stay clean for the scheduled test. One community corrections study found that a group receiving drug testing that was random, frequent, with immediate feedback had 54 percent fewer positive drug tests after six months than those who had office visit drug tests (Grommon et al., 2013).

# Introduction

Probation, a sentence of correctional, community supervision, can effectively serve as an incarceration alternative without posing a public safety risk. In 2013, approximately 3.9 million Americans—60,179 in Illinois—were on probation (Herberman & Bonczar, 2014). Probation officers monitor probationer compliance with conditions, which may include substance abuse treatment, drug testing, counseling, court fines, and restitution. During periods of fiscal constraint, probation officers may carry high client caseloads hindering their ability to manage probationers (especially those who are high risk), jeopardizing public safety, and increasing costs when under-supervised offenders return to prison at a higher rate. Between 2008 and 2013, 16 percent of those on probation in the United States were reincarcerated for committing a new offense or violating their probation conditions (Herberman & Bonczar, 2014).

Research has shown that simply adjusting the caseloads for probation officers does not correspond with reducing recidivism (Gendreau, Goggin, & Fulton, 2000). Intensive supervision probation, however, featuring smaller caseloads and responsive monitoring combined with the use of evidence-based practices (EBPs) has been proven effective (Jalbert et al., 2010; Jalbert et al., 2011). EBPs are strategies shown to effectively accomplish goals such as lowered recidivism. The most efficient EBP for probation officers is using standardized assessments to identify risk levels and targeting interventions to address individual needs (Crime and Justice Institute at Community Resources for Justice, 2009). Jalbert et al. (2011) found that enhanced probation was able to reduce recidivism by 26 percent when successfully combined with reduced caseloads for officers with high-risk clients, hands-on monitoring, and greater scrutiny of treatment progress.

ISP was established in the 1980s to address non-violent offenders who are at high risk of reoffending but do not need prison time (Jalbert et al., 2010). The ISP model places more restrictions on offenders than traditional probation, but allows offenders to live in the community and maintain ties with their families, which is vital for long-term restoration (Orrick, Worrall, Morris, Piquero, Bales, & Wang, 2011; Petersilia & Turner, 1991). Surveillance-focused ISP requires offenders to be employed and regularly drug-tested, have frequent face-to-face contact with probation officers, and perform community service (Wiebush, Wagner, McNulty, Wang, & Le, 2005).

Treatment-focused ISP devotes more resources to addressing criminogenic needs than to enforcement of conditions. Research has found surveillance-only ISP does not reduce recidivism; however, treatment-focused ISP reduces recidivism by 10 percent, and evidenced-based and treatment-focused ISP using the Risk-Need-Responsivity model (RNR) reduced recidivism by 16 percent (Drake, 2011). RNR matches treatment intensity to risk level, addresses underlying criminogenic needs, and delivers treatment with consideration to the offender's personal strengths (Andrews, Bonta, & Hoge, 1990). RNR has been integrated into the National Institute of Corrections' Principles of Effective Intervention (NIC, 2004).

It is unknown how many ISP programs are in Illinois, but it is a common practice in many jurisdictions. Researchers examined four ISP programs required to employ EBPs and treatment.

# About Adult Redeploy Illinois

## Background

In Illinois, increases in arrests for certain types of offenses, the proportion of felons sent to prison, and statute changes enhancing penalties for crimes has led to high prison populations and prison overcrowding (Olson, Stemen, & Saltmarsh, 2012). In 2012, the Illinois Department of Corrections (IDOC) housed about 48,000 prisoners, 14,000 more than the facilities were designed to hold (Illinois Department of Corrections, 2012). In 2012, Illinois was ranked eighth-highest in prison population in the nation (Carson & Golinelli, 2013). According to IDOC's State Fiscal Year 2014 Annual Report, the total taxpayer cost of prisons in Illinois was \$1.08 billion, with an average annual cost of about \$22,191 per inmate. The largest group of Illinois prison admissions historically has been for drug-related offenses, most often possession of a controlled substance.

While incarceration plays a vital role in protecting public safety, research has shown that current rates of incarceration have not led to decreases in crime, and that prisons have been found to have a criminogenic effect on incarcerated individuals. Additionally, first-time imprisonment has been found to increase criminal activity more than community-based sanctions (Cullen, Jonson, & Nagin, 2006; Nieuwbeerta, Nagin, & Blokland, 2009; Spohn & Holleran, 2002). States have obtained little return on the financial costs of increasing sentence lengths for low-level offenders and incarcerating non-violent offenders (Pew Center on the States, 2012).

## ARI development

Adult Redeploy Illinois (ARI) was developed, in part, based on the model of a successful juvenile program started in 2005 called Redeploy Illinois (RI). RI was developed out of recognition that it is detrimental to send juveniles to state facilities for evaluation when these services can be provided in the community more effectively and at a lower cost to taxpayers. To shift the evaluation of juveniles to the community, RI provides funding to individual counties or judicial circuits to divert youth ages 13 to 18 from Illinois Department of Juvenile Justice (IDJJ) facilities through needs assessments and a continuum of care designed to address their needs. Any local jurisdiction funded through RI must divert 25 percent of their target population from IDJJ. RI has eight sites in 28 counties and boasts a 51 percent reduction in juvenile incarcerations in RI counties (Illinois Department of Human Services, 2013). In 2010, RI effectively diverted 184 juveniles away from incarceration, saving Illinois \$9 million dollars (Kethineni, 2012).

The Crime Reduction Act [Public Act 96-0761] of 2009 was passed to manage corrections costs, provide appropriate supportive services to offenders on the basis of their risks and needs, and reduce crime. Included in that Act was the creation of ARI. ARI awards funds to counties to divert adult non-violent offenders from state prisons by developing and implementing evidence-based programs in the community.

ARI is a performance-incentive funding program, in that a monetary inducement can be awarded by the ARI Oversight Board if a jurisdiction invests in evidence-based practices. Contractual obligations of ARI sites specify that they will divert a certain number of individuals who would have otherwise gone to IDOC from their program's target population. Their contractual obligation is tracked and measured by ARI staff and board. There is also a penalty if these goals are not met, as determined by the ARI Oversight Board.

ARI is governed by strict statutory eligibility criteria that clients must meet before being considered for enrollment. Potential clients must be eligible for probation and their current conviction may not have been for a violent offense as defined by the Rights of Crime Victims and Witnesses Act [725 ILCS 120/3(c)]. ARI sites may establish additional criteria through the establishment of targeted sub-populations of offenders, such as class 3 and 4 property offenders, drug court-eligible offenders, or offenders at a high risk of having probation revocation.

## **ARI goals and process**

Developed as a response to historically high numbers of non-violent offenders driving up prison populations, the overarching goal of ARI is to successfully divert eligible individuals from prison and into community corrections programs. As a part of their initial planning and funding process, counties or judicial circuits interested in implementing ARI may apply for a grant to conduct three to six months of planning. ARI emphasizes local control and design of the program, so the planning process requires each jurisdiction to examine their local criminal justice systems, including available diversion options and gaps in services. This analysis is used to determine the unique needs of that jurisdiction and models and services that would address the identified gaps.

## **ARI target population**

The planning process serves to identify the ARI-eligible target population for that jurisdiction. The target population is composed of individuals who meet overall ARI eligibility criteria (non-violent<sup>2</sup> and probation-eligible<sup>3</sup>) and other jurisdiction-specific criteria (e.g., drug court-eligible, Class 3 and Class 4 offenders) who would otherwise have been sentenced to IDOC.

ARI's focus on local control and design means that sites must identify a target population that meets ARI's criteria for eligibility while demonstrating a need to address service gaps and implementing a program that fills these gaps. For example, if a county sends a high number of probation violators to prison because it lacks an intermediate step between probation and IDOC, the site could identify probation violators as a target population and base its reduction count on those criteria.

Once the target population has been identified and quantified, participating jurisdictions must agree to reduce the number of individuals sent to IDOC from that population during the grant

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<sup>2</sup> The presenting conviction for a violent offense as defined in the Rights of Crime Victims and Witnesses Act (725 ILCS 120/3(c)) would make an individual ineligible. However, a prior violent crime conviction does not make an individual ineligible.

<sup>3</sup> The presenting conviction may not be an offense that requires a term of incarceration as defined in the Unified Code of Corrections (730 ILCS 5/5-5-3).

period by at least 25 percent or risk a penalty. Per the Crime Reduction Act, ARI sites must analyze the three most recent years of IDOC commitment data to determine the target population.

### **ARI Oversight Board and staff**

ARI is governed by a statutorily created Oversight Board responsible for creating a process to monitor and evaluate the overall program. The Board is co-chaired by the director of IDOC and the secretary of the Illinois Department of Human Services and is made up of representatives from Authority, the Prisoner Review Board, the Sentencing Policy Advisory Council, and members of other private and public organizations. The Oversight Board reviews reduction goals and the potential cost-savings to the state and provides final approval of a site's local plan, funding level, and reduction goal. In some cases, the Oversight Board may request a revised target population to ensure an appropriate level of cost-savings.

A full-time program director and a program manager formulate and execute ARI policies, staff meetings of the Oversight Board, coordinate the proposal and planning grant processes, monitor grantee performances, and report program progress to the Oversight Board. Two part-time technical assistance providers conduct outreach to existing and potential sites in the field.

### **ARI funding**

The state provided initial discretionary funding to ARI of up to \$2 million. Following that funding, a multi-year \$4 million grant from the American Recovery and Reinvestment Act of 2009 funded the pilot phase of ARI, administered by the Authority. The initial grant funded 10 programs in 10 counties. ARI's four ISP-S programs in DuPage, Macon, Madison, and St. Clair counties were examined in this study.

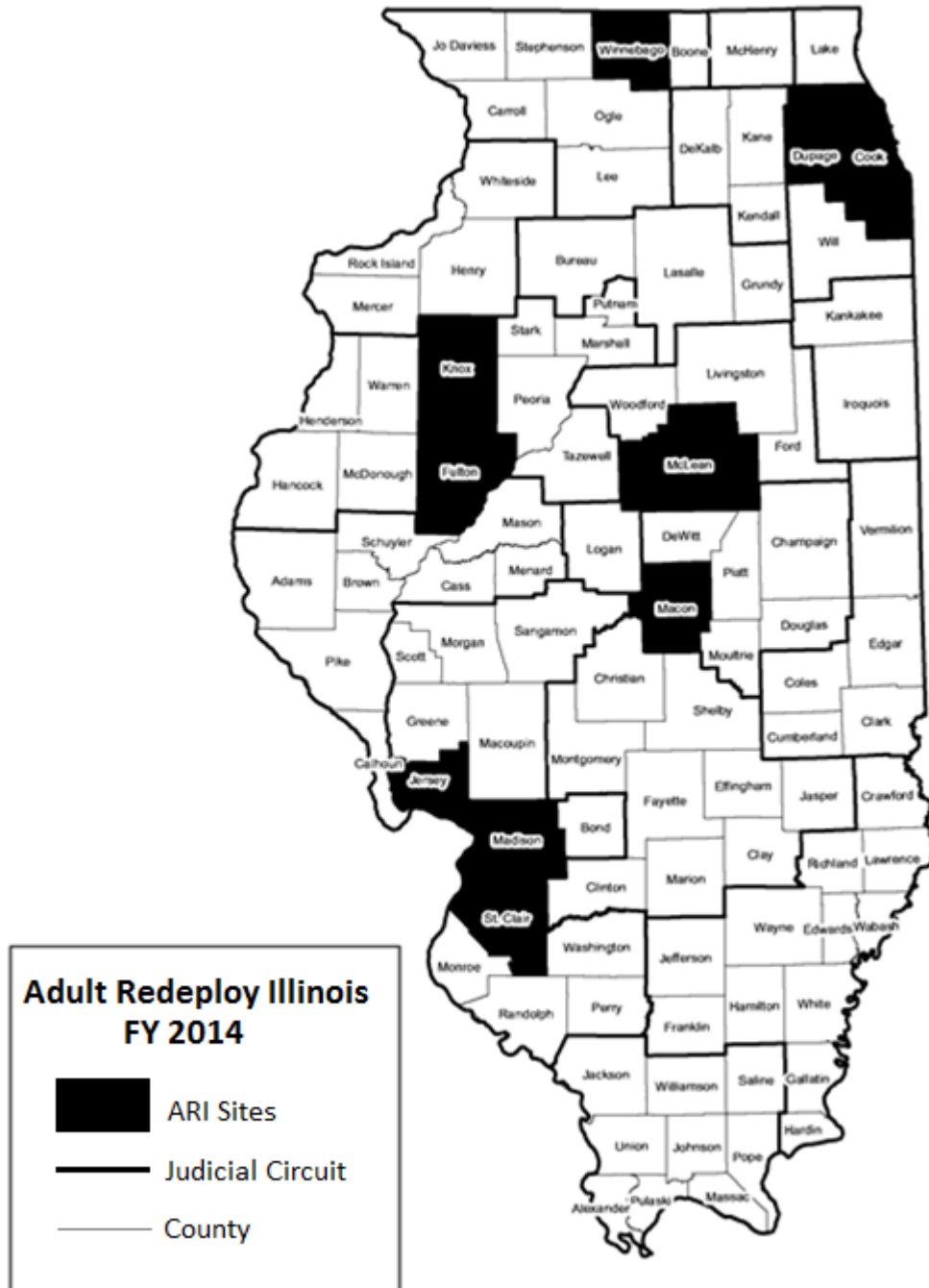
### **ARI pilot phase**

When the Crime Reduction Act became law, it provided a basic framework for ARI and left the development of policies and procedures to the ARI Oversight Board. During the course of 2010, the Authority, the Oversight Board, and other outside groups and individuals worked to create a program model and secure initial funding that would allow ARI to become a fully realized initiative. During this process, the planning groups determined that creating a pilot of the ARI program model and funding stream would allow ARI staff and the Oversight Board to more carefully develop and test the program and its goals. It would also gather feedback and identify necessary course corrections.

The main goal of the pilot phase was to closely monitor the planning and initial implementation of the pilot sites to identify important lessons learned and to provide technical assistance as the sites required. During the pilot phase, ARI program staff developed policies and procedures required by the Crime Reduction Act. A process for soliciting proposals from sites was developed by ARI, Authority staff, and the Oversight Board, a template for these proposals was created, and an initial process for calculating award amounts based on site characteristics was established. Four sites were approved for pilot funding.

By the end of 2011, ARI had grown from four pilot sites to 10, as Cook, Fulton, Knox, McLean, Madison, and Winnebago counties were approved by the Oversight Board for implementation (*Map 1*). They implemented three programs (drug courts, ISP-S, and a modified version of Hawaii Opportunity Probation with Enforcement - HOPE).

**Map 1  
Adult Redeploy ARI program models**



## ARI expansion

With state grant allocations of \$2 million in SFY13 and \$7 million in SFY14, ARI expanded to support 19 programs covering 34 counties. ARI funds programs in:

- 2<sup>nd</sup> Judicial Circuit (Crawford, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jefferson, Lawrence, Richland, Wabash, Wayne, White counties)
- 4<sup>th</sup> Judicial Circuit (Christian, Effingham counties)
- 9<sup>th</sup> Judicial Circuit (Fulton, Hancock, Henderson, Knox, McDonough, Warren counties)
- 20<sup>th</sup> Judicial Circuit (Monroe, Randolph, St. Clair counties)
- Boone County
- Cook County (two sites)
- DuPage County
- Grundy County
- Jersey County
- Kane County
- Kankakee County
- Lake County
- LaSalle County
- Macon County
- Madison County
- McLean County
- Peoria County
- Sangamon County
- Will County
- Winnebago County (two programs)

# Literature review

Prison populations in America are the highest per capita of any other country in the world incarcerating 707 individuals per 100,000 citizens, compared to 140 per 100,000 citizens in Europe (International Centre for Prison Studies, 2014). In 2014, Illinois spent \$1.3 billion on the corrections budget (Illinois State Commission on Criminal Justice and Sentencing Reform, 2014). Growing public support for prison reform has brought attention to incarceration alternatives, including intensive supervision probation (ISP), which presents an additional sentencing option between prison and traditional probation. Adaptations of ISP incorporating evidence-based practices and treatment have shown to reduce recidivism by 17 percent, producing a savings of approximately \$20,000 per offender (Drake et al., 2009).

The goals of ISP are “(1) to conserve scarce prison space and money that would otherwise be spent on incarceration; (2) to keep offenders from committing crimes in the community while they are on probation; and (3) to impose a punishment less severe than prison, but more severe than routine probation” (Petersilia, & Turner, 1991, p. 652).

ISP was first implemented in Georgia in 1982, where the per-capita incarceration rate was higher than anywhere else in the world (Erwin, 1986). Probation staff proposed the program to judges as a weightier punishment than traditional probation that also would alleviate the problem of overcrowding in prisons. In part due to advancements in computerized record-keeping on crime, the corrections department was able to convince the judiciary that ISP’s mandatory face-to-face contact, employment, community service, and curfew would keep the public safe (Erwin, 1986). Forty states adopted similar programs between 1980 and 1985, largely in response to the rising number of non-violent offenders sentenced to prison as part of the war on drugs (Petersilia & Turner, 1990).

Research has shown ISP program participants have lower recidivism rates, though higher levels of supervision have led to greater numbers of technical violations (Turner, Petersilia, & Deschenes, 1992). One study found clients participating in ISP programs with enhanced surveillance and no treatment component actually exhibited higher recidivism rates than traditional probationers (Petersilia & Turner, 1990). In a study of ISP with treatment for DUI offenders, recidivism was reduced by 43 percent compared to the control group (Warchol, 2000).

Authority researchers considered ISP research and evidence-based practices for community corrections to develop a list of ISP-S components. Evidence-based ISP with treatment are more effective than deterrence-based, surveillance-only ISP (Aos et al., 2006; Crime and Justice Institute at Community Resources for Justice, 2009; Pappozzi & Gendreau, 2005; Crime and Justice Institute at Community Resources for Justice, 2009). Of the 37 programs included in the Washington State Institute of Public Policy’s ISP meta-analysis, 14 programs that engaged in surveillance alone observed no change in criminal offending; 17 programs that included treatment showed a 10-percent reduction in recidivism; and the six programs that engaged in supervision inspired by the Risk-Needs-Responsivity (RNR) model generated a 16-percent crime change (Drake, 2011).



Andrews and Bonta (1990) consolidated their research on effective rehabilitation for offenders into a model called RNR based on matching offender risk with strength of intervention. These interventions require nuanced understanding of individual criminogenic needs and high responsiveness from correctional staff (Andrews & Bonta, 2010) supported by the literature (Crime and Justice Institute at Community Resources for Justice, 2009; Lowenkamp, Latessa, Holsinger, 2005; National Institute of Corrections, 2004; Pappozzi & Gendreau, 2005; Viglione, Rude, & Taxman, 2015). Successful ISP programs with lower recidivism rates incorporate smaller caseloads, committed stakeholder support, regular training for staff members, low employee turnover, flexibility in problem solving, professionalism, and research and evaluation (Gendreau, Goggin, & Smith, 1999). Operating with fidelity to key program components of ISP and EBP is imperative to ensuring optimal results and effectiveness

# Methodology

Authority researchers collected data to assess four Adult Redeploy Illinois (ARI) pilot programs' fidelity to key components of intensive supervision probation with services (ISP-S). Researchers based their list of ISP-S components on Petersilia and Turner's ISP literature and the National Institute for Corrections recommendations for evidence-based practices informed by Andrews and Bonta's Risk-Need-Responsivity model (Andrews & Bonta, 2010; NIC, 2004; Petersilia & Turner, 1993; Petersilia & Turner, 1991; Petersilia & Turner, 1990). The evaluation was designed to provide feedback to ARI programs, inform the ARI Oversight Board's decision-making, and guide other jurisdictions implementing ISP.

Authority researchers measured fidelity to the following key components of the ISP-S model.

- Key Component #1: Goals are established for the program overall and for individual probationers (Lowenkamp et al., 2010; Petersilia, 1990).
- Key Component #2: The program has a defined, higher-risk, target population (Andrews & Bonta, 2010; Bonta, 2002; Vose et al., 2013).
- Key Component #3: The ISP-S program has consistent selection criteria using a standard program acceptance procedure. Uniform selection of participants ensures that probation officer's skills and resources will be well-utilized and that conclusions drawn about services will be generalizable to the target population (Wolff et al., 2014).
- Key Component #4: Length of treatment conforms to evidence based-practice recommendations on dosage for high-risk offenders (Bourgon & Armstrong, 2005; Crime and Justice Institute at Community Resources for Justice, 2009; NIC, 2004; Sperber et al., 2013).
- Key Component #5: The program operates in phases, which decrease officer-probationer contact gradually (Jalbert et al., 2010; Petersilia & Turner, 1991).
- Key Component #6: The program has smaller caseloads than standard probation (Grant et al., 2011; Jalbert et al., 2010; Paparozzi & Gendreau, 2005).
- Key Component #7: Enhanced surveillance and control mechanisms (electronic monitoring, curfew, community service, drug testing, and financial obligations) are balanced with rehabilitative services (employment, education, and treatment) (Clark et al., 2005; Clark et al., 2006; MacKenzie, 2013; Petersilia & Turner, 1993; Robinson et al., 2015; Taxman, 2002).

Key Component #8: The program is able to link probationers with appropriate resources and providers, including substance abuse treatment, health care, support in finding employment and housing, and education assistance, if needed (Bahr et al., 2012; Graffam et al., 2014; Hall, 2015; Makarios et al., 2010; Wallace & Papachristos, 2014).

Key Component #9: Programs keep thorough documentation of relevant data, performing regular reviews and providing feedback to providers on what has been shown to effectively reduce recidivism (NIC, 2005).

Researchers used interview data with ISP-S team members 12 months after the program began to gauge fidelity to key components #1, #3, #4, #5, #6, #7, and #9; program data to determine fidelity to components #2 and #8; and client interview data for fidelity to component #8. Researchers examined data from the six-month pilot phases of the four programs ranging from January 2011 through December 2012.

## **Staff and stakeholder interviews**

Authority researchers conducted interviews by phone with ARI program ISP-S team members. All subjects were provided the interview questions before the interview and only subjects who gave written consent were interviewed. The interviews took place between August 2012 and July 2013. Subjects answered general questions about ISP-S implementation and did not know that one purpose would be to measure program fidelity.

### **Interview sample**

Authority researchers interviewed 44 staff and stakeholders or ISP-S “team members” involved in the day-to-day operations of four ISP-S programs, including probation and treatment staff, judges, state’s attorneys, and public defenders. Sample sizes ranged between eight and sixteen staff and stakeholders per program.

### **Interview questions**

Authority researchers created interview questions to measure the extent to which team members implemented key components of the ISP with EBP model based on the literature. *Appendix A* provides interview questions in the order they were asked. Phone interviews were audio recorded, transcribed, and analyzed in the qualitative data analysis software NVivo.

## **Client interviews**

Authority researchers conducted in-person interviews with ISP-S clients in each county. The client interviews offered participants’ perspectives while providing information on treatment and services required in Key Component #8. A consent form explaining the purpose of the interview, compensation, selection, length, questions, and confidentiality was signed by each participant. Participants received a \$20 Walgreens gift card as compensation for their time.

## **Interview sample**

Authority researchers interviewed 40 program participants. ISP-S graduates or clients of six months or more were eligible for participation. The probation offices provided a list of participants and the number of client interviews was limited to available probationers in those sites. The sample sizes ranged between nine and 15 clients per program.

## **Interview questions**

Authority researchers created interview questions demographics and background, program operations, and satisfaction with the program. Some questions were adapted from other sources, studies, or instruments to increase reliability and validity (Department of Justice, n.d.; Johnson & Latessa, 2000; May & Wood, 2005; Miller & Tonigan, 1996; Rossman, et al., 2011; and the Texas Christian University Drug Screen II). All data were entered into an Access database and analyzed in NVivo, a qualitative analysis software.

## **Administrative data**

All ARI programs submitted client-level probation data to the Authority on a quarterly basis as part of an ongoing performance measurement process mandated by the Crime Reduction Act. ARI probation officers record client data in computerized case management systems. The information collected by the database systems were used to gauge fidelity to two key components—high-risk clients (#2) and treatment and services (#8).

## **Rating procedures**

Three ICJIA researchers independently reviewed the data and offered a rating of fidelity, 0= did not meet fidelity criteria/ insufficient evidence; 1= partially met criteria/ some evidence; 3=fully met criteria/ sufficient evidence. A total of 36 ratings were measured—nine fidelity components for each of the four programs. When two of the three raters agreed, the county received the most common rating. When all raters disagreed, the score was the median or middle number which was one.

There were nine IPS criteria reviewed for each of the four counties. The criteria could be coded as met, partially met, or not met. There were three raters, in all there were  $9 \times 4 \times 3 = 108$  ratings. Inter-rater reliability was assessed using a two-way mixed, consistency, average-measures intra-class correlations (ICC) (McGraw & Wong, 1996) to assess the degree that raters provided consistency in their ratings of the criteria. The results were  $ICC=0.86$ , which falls within the excellent range (between .70 to 1.00, Cicchetti, 1994). Raters had a high degree of agreement suggesting that the ability to meet IPS criteria were rated similarly. The high ICC suggests that a minimal amount of measurement error was introduced by the independent raters (Hallgren, 2012).

## **Limitations**

Researchers had a limited number of ISP-S team members to interview, so fidelity was measured based on the perspectives of eight to 16 individuals in each program at one point in time. Their views may differ from those of other stakeholders or participants and their perspectives may change over time.

Fidelity to the ISP-S model was based on the perceptions of the ISP-S team members of the program who may be unintentionally biased toward their program and lack objectivity in their responses.

Fidelity was measured at one point in time after 18 months of program implementation. Programs since may have changed their policies and procedures resulting in greater or less adherence to key components of the program. This report may be limited in its guidance on ISP-S programs just starting.

# Findings: Fidelity to ISP with services

Researchers examined four Adult Redeploy Illinois-supported programs to measure their fidelity to the intensive supervision probation with services (ISP-S) model. *Table 2* depicts the rating scores on fidelity to ISP-S, as well as averages and totals, per site and component.

**Table 2**  
**ISP-S key component fidelity scores by program and component**

| County program | Key component |      |      |      |      |     |     |      |   | Total | Average |
|----------------|---------------|------|------|------|------|-----|-----|------|---|-------|---------|
|                | 1             | 2    | 3    | 4    | 5    | 6   | 7   | 8    | 9 |       |         |
| DuPage         | 1             | 2    | 2    | 2    | 2    | 1   | 2   | 2    | 1 | 15    | 1.67    |
| Macon          | 1             | 0    | 2    | 2    | 2    | 1   | 2   | 2    | 1 | 13    | 1.44    |
| McLean         | 1             | 1    | 1    | 1    | 2    | 2   | 1   | 2    | 1 | 12    | 1.33    |
| St. Clair      | 1             | 2    | 2    | 2    | 1    | 2   | 1   | 1    | 1 | 13    | 1.44    |
| <b>Total</b>   | 4             | 5    | 7    | 7    | 7    | 6   | 6   | 7    | 4 |       |         |
| <b>Average</b> | 1             | 1.25 | 1.75 | 1.75 | 1.75 | 1.5 | 1.5 | 1.75 | 1 |       |         |

Key components:  
1= Established goals  
2= High-risk clients  
3= Selection criteria  
4= Evidence-based dosage  
5= Decreasing probationer contact levels  
6= Small caseloads  
7= Effective case management  
8= Treatment and services  
9= Measurement and feedback

Rating key:  
0 = did not meet fidelity criteria/ insufficient evidence  
1 = partially met criteria/ some evidence  
2 = fully met criteria/ sufficient evidence

The findings as they pertain to each of the nine key components are outlined in the following report sections.

## **Key Component #1: Established goals**

Key Component #1: *Goals are established for the program overall and for individual probationers* (Lowenkamp et al., 2010; Petersilia, 1990).

Committed stakeholders, including clients themselves, should develop goals for successful implementation and to achieve desired outcomes (Petersilia, 1990). Research has found lower recidivism in programs with higher organizational supportiveness and strong probation officer commitment to ISP goals (Lowenkamp et al., 2010). ISP-S team members were interviewed and asked about case planning procedures and establishing goals for probationers.

DuPage County developed a case plan and goals using the Level of Service Inventory–Revised™ (LSI-R), a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions. In the early stages of ISP-S, clients received a homework assignment that has a case plan worksheet. One probation officer used a “triggers worksheet.” She explained that clients do assignments at home that they later go over together to formulate a case plan. ISP-S staff discussed creating a broad case plan with timeframes for specific goals and steps that change at every appointment depending on interventions needed at that time.

In Macon County, probation officers developed initial case plan goals using the LSI-R. Clients worked directly with their probation officer to develop their treatment plan. Clients who were in denial of their challenges and/or addictions did not have power to veto treatment goals, but contributed to assigned objectives. In addition, all probationers attended a cognitive behavioral therapy program that assisted in tailoring individualized treatment plans.

In McLean County, probation officers used LSI-R scores to develop an initial case plan and goals and to pinpoint challenges of clients. Clients had input in creating their short and long term goals. Clients were invited to voice their opinions on whether they believed their goals were attainable. An interviewee said clients determined their stage of change, where they wanted to start, and how confident they were in making change in that stage. Updates were made to case plans on an individual basis. As clients succeeded, probation officers updated their goals. Goals were revised when clients were not making progress.

In St. Clair County, some probation officers used the LSI-R, while other staff relied on their own interviewing tactics in developing client case plans. Participants suggested that goals and case plans were typically revisited on a weekly basis depending upon the needs of the clients. Interviewees commented that clients are involved in and fully aware of their treatment plans and goals, which are formally reassessed every year, and informally assessed at every weekly meeting.

### **Fidelity to Key Component #1**

Each of the counties exhibited evidence of established processes through which client goals are identified and achieved. This was done largely through probation officer use of the LSI-R, which has been validated for predicting recidivism among probationers and parolees (Vose et al., 2013).

## Key Component #2: High-risk clients

Key Component #2: *The program had a defined, higher-risk, target population* (Andrews & Bonta, 2010; Bonta, 2002; Vose et al., 2013).

Focusing resources on higher-risk clients produces more noticeable effects in recidivism, especially from higher dosages of treatment (Andrews & Bonta, 2010). Assessment tools with high predictive validity improve correctional program outcomes (Bonta, 2002).

The four ISP-S programs submitted data from the LSI-R to ARI for program monitoring. The LSI-R is a tool validated to accurately measure recidivism-risk level and is used by Illinois probation departments (Vose et al., 2013). The tool scores probationers on a number of different domains of criminogenic risks and needs, allowing probation staff to target specific areas for intervention. The LSI-R identifies three levels of risk: high, moderate, and low.

In DuPage County, 74 percent of clients were classified as at high risk for recidivism. In Macon County, 21 percent were at high risk and 46 percent were at medium risk. In McLean County, 25 percent were at high risk and 55 percent at medium risk. In St. Clair County, 88 percent of probationers were determined to be at high risk. *Table 3* indicates the recidivism risk levels by ISP-S program by county.

**Table 3**  
**ISP client recidivism risk levels by county**

| County    | Risk level |     |        |     |     |    |
|-----------|------------|-----|--------|-----|-----|----|
|           | High       |     | Medium |     | Low |    |
|           | n          | %   | n      | %   | n   | %  |
| DuPage    | 78         | 74% | 14     | 13% | 2   | 2% |
| Macon     | 20         | 21% | 44     | 46% | 5   | 5% |
| McLean    | 5          | 25% | 11     | 55% | 0   | 0% |
| St. Clair | 22         | 88% | 0      | 0%  | 0   | 0% |

Data source: ICJIA analysis of ARI databases

Note: Risk level for 19 clients were unknown.

## Fidelity to Key Component #2

The majority of clients in DuPage and St. Clair counties were at high risk for recidivism, indicating that the programs showed fidelity to Key Component #2. The majority of clients in Macon and McLean counties were at medium risk, indicating they did not.



## **Key Component #3: Selection criteria**

Key Component #3: *ISP-S programs use a standard program acceptance procedure to ensure consistent selection criteria.*

Using a standard acceptance procedure reduces the chances of “keeping out appropriate cases deemed too difficult or risky because they might adversely affect performance outcomes or letting in inappropriate cases that are less risky to meet caseload quotas or improve performance outcomes” (Wolff et al., 2014, p.549). This component is a process involving probation and court staff.

### **Program referrals**

In DuPage County, clients were referred by probation officers who have high-risk clients in need of closer supervision or through a court sanction after a violation of traditional probation. After transfer to ISP-S, the offender, original probation officer, and ISP-S officer met to establish the offender’s suitability for the program and determine expectations for the offender before program admittance.

In Macon County, most ISP-S referrals were made by the prosecutor with input from the public defender and ISP coordinator. Referrals were sent to the probation office, where another eligibility review is conducted. A court date was set to inform all parties of the next step.

McLean County obtained client referrals from the court or from the probation office after a client violates standard probation (ARI, 2014). In the cases of the latter, one interview participant noted that regular probation staff determined if clients were eligible for ISP-S, then referred them to the ISP-S coordinator. Once accepted to the program, clients are assigned to an ISP-S officer.

In St. Clair, referrals started in the courtroom or jail. In the courtroom, the defense attorney or a treatment provider analyzed eligibility and consulted Jail Data Link. Jail Data Link is a web-based system maintained by the Illinois Department of Human Services and used by community mental health center and jail staff to identify jailed persons with mental illness. An interview and background check were conducted. If the client met ISP-S criteria, a recommendation was made to the state’s attorney who determined whether the client would be admitted to the ISP-S program.

### **Program acceptance**

In DuPage County, probation officers worked with the courts to set up an initial evaluation process to determine an individual’s suitability for the program. The screening instrument indicated a client’s offense, where they lived, what needs the individual had that must be addressed promptly, and whether the individual would be able to regularly report to the program. One interviewee stated probation officers interviewed the potential client to determine the individual’s goals and how they could be supported in meeting those goals. Following the interview, a report determining eligibility was given to the judge. The judge decided whether to admit individuals into the program.

In Macon County, the public defender or state's attorney asked clients who met ARI conditions if they would like to participate in ISP-S, and if they did, they signed a release of information so that their case can be evaluated for suitability by the multidisciplinary team (MDT). Within the weekly MDT meeting, the state's attorney presented the case file, service providers offered information if they had previous contact with the potential participant, and probation officers gave input. The MDT took a simple majority vote to determine whether the candidate would be accepted, ruling in favor of the client when there was a disagreement. If the client was accepted, the defense attorney completed the plea agreement for probation with ARI. The ISP-S officer then went over the participation agreement, outlined program conditions, expectations, and what would happen over the next 24 months of probation. After signing the participation agreement, the client was placed in the program and an ISP-S officer reviewed the court conditions. An LSI-R was completed within the client's first 45 days in the program.

In McLean County, the ARI officer reached out to clients who had been referred by line staff or specialty court officers to conduct an ARI questionnaire about their risks and needs. Conditions of the court and the ISP-S program were reviewed with the client to ensure agreement. Once the client accepted the conditions, the paperwork was sent to the ISP-S supervisor and deputy director. After being accepted into the program, the client was assigned to a probation officer and awaited an intake appointment to review the court order again and conduct the LSI-R interview.

St. Clair County ISP-S served those with mental health issues, so mental health agency administrators screened potential participants biweekly with *Jail Data Link*, though the state's attorney's office also sent recommendations to the agency's crisis intervention specialist for initial screening. *Jail Data Link* captures jailed offenders' mental health treatment histories, including hospitalizations, last date of treatment, diagnoses, and criminal background. Appropriate candidates' cases were forwarded to the probation office, and then to the state's attorney's office, who made the final involvement decision. ARI does not allow for violent offenders, so the program served offenders charged with retail theft, criminal damage to property, and possession of small amounts of cannabis. The majority of clients were still considered high risk because the LSI-R factors in components such as criminal history, education/employment, finances, family/marital, housing, leisure/recreation, companions, alcohol/drug problems, emotional/personal, and attitudes/orientation (Andrews & Bonta, 2010).

### **Fidelity to Key Component #3**

All four programs had selection criteria, a referral process, and program acceptance procedure. The four ISP-S programs received client referrals from probation officers or officers of the courts. All counties completed assessment and screening procedures, including the LSI-R.

## **Key Component #4: Evidence-based treatment dosage**

Key Component #4: *Length of treatment conforms to EBP recommendations on dosage for high-risk offenders* (Bourgon & Armstrong, 2005; Crime and Justice Institute at Community Resources for Justice, 2009; National Institute of Corrections, 2004; Sperber et al., 2013).

The evidence-based principles for effective intervention for high-risk offenders suggest structuring 40 to 70 percent of a probationer's time for three to nine months (Crime and Justice Institute at Community Resources for Justice, 2009; National Institute of Corrections, 2004) or at least 200 hours of treatment (Bourgon & Armstrong, 2005; Sperber et al., 2013).

DuPage County interviewees said clients participated in the program for a minimum of six months, often longer, and then transitioned to less intensive probation. This time was spent completing Thinking for a Change (T4C), an integrated, cognitive-behavioral change program, and Carey Guides, homework assignments for clients to better identify and understand factors that underly their offending behavior.

Macon County interviewees stated their ISP-S clients were required to commit to 24 months of programming. A multi-disciplinary team meeting was held to ensure that criteria have been met for completion. ISP-S clients should have completed moral reconnection therapy (MRT), community restorative boards, treatment, and community service (if ordered), and have an adequate attendance record with frequent ISP-S meetings. MRT is an evidence-based, cognitive-behavioral therapy that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. In phase two, the client reported to their probation officer every other week and attends MRT and treatment, while also meeting with the community restorative board. Upon entering the third phase of the program, clients were transferred from ARI to the county's regular probation department caseload.

McLean County ISP-S program clients followed no specific timeline; time in the program depended on the clients' compliance with treatment and court-ordered requirements. On average, clients spent nine to 14 months completing the program.

All St. Clair County ISP-S clients were required to participate in the program for at least 18 months. However, most staff shared that their clients typically finished the program in one year. If a client did not finish the program within 18 months, they were terminated and deemed unsuccessful.

### **Fidelity to Key Component #4**

All four counties met the minimum recommended dosage for evidence-based ISP-S; however, DuPage and McLean counties required a standardization of dosage to efficiently move clients through established phases.

## **Key Component #5: Decreasing contact levels**

*Key Component #5: The program operated in phases which gradually decrease probation officer and probationer contact (Jalbert et al., 2010; Petersilia & Turner, 1991).*

This component represents the organization's commitment to the evidence-based practice of positive reinforcement—when offenders achieve program goals, they are rewarded with less surveillance (Jalbert et al., 2010; Petersilia & Turner, 1991).

DuPage County did not have a defined number of phases of reduced supervision, but did gradually reduce time they met with clients. Weekly meetings were required initially, but after two months, meeting requirements dropped to twice per month at minimum. Clients who met weekly requirements, including negative drug tests and focused treatment, were eligible for reduced reporting. Non-compliant participants were given increased supervision.

Macon County had four phases of supervision. In the first phase, clients reported weekly to their probation officers and completed MRT and treatment. During MRT, clients were assigned to meet with the community restorative board, composed of a small group of citizens, and complete assignments with a restorative justice focus. In phase two, clients reported once a month. Interview participants described phases three and four as the “maintenance” portion of the program, in which clients reported every four to six weeks. Clients in phases three and four who were unemployed were offered an employment services group, a 12-week cognitive-based program, and an anger management course.

The McLean County ISP-S program had four phases. After each phase, staffings were held to determine when clients were eligible to graduate phases. Phase one lasted 30 days, during which clients met with their probation officers on a weekly basis; clients without permanent residency met more often. In this phase, clients also were drug-tested and were visited at home by a probation officer. In phase two, clients began a six-week substance abuse treatment program, bi-weekly reporting, two home visits per week, and one court visit. In phase three, clients met with their probation officers every three weeks, attended court once a week, and were randomly visited at home. Clients graduated from the program in phase four.

During the pilot phase, St. Clair County ISP-S staff had not established specific time parameters for involvement, aside from a minimum of six months and a maximum of 18 months in the program. The program did not have a policy defining discrete levels or phases of supervision. However, program data showed the longer clients stayed in the program, the fewer their contacts with probation officers.

### **Fidelity to Key Component #5**

Macon and McLean counties had well-established and understood phases which moved clients through decreasing contact levels based on their meeting program requirements. While DuPage and St. Clair counties both presented evidence of decreasing contact with probationers, the phases were not clearly defined, which can affect fidelity and accurate measurement of ISP-S success.

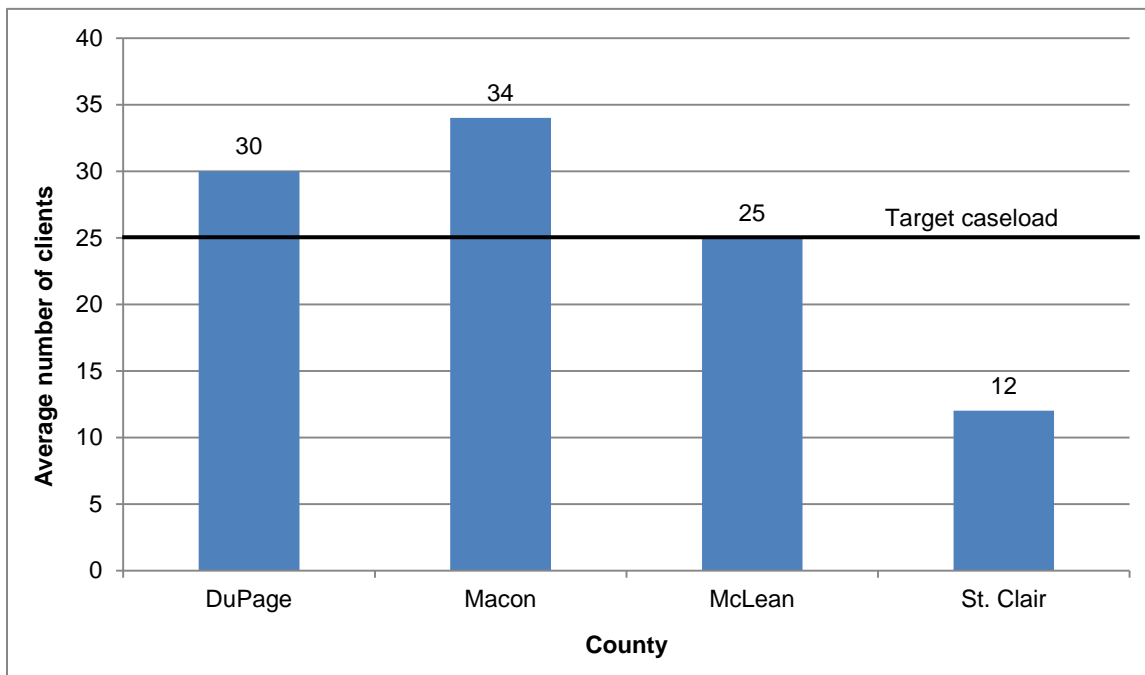
## Key Component #6: Small caseloads

Key Component #6: *The program has smaller caseloads than standard probation* (Grant et al., 2011; Jalbert et al., 2010; Paparozzi & Gendreau, 2005).

Probation officers with smaller caseloads are able to more consistently scrutinize client behavior, as well as offer treatment and services more responsive to individual criminogenic needs (Jalbert et al., 2010). Research found ISP programs were effective with caseloads of 20 to 25 offenders per officer (Grant et al., 2011; Paparozzi & Gendreau, 2005).

Figure 2 depicts the average caseloads by county. In comparison, the average caseload for regular probationers in DuPage County was 60 to 70 clients.

**Figure 2**  
**Average caseload for ISP-S programs by county**



Data source: ICJIA interviews with ARI programs

### Fidelity to Key Component #6

McLean and St. Clair counties followed the evidence based guidelines for caseload size, keeping clients per officer at 25 or below. DuPage and Macon counties averaged caseloads slightly above the target. This may have resulted in supervision or treatment levels inadequate by evidence-based standards.

## **Key Component #7: Effective case management**

Key Component #7: *Enhanced surveillance and control mechanisms, such as electronic monitoring, curfew, community service, drug testing, and financial obligations, are purposefully balanced with rehabilitative services such as employment, education, and treatment* (Clark, Landenberger, & Lipsey, 2005; Clark et al., 2006; MacKenzie, 2013; Petersilia & Turner, 1993; Robinson et al., 2015; Taxman, 2002).

Research has shown surveillance-only ISPs do not reduce recidivism and may even increase criminal behaviors (Petersilia & Turner, 1993; Taxman, 2002). Effectively managing compliance with treatment programs while implementing components of cognitive-behavioral therapy (MacKenzie, 2013), anger management, problem solving (Clark et al., 2005), motivational interviewing (Clark et al., 2006), and positive reinforcement (Robinson et al., 2015) during officer-probationer contact are vital to the success of an ISP program. In this review, each county's case management process was explored, including office visits, evidence-based practices, compliance monitoring, incentives, and sanctions.

### **DuPage County case management**

According to interviewees, the DuPage County probation department received Effective Practices in Community Supervision (EPICS) training. EPICS is a highly structured, cognitive-behavioral supervision model (Smith, Schweitzer, Labrecque, & Latessa, 2012). As a part of that training, supervisors viewed both videotaped and live office visits with clients to provide feedback to probation officers.

Probation officers in DuPage County gave cognitive-behavioral homework assignments to clients on addiction and anger management. One assignment led clients through behavioral triggers. As part of evidence-based motivational interviewing, probation officers presented the pros and cons of different choices to foster effective problem-solving skills, modeled behavior, and provided examples for handling problematic situations. A second assignment was from Thinking for a Change (T4C), an integrated, cognitive-behavioral therapy program to help offenders with cognitive restructuring, social skills development, and the development of problem-solving skills. A third assignment was from the Carey Guides, which help probation officers teach clients to understand the personal and environmental factors underlying their offending behavior and develop skills and tools for positive behavioral changes.

Clients were encouraged to complete their court orders and case plans while demonstrating motivation to change and engage in services and treatment. ISP-S staff monitored compliance through client meetings and close partnerships with the service agencies providing clients with treatment. The program incorporated graduated sanctions starting with verbal reprimands for non-compliance, then formal, written reprimands, and then administrative sanctions which can bring probationers before a board that assigns sanctions. After sanctions if there is further non-compliance, clients may be sent back to court for a judge to rule on the violation.

DuPage County offered incentives to ISP-S clients to encourage and reward them for doing well in the program. Five interviewees stated they received rewards, while four did not. Rewards included longer periods of time between reporting, less frequent random drug testing, praise from ISP staff, certificates, bus passes, and candy, snacks, and other treats. Clients that were rewarded said the rewards were good motivators to do well in the program. The average number of rewards each person received was six. Clients believed that they were rewarded for following the rules and being honest throughout the program.

After six months, DuPage County ISP-S staff met to discuss each client's progress. A termination checklist was completed by the probation officer and clients underwent self-appraisal. Finally, a graduation ceremony was held upon program completion and clients received acknowledgement for their accomplishments.

## **Macon County case management**

According to the interviewees, Macon County probation officers and program volunteers received training in motivational interviewing. The three-day training covered restorative justice, community restorative boards, confidentiality, and building rapport with clients.

All clients attended moral reconnection therapy, a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. MRT assisted in tailoring individualized treatment plans for each client. Clients also worked with their probation officers to develop their treatment plans. Clients who were in denial of their challenges and/or addictions were unable to veto treatment goals.

Probation officers were responsible for monitoring compliance and reporting client status. When a client is not compliant with reporting, urinalysis, or treatment, the case is reviewed by the ISP-S team. When non-compliance has occurred, a referral is made to residential treatment, intensive outpatient treatment, home detention, or GPS monitoring. Clients who reoffended were removed from the program and a judge decided the outcome, most commonly a prison sentence.

Clients were rewarded for complying with the rules and completing various program components. Nine clients stated they received rewards, while three did not. Rewards included longer periods of time between probation reporting and between court dates, praise from ISP-S staff, certificates, and candy or snacks. Those who received rewards said they were good motivators to do well in the program. The average number of rewards each person received was three.

Upon entering the final phase of the program, Macon County clients were transferred into the county's regular probation department caseload. Prior to the transfer, a team meeting was held to ensure criteria for completion were met. According to the staff and stakeholder interview participants, to graduate, a client must have completed MRT, treatment, and community service (if ordered), participated in a Community Restorative Board (CRB), while maintaining sufficient attendance at ISP-S meetings.

## **McLean County case management**

According to the McLean County staff and stakeholder interviewees, probation officers and other ISP-S staff were trained in effective case management and identifying clients' needs. After identifying needs, probation officers provided individualized case management.

McLean County ISP-S staff said clients were monitored through office visits, treatment updates, drug testing, curfew enforcement, electronic monitoring, and home visits. Probation officers reported office visit drug tests were not helpful since clients would stay clean for the scheduled test. Often, probation officers conducted drug tests during home visits. Home visits were used to enforce curfews, implemented to keep the clients from regressing into harmful lifestyles. Clients screened at higher risk for engaging in deviant behavior patterns were electronically monitored. Included was an incentive program to reward compliance, attainment of treatment goals, and success in overcoming life obstacles. When a client was recognized for good behavior, they were rewarded with praise and sometimes gift cards to local stores and restaurants. All four clients interviewed said they received rewards; the average number of incentives was four per client. The incentive program was also used to assist clients with bus passes for transportation to and from treatment or court.

Sanctions for minor infractions were handled informally. Clients who tested positive for drugs were sent to residential treatment or were reevaluated within two days by a probation officer. Other sanctions were community service, establishing a curfew, and GPS monitoring. Clients who committed a new crime were removed from the program or sent to jail or prison by a judge.

## **St. Clair County case management**

St. Clair County ISP-S staff interviewees reported receiving only crisis intervention team (CIT) training. CIT is an intensive specialized training for law enforcement officers offering strategies to effectively manage individuals exhibiting mental illness. Monthly staffing meetings were held to check in and discuss clients.

Staff and stakeholder interview participants explained probation officers gave sanctions for minor cases of ISP-S non-compliance. Cases were brought before the court when probation violations were reoccurring or the client committed a new crime. Sanctions included increased in-person reporting and/or client visits at their home, as well as increased drug testing. If the probation violations were deemed serious, the client was brought before the judge for review. Client outcomes included sentences to jail, extension of probation, or termination from the ISP-S program.

Staff interviewed said they offered incentives to ISP-S clients. Rewards included longer periods of time between reporting, gift cards, reduced fines, certificates, and praise from ISP-S staff. Six St. Clair client interviewees said they received rewards, while nine said they did not. The average number of rewards each person received was four. Clients said they were rewarded for following the rules and being honest throughout the program.



## **Fidelity to Key Component #7**

DuPage and Macon counties used case management to emphasize treatment and cognitive-behavioral techniques to reduce recidivism. While the four ISP-S programs engaged in positive reinforcement through the use of incentives/rewards, McLean and St. Clair counties did not report training probation officers on motivational interviewing or cognitive-behavioral techniques, which are supported by research. ISP literature states clearly that sanctions based solely on surveillance and control is ineffective in producing behavior change, unless they are accompanied by rehabilitative support.

## **Key Component #8: Treatment and services**

Key Component #8: *The program is able to link probationers with appropriate resources and providers, including substance abuse treatment, health care, support in finding employment and housing, and education assistance if needed* (Bahr et al., 2012; Graffam et al., 2014; Hall, 2015; Makarios et al., 2010; Wallace & Papachristos, 2014).

Substance abuse treatment (Bahr et al., 2012), readily available health care (Wallace & Papachristos, 2014), employment counseling (Graffam et al., 2014), housing assistance (Makarios et al., 2010), and educational services (Hall, 2015) have been found to reduce recidivism among high-risk offenders. Probation officers were interviewed about the process of referring clients to services and clients were asked how the provided services aligned with what they needed to be successful in the program.

### **DuPage County services**

DuPage County staff and stakeholder interviewees made service referrals based on court orders and clients' needs. An extensive list of treatment providers was available. Probation officers regularly communicated with providers to ensure their clients were progressing as expected.

Clients were commonly referred to the Special Needs Advocacy Program (SNAP). SNAP is a mental health program through the DuPage County Health Department. Clients without insurance or a psychiatrist were often referred to SNAP for services. Referrals for mentoring also were given, matching clients with mentors to assist them in gaining employment, finding housing, and addressing other needs. Staff and stakeholder interview participants shared that they collaborated with their clients' treatment providers.

ISP-S clients said the most commonly needed services were transportation, medical assistance, and dental assistance. A total of 46 services were needed by the nine clients and 34 were received (74 percent). The majority of requests for transportation and medical assistance were fulfilled, as well as claims for resume support and mental health services. Eight clients reported they received all the services needed while one did not. Five clients said that nothing more could be offered by ISP-S during the program that would help them, two clients wanted assistance with housing, and two wanted assistance with employment.

### **Macon County services**

Staff interviewees said they reviewed court orders and client needs when making treatment referrals. Clients often were referred to the court-approved treatment program in Macon County. ISP-S staff linked clients with community resources that met individualized needs but were unable to determine the take-up rate at the time of the interview.

ISP-S clients' most commonly needed job referrals, transportation, and cognitive-behavioral therapy. Of the 59 services that the 12 interviewed clients needed, 52 services were received (88 percent). All clients said they had developed a case plan with clear goals with their probation officers. Employment services (job training, referrals, resume support, and money management),

transportation assistance, and cognitive-behavioral therapy (moral reconnection) were the amenities provided to the greatest number of ISP-S clients in Macon County. Eleven clients indicated that they followed up and accessed the services upon referral.

### **McLean County services**

Staff interviewees said they reviewed court orders and client needs when making treatment and other referrals. If the referral was given on behalf of a condition of the court order, ISP-S staff followed up to determine if the client went in for services.

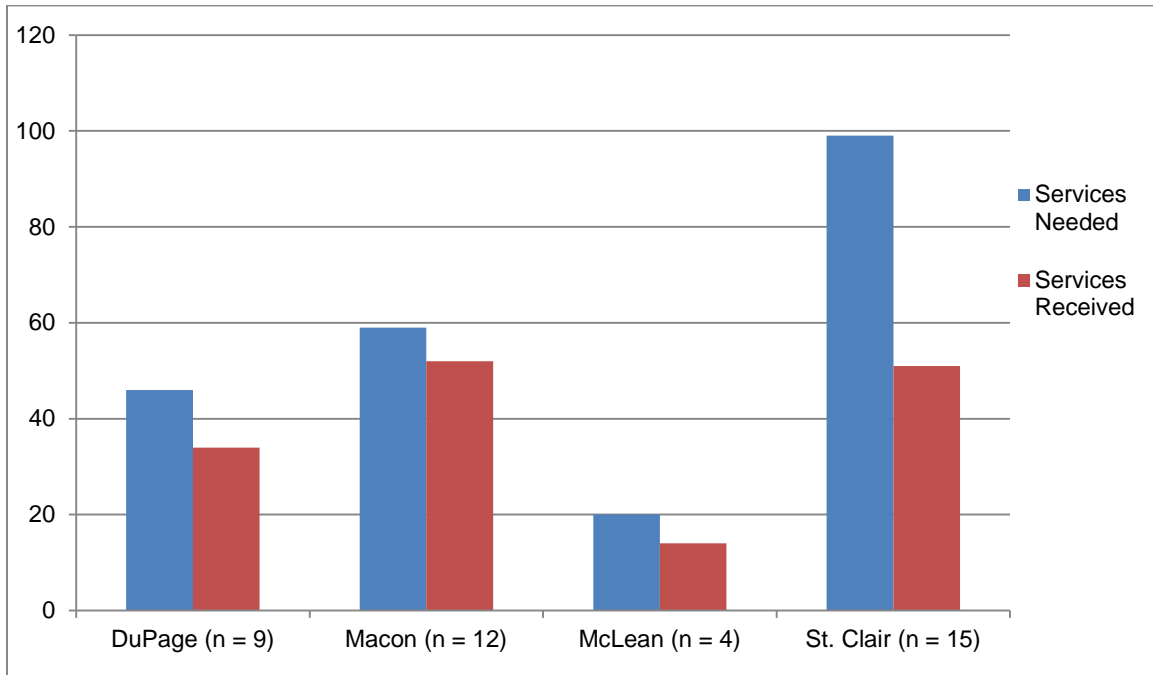
All four of the interviewed ISP-S clients were referred to substance abuse treatment, domestic violence classes, and employment assistance programs. Three clients indicated they followed up and accessed the services to which ISP referred them. One client wanted more assistance with health care and transportation. The four clients developed a case plan with their probation officers that had clear goals.

### **St. Clair County services**

Staff interviewees said they reviewed court orders and client needs when making service referrals. Clients were referred to court-approved treatment programs. In some cases, clients were referred to National Alliance on Mental Illness (NAMI), which provided education, advocacy, and support group programs to families or the Good Samaritan Center, which offered substance abuse and mental health education, access to basic necessities like a washing machine, and small group worship and religious services. According to interview participants, services were offered on an as-needed basis.

ISP-S clients reported needing transportation, medical assistance, and money management services. The most commonly received services were these three, as well as assistance in obtaining identification and public financial assistance. Of 99 client requests for services, 50 were received, a percentage lower than the other three ISP-S counties. However, St. Clair clients also had a higher number of average requests per client than DuPage, Macon, or McLean counties. Eight of 15 clients said they developed a case plan with their probation officers that had clear goals. ISP-S clients were commonly referred to cognitive-behavioral therapy, substance abuse treatment, and employment assistance. Six clients said nothing more could be offered by ISP-S that would help them, while one client needed child care services, two wanted more transportation assistance, three needed more housing options, and two wanted help with employment. *Figure 3* depicts client service requests and fulfillments by county.

**Figure 3**  
**ISP-S client service requests and fulfillments by county**



### Summary of Key Component #8

Macon County ISP-S featured the greatest amount of treatment and service support for their ISP-S clients, and their probationers indicated a majority (88 percent) of service needs were met. DuPage and McLean counties fulfilled 74 and 70 percent of probationer needs, respectively, including all requests for job referrals and transportation assistance. St. Clair County, while fulfilling a smaller percentage of client needs (52 percent), also had the largest number of requests (see *Figure 3*). DuPage, Macon, and McLean counties each received an average of five requests from each client, but St. Clair County received 6.6. It is important to note that when working with a population of high-risk offenders, their service needs are likely to be greater. All four programs presented evidence of providing health care and substance abuse treatment when necessary, and transportation assistance had a high fulfillment percentage in all the ISP-S programs.

## **Key Component #9: Measurement and feedback**

Key Component #9: *Programs keep thorough documentation of relevant data, performing regular reviews and supplying feedback to providers on what has been shown to effectively reduce recidivism* (Bogue et al., 2005; NIC, 2004).

The Crime Reduction Act specifies performance indicators that are to be measured at the county level by ARI staff, including employment rates, education achievement, successful completion of substance abuse treatment, and payment of victim restitution. ARI administrative staff and the Oversight Board developed additional performance measures for the individual program models.

### **Data systems**

Probation officers recorded client data in computerized case management systems that differ across counties. ISP-S programs without an existing case management system were provided with an Access database developed by Authority staff to capture the necessary client information. DuPage, McLean, and St. Clair counties used the Authority-developed Access database. The ISP-S program in Macon County used TRACKER, a case management software for justice agencies used by many probation departments across Illinois.

### **Data elements**

Authority researchers collected 18 data elements in three sections—demographics, case information, and ISP-S program information. These are reported to the ARI Oversight Board and can be used for evaluation. Elements included:

- Number of participants enrolled.
- Number of participants screened, but not enrolled.
- Employment rates/changes in employment during program enrollment.
- Changes in education level during program enrollment.
- Completion of treatment programs/required conditions including but not limited to cognitive-behavioral therapy, substance abuse treatment, and restitution.
- Prevalence of rule-violating behavior: number of new misdemeanor and felony arrests, number and nature of technical violations/non-compliance.
- Average number of monthly face-to-face contacts between ISP-S participants and probation officers.
- Rates of successful completion of ISP-S program.
- Rates of unsuccessful termination from ISP-S program, rate of resentence to prison, rate of resentence to non-prison sanction.
- Rate of Level of Service Inventory–Revised™ (LSI-R) assessment used with participants: percent of participants assessed at high, medium, or low.
- Progress toward required 25 percent reduction in prison admissions from the target population.

## **Fidelity to Key Component #9**

Authority researchers have been integral to the monitoring and evaluation process, providing technical assistance to each ARI program on data elements and data entry and reporting quarterly on data to the ARI Oversight Board and ARI administrative staff. However, data collection alone will not produce more effective programming. The data must be analyzed and used appropriately to enhance the programs. It is unknown the extent to which programs regularly utilize their own data to make program adjustments.

# Implications for policy and practice

As Adult Redeploy Illinois (ARI) expands across the state, the insights gained during the intensive supervision probation with services (ISP-S) implementation phase will be helpful to new jurisdictions. Compiling and circulating lessons learned by these programs can help new ISP-S program administrators avoid common mistakes. ARI and its programs were in a pilot phase during the period examined and staff were still exploring the program's capabilities and capacity and fine-tuning the referral and screening process. Researchers used data collected during the 18-month pilot phase of DuPage, Macon, and St. Clair county programs beginning in 2011.

## Target high-risk clients

While all four ISP-S programs completed assessments to determine risk, two did not have a majority of their probation caseloads assessed at high risk for recidivism. ISP-S programs need to serve high-risk offenders to have better outcomes and prevent net-widening. High-risk offenders benefit more from intensive supervision and treatment than lower-risk offenders (Makarios, Sperber, & Latessa, 2014; Sperber et al., 2013). In fact, lower-risk offenders benefit more from a less intensive treatment program and are worse off when given intensive supervision and treatment (Lowenkamp & Latessa, 2004; Makarios, Sperber, & Latessa, 2014). Government resources for programs are limited and by targeting those at greater risk for recidivism, they can make the biggest impact.

## Offer comprehensive services

One ISP-S program, St. Clair County, did not provide assistance with employment and housing and in that program some clients stated most service needs were not met. However, all four programs presented evidence of providing health care and substance abuse treatment. Research estimates the prevalence of unmet substance abuse treatment needs among those in community corrections to be as high as 24 percent (Sung, Mahoney, & Mellow, 2011). Studies have shown substance abuse treatment with health care, employment assistance, housing, and educational services to reduce recidivism among high-risk offenders (Bahr et al., 2012; Graffam et al., 2014; Hall, 2015; Makarios et al., 2010; Wallace & Papachristos, 2014). Cognitive-behavioral interventions—social skills development and cognitive skills development—have been found to be effective in reducing recidivism as well (Pearson, Lipton, Cleland, & Yee, 2002).

## Employ small caseloads

Fidelity to evidence-based ISP-S requires smaller than traditional probation caseloads. Successful ISPs operate with 20 to 25 offenders per officer (Grant et al., 2011), though the exact number likely depends on the recidivism risk level of the clients and the skills of the staff. Recidivism risk level can assist probation officers in effectively responding to criminogenic needs, such as substance use, antisocial thinking, antisocial peers, dysfunctional family relationships, and unemployment (Wooditch et al., 2014).

## **Training on evidence-based practices**

DuPage and Macon County ISP-S programs emphasized probation officer training on evidence-based case management techniques. Best practices recommend probation officers are trained on and use cognitive-behavioral skills (NIC, 2004). Research has found understanding of positive reinforcement, motivational interviewing, and social learning are vital to effective criminal interventions (NIC, 2004). An investment in probation officer training will increase fidelity to effective program components and improve recidivism outcomes.

## **Strategically use drug testing**

McLean County probation officers reported office visit drug tests were not helpful since clients would stay clean for the scheduled test. ISP-S programs should use frequent, random drug tests with immediate feedback and sanctions. One study found a recidivism rate of 11 percent for those programs, while offenders receiving delayed drug testing, feedback, and sanctions showed a 20 percent recidivism rate and offenders receiving non-random tests with delayed results and sanctions showed a 24 percent recidivism rate (Grommon et al., 2013). In addition, research indicates that the use of frequent drug testing and sanctions may help deter offenders from substance use (Grommon et al., 2013).



# Conclusion

Researchers examined four programs' fidelity to key components of intensive supervision probation with services (ISP-S) model. Researchers used data collected during the 18-month pilot phase of DuPage, Macon, and St. Clair county programs beginning in 2011. Overall, the four programs maintained fidelity to some degree across most of the key components. Each conducted a program with clear and relevant goals for probationers, used consistent selection criteria, conformed to evidence-based dosage recommendations, and participated in measurement that allowed feedback. Three of four counties also met robust standards for treatment and service provision.

However, DuPage County did not have an established phase system to guide probationer-officer contact, and they slightly exceeded the requirement for small caseloads.

Macon County did not have a majority of high-risk clients and they shared DuPage County's oversized caseload issue. McLean County also had too many medium-risk offenders in their ISP-S, and displayed deficits in balancing rehabilitation and treatment with surveillance and control.

St. Clair County did not have a standardized structure for steering contact levels for probationers and did not demonstrate an understanding of evidence-based practices in case management. St. Clair County clients interviewed expressed a great need for more employment and housing assistance.

Table 4 depicts the counties and their fidelity to key components of ISP with services.

**Table 4**  
**ISP-S key component fidelity scores by program and component**

| County program | Key component |      |      |      |      |     |     |      |   | Total | Average |
|----------------|---------------|------|------|------|------|-----|-----|------|---|-------|---------|
|                | 1             | 2    | 3    | 4    | 5    | 6   | 7   | 8    | 9 |       |         |
| DuPage         | 1             | 2    | 2    | 2    | 2    | 1   | 2   | 2    | 1 | 15    | 1.67    |
| Macon          | 1             | 0    | 2    | 2    | 2    | 1   | 2   | 2    | 1 | 13    | 1.44    |
| McLean         | 1             | 1    | 1    | 1    | 2    | 2   | 1   | 2    | 1 | 12    | 1.33    |
| St. Clair      | 1             | 2    | 2    | 2    | 1    | 2   | 1   | 1    | 1 | 13    | 1.44    |
| <b>Total</b>   | 4             | 5    | 7    | 7    | 7    | 6   | 6   | 7    | 4 |       |         |
| <b>Average</b> | 1             | 1.25 | 1.75 | 1.75 | 1.75 | 1.5 | 1.5 | 1.75 | 1 |       |         |

Key components:

- 1= Established goals
- 2= High-risk clients
- 3= Selection criteria
- 4= Evidence-based dosage
- 5= Decreasing probationer contact levels
- 6= Small caseloads
- 7= Effective case management
- 8= Treatment and services
- 9= Measurement and feedback

Rating key:

- 0 = did not meet fidelity criteria/ insufficient evidence
- 1 = partially met criteria/ some evidence
- 2 = fully met criteria/ sufficient evidence

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# Appendix A: Interview questions

1. Please explain your role in the program. What are your activities with a typical client on a typical day?
2. Please explain the screening and intake decision-making process for the program. Who is involved? How are clients identified for referral and screening? Does any one person have the final determination on acceptance, or is it a group decision? What happens if there is disagreement? Are there any specific screening tools used?
3. PROBATION STAFF: What is the target ARI caseload size for a probation officer?
  - a. What is the average caseload size for regular (non-ARI, non-specialized) probation officers?
4. Please explain how staff creates a case plan for each client. What is the process? Who is involved? How are goals determined? How much input does the client have? When is the case plan established? Are clients aware of what is in their case plan? Are the templates or forms used?
  - a. Is the case plan updated? If so, how frequently?
5. Does the program use different levels of supervision?
  - a. If so, how were they established?
  - b. What are the criteria for the levels and for clients moving between levels?
6. What are the guidelines for how long a client will be in the ARI program?
  - a. If there aren't specific time-frames, how is it determined whether a client is ready to move between levels or off of ARI probation?
7. How is compliance with probation conditions monitored? How often is compliance with probation conditions checked or monitored?
  - a. What happens when a client is found in violation of conditions (sanction process, available sanctions, other options, etc.)?
8. When a client is found to be non-compliant with probation conditions and will be sanctioned, who determines what the sanction will be?
  - a. What is the time-frame for issuing a sanction after an infraction or violation is discovered?
  - b. How involved in the sanctioning process is the judge?
9. How are clients referred to treatment and/or direct services (e.g. cognitive-behavioral therapy)?
  - a. Is treatment usually court-ordered or a standard condition (at intake), or is it as-needed (referred later)?
  - b. How involved are treatment providers in client status meetings?
10. Please explain the wraparound services offered to ARI clients.

- a. What is the process for determining need and referring clients?
  - b. How frequently are clients referred or services used?
11. Is there a standard for the number of face-to-face visits with probation required each month?
- a. If so, what is the requirement?



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