



# PROCESS EVALUATION OF THE ADULT REDEPLOY ILLINOIS INTENSIVE SUPERVISION PROBATION WITH SERVICES PROGRAM



# **Process Evaluation of the Adult Redeploy Illinois - Intensive Supervision Probation with Services Program**

## **Report for the Illinois Criminal Justice Information Authority**

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## Executive Summary

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The community-based Intensive Supervision Probation with Services (ISP-S) program is one of the prison diversion models funded by Adult Redeploy Illinois (ARI), a state grant program to reduce reliance on incarceration created by the 2009 Crime Reduction Act (730 ILCS 190/) and housed at the Illinois Criminal Justice Information Authority (ICJIA). In 2018, ARI funded an ISP-S program process evaluation at four counties (DuPage, Macon, Peoria, and St. Clair). Data were collected from staff interviews, participant surveys, focus groups, and administrative files. Staff interviews, participant surveys, and focus group data were gathered between March and June, 2018. Administrative files from January 2014 to March 2018 were reviewed. Key summary points are as follows:

❖ Collaboration/Teamwork

*Each site utilized collaborative relationships. Multi-disciplinary review and team decision making regarding acceptance into the program, phase progression, sanctioning, and general supervision of the participants were ways in which the staff and providers utilized teamwork.*

❖ Strong Level of Commitment

*The staff and providers demonstrate a very strong sense of commitment to and belief in the program. Both treatment and supervision receive a strong focus, and both are valued by the staff and providers of ISP-S. Strong commitment is also reflected by the staff and providers' willingness to continually provide services in the face of budgetary constraints.*

❖ Adherence to Assessments

*All sites consistently use the Level of Service Inventory – Revised (LSI-R) to determine risk and need levels upon entry to the program and also periodically re-assess the participants. There are additional assessments used to evaluate participants upon entrance to the program and throughout the provision of treatment. Sites are compliant in recording and reporting results to ICJIA.*

❖ Emphasis on Community Integration

*The community played an important role for the ISP-S program. Probation officers made a concentrated effort to utilize the community in their supervision strategies, and several sites noticed the importance of engaging the community via service projects or mentorship opportunities.*

❖ Resource Management

*Across all sites there is evidence of an over prescription of services regardless of risk or need level (e.g., requiring same services/interventions for lower risk and higher risk participants), which can waste valuable resources and unduly burden participants.*

❖ Utilization of LSI-R Assessment

*The LSI-R is not completed until after acceptance into ISP-S, so it does not inform the screening process. Also, LSI-R results are often not used to inform the participant's entrance requirements.*

*All participants uniformly begin in the highest form of supervision despite varying levels of risk. Finally, the LSI-R risk levels are not used uniformly throughout the sites.*

❖ **Phase Progression**

*Standards/benchmarks for progressing through the phases are inconsistent. Some sites utilize specific criteria for progression through the phases where others use a more subjective overview to grant advancement. Many participants do not progress past Phase 1 despite completing the program.*

❖ **Lack of Procedural Clarity**

*There are inconsistencies in retention and termination. Standards for violations are unclear and unequally applied.*

## **Overview of Adult Redeploy Illinois**

Adult Redeploy Illinois (ARI) was established by the 2009 Crime Reduction Act (730 ILCS 190/). The purpose of ARI is to provide financial incentives through grant funding to local jurisdictions for programs that allow diversion of individuals with probation eligible offenses from state incarceration to more effective and less expensive community-based supervision. The parameters of the ARI program allow each jurisdiction to individualize their regional approach using their participants' risk and needs to provide evidence informed/based community supervision and services, and encourage reintegration into their community (730 ILCS 190 § 20(a)). The ARI Oversight Board is tasked with reviewing proposals from potential jurisdictions addressing these stipulations, setting the site's funding level, setting the site's program goals, monitoring accepted treatments, and evaluating the program as a whole (730 ILCS 190 § 20(e)). Providing these services at a local level, as opposed to state facilities, is intended to reduce crime and recidivism at a lower cost to taxpayers. To accomplish the perceived cost/benefit, ARI sites are expected to decrease the number of non-violent participants in their target population by an average of 25 percent of their commitments for the past three years (730 ILCS 190 § 20(d)).

ARI funds different diversion models, as proposed by local jurisdictions to fill gaps in services and expand community capacity, including problem-solving courts and intensive supervision probation programs. The original Intensive Supervision Probation model (ISP) was created as an incarceration alternative, intended to alleviate some of the burden of a large incarcerated population on resources, staff, and participants. ISP programs generally include increased surveillance, increased surveillance with treatment, and/or increased surveillance with evidence-based practices. ARI-funded programs discussed in this report are a variation of ISP – an Intensive Supervision Probation with Services model (ISP-S). The ISP-S model uses an integrated approach that includes increased surveillance, treatment, and other evidence-based practices for its participants.

ARI has grown from the initial five pilot sites (DuPage, Jersey, Knox, Macon, and St. Clair counties) to 25 sites covering 44 counties in the state. Approximately one-third of the sites utilize ARI funding for ISP-S programs.

## **Literature Review**

### **Intensive Supervision Probation Overview**

Intensive Supervision Probation (ISP) programs were control-based approaches to enhanced community correction programs (probation or parole) which required offenders to report more frequently to their supervising officers. ISP officers typically handled smaller caseloads than standard probation officers, to be more focused on the probationers or parolees. Additionally, under most basic ISP models, there were faster and more severe punishments, and higher levels of surveillance to deter offenders. ISP had traditionally tailored supervision intensity to the assessed level of risk for each offender, or the level of progress or programming that the offender had attained. Although traditional early iterations of ISP have aimed at increasing



control and surveillance in the community, they have not been shown to reduce recidivism, which was a primary goal of the program (Gendreau, Goggin, Cullen & Andrews, 2000).

Over time practitioners and policymakers adapted the deterrent principles of the basic enhanced scrutiny philosophy of the ISP into three stand-alone program models: the ISP, the ISP-LS, and the ISP-S (Parent, Dunworth, McDonald, & Rhoades, 1997). The traditional model of ISP as a correctional strategy dates back more than five decades. Initial program iterations focused on the core concept of intensive supervision as an instrument of rehabilitation (Fulton et al., 1997). Eventually, the basic ISP model evolved and became a response to rapidly inflating correctional budgets and increasing prison populations. As technologies matured and the model progressed further, the incorporation of electronic monitoring and home confinement provisions became a means of achieving deterrence, incapacitation, and retribution through the use of punishment, surveillance, and control of offenders, without the high cost of long periods of incarceration (Fulton et al., 1997). However, even with enhanced supervision and monitoring mechanisms, empirical research had repeatedly suggested that the basic parameters of the ISP model were an ineffective means of improving desistance, rehabilitating offenders, or preventing recidivism (Drake, Aos, & Miller, 2009; Fulton, Latessa, Stichman, & Travis, 1997; Petersilia, 1998; Sherman, Gottfredson, MacKenzie, Eck, Reuter, & Bushway, 1997).

As more evidence-based program assessments emerged, researchers and practitioners sought to enhance the ISP model through a trial and error field process. During these processes, ISP participants were integrated into a limited services model that promoted substance abuse treatment and desistance group counseling programs (Parent, Dunworth, McDonald, & Rhoades, 1997). The ISP-LS model added the additional program parameter of substance abuse counseling. ISP programs incorporated existing substance abuse models such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) as mandatory requirements for participants. Additionally, adherence was enforced through zero tolerance measures and routine urinalysis drug screening. While the ISP-LS model had shown some promise and success with drunk driving offenders and substance abusers, overall, recidivism rates have remained extremely high (Gendreau, Goggin, & Fulton, 2000; Tonry, 1990; Turner & Petersilia, 1992). Additionally, the ISP-LS programs have failed to demonstrate the ability to reduce serious re-offending, especially violent offending among program participants (Drake, Aos, & Miller, 2009, Gendreau, Goggin, & Fulton, 2000, and Latessa, Cullen, & Gendreau, 2002).

The third model, Intensive Supervision Probation with Services (ISP-S), is not only the newest iteration, but it is also potentially the most promising and successful. The ISP-S model adapted in most iterations the Canadians 'theory of rehabilitation' (see-Cullen, 2007; Lowenkamp, Latessa, & Smith, 2006; Petersilia, 2004), which established an agile approach to intermediate sanctions by identifying and applying appropriate correctional interventions that were based on four discernable components. The Canadian approach highlighted: (1) human services rather than sanctions; (2) application of the risk principle by treating only moderate and high-risk offenders in the ISP-S; (3) focus treatment efforts on dynamic risk factors related to criminality; and (4) adherence to general responsivity by utilizing social learning and cognitive behavioral based interventions to promote desistance in offenders over time (Lowenkamp, Latessa, & Smith, 2006; Petersilia, 2004). Empirical evaluations of the ISP-S model had generally supported the efficacy of rehabilitative treatment delivered in the context of intensive supervision, as well as supporting the risk principle of effective interventions (Drake, Aos, &

Miller, 2009; Lowenkamp, Latessa, & Smith, 2006). These efforts have suggested that ISP-S programs achieve higher levels of prolonged desistance and lower aggregate rates of recidivism by changing not only participant habits but their life trajectories toward social sustainability. The Adult Redeploy Illinois program had funded grantees using an ISP-S model. Illinois Criminal Justice Information Authority researchers examined ISP-S programs operating in four counties supported by ARI and found they maintained fidelity to some degree to most of the key components of the ISP-S model (Reichert, DeLong, Sacomani & Gonzales, 2015).

## **Effective ISP-S Approaches**

There are several identifiable aspects commonly found in successful ISP-S programs, namely use of validated assessment tools, incorporation of cognitive behavioral therapy (CBT), multi-disciplinary teamwork (MDT), organizational commitment to shared goals, and engagement of natural supports in the community. Supporting research for these elements is discussed below.

### Assessment

The necessity for assessment tools in ISP programming had been substantiated across both research efforts and evaluative reports and also demonstrated that offenders with higher criminal history scores and higher need scores were significantly (between 12-26%) more likely to be re-arrested for another crime and failed on supervision (Stansbery, 2018; Miller & Miller, 2016; Duwe, 2012; Kiyabu, Steinberg, & Yoshida, 2010; Little, Baker, McCarthy, Davison, & Urbaniak, 2010). Assessment tools also facilitated precision in targeted need areas and in assessing treatment readiness/responsivity (Trotter 2015; Polaschek, 2011). The effectiveness of ISP programs increased when provided to the correct populations, those of greatest risk and criminogenic need, and adhered to effectiveness principles.

Researchers recommended a more pro-active use of assessment tools, resulting in a more frequent risk and need assessment for case planning and determining intervention services (Grattet & Lin, 2016; Trotter, 2015). Supporting this finding, states including (as of 2015) California, Colorado, Delaware, Pennsylvania, and Michigan have initiated repeated administration of assessments every six months during the ISP programs to capture offender changes in the areas of interest and therapy effectiveness (Grattet & Lin, 2016; Trotter, 2015).

The benefits of increased community monitoring for higher risk participants (Grattet & Lin, 2016) comported with the logic-based models of the Risk Principle. According to the Risk Principle within the Risk-Need-Responsivity model, high risk offenders should be placed in intensive intervention (Andrews & Bonta, 2010). According to the Need Principle, those areas resulting in crime should be the target of intervention, while the Responsivity Principle maximizes the ability to learn from an intervention (Andrews & Bonta, 2010). Researchers have suggested that measuring change among criminogenic areas, which by definition were theoretically relevant and dynamic, should occur with multiple administrations, reflecting interventions (Matz & Kim, 2013; Coryn, Noakes, Westine, & Schröter, 2011; Savaya & Waysman, 2005).

### Cognitive Behavioral Therapy

Previous research efforts have attributed many of the observed successes of ISP programs to the impact of Cognitive-Behavioral Therapies (CBT's; Phelps 2013; Sirdifield, 2012; Evans,

Huang, and Hser, 2011; Roque & Lurigio, 2009; Shaffer & Pratt, 2009; McGuire et al., 2008; Golden, Gatchel, & Cahill, 2006).

Evaluative efforts have strongly supported the integration of CBT components in all community-based ISP programs because their findings have demonstrated that individual patterns of thinking, feeling, and behaving are significant contributors to anti-social attitudes and behaviors (Wilson, Bouffard, & MacKenzie, 2005; Landenberger & Lipsey, 2005; Allen, Mackenzie & Hickman, 2001). Since these patterns have such a significant impact on past behaviors, altering these patterns can change a participant's habits and possibly promoted desistance from crime in the future (Alm, 2016). Researchers reported that ISP participants that remediated as few as 5 of the 15 recognized cognitive distortions treated through interventions like Moral Reconciliation Therapy (MRT) or Thinking for a Change (T4C) demonstrated a positive statistically significant result (mean effect size = 0.36 and 0.38) across their reviewed studies (Wilson, Bouffard, & MacKenzie, 2005; Landenberger & Lipsey, 2005).

### Multi-Disciplinary Teamwork

Along with CBT program elements, another key component in the effective administration of ISP programs has been an emphasis on a cohesive multi-disciplinary teamwork (Fariello, Springer, Applegate, Smith, & Sitren, 2009; Phelps, 2013; Smith, Schweitzer, Labrecque, & Latessa, 2012; Trotter, 2015; Ward, 2008). The adaptation by ISP-S sites of collaborative teamwork as an organizational cornerstone had been noted directly by 6 of 10 evaluative ISP reports as a mission critical step in the successful implementation of their observed programs (Duwe, 2012; Kiyabu, Steinberg, & Yoshida, 2010; Little, Baker, McCarthy, McGuire, et al., 2008; Miller & Miller, 2016; Stansbery, 2018). The evaluative efforts substantiated the importance of flexibility in the ISP probation team, and suggested that ISPs that utilized cohesive multi-disciplinary methods improved the overall efficiency of their programs by (1) using risk and needs assessments earlier and more effectively, (2) referring probationers to the correct treatment programs, (3) maintaining adequate controls over higher risk participants, (4) using graduated sanctions for technical violations, and (5) conducting periodic program reviews and evaluations of each offender during their Phase progressions (Fariello et al., 2009; Phelps 2013; Smith et al., 2012; Trotter 2015). The ISP organizational best practices mentioned above have been found to result in more effective supervision, reduced recidivism, better prioritization of limited supervision resources, and reduced program costs (Polaschek, 2011; Shaffer & Pratt 2009). In sum, the greater body of the reviewed literature strongly suggested that the continuity of service delivery in ISP programming improved not only the probationer experience and opinions, it also increased the efficiency of the sites in retaining participants and improved the chances of the offenders to successfully complete their programs (Fariello et al., 2009; Phelps, 2013; Smith et al., 2012; Trotter 2015; Ward, 2008).

### Organizational Commitment

The greater body of literature had noted the importance of commitment and diligence on the part of probation teams in determining the overall success of ISP programs (Duwe, 2012; Golden, Gatchel, & Cahil, 2006; Miller & Miller, 2016; Phelps, 2013; Polaschek, 2011; Roque & Lurigio, 2009; Stansbery, 2018). Previous efforts have reported that professionalism within the ranks of ISP teams can improve not only efficiency in organizational functions, but also the probationer's opinion of the officers and the program which is beneficial in the offender's progress and ultimate completion of the program (Fariello et al, 2009; Smith et al., 2012; Ward, 2008). Over

half the probationers interviewed held negative opinions of the probation departments and based these opinions on perceived personal biases of the probation officers against the offender (Fariello et al., 2009; Trotter, 2015; Ward, 2008). While perceived biases are not a concrete reflection of either commitment or professionalism, probationer non-compliance and failure to complete programs were most often attributable to personality conflicts between the probationer and their assigned probation team member (Fariello et al., 2009; Trotter, 2015). From an organizational perspective, commitment was defined and distinguished from motivation, and job satisfaction of the probation officer by their diligence in working with difficult probationers (Polaschek, 2011; Roque & Lurigio, 2009). According to Byrne (1990), commitment was significant to ISP organizational functions because it involved strong attachments and ties to working toward the goals of the department or program, not just the job. Supporting Byrne's (1990) argument, other researchers reported that probation organizations clearly benefited from ISP teams developed through officers' commitment to probation work, organizational values, focused effort, adherence to procedure, productivity, and consistency which resulted in high retention rates among ISP team members (DeLude, Mitchell, & Barber, 2012; Fariellos et al., 2009; Smith et al. 2012).

While commitment has been attached to professionalism that is universally applicable to all forms of probation organizations, ISP program team members often face significantly more challenging work environments than other probation officers (Trotter, 2015; Fariello et al., 2009). External factors and conflicts rapidly undermined their program's effectiveness unless clear procedures were in place (Smith et al., 2012; Fariello et al., 2009; Ward, 2008).

## ISP Challenges

There are several challenges faced by ISP-S programs, including adequate management of resources, effective use of assessments, responsiveness and appropriate phase progression. Research related to these challenges is discussed below.

### Resource Management

Frequently, intensive probation/diversion programs were afflicted with critical issues related to consistent resource management. In the majority of evaluative reports (7 out of 10) reviewed for this effort, the studies found that poor resource management was a critical item failure that led to frequent inappropriate participant/service matching, participant underservicing, and lack of available resources for the most high-risk offenders (Stansbery, 2018; Miller & Miller, 2016; Duwe, 2012; Kiyabu, Steinberg, & Yoshida, 2010; Little, et.al, 2010; Shaffer & Pratt, 2009; McGuire, et.al, 2008). Conversely, reviewed efforts have downplayed the relevance of individual site management of resources, pointing out that probation service assignments were often left to the discretion of the courts or state prosecutors to determine what programs an offender qualified for, how long the offender must serve, and even special conditions of the programs including weekly drug testing or completion of psychiatric/group therapy curriculums (Blonigen, et al., 2018; Feig, 2015; Maki, 2014). While the theoretical literature may have been somewhat indeterminant regarding the importance of resource management at the site levels, reviewed evaluative efforts substantiated that successful outcomes were most often tied directly to correctly matching the needs of the offender to the correct services regardless of what group or entity made classification or assignment recommendations (Weaver, 2014; Matz & Kim, 2013; and Byrne, 1990).

Based on the observations from Roque and Lurigio (2009) and Golden, Gatchel, and Cahil (2006), the term of net-widening may be applicable. This term refers to the placing of offenders into more restrictive and more costly correctional conditions and settings than is necessary for public safety (Weaver, 2014; Blonigen et al., 2018). The previous research had suggested that net-widening may have provided too many overlapping opportunities for decision makers to direct offenders away from incarceration creating an unintended catch-all effect in some diversion programs that diluted intent and effectiveness (Feig, 2015; Matz & Kim, 2013; Duwe, 2012; Ward, 2008). From the community justice perspective, the desire of decision makers to reduce the stress and burdens of the state by keeping too many offenders at the community level often created an over prescription of services as an administrative tool that resulted in a greater number of offenders being assigned to diversion programs as a type of incarceration deferment (Grattet & Lin, 2016; Smith, et. al, 2012). The researchers in these two studies argued that this type of net-widening was common and may have actually undermined community-based services by increasing capacity to a point in which lower risk offenders were receiving the majority of available services while higher risk offenders received fewer services and were more likely to be sanctioned, removed from programs, or referred back to courts for possible incarceration (Grattet & Lin, 2016; Smith, et.al, 2012). These findings have been supported by qualitative results of Polaschek (2011) who has argued that almost 20% of diversionary program resources are mis-applied to lower risk offenders. Uniformly, previous research efforts have shown that timing and consistency of services are the most important factors for intensive supervision probation (Stansbery, 2018; Miller & Miller, 2016; Duwe, 2012; Roque & Lurigio, 2009; Golden, Gatchel, & Cahil, 2006).

### Use of Assessments

Most in-community intensive supervision probation rely on actuarial assessment tools designed to identify the offender's risks and needs with regard to recidivism (Feig, 2015, Matz & Kim, 2013, Duwe, 2012). Within the body of current research, the Level of Service Inventory Revised (LSI-R) utilized by the ISP-S program was the most common tool. The LSI-R was based on a social learning model of crime, in which question batteries were divided into subscales which are tabulated into total scores that were used by sites to predict recidivism or risk (Feig, 2015, Matz & Kim, 2013, and Polaschek, 2011). However, previous reviews of the LS suite have suggested that the strongest indicators for diversionary programs like ISP-S were most often tied to the criminogenic subscale scores and not the composite total score (Stansbery, 2018; Miller & Miller, 2016; Duwe 2012; Kiyabu, Steinberg, & Yoshida, 2010; Little, et.al, 2010).

Because elements of the LSI-R subscales, including Education/Employment, Finances, Family/Marital, and Living Accommodation, were often adversely affected by criminal court proceedings, researchers have strongly suggested that initial assessments should be done very early in the offender processing, preferably during the Pre-Sentencing stage of adjudication. Extrapolating further, the researchers have argued that the timing of the assessment intrinsically effects the quality of the services and potential outcome of the diversion for the offender, because the stress of the adjudication process typically caused the offender to become isolated from many family members and peers which often resulted in low or moderate risk offenders recording higher LSI-R total composite scores (Hyatt & Barnes, 2017; Trotter, 2015; Polaschek, 2011),

Empirically, very few efforts have moderated for, or compared, LSI-R assessment strengths over the entire adjudication/post-adjudication process. However, one study conducted by the researcher Watkins in a 2011 correctional systems evaluation of the Australian post release program, found that specific elements of the LSI-R related to the criminogenic subscale of participants were highly predictive of successful outcomes (not re-offending) if the offender was classified very early in the adjudication processing. Watkins' data used a more advanced statistical modeling (multivariate analysis of variance MANOVA with multi-point bi-serial correlations) that suggested the majority of the participants in the study (N=10020) that reoffended within two years of adjudication were often mis-categorized by the utility level of the LSI-R composite total score. The researcher surmised that if the assessment was given late in the offender processing or post release, the timing limited the LSI-R's accuracy because subscale scores for low, low/moderate, and moderate risk offenders were wildly skewed and tended to deteriorate over time. Drawing on Watkins' (2011) conclusions, researchers postulated that assessment timing created gaps in the LSI-R's effectiveness to predict recidivism because the composite scores narrowly focused on too few risk indicators which could mute other criminogenic factors such as family/peer influences and financial means (Hyatt and Barnes, 2017; Polaschek, 2011). In terms of Watkins study, the timing of the assessment may have helped explain why moderate and moderate/high scoring offenders were 2 to 3 times more likely to reoffend than high risk scoring offenders, and up to 30 times more likely to reoffend than low risk scoring participants.

### Responsivity

Others note limitations of programs to incorporate responsivity elements in implementation. Recent studies have suggested that the EBP recommendations in cognitive-behavioral programs were too generalized and lack consideration for participants with learning disabilities or other mental impairments (Rao et al., 2016; Lizama, Matthews, & Reyes, 2014; DeLude, Mitchell, and Barber, 2013; Savaya & Waysman, 2005). Logically, no two ISP-S participants had the same cognitive make-up, learning deficits or behavioral capacities, therein, the standardized assumptions of the EBP would not suit every offender in the programs. Supporting the above noted position, Lutze, Rosky, and Hamilton (2014) and Polaschek (2011) have argued that cognitive differences among programming offenders resulted in substantial delays in program completion, inadequate information retention, and insufficient behavioral modifications in almost 40% of their survey's participants.

### Phase Progression

Additionally, the rescinding contact model offered in most ISPs was often insufficiently applied across their surveyed programs creating a bottleneck of administrative and technical challenges for offenders in Phase 1 of the programs (Lizama, Matthews, & Reyes, 2014; DeLude, Mitchell, & Barber, 2012; Savaya & Waysman, 2005). An example of this type of bottle-necking was also described by Miller and Miller (2016) in their study of the second-chance drug court in Delaware County, Pennsylvania. The researchers correlated an excessive violation rate (over 56%) among second-chance participants within the first phase of the ISP. The researchers reported that the second-chance program required all participants to submit to at least three mandatory drug tests weekly and full electronic surveillance (GPS ankle bracelets) throughout the first phase of the program. They argued that the high-risk EBP model was too stringent for substance abuse participants that needed more addiction treatment before successfully navigating behavioral supervision that could trigger administrative or technical sanctions for offenders who were not mentally or physically prepared (Miller & Miller, 2016). Resonating Miller

and Miller's argument that not every offender has the same capacity and requires different thresholds of therapy types and durations, Polaschek (2011) suggested a crescendo model for ISPs like ISP-S, in which the most technical and stringent modules of the program are placed right before completion. Polaschek postulated that net-widening in ISP programs were unavoidable, therefore every effort should be made to avoid programming bottlenecks and delays by creating a transition period for new participants before immersing them into more challenging requirements.

Previous research efforts have substantiated that the integrity and overall effectiveness of intervention programs like ISP-S were contingent on the retention and completion of the program by the majority of offenders assigned to it (Phelps, 2013; Sirdifield, 2012; Roque & Lurigio, 2009; Shaffer & Pratt, 2009; McGuire et al., 2008; Golden et al., 2006). Extrapolating on the program detriments noted above, researchers have also concluded that offenders who were removed from ISP programs were exponentially (up to 2 times more likely) to re-offend and be incarcerated in the near future (Ferguson & Wormith, 2013; Phelps, 2013; Roque & Lurigio, 2009; Shaffer & Pratt, 2009). While individual sites and probation professionals were ultimately responsible for retention decisions, some studies have suggested that the effects of those decisions typically go beyond individual outcomes and sometimes breached the effectiveness of the desistance mechanism by removing the wrong offenders too soon (Blonigen et al., 2018; Rotter & Carr, 2011; Hansen, 2008). While the necessity of procedural clarity and consistency in the termination process across each site had been found to be the optimal solution, the differentiation in the assignment and screening procedures may have made implementation of a standardized protocol for all ISP-S sites tenuous (Ferguson & Wormith, 2013; Phelps, 2013; Sirdifield, 2012; McGuire et al., 2008).

Additionally, certain groups within ISP's assignees were more likely to purposely re-offend to be removed from the intensive scrutiny of the program (Miller & Miller, 2016; Veysey, Ostermann, & Lanterman, 2014; Kiyabu, Steinberg, & Yoshida, 2010). The researchers reported that certain drug offenders, sex workers, and street crime offenders (pick-pockets and phone thieves) were up to 33% more likely to be removed from an ISP program because of refusal to attend their program or re-offending. These results suggested that personality and criminogenic factors played an important role in how different offenders related to or accepted the desistance training of the ISP and go toward determining when and if certain offenders should be terminated from a program (Miller & Miller 2016; Veysey, Ostermann, & Lanterman, 2014; Sirdifield, 2012). The available research offered two hypotheses to explain these differential phenomena: 1) offenders that were more experienced with the system (juvenile) may have been more likely to participate in their program and avoid termination because they understood the gravity of their circumstances (Phelps, 2013), and 2) offenders that presented with deficits in self-control and anger management were most likely to fail in the programs (Miller & Miller, 2016; Veysey et al., 2014).

## **Goal of Current Project**

Southern Illinois University Carbondale (SIUC) entered into an agreement with the Illinois Criminal Justice Information Authority (ICJIA) to provide a process evaluation of four Adult Redeploy Illinois (ARI) Intensive Supervision Probation with Services (ISP-S) programs. The four Illinois counties include: DuPage, Macon, Peoria, and St. Clair. Areas of inquiry included

program design and implementation, fidelity to ISP-S criteria, use of evidence-based practices, fidelity to those practices, challenges and limitations of operations, and short-term outcomes associated with program participation. An additional purpose of the evaluation was to provide a logic model of ISP-S's inputs, outputs, and expected outcomes.

## Methodology

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Southern Illinois University Carbondale (SIUC) researchers collected data at four Adult Redeploy Illinois sites: DuPage County, Macon County, Peoria County, and St. Clair County. These four sites were chosen by ICJIA. Data collection began in March of 2018 and ended in June of 2018. The data were collected using various methods and served to inform SIUC's process evaluation of these program sites. Table 1 summarizes the types and frequencies of these data collection efforts.

Table 1: Descriptive Statistics of Data Collection Methods

<b>Data Collection Methods</b>	<b>Total</b>
<b>Site Overview</b>	4
<b>Staff Interviews</b>	19
<b>Participant Surveys</b>	126
<b>Catalog of Programs</b>	6
<b>Administrative Data</b>	826

### Site Overview

Site Overviews consisted of a roundtable-type discussion between individuals in key roles within the ISP-S sites. These discussions encouraged input from ISP-S probation supervisors, ISP-S probation officers, administration, State's Attorneys, cognitive-behavioral therapy (CBT) service providers, and substance abuse and mental health service providers. The research team moderated the discussions and took detailed notes of the discussion's contents.

The overview guide used by the research team covered topics such as distinguishing features of ISP-S, referral criteria, admission processes, characteristics of the participants, ISP-S phase description and progression, CBT programs available, substance abuse and mental health services available, participant termination processes, successful completion requirements, and funding allocation.

### Staff Interviews

Interviews were conducted with staff members at each of the ISP-S sites in order to gain information about their duties in relation to ISP-S and their perceptions of the program. Staff members included ISP-S supervisors, ISP-S probation officers, Assistant State's Attorneys, judges, service providers, and ISP-S fiscal officers. Interviews with staff members were recorded by the researchers and conducted in private offices. The interviews were typically 45 minutes.



The interview protocol was semi-structured and covered areas of interest including participant selection procedures, requirements of participants in the program, supervision procedures, case management strategies, use of evidence-based practices, sanctions and rewards, challenges of the ISP-S program, and successful and unsuccessful participant termination. See Appendix A for a list of items.

## Participant Surveys

Potential participants were approached during their reporting time to their respective probation sites. In order to maximize participation, participants were recruited during high office reporting times and during group participation. The research team asked them to participate in a 30-minute survey about their probation experience. Consenting participants were directed to a conference room and completed the survey packet. Participants were not compensated by the SIU research team.

### Participants

All participants were over the age of 18, actively on a court-mandated probation disposition, and reporting to one of the four evaluation sites: DuPage, Macon, Peoria, or St. Clair counties. One hundred twenty-six ISP-S participants completed the survey (see Table 2). Tables 3 through 8 describe the sample of survey participants.

Table 2: Total Participant Participation

Site Location	Surveys Completed
DuPage	52
Macon	19
Peoria	33
St. Clair	7
<b>Total Participant Surveys</b>	<b>126</b>

Of the ISP-S participants surveyed, 75 (67.6%) were males and 36 (32.4%) were females.

Table 3: Gender Across Sites

Gender	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Male</b>	33	63.5	12	63.2	25	75.8	5	71.4	75	67.6
<b>Female</b>	19	36.5	7	36.8	8	24.2	2	28.6	36	32.4
<b>Total</b>	52	100.0	19	100.0	33	100.0	7	100.0	111	100.0

Fifty-nine (53.2%) current ISP-S participants reported being Caucasian, thirty-nine (35.1%) reported being African American/Black, two (1.8%) reported being Asian/Asian-American, two (1.8%) reported being Native American, and nine (8.1%) reported being of “other” races. DuPage had the highest percentage of Caucasians (69.2%) and the lowest percentage of African Americans (11.5%).

Table 4: Race Across Sites

Race	DuPage		Macon		Peoria		St. Clair		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Caucasian</b>	36	69.2	10	52.6	10	30.3	3	42.9	59	53.2
<b>African-American/Black</b>	6	11.5	8	42.1	21	63.6	4	57.1	39	35.1
<b>Asian / Asian-American</b>	2	3.8	0	0.0	0	0.0	0	0.0	2	1.8
<b>Native American</b>	1	1.9	0	0.0	1	3.0	0	0.0	2	1.8
<b>Other</b>	7	13.5	1	5.3	1	3.0	0	0.0	9	8.1
<b>Total</b>	52	100.0	19	100.0	33	100	7	100	111	100

Forty-five (40.5%) current ISP-S participants reported being employed full-time, sixteen (14.4%) reported being employed part-time, forty-five (40.5%) reported being unemployed, one (.9%) reported being retired, and four (3.6%) reported that they had “other” listed as their employment status. Macon had the highest percentage of fully employed ISP-S participants (47.4%) and DuPage had the highest percentage of unemployed participants (44.2%).

Table 5: Employment Across Sites

Employment Status	DuPage		Macon		Peoria		St. Clair		Total	
	n	%	n	%	n	%	N	%	n	%
<b>Employed (full-time)</b>	20	38.5	9	47.4	13	39.4	3	42.9	45	40.5
<b>Employed (part-time)</b>	8	15.4	3	15.8	5	15.2	0	0.0	16	14.4
<b>Unemployed</b>	23	44.2	6	31.6	14	42.4	2	28.6	45	40.5
<b>Retired</b>	0	0.0	0	0.0	0	0.0	1	14.3	1	.9
<b>Other</b>	1	1.9	1	5.3	1	3.0	1	14.3	4	3.6
<b>Total</b>	52	100	19	100	33	100	7	100	111	100

Sixteen (14.5%) current ISP-S participants reported being married, nine (8.2%) reported being separated from their spouses, zero (0.0%) reported being widowed, eleven (10.0%) reported being divorced, and seventy-four (67.3%) reported that they had never been married. DuPage had the highest percentage of participants who had never been married (80.8%) and Macon had the lowest percentage of participants who had never been married (38.9%).

Table 6: Marital Status Across Sites

Marital Status	DuPage		Macon		Peoria		St. Clair		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Married</b>	6	11.5	3	16.7	4	12.1	3	42.9	16	14.5
<b>Separated</b>	1	1.9	3	16.7	5	15.2	0	0.0	9	8.2
<b>Widowed</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

<b>Divorced</b>	3	5.8	5	27.8	2	6.1	1	14.3	11	10.0
<b>Never Married</b>	42	80.8	7	38.9	22	66.7	3	42.9	74	67.3
<b>Total</b>	52	100	18	100	33	100	7	100	110	100

The mean age of the participants who participated in the survey was 33.5 (Median = 32) with a standard deviation of 9.7. St. Clair had the highest average age at 40.1.

Table 7: Age Across Sites (Med = Median)

	<b>DuPage (n = 51)</b>		<b>Macon (n = 19)</b>		<b>Peoria (n = 33)</b>		<b>St. Clair (n = 7)</b>		<b>Total (n = 110)</b>	
	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>
<b>Age</b>	32.3 (29)	11.1	36.1 (39)	6.6	32.3 (30)	7.4	40.1 (35.5)	12.8	33.5 (34)	9.7

The mean of the survey participants' ages at first arrest was 20.2 (Median = 18) with a standard deviation of 9.0. DuPage had the lowest average age for first arrest at 18.98.

Table 8: Age at First Arrest Across Sites (Med = Median)

	<b>DuPage (n = 52)</b>		<b>Macon (n = 19)</b>		<b>Peoria (n = 31)</b>		<b>St. Clair (n = 7)</b>		<b>Total (n = 109)</b>	
	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>	<i>M</i> ( <i>Med</i> )	<i>SD</i>
<b>Age</b>	18.98 (17)	8.3	21.7 (18)	10.3	20.3 (18)	8.3	24.0 (22)	13.3	20.2 (18)	9.0

## Measures

### *Perceived Risk Inventory*

The Perceived Risk Inventory (PRI) is a 35-item self-report measure used to assess participants' criminogenic risk levels. Participants are asked to compare their perceived risk levels to others. See Appendix B for a list of items.

### *Transition Inventory*

The Transition Inventory (TI) is a 64-item self-report measure intended to assess participants' perceptions of transition difficulty in the areas of impulsivity, social pressure, substance abuse, finances/employment, leisure, negative affect, interpersonal relationships, and familial concerns

(Kroner, 2012). All items are future-oriented and participants are asked to predict their behaviors in the coming month. Subscales created from these items serve to predict the likelihood of reoffending. See Appendix C for a list of items.

### ***Criminal Attribution Inventory***

The Criminal Attribution Inventory (CRAI) is a 60-item self-report measure designed to measure criminal blame (Kroner & Mills, 2003). These 60 items contain six subscales of inquiry including psychopathology, personal, victim, alcohol abuse, societal, and random criminal blame. See Appendix D for a list of items.

### ***Cognitive Behavioral Therapy Program Satisfaction Survey***

The Cognitive Behavioral Therapy Program Satisfaction Survey is a 32-item self-report measure intended to capture participants' perceptions and level of satisfaction with the CBT program they attend as part of their probation requirements. Participants are asked to list the CBT program they are currently involved in or most recently completed, and answer questions about this group's components, environment, group leaders, policies, and dosage. See Appendix E for a list of items.

### ***ISP-S Satisfaction Questionnaire***

The Adult Redeploy Illinois Satisfaction Questionnaire is a 4-item open-ended measure to gain insight into the participants' perceptions of their probation status and requirements. Participants answer questions relating to their probation disposition's ability to help them remain crime-free, strengthen other areas of their life, whether it is meeting their needs, challenges of meeting their requirements, and how their probation type could be improved. See Appendix F for a list of items.

## **Program Cataloging Tool**

A structured interview with ISP-S staff members was administered in a one-on-one setting by the research team. Interviewees included ISP-S supervisors and ISP-S probation officers who facilitated the group or were knowledgeable about the site's programs. The interviewer noted the interviewee's responses on the interview guide. The duration of the interview was typically 10 minutes.

The Program Cataloging Tool is a 15-item structured interview used to take inventory of the various CBT programs offered at each site. Further, it captures the purpose, dosage, mechanisms of change, theoretical perspective, and attendance of each program. See Appendix G for a list of items.

## **ISP-S Administrative Data**

The research team obtained administrative data of Adult Redeploy Illinois participants from the ICJIA's ISP-S database. Each of the four evaluation sites provided ICJIA with this administrative data from their sites as of January 2017. All participants were over the age of 18, actively on a

court-mandated probation disposition, and reporting to one of the four evaluation sites. Only ISP-S participants from January 2014 to December 2017 were included in administrative data analyses.

## Participants

Overall at the four sites, 542 ISP-S participants (69.6%) were recorded as males and 237 (30.4%) were recorded as females. Peoria had the highest percentage of male participants at 77.4% and St. Clair had the highest percentage of female participants at 53.3%. St. Clair had a strong emphasis on the delivery of mental health services as part of their ISP-S.

Table 9: Gender Across Sites

Gender	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Male</b>	193	72.6	126	62.7	195	77.4	28	46.7	542	69.6
<b>Female</b>	73	27.4	75	37.3	57	22.6	32	53.3	237	30.4
<b>Total</b>	266	100	201	100	252	100	60 <sup>a</sup>	100	779	100

*Footnote:* <sup>a</sup>ISP-S data was incomplete.

Overall at the four sites, 363 ISP-S participants (46.5%) were recorded as African Americans, two (.3%) as Native Americans, five (.6%) as Asians, 41 (5.3%) as Hispanics, 358 (45.9%) as Caucasians, six (.8%) as Multi-Racial, two (.3%) as Other, and three (.4%) as Unknown. DuPage had the highest percentage of Caucasians (64.7%) and the lowest percentage of African Americans (17.7%).

Table 10: Race Across Sites

Race	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>African American</b>	47	17.7	114	56.7	169	66.8	33	55.0	363	46.5
<b>Native American</b>	1	.4	1	.5	0	0	0	0	2	.3
<b>Asian / Pacific Islander</b>	5	1.9	0	0	0	0	0	0	5	.6
<b>Hispanic</b>	38	14.3	0	0	2	.8	1	1.7	41	5.3
<b>Caucasian</b>	172	64.7	82	40.8	78	30.8	26	43.3	358	45.9
<b>Multi-Racial</b>	1	.4	1	.5	4	1.6	0	0	6	.8
<b>Other</b>	2	.8	0	0	0	0	0	0	2	.3
<b>Unknown</b>	0	0	3	1.5	0	0	0	0	3	.4
<b>Total</b>	266	100	201	100	253	100	60	100	780	100

The mean age of the 778 ISP-S participants with a recorded birthdate was 37.3 with a standard deviation of 10.8. DuPage had the lowest average age at 31.4 and St. Clair had the highest average age at 39.9.

Table 11: Age Across Sites

	DuPage			Macon			Peoria			St. Clair			Total		
	<i>n</i>	<i>M</i> ( <i>MED</i> )	<i>SD</i>	<i>n</i>	<i>M</i> ( <i>MED</i> )	<i>SD</i>	<i>n</i>	<i>M</i> ( <i>MED</i> )	<i>SD</i>	<i>n</i>	<i>M</i> ( <i>MED</i> )	<i>SD</i>	<i>N</i>	<i>M</i> ( <i>MED</i> )	<i>SD</i>
<b>Age</b>	265	31.4 (28)	9.9	201	39.4 (38)	11.3	252	38.5 (36)	11.8	60	39.9 (38.5)	10.3	778	37.3 (36)	10.8

Overall at the four sites, 25 (3.1%) ISP-S participants were recorded as having less than an 8<sup>th</sup> grade education, 222 (27.4%) as having some high school education, 391 (48.2%) as having a complete high school education or GED, and 173 (21.3%) as having a college or technical degree. Macon had the highest percentage of participants with a complete high school education or GED (54.7%) and DuPage had the highest percentage of participants with a college or technical degree (31.3%).

Table 12: Education Across Sites

Education	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Less Than 8 <sup>th</sup> Grade	5	1.5	16	5.0	1	.8	3	6.0	25	3.1
Some High School	73	22.6	79	24.7	47	39.8	23	46.0	222	27.4
High School Graduate or GED	144	44.6	175	54.7	53	44.9	19	38.0	391	48.2
College or Technical School	101	31.3	50	15.6	17	14.3	5	10.0	173	21.3
<b>Total</b>	<b>323</b>	<b>100</b>	<b>320</b>	<b>100</b>	<b>118</b>	<b>100</b>	<b>50</b>	<b>100</b>	<b>811</b>	<b>100</b>

Overall at the four sites, 224 (27.1%) ISP-S participants were recorded as being employed full-time, 121 (14.6%) as being employed part-time, and 481 (58.2%) as being unemployed. St. Clair had the highest percentage of unemployed participants (88.7%) and Macon had the highest percentage of full employed participants (30.2%).

Table 13: Employment Across Sites

Employment Status	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Employed (full-time)	102	29.6	94	30.2	25	21.4	3	5.7	224	27.1
Employed (part-time)	70	20.3	43	13.8	5	4.3	3	5.7	121	14.6
Unemployed	173	50.1	174	55.9	87	74.4	47	88.7	481	58.2
<b>Total</b>	<b>345</b>	<b>100</b>	<b>311</b>	<b>100</b>	<b>117</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>826</b>	<b>100</b>

Overall at the four sites, 121 (16.3%) ISP-S participants were recorded as being a homeowner or renter, 559 (75.4%) as living with family or friends, 33 (4.5%) as being homeless or living in a shelter, 17 (2.3%) as being in treatment, and 11 (1.5%) as being unknown. Peoria had the highest percentage of participants who were homeowners or renters (36.8%) and Macon had the highest percentage of participants (95.2%) living with family or friends.

Table 14: Housing Across Sites

Housing Status	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Own / Rent	65	19.4	0	0	43	36.8	13	21.0	121	16.3
Live with Family / Friends	237	70.7	216	95.2	69	59.0	37	59.7	559	75.4
Homeless / Shelter	17	5.1	0	0	4	3.5	12	19.3	33	4.5
In Treatment	16	4.8	0	0	1	.9	0	0	17	2.3
Unknown	0	0	11	4.8	0	0	0	0	11	1.5
<b>Total</b>	<b>335</b>	<b>100</b>	<b>227</b>	<b>100</b>	<b>117</b>	<b>100</b>	<b>62</b>	<b>100</b>	<b>741</b>	<b>100</b>

Overall at the four sites, 141 (17.5%) ISP-S participants were recorded as being married and 667 (82.5%) as being unmarried. Macon had the highest percentage of participants who were married (29.8%) and DuPage had the highest percentage of participants who were unmarried (92.8%).

Table 15: Marital Status Across Sites

Marital Status	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Married	25	7.2	86	29.8	22	18.5	8	14.8	141	17.5
Unmarried	322	92.8	202	70.1	97	81.5	46	85.2	667	82.5
<b>Total</b>	<b>347</b>	<b>100</b>	<b>288</b>	<b>100</b>	<b>119</b>	<b>100</b>	<b>54</b>	<b>100</b>	<b>808</b>	<b>100</b>

## Intervention Demonstration Assessment Tool (IDAT)

The purpose of the IDAT is to systematically examine the effectiveness of interventions or systems of interventions. The IDAT can be applied to both existing and proposed interventions. Each section is based on substantive research demonstrating its relationship to correctional effectiveness. Each component is assigned a score. When multiple areas of intervention effectiveness are assessed, narratives might not address relative importance of content areas.

The IDAT gives greater structure to evaluating interventions, resulting in a component score that can assess relative strengths among the components. In addition, a total score can be derived.

When applied to specific sites or specific programs the component scores can be summed for a total score. The total score comprises four categories of Expected Standard, Sub-threshold Standard, Below Standard, and Well Below Standard. As these categories are for specific sites or specific programs, they are not applied to the overall ISP-S.

There are six components to the IDAT. Each component is scored “0”, “1”, or “2”. “0” will reflect content not addressed, “1” will reflect content partially addressed, and “2” will reflect content that is adequately addressed.



The components are:

1. Description of Intervention.

A statement of the components of the intervention and who is expected to benefit from the intervention.

2. Rationale for Risk Reduction and Strength/Asset<sup>1</sup> Promotion

An understanding of the evidence for how the intervention will target the recidivism risk factors and promote strengths to deliver its intended outcomes.

3. Participant Selection

The criteria and how the group of participants targeted with this intervention will be performed.

4. Targeted and Acquired Skills

Interventions focus on development and promotion of skills that lead to a crime free life. Integrated into case management.

5. Progression and Retention Strategies

The program should engage and retain participants to enable them to complete all aspects.

6. Quality Assurance

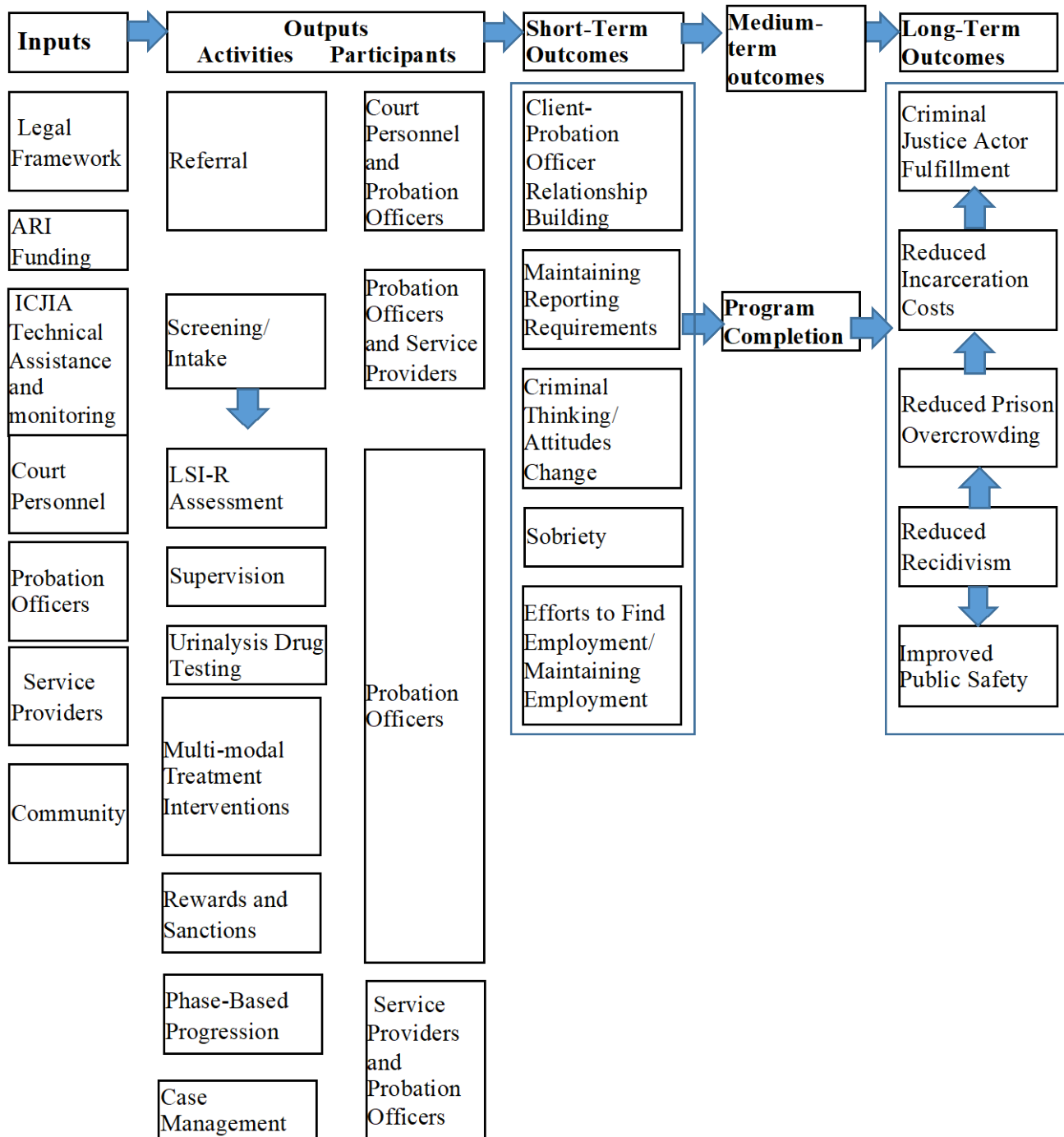
The program has an effective quality assurance process in place. It pays attention to staff skills and training, and checks to make sure that they deliver the program as intended. Monitoring systems need to be in place, to ensure the program is delivered as intended. Procedures for employing flexibility, when appropriate to meet individual needs, must be precisely described in the application, if flexibility is applicable to the program.

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<sup>1</sup> Asset is a term used in the Illinois Crime Reduction Act of 2009.

# Logic Model

Figure 1. Aggregate Logic Model



## Logic Model Narrative

Adult Redeploy Illinois is a multi-agency effort that aims to reduce risk of recidivism and improve public safety among non-violent offenders by providing intensive supervision combined with an integrated set of evidence-based programs to address participant needs. This logic model describes the key inputs, outputs and outcomes for the ARI.

### Inputs

#### *Legal Framework*

ARI was created through the Illinois Crime Reduction Act of 2009. The principles behind this law include:

- The current criminal justice system is not as effective as it might be if it were evidence-based practices, and the current prison population growth is fiscally unsustainable.
- Being smart on crime involves understanding why people commit crimes and addressing the needs underlying criminal behavior.
- It is cheaper and more effective to treat non-violent offenders in their communities, reserving prison space for violent criminals.

Guided by this legal framework, the ARI Oversight Board (ARIOB) and the Illinois Criminal Justice Information Authority (ICJIA) are the foundation in deciding criteria, providing funding, and establishing program goals.

#### *Resources and Funding*

Financial and technical resources are provided to participating Each agency prepares a budget that is submitted and approved annually by the ARIOB and ICJIA. Financial resources cover salaries of the staff, operational expenses, office equipment, and materials for the program. Technical resources, such as training, module developments, and/or acquisition of evidence-based programs, are also provided.

#### *Personnel*

ISP-S programs leverage the participation of local personnel with external resources. Program personnel (court actors, probation officers, service providers and community members) work together to outline the target goals, intended participants, program procedures and offerings, conditions of supervision, and evaluation criteria. The court actors, which include judges, state attorneys, and public defenders, identify potential participants as well as work with program administrators to administer sanctions and rewards. Probation officers, in cooperation with service providers and community members, determine participant eligibility, assess risks and needs of participants, provide intensive supervision, and administer individualized programs that target specific criminogenic needs.

#### *ARIOB and ICJIA Monitoring*

The ARI Oversight Board and the ICJIA monitor compliance and fidelity to the program components among participating agencies. Specifically, the ARIOB and ICJIA ensure that participating agencies target the correct participants and utilize evidence-based programs. The ARIOB and ICJIA also make sure that program goals (25% reduction in prison-bound population) are met and that resources are utilized in a judicious manner. ARIOB and ICJIA tie the release of funds for succeeding cycles on performance; participating agencies who fail to meet program targets can be penalized.

## **Outputs**

From the inputs outlined above, major outputs are undertaken by the participating agencies. These major outputs are interrelated, and each of the outputs affect other outputs.

### ***Referral, Screening and Intake***

Program proponents identify potential participants, utilize screening and eligibility criteria, and accept participants to the program who meet criteria. In some sites, court actors identify potential participants and refer them to the ARI, and in other sites, probation officers identify traditional probation violators to the program.

### ***LSI-R Assessment***

Upon acceptance, probation officers administer the Level of Service Inventory-Revised (LSIR) to determine the criminogenic risks factors of the participants. The risk scores inform the level of supervision accorded to the participants. The LSIR also determines the specific factors that contributed to participants' offending. Upon determination of the criminogenic needs, appropriate programs are identified to address those needs.

### ***Supervision***

Most sites require weekly reporting and regular contact between participant and officer can be held in the office, work, and/or at home. Some sites utilize curfews, electronic monitoring, and surprise checks. The ideal length of supervision is two years; however, majority of the participants complete the program slightly above two years.

### ***Urinalysis and Drug Testing***

Office reporting usually entails consistent urine analysis (UA) and drug testing. Results of the UA are construed as manifestations of participants' adherence to program and are utilized to inform levels of supervision. Participants with clean "drops" are usually rewarded with a fewer number of reports while those with dirty "drops" are sanctioned with more treatment conditions.

### ***Multi-model Treatment and Interventions***

Treatment goes hand in hand with supervision. Probation officers address the criminogenic needs of the participants either through inhouse programs (administered by the probation officers themselves) or through referral to partner service providers. Most treatment programs are Cognitive Behavioral Therapy (CBT) programs and are specific to site. Programs can be

administered individually or by groups. Participants with substance abuse, mental health and anger issues are referred to appropriate service providers. Stabilization services are also offered for drug abusing and mental health participants when necessary. Programs are also offered to enhance participants' life chances. These include skills training, GED and job placement.

### ***Rewards and Sanctions***

The level of supervision and the intensity of treatment depends on participant behavioral performance. Participants who demonstrate motivation and willingness to change, measured through attendance and participation in activities and verbalization of positive change talk, are usually rewarded with material and symbolic rewards. Participants who continually fail to meet supervision and treatment conditions, such as dirty "drops" and missed reporting, are usually sanctioned with additional requirements. Participants may be demoted to higher supervision levels (revert to Phase 1) and be required to attend additional treatments.

### ***Case Management***

The interrelatedness of supervision and treatment and the dynamics of rewards and sanctions comprise individualized case management. Probation officers and service providers gain intimate information about the participants. The participants' emerging needs and barriers to treatment are immediately addressed. Participant participation and completion of all treatment programs are monitored, documented and assessed. Participant infractions are also regularly recorded in a central data management repository. The collected information becomes the basis for determining risk and needs, which then informs supervision levels and treatment intensity in succeeding phases.

## **Outcomes**

### ***Short-Term Outcomes***

Program participation, intensive supervision, and treatment access should produce immediate and observable outcomes.

#### ***Participant-Probation Officer Relationship Building***

The ARI develops a strong relationship between participants and probation officers. The regular meetings, coupled with intensive supervision and treatment, translates to intimate understanding of participants' needs, challenges and barriers to successful completion. This leads to the creation of deeper, open and trusting relationships.

#### ***Maintaining Reporting Requirements***

The open and trusting relationships entice participants to maintain reporting requirements. In return, the emphasis provided on reporting requires participants to keep their schedules, maintain contacts, and update their status with probation officers. This further facilitates information gathering, provides opportunity for monitoring and counseling, and deepens the relationship between participants and probation officers. The constant monitoring and surveillance also provide structure to the lives of the participants. It encourages participants to

manage their schedule properly, so they can be on top of all the supervision and treatment requirements. The mandatory participation in programs also fill in their time which encourages them to participate in conventional activities.

### *Criminal Thinking/ Attitude Change*

The use of intensive supervision, coupled with rewards and sanctions, emphasize the primacy of rules and conditions. These strengthen participants' accountability and personal responsibility. Participants are made aware of the negative consequences of their poor decisions. Good behaviors are also reinforced, enticing the participants to meet program expectations. Participation in CBT programs, which are reinforced through one-on-one counseling, translates to criminal thinking / attitude change. These are manifested through positive change talk among the participants.

### *Sobriety*

The administration of rewards and sanctions, participation in CBT programs, and intensive supervision lead to behavioral change. This is manifested by improved Urine Analysis outcomes and sobriety from drug and alcohol use. The behavioral change indicates that participants are motivated to successfully complete the program requirements.

### *Efforts to Find/Maintain Employment*

The rewards associated with employment (e.g. less reporting) serves as a motivation for participants to find and maintain employment. Probation officers emphasize employment as a behavioral indicator of adherence to program requirements.

## ***Long-Term Outcomes***

### *Reduced Recidivism/Improved Public Safety*

With reformed and rehabilitated participants, it is expected that this will lead to reduced recidivism. Participants are expected that they will be able to resist reverting to old behaviors and overcome influences that will increase risk of readapting criminal thinking. Participants are expected to make use of the social and technical skills they gained from the program. With lowered recidivism and improved productivity for former offenders, it is expected that public safety will improve.

### *Reduced Prison Crowding and Costs*

By diverting offenders from prisons, it is also expected that prison overcrowding will be lessened, and prison space should be reserved for violent offenders. The revolving door practice of releasing offenders and readmitting them again should be reduced. Diversion to community supervision will, in turn, translate to reduction in the cost of incarceration.

### *Criminal Justice Actor Fulfillment*

When participants successfully complete the program, program proponents experience satisfaction in the product of their hard work. Court actors, probation officers and service providers feel that their sacrifices are rewarded.

## Process Evaluation Findings

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Adult Redeploy Illinois is a multi-agency effort that aims to reduce risk of recidivism and enhance public safety among non-violent participants by providing an integrated and holistic set of evidence-based programs and activities that address the participants' criminogenic needs. It also aims to divert prison-bound participants to the community thereby reducing costs of incarceration and reintegrate participants back into the community.

### Program Overview and Personnel

ISP-S leverages the participation of local personnel with the resources it provides to the participating agencies. Sites are encouraged to utilize a Multi-Disciplinary Team (MDT), formed by the participating agencies. *Macon* in particular was noted to have utilized this recommendation. This team outlines the target goals, intended participants, procedures of implementation, key program offerings, conditions of supervisions, and mechanisms to evaluate program success. The MDT includes court actors, probation officers, service providers, and community members. The court actors, which include judges, state attorneys, and public defenders identify potential participants eligible for the program. The court actors also support probation officers and service providers in administering rewards and sanctions to achieve program goals. The probation officers, in cooperation with service providers and community members, determine participant eligibility, assess levels of risks, assets and needs of participants, provide intensive supervision and monitoring, and administer individualized programs that target participant-specific criminogenic needs.

### Intensive Supervision Probation - with Services Criteria Overview

#### *Program Aims and Mechanisms: Overview*

The ISP-S staff utilized written guidelines to inform the administration of the program. These written guidelines are reinforced by supervisors who regularly monitor the implementation of ISP-S staff by joining them in the field visits, observing staff interactions with participants, and eliciting feedback. The guidelines are also utilized as a basis to comment on and correct the performance of the ISP-S staff.

As stipulated in the guidelines, criminogenic needs and risks were reportedly considered a priority. As much as possible, program staff followed procedures to identify and target the needs and risks of the participants. These perceptions of following target causes of offending, such as participants' criminal thinking, lack of skills and poor family environments. As provided for in the guidelines, program staff incorporated their perceptions of the specific causes of offending to the case management plans developed for each participant. Program staff also addressed the criminogenic needs of the participants during one on one appointments. In compliance with program guidelines, program staff developed a highly structured environment that emphasizes accountability. Program staff adhered to the stipulation that higher amounts of contact must be maintained despite growing caseloads. Program staff worked double-time, used team-based approaches, utilized group-based field meetings, and other creative approaches to follow reporting and treatment guidelines.

Program staff articulated the importance of, and made efforts to focus on both criminogenic risk reduction and the monitoring conditions. Interviews from program staff also indicated that they recognized the importance of addressing their perceived needs of the participant holistically. Program staff complied with this evidence-based practice by continually probing into the needs and barriers experienced by the participants which may not be captured during initial screenings. Upon discovery of perceived emergent needs, program staff reported that they immediately address these needs by referring participants to appropriate services. Program staff were acquainted with the importance of wrap-around services and is manifested by the partnership with varied service providers that offer multiple programs. Thus, program staff noted that they were not limited to court-ordered conditions; instead, they mandate new treatment conditions if necessary. Finally, program staff were keenly aware of the significance of employing custodial sanctions as a last resort. Discussions with program staff indicated that they exhaust all avenues of supervision and treatment sanctions before recommending participants to jails or prisons. While program staff reported that some judges may simply terminate cases or send participants to prison even if behavioral changes were not manifested, program staff reported that they dutifully exhaust all remedies and rarely recommend participants to prisons.

Most sites also noted a broad evaluation and oversight of ISP-S. Typically, an annual evaluation was utilized to re-apply for program funding, and most were able to speak generally about the efficacy of the program. More consistently, sites noted meetings of staff and providers to re-evaluate program content and curriculum, including phase criteria and type of programming offered was beneficial. Overall, frequent staff meetings were common, and a variety of criminal justice professionals were included throughout the process (e.g. judicial personnel; legal counsel; treatment providers) to facilitate a holistic programming approach. Program supervisors maintained involvement and were utilized in assuring procedures and policies adherence. *DuPage*, for example, held weekly staff meetings to update on participants and maintain a structured environment.

Another clear adherence to general ISP-S standards was a careful consideration of caseload. Supervisors and ISP-S staff employed conscientious efforts to match needs of the participants to the appropriate service providers in terms of geographical location and history of service. Program staff were also cognizant of the importance of matching the skills of officers to participants' needs and, as much as practicable, utilized this in assignment of cases. ISP-S supervisors utilized these evidence-based practice and identified which type of officer suits a participant's needs and assign participants to the appropriate officers; *DuPage* in particular was able to implement this practice. In addition to skills, program staff were also aware of gender sensitivity. Some participants may be more receptive to treatment and programming administered by persons of a certain gender. Especially in sites with multiple staff, program supervisors utilized gender matching to maximize receptivity of participants. Finally, overall ISP-S adhered to the standard of small caseloads for intensive supervision. It was noted that to practice good case management and adhere to supervision and treatment standards, caseloads must be appropriately manageable. From all accounts, current ISP-S caseloads are well within that range. Although, due to staff turnover, *Macon* reported having elevated caseloads for a brief time period. Small caseloads provide more opportunity for appropriate individualization and treatment assignments. With larger caseloads, the specific needs may be unobserved or unaddressed.



## Specific Program Activities and Components

### Program Entrance: Target Population

Overall, the four sites of evaluation target participants that are at a moderate to high risk of reoffending and have committed non-violent offenses or non-sexual felonies. A participant charged with sex crimes is allowed to be involved with ISP-S as long as their current offense is a failure to report a change of address. The ISP-S program is designed for individuals that would otherwise be sentenced to incarceration in IDOC. It has been noted that most of these individuals would be facing an average of two to six years in an institution if it weren't for their involvement in the program. A majority of ISP-S participants have violated the conditions of their traditional probation on multiple occasions. The program is looked at as a last resort before incarceration.

In general, many ISP-S participants have current substance abuse or mental health issues. Many of these participants lack stable employment and housing, which may be related to the root causes of their criminal involvement. Sometimes these individuals live in environments that are also quite conducive to crime because their peers are involved in the same activities. A majority of these participants have been caught in possession of illicit street drugs such as heroin and cocaine, while some have also been caught committing property crimes and thefts.

### *Target Population by Site*

*DuPage* targets high-risk participants that are likely to reoffend. Generally speaking, these participants have previously been on traditional probation supervision and have been caught violating conditions on multiple occasions. ISP-S is thought to be well suited to provide better structure and supervision as an alternative. This specific form of intensive probation is designed for participants that would otherwise face a sentence of incarceration if their risky behavior were not curbed. The assessment utilized for the selection process in DuPage county seeks out participants with moderate to high criminogenic needs. These needs include mental health and substance abuse treatments that can be interrelated to supervision. Many participants are assigned to ISP-S for drug related offenses. The proclivity of substance abuse among participants increases the likelihood to commit property crimes to support their drug habits. Within the mental health domain, practitioners seek out participants with cognitive behavioral needs, antisocial personalities, and antisocial peers. The program also targets participants who lack employment, education, and housing.

*Macon* targets participants with non-violent and non-sexual class three and four felonies. Many of these participants have charges pertaining to drugs, theft, and DUI's, and would face multiple years of incarceration if they were not involved in the ISP-S program. Many of the participants have limited means of economic support, and are noted to be involved in retail theft as a solution as well as to support substance abuse habits. It has also been noted that this population faces major difficulties finding stable housing and employment, which is vital for reintegration and positive participant outcomes.

*Peoria* targets participants that are at a moderate to high-moderate risk to reoffend. Generally speaking, this site focuses services to participants who have drug possession charges, or participants who have been caught committing thefts to support their drug habits. Individuals with previous sex offenses in the past are able to enroll in the program if their current charge is just a failure to report a change of address. Most of the participants who are involved with this program have substance abuse issues, but a small percentage also has mental health issues. Heroin seems to be the drug of choice among substance abusers. It has also been noted that a portion of the participants lack a stable living environment, and frequently find themselves bouncing around from address to address.

*St. Clair* targets participants that are at a high risk to reoffend, with an explicit focus on participants with co-occurring disorders of mental health and substance abuse. Most of these participants have both types of disorders because they have been self-medicating with street drugs or alcohol due to limited access to medical aid. A majority of the participants are serving a sentence for property theft or drug possession charges, with many of the crimes interrelated to substance abuse. *St. Clair* also reported that many participants come from disorganized homes that do not offer them support, and occasionally influence their criminal involvement.

### **Program Entrance: Referrals and Screening**

Referral processes for ISP-S originates with the courts, typically coming from a recommendation from the judge and/or attorneys. The initial point of referral to ISP-S is generally dependent on criminal justice professionals who are both knowledgeable about the program and subsequently willing to refer or utilize the services. To provide the most productive program, departments may need to involve judges and raise awareness to supervisors concerning which individuals are best suited for ISP-S.

Table 16 reflects referral overviews by source for all sites excluding Macon (data was not consistently captured). *Peoria* and *St. Clair* rely mainly on judicial discretion for decisions whether to remand individuals to ISP-S probation. For *Peoria*, the complexity of the referral process was not captured due to data coding procedures. Thus, multiple parties contributed to the referral, which is reflected by the Judge's decision. (98.8%) for ISP-S recommendation. *St. Clair* using judicial recommendation at 80%. In *DuPage*, ISP-S recommendation is mainly determined by probation officer discretion (71.8%) with far less reliance on judicial recommendation (25.9%) to the program.

Table 16: Referral Overview

Referral Source	DuPage		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Public Defender	2	.8	0	0	5	8.3	7	1.2
Prosecutor	2	.8	0	0	2	3.3	4	.7
Judge	69	25.9	251	98.8	48	80	368	63.5
Probation Officer	191	71.8	0	0	4	6.7	195	33.6
Other	2	.8	3	1.2	1	1.7	6	1.0
<b>Total</b>	<b>266</b>	<b>100.0</b>	<b>254</b>	<b>100.0</b>	<b>60</b>	<b>100.0</b>	<b>580</b>	<b>100.0</b>

Individuals who have committed property crimes comprise the largest portion of ISP-S participants in Macon (47.5%), Peoria (49%), and St. Clair (54%) counties (42% overall) (Table 17). DuPage county ISP-S participants are mostly drug participants (49.6%) and those who have committed property offenses (30.3%). Drug participants are frequently remanded to ISP-S in Peoria (35.5%) and St. Clair (19.7%), yet far less in Macon County (3.7%). The “Other” category for Macon was primarily aggravated driving offenses. DuPage exhibited a higher population of DUI participants (12.3%) than all other counties combined (4.9%). Peoria County was the only site with ISP-S participants in the program for a sex offense (1.2%).

Table 17: Offense Type by Site

Offense Type	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Violent	0	0	1	1.2	0	0	1	1.6	2	.3
Property	79	30.3	38	47.5	123	49.0	33	54.1	273	41.9
Drug	129	49.6	3	3.7	89	35.5	12	19.7	233	35.7
DUI	32	12.3	0	0	4	1.6	2	3.3	38	5.8
Sex Offense	0	0	0	0	3	1.2	0	0	3	.4
Other	20	7.6	38	47.5	32	12.7	13	21.3	103	15.8
<b>Total</b>	<b>260</b>	<b>99.8</b>	<b>80</b>	<b>99.9%</b>	<b>251</b>	<b>100.0</b>	<b>61</b>	<b>100.0</b>	<b>652</b>	<b>99.9%</b>

### Referrals and Screening by Site

*DuPage* focuses on high-risk and reoffending populations, including persons with substantial criminal histories, substance abuse, deficiencies in education, and employment means as well as criminal thinking patterns. Potential participants referred from the courts show indications of being high risk and need, though not all potential judicial referrals had equal support or knowledge of the program. Referrals then go through a detailed screening process (approximately 30 minutes) with a specifically tasked ISP-S officer. If the participant meets the criteria, they are generally accepted into the program (estimated at more than 90%). The majority come into ISP-S through violations of traditional probation, in which ISP-S program supervisors determine whether the participant would be a good fit.

*Macon* primarily accepts Class 4 felons, most of which come through a referral from the court in conjunction with the state and defense attorneys. Once a referral is made, the multidisciplinary

team, which meets monthly, reviews the case file and determines acceptance or not. The risk assessment was not part of the decision process. The team is made up of the state's attorney, public defender, The GEO Group (a private rehabilitation company), Heritage (a substance abuse agency), and ISP-S probation officers, with six total votes being cast. Persons not accepted usually have greater substance abuse or mental health issues that other diversionary programs may be better suited for.

*Peoria* focuses on Class 3 and Class 4 felonies. The state's attorney generally requests a screening for someone they feel may be well suited for ISP-S. The ISP-S probation officers then administer a short assessment (15 – 20 minutes) to determine if the risks and needs meet ISP-S criteria. *Peoria* consistently employed the ISP-S as a diversion tool instead of prison for regular probationers who violate their probation conditions. If the participant meets the criteria and agrees to the program requirements, they are generally accepted. Most referrals at this site are accepted into the program. Exceptions occur when the participant refuses, the participant has low risks or needs, or the court has referred an exclusionary offense.

*St. Clair* targets a population with substance abuse and mental illness. Post-conviction, the participant is given an independent assessment through a third party to establish their level of need. The judge in each referral has the discretion to remand the participant to ISP-S. Other referrals may come in through the probation department if the participant demonstrates steady violations under normal probation supervision or upon the request of a defense attorney. Upon referrals from the court, the team accepts only about 25 percent of potential participants, often diverting the remainder to other problem-solving courts. The ISP-S team evaluates prior histories of substance abuse and mental illness, as well as general treatment experience.

Findings indicate that across all sites, excluding DuPage, participants with Class 3 and Class 4 felonies are most often referred to ISP-S. The total of Class 3 and Class 4 felony participants across sites was 95.9% in Macon, 73% in Peoria, 88.7% in St. Clair, and 58.9% in DuPage County. DuPage differed in that more Class 2 felony participants (15.8%) were referred to ISP-S than Class 3 (12.3%) Class 4 felonies were most frequently referred to ISP-S across all counties (57.8%). DuPage County exhibited significantly more misdemeanor participants (56) than Peoria (1), St. Clair (5), and Macon (1) counties. DUPAGE does not accept misdemeanor referrals unless there is a companion felony case – and that the felony is the basis for program acceptance.

Table 18: Offense Classification by Site

Offense Classification	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Class 1 Felony</b>	8	3.2	0	0	1	1.2	0	0	9	1.5
<b>Class 2 Felony</b>	40	15.8	7	3.6	21	24.7	2	3.2	70	11.8
<b>Class 3 Felony</b>	31	12.3	32	16.6	26	30.6	19	30.6	108	18.2
<b>Class 4 Felony</b>	118	46.6	153	79.3	36	42.4	36	58.1	343	57.8
<b>Misdemeanor</b>	56	22.1	1	.5	1	1.2	5	8	63	10.6
<b>Total</b>	253		193		85		62		593	

**Fidelity Check and Conclusion:**

Although ISP-S receives a steady flow of participants, referral processes appear to be inconsistent, with variance in judicial and prosecutorial utilization of the program. Several sites still have room in their caseloads to continue to accept participants. There are differences in referral sites, and advisement may be appropriate to consider whether court or in-house referrals are preferable, or if there are ways to utilize both more efficiently. Building awareness and support of the program at the judicial/prosecutorial stage, as well as other avenues of referral may be an important step.

Appropriately, screening procedures are used for acceptance into ISP-S, with two sites denoting objective measures of specific assessment tools prior to entrance. In relation to referral procedures, the LSI-R would already be completed at the time of an in-house referral, likely improving the probability of the higher risk/need participant to be included in ISP-S.

***Program Entrance: Risk and Official Assessment (LSI-R)***

The ISP-S program is designed to follow the recommendation of the LSI-R scores in classification. The LSI-R is designed to give specific guidelines that are to be followed. The level of contacts, supervision, and treatment that participants experience per month should be determined by the risk level of their LSI-R scores. Jurisdictions that are properly utilizing the LSI-R scores ensure that the staff is administering the test to the appropriate participants and base classification decisions on the scores. Following the LSI-R assessment, staff must refer the participant to the proper service providers that will best fit their needs. Staff must be properly trained (the publisher, MHS, requires training for the LS suit if the requisite b-level educational qualifications are not held) administer the test and classify participants. Lowenkamp, Latessa, and Holsinger (2004) provided evidence that the predictive validity of the LSI-R declines substantially when staff are inadequately trained in its administration.

Interviews with program staff suggested that they were aware of the importance of the LSI-R in informing participant management. They understand that the LSI-R score is not an arbitrary measure. Also, commonly acknowledged by program staff was the importance of reassessments and reclassification of risks and needs. Program staff consistently relayed the notion that risks and needs are dynamic, and once properly addressed, it should translate to

reduction of risk scores. Reassessments also allowed for correction in case participants were misclassified in the initial assessments.

Some jurisdictions may have issues properly adhering to LSI-R guidelines as intended with the program. It appeared that participants were uniformly treated as high risk and given Phase 1 supervision requirements (the most restrictive) upon admission to the program, even if the actual risk scores suggested that a few of the participants were medium or low risk. Program staff admitted that they override the initial risk scores for the lower risk participants and uniformly treat them as high risk as a way of uniformly initiating all participants to the requirements of the program.

Further, program staff noted that program assignments were sometimes based on space availability or geographical proximity. Some ISP-S programs were also offered to the participants of other types of probation services. Thus, while program staff attempted to segregate program offerings based on risk in some instances, it was inadvertent that higher and lower risks participants participated in the same program.

Most sites professed that they conducted reassessments every six months or once a year and they use the results to refine the case management plans for the participants. This practice should allow the program staff to determine intensity of supervision and dosage of treatment. Despite this avowed importance, however, most sites seldom conduct reassessments. Program staff opined that this can be due to the difficulty of encoding the LSI-R scores in the database, the redundancy of re-administering the LSI-R for participants who have not shown any behavioral improvements, or the reliance of program staff on their intimate familiarity with participants as a more effective way of dealing with the needs of the participants on a one on one level.

ISP-S program supervisors concurred to the notion that training of all new officers on the LSI-R is a good departmental policy to implement. Interviews suggested that all staff had extensive training to the use of the LSI-R and some staff are even certified to train other probation officers. ISP-S staff also reported extensive experience in using the LSI-R in their previous assignments. Peoria has reported adopting the Ohio Risk Assessment Scale (ORAS) and they have started training their staff in using that instrument. It is anticipated that the ORAS will be adopted across the state by the end of 2018.

### ***Risk Classification by Site***

Risk categories are obtained by aggregating the scores of ten domains into one total risk score. Each of the sites utilize their own unique risk category ranges for these total risk scores. These are not consistent amongst the sites, or with the standardized criteria specified by the LSI-R.

Figures 2, 3, and 4 show the participant distribution across risk categories within three sites. These risk categorizations are based on each site's LSI-R risk categorization criteria for ISP-S participants. St. Clair's participant LSI-R categories are reported according to the manual's published norms on Table 29.

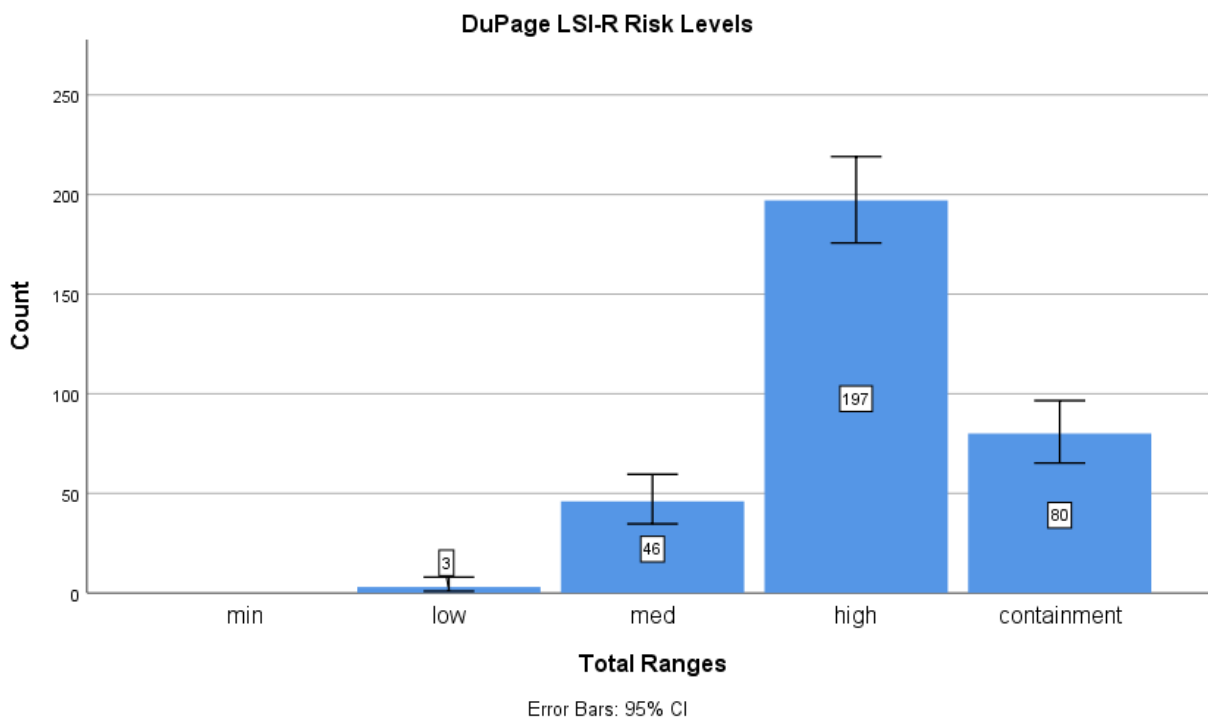
*DuPage:* Table 19 indicates DuPage's site specific classification for risk. Containment is considered to be very high risk. Figure 2 indicates that DuPage considers this population to be

predominately high risk. According to their risk levels, DuPage serves very few low risk participants and no minimum risk participants. DuPage conducted annual reassessments to determine the current risks and needs of the participants.

Table 19: Site Specific LSI-R Risk Classification - DuPage

Risk Level	LSI-R Total Score Range
Minimum	0-6
Low	7-15
Medium	16-23
High	24-33
Containment	34+

Figure 2: LSI-R Risk Classification - DuPage

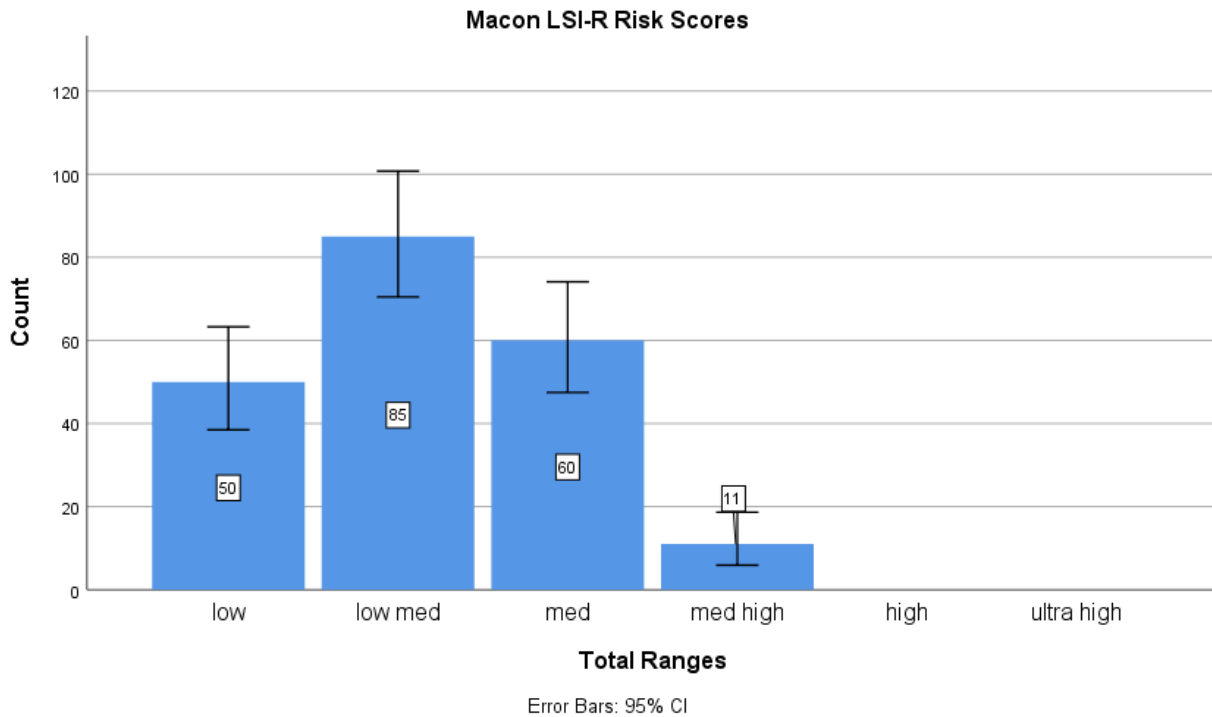


*Macon:* Table 20 indicates Macon’s classification for risk. Figure 3 indicates that Macon considers this population to be predominately low medium risk. Macon does not report serving any high or ultra-high-risk participants.

Table 20: Site Specific LSI-R Risk Classification - Macon

Risk Level	LSI-R Total Score Range
Low	0-15
Low Medium	16-22
Medium	23-31
Medium High	32-39
High	40-43
Ultra-High	44-47

Figure 3: LSI-R Risk Classification - Macon



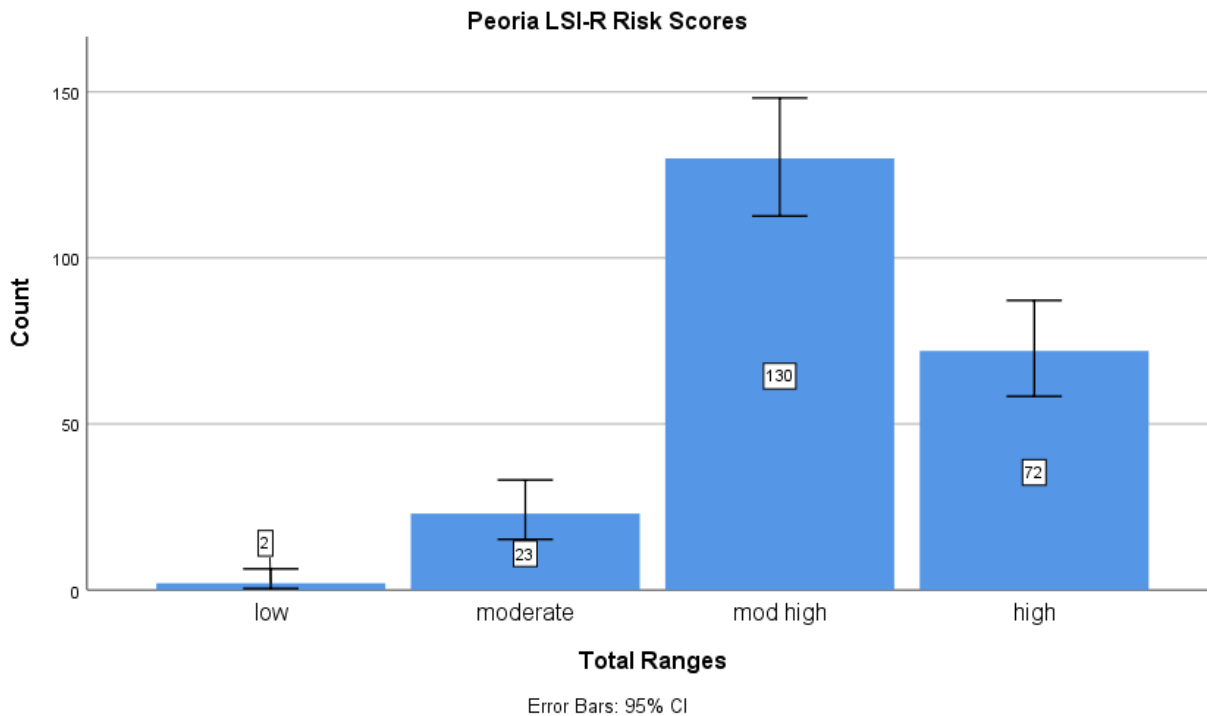
Peoria: Table 21 indicates Peoria’s classification for risk. Figure 4 indicates that Peoria considers this population to be predominately moderate high risk. Peoria services very few low risk participants.

Table 21: Site Specific LSI-R Risk Classification – Peoria

Risk Level	LSI-R Total Score Range
Low	0-12
Moderate	13-21
Moderate High	22-32
High	33+

Figure 4: LSI-R Risk Classification - Peoria





### *ISP-S Risk Level Compared to Normative Sample*

Table 22 reports the average total risk scores for each of the sites. St. Clair’s participants averaged the highest risk score ( $M = 31.57$ ,  $SD = 7.15$ ). DuPage and Peoria’s participants averaged very similar risk scores with a mean of 29.43 ( $SD = 6.15$ ) and 29.44 ( $SD = 6.57$ ), respectively. Macon reported the lowest risk level ( $M = 20.00$ ,  $SD = 6.32$ ).

Table 22: LSI-R Total Risk Scores

	<b>DuPage (n = 326)</b>		<b>Macon (n = 206)</b>		<b>Peoria (n = 227)</b>		<b>St. Clair (n = 69)</b>		<b>Total (n = 828)</b>	
	M	SD	M	SD	M	SD	M	SD	M	SD
<b>Total Risk Score</b>	29.43	6.15	20.00	6.32	29.44	6.57	31.57	7.15	27.26	7.66

Table 23 indicates the LSI-R standardized classification for risk. These are the recommended classification levels and ranges recommended by the LSI-R tool that are based on a normative sample (Andrews & Bonta, 2003). Table 23a compares among the four sites.

Table 23: LSI-R Risk Classification – Normative Sample (Andrews & Bonta, 2003)

Risk Level	LSI-R Total Score Range
Low	0-13
Low Medium	14-23
Medium	24-33
Medium High	34-40
High	41-54

Figure 4a: LSI-R Risk Classification - St. Clair

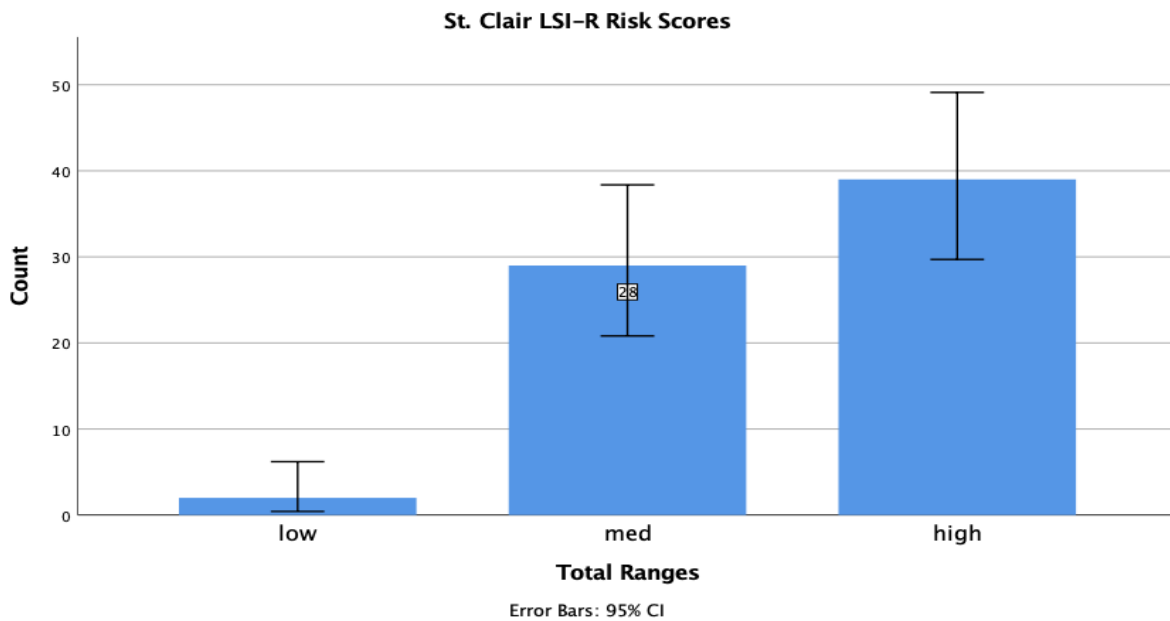
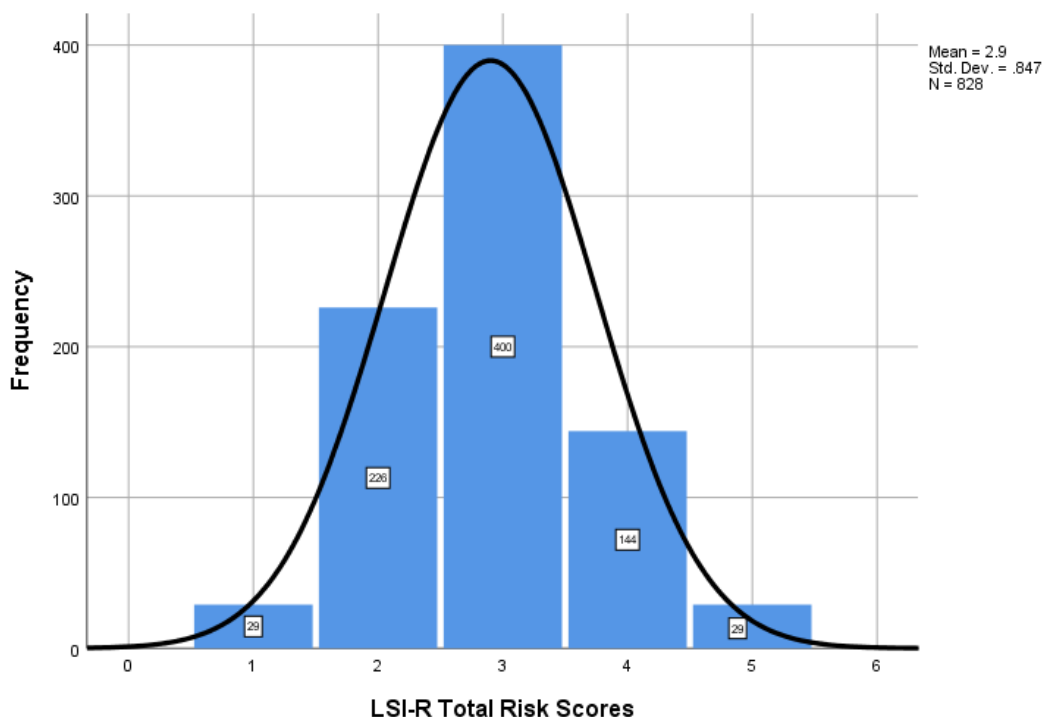


Table 23a: LSI-R Total Score Risk Classification Comparisons

Risk Level	LSI-R Total Score (Norms)	DuPage	Macon	Peoria	St. Clair
Low	0-13	0-6	0-15	0-12	0-9
Low Medium	14-23	7-15	16-22		
Medium	24-33	16-23	23-31	13-21	21-31
Medium High	34-40	24-33	32-39	22-32	
High	41-54	34+	40-43 (44 -54 ultra-high)	33+	32+

Figure 5 shows the distribution of the 828 ISP-S participants across the LSI-R standardized risk classification categories. The participants are normally distributed with a slight skew toward the lower risk categories ( $M = 2.90$ ,  $SD = .85$ ). This suggests that the average ISP-S participant is medium risk.

Figure 5: Distribution of Aggregated LSI-R Risk Scores



**Fidelity Check and Conclusion:**

ISP-S does not use the LSI-R until after acceptance into the program, which results in the potential of lower risk/need participants joining the program. The categories of classification note that some low-risk participants have been part of ISP-S. Sites adhere to appropriate training and certification in the use of the LSI-R, but there are inconsistencies in the scores for category classification. The cutoff scores should be more comparable across sites to ensure the correct targeting of participants. Data management shows little reassessment record for many ISP-S participants.

**Program Components: Supervision Requirements**

In accordance with ISP-S criteria and general programming fidelity, supervision is a clear priority of ISP-S. Each site reported consistent and clear standards of contact, though between sites these varied. The phase-based system utilized supervision at each level, where the phases were tied to detailed contact standards. The absolute minimum across all sites was one contact per week in phase one, without variation. However, even when phase progression occurred, although reduced, supervision remained a key element.

The emphasis of supervision was a program highlight, strengthening the ability to keep close accounting of higher risk/need participants and provides a variety of benefits. As the main goal of ISP-S is to enhance public safety, emphasis on supervision was critical. Close supervision standards allowed for intensive guardianship, including frequent drug testing and check ins to confirm behaviors. Surveillance allowed for the public to feel more comfortable in keeping a

population who would otherwise be incarcerated in the community. However, the purpose of supervision was multifaceted, with surveillance being complemented by accountability and relationship building benefits as well. Secondary purposes enhanced personal accountability for the ISP-S participants in terms of scheduling and maintaining personal responsibility for attending meetings. Second, accountability of the participant increases, as the participant's lives often lacked structure (e.g. unemployment; fewer obligations) so the increased and consistent contact allowed for an opportunity to build compliance and responsibility. Finally, intertwined with treatment and case management components, the strong supervision aspect allowed for more opportunity and time to create a relationship. Consistent and common interactions allowed the probation officer to learn more about interpersonal relationships, emerging problems, changing needs, and successful behaviors with the participants. While not the primary purpose, the duality of outcomes of supervision seems to benefit the overall picture of ISP-S.

A unique aspect of the ISP-S program pertaining to supervision was the breadth of locations where supervision took place. Given the greater frequency of contact, participants were seen in more contexts. In particular, the probation officers were much more present in the community, aiming to visit the participant at home to gather a comprehensive background. It also broke the routine of regular office visits, and the officers were able to facilitate supervision in a less predictable manner for the participant to ensure program compliance. To ensure that correct supervision techniques are utilized, supervisors follow their officers into the field. In the case of larger counties, such as DuPage, it also aided in compliance for the participant and eased the burden of high frequency contacts. Officers and supervisors also visit halfway houses and inpatient treatment centers to ensure that they are being treated fairly and continue to behave appropriately in accordance with the program. Outpatient treatment appointments also fulfilled supervision requirements in some cases, providing both accountability and surveillance. The officers were able to utilize treatment mandates to better supervise and keep up to date on their participants. This variety of surveillance techniques and locations benefitted ISP-S participants and staffs in numerous ways, in particular to gain a comprehensive depiction of their participants.

The intensive supervision necessary for monitoring ISP-S participants sometimes requires more personnel than departments can provide. Supervising participants in the field in addition to the high demands of frequent face to face office visits necessitates copious amounts of personnel resources. Some jurisdictions have relied heavily on electronic monitoring to aid in the supervision of participants, particularly Peoria. Through monitoring, the participant's whereabouts are known to the officer without the officer being physically present. Electronic monitoring aids in the officers' ability to determine if participants are working, attending treatment, and residing at the address they reported to the department.

Across sites, supervision contacts were fairly standard and consistently enforced. Supervision requirements are most frequent in Phase 1, typically once a week. However, supervision can be, and was, adapted to the needs and risks of the participant. Generally, supervision requirements tapered off over time, although this could be individually adjusted based on program performance. Across all four sites, supervision was consistent with mechanisms in place that could be flexible. For example, probation officers could adjust timing, their own schedules, or location of supervision contacts, particularly for those who demonstrated commitment to the program.

Table 24 displays in-office visit trends from 2014 through 2017. All sites excluding DuPage indicated a decrease in monthly in-office visits from 2016 to 2017, likely due to an ongoing budget impasse. Macon reduced visits from 149 to 69, Peoria from 132 to 63, and St. Clair from 42 to 31. DuPage County remained consistent during this time period with 141 visits in 2016 and 143 in 2017. DuPage, Macon, and Peoria counties gradually increased in monthly in-office visits from 2014-2016. St Clair remained consistent during 2014-2016.

Table 24: Number of In-Office Visits

Number of Visits	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	Avg/month	<i>n</i>	Avg/month	<i>n</i>	Avg/month	<i>n</i>	Avg/month	<i>n</i>	Avg/month
<b>2014</b>	1425	119	1312	109	802	67	512	43	4051	338
<b>2015</b>	1587	132	1778	148	1532	128	475	40	5372	448
<b>2016</b>	1689	141	1789	149	1586	132	502	42	5566	464
<b>2017</b>	1718	143	825	69	757	63	370	31	3670	306
<b>Total</b>	6419	134	5704	119	4677	98	1859	39	18,659	389

Supervision primarily functions as a surveillance tool, though it has multiple benefits. Given the population of ISP-S, substance abuse was a common concern of probation officers. Table 25 displays the frequency of drug tests administered across the four ISP-S sites. The reported frequency of drug tests between Peoria, St. Clair, and DuPage were similar. These range from 1101 tests in Peoria to 1714 tests in DuPage and show an average increase of 306.5 tests between each respective location. Frequencies reported by Macon stood out with 2469 drug tests. This number shows 755 more tests than what DuPage, the site with the next highest testing frequency, reported.

Table 25: Drug Testing Frequency

	DuPage	Macon	Peoria	St. Clair	Total
	<i>n</i>	<i>n</i>	<i>n</i>	<i>N</i>	<i>n</i>
<b>Tests Conducted</b>	1714	2469	1101	1461	6745

As noted throughout the findings, supervision is an essential component that is intertwined with other aspects of ISP-S. In particular, the other individualized requirements of treatment and community involvement work together to facilitate the ultimate goal of behavioral change. The supervision aspect gains more meaning and impact when utilized in conjunction with treatment and service requirements.

## ***Supervision Requirements by Site***

*DuPage* demonstrated an emphasis on flexibility of supervision, including a team-based aspect of management in order for the participants to be able to comply (e.g. adjusting schedules to stay later for more opportunity for the participants to come in). Uniquely, the supervisor regularly conducted field visits with the ISP-S staff. As this was one of the larger counties in the program, they were able to benefit from the greater number of staff and officers assigned to ISP-S.

*Macon* had standard supervision practices for their participants. Data did not demonstrate deviations from general ISP-S practices.

*Peoria* particularly prioritized supervision, and this site had much more frequent and intensive supervision standards. They had a great deal of in office and community contacts, particularly in comparison with other sites. Peoria also utilized more tools of supervision outside of personal contact, such as electronic monitoring and strict curfew enforcement. In Peoria, probation officers noted the continuing decline of their caseloads due to lower numbers of referrals. A probation officer attributed the decline to the improving crime conditions in the community. As such, the probation officers' caseloads have improved, giving the probation officers more opportunities for supervision.

*St. Clair* noted some challenges of their population (co-occurring conditions of mental health and substance abuse), and consequentially all participants entering the program are given the same level of intensive supervision regardless of actual risk levels.

### **Fidelity Check and Conclusion:**

ISP-S shows a clear commitment to and execution of supervision strategies, with consistent priority of high frequency contacts. Many sites also provided assistance to ease contacts (such as bus passes) to facilitate compliance. Supervision fulfilled multiple functions over and above surveillance. Narrative accounts very consistently deonted prioritizing frequent and varied supervision contacts; it was a clear emphasis within program participation. However, there are some inconsistencies in recording supervision contacts in terms of data input so not all sites were equally quantitatively evaluated on office and field visit contacts.

### **Program Components: Treatment Overview and Requirements**

Rehabilitation and reduction in recidivism hinged on emphasizing the treatment aspect of ISP-S. Individuals in ISP-S are required to complete treatment in different forms as they progress through the three phases. Intensive supervision was consistent in the program, but priority is also given to treatment and this was noted as a particular deviation from standard probation programs. The goal of reducing recidivism was understood to require service provision for longer term and more substantial change; surveillance as a standalone strategy was unlikely to accomplish that on its own.

The service emphasis enhances the ability to address criminogenic attitudes and other needs and take steps to effect behavioral change. It goes beyond a containment approach and the treatment aspect is considered as important as the supervision function to produce the best

overall results. They are dually important, and both must be part of the equation in order for ISP-S to function. The overall attitude of the provider and staff of ISP-S clearly conveyed these attitudes, particularly a belief in the efficacy of treatment. There is a true commitment to the ISP-S philosophy, and a confidence that the program and treatment aspect benefits the lives of their participants.

It should be noted the balance between supervision and treatment was explicitly noted, and both interconnect with one another. Close supervision benefits treatment, and treatment accountability benefits supervision; the key emphasis is providing both a balanced and effective methodology. Specific narrative examples suggested the importance of identifying potential criminogenic needs early on due to disruption of supervision (e.g. a missed appointment may signal a life stressor) which could help adjust the supervision strategy, avoid a violation, and better identify a potential treatment need. The close supervision allows for more individualized recognition of needs, both increases and decreases in cases of improvement. Supervision was perceived to be informative and aided in information gathering. This helped manage risk, benefit rehabilitation, and promoted better public safety

Like supervision, treatment served multiple purposes. Behavioral change was the main goal and priority. The therapies introduced are meant to enhance success and translate to behavioral and cognitive changes in the everyday life of the participants. However, the treatment requirements also provide structure for many participants who require additional mechanisms of accountability and supervision. The treatment modalities allowed for additional measuring rods within the program, to get a more comprehensive picture of success of individual participants and the program as a whole.

General treatment requirements were a consistent component across sites. Each site required a form of cognitive behavioral therapy (CBT), and most also provided access to programs targeting substance abuse, mental health, gendered needs, anger management, and employment and housing assistance (see specific description below). Jurisdictions collaborate with service providers to offer as many services as they can to ISP-S participants both in-house and external from the probation office. Regardless of who was providing the treatment, communication between probation officer, provider, and participant was essential to understand progress, success, and setbacks which also reflected effective case management. Engagement and contribution in treatment was a requirement; simple attendance was not enough to be considered success.

Providers noted the frequent contact and assessment standards helped identify needs beyond the mandated CBT, and how those needs changed over time. Subsequently, the degree of treatment requirements tied closely to supervision, both in terms of frequency and progress through the phases of the program. Consequently, treatment was present in some form in all phases of the program, despite lessened supervision and contact requirements. However, staff and provider interviews acknowledged flexibility in treatment was important and was lessened or enhanced as needed, based on individual participant performance and need.

Staff interviews indicated the target population of ISP-S scores higher on criminogenic needs dimensions, and subsequent evaluations should show improvement or regression in needs. Tables 26-29 represent a distribution of the percentage of participants receiving services (in addition to mandated CBT) by risk level. These risk levels are normative and not site specific.

Notably, there is fairly equal distribution at each site receiving interventions at each risk level. This deviates from staff narratives indicating individual treatment prescriptions as well as from prescribed evidence-based practices (EBP), the Risk Principle of Risk/Need/Responsivity (RNR).

Table 26. Percent Receiving Intervention at Each Risk Level (Normative) Using LSI-R Risk Levels Over Time - DuPage

<b>DuPage</b>		
<b>Risk Level</b>	<i>n</i>	% of interventions
<b>Low</b>	1	-
<b>Low-Mod</b>	35	34.3
<b>Moderate</b>	166	40.4
<b>Mod-High</b>	59	38.1
<b>High</b>	8	43.8

Table 27. Percent Receiving Intervention at Each Risk Level (Normative) Using LSI-R Risk Levels Over Time - Macon

<b>Macon</b>		
<b>Risk Level</b>	<i>n</i>	% of interventions
<b>Low</b>	13	27.0
<b>Low-Mod</b>	82	23.5
<b>Moderate</b>	28	25.9
<b>Mod-High</b>	4	18.7
<b>High</b>	0	-

Table 28. Percent Receiving Intervention at Each Risk Level (Normative) Using LSI-R Risk Levels Over Time - Peoria

<b>Peoria</b>		
<b>Risk Level</b>	<i>n</i>	% of interventions
<b>Low</b>	1	-
<b>Low-Mod</b>	23	58.7
<b>Moderate</b>	71	52.8
<b>Mod-High</b>	33	54.5
<b>High</b>	8	56.3



Table 29. Percent Receiving Intervention at Each Risk Level (Normative) Using LSI-R Risk Levels Over Time – St. Clair

<b>St. Clair</b>		
<b>Risk Level</b>	<i>n</i>	% of interventions
<b>Low</b>	1	-
<b>Low-Mod</b>	30	53.3
<b>Moderate</b>	62	58.9
<b>Mod-High</b>	74	54.7
<b>High</b>	47	52.6

**General Treatment Requirements by Site**

The greatest variant regarding treatment across location was the mechanism of who and what was delivered. As each site did provide some outpatient and off-site treatment, frequent meetings and coordination between officers and providers are necessary to properly supervise CBT progress. ISP-S participants participate in numerous programs both in the department and outside of the department including Thinking for Change, Moral Reconciliation Therapy, Cognitive Behavioral Therapy, substance abuse treatment, and mental health treatments. The wide variety of treatment programs require extensive resources to monitor. Officers are required to stay in close contact with service providers.

*DuPage* exhibited consistent efforts to treat the underlying cause of criminal behavior and not the action or its outside manifestations. With four ISP-S staff, *DuPage* also matched participants' needs with the appropriate officer more likely to have the expertise to address those needs. *DuPage* mandated treatment was one group per month, where participants could select the CBT program to become involved in through the probation office. Probation officers could and did recommend particular programs based on individual needs. Given placement constraints, *DuPage* has implemented a supportive program for those awaiting inpatient and more intensive treatment until there is availability and also, recently incorporated gender sensitivity in the programming design. Program staff in *DuPage* were also proficient in CBT programs as the department consciously sent staff for outside trainings. They did note that despite efforts to segregate participants according to risk, there was a possibility that low risk participants may join programs together with high risk participants based on program availability. Probation officers noted that this can increase the risk of low risk participants learning criminal behavior and thinking patterns from the high-risk participants.

*Macon* program staff highlight the close coordination between the probation officers, service providers and community members in addressing the needs of the participants. They utilized a mandated Moral Reconciliation Therapy (MRT) program, which was required for all ISP-S participants in addition to a required community program. GEO provided the weekly MRT program off-site. *Macon* staff routinely utilized the LSI-R to determine what other treatment programs, aside from the Moral Reconciliation Therapy, can be offered to participants. *Macon* staff also reported keeping programs that are effective and discarding programs that have proven to be ineffective. The recommended treatments are based on needs, though they divert serious substance abuse and mental health to other problem-solving courts. However, if the participant

has minor issues, they utilize Chestnut to provide treatment as needed; GEO facilitates employment and anger management services as needed.

*Peoria* utilizes Thinking for a Change (T4C) for all ISP-S participants (employed participants could receive an exemption), which was provided bi-weekly at the probation office via staff. However, due to the perceived success of the ISP-S, judges have required regular probation participants with varying risk levels to attend ISP-S classes. ISP-S staff may allow regular probationers to participate in ISP-S classes if program seats are available, though they take care to assign similar risk level-ed participants. The mixing of low risk traditional probationers with ISP-S participants could challenge treatment recommendations and may increase the risk of exposure of traditional participants to the higher risks ISP-S participants. To avoid potential contamination, *Peoria* should continue to ensure only high risk traditional probationers participate in the ISP-S classes. Additional recommended programs were based on need, though additional substance abuse treatment was noted as common. *Peoria* utilizes several public service providers on a referral basis, and put some accountability on the participants to follow up with recommended treatments. The officers reported maintaining close relationship with treatment providers.

*St. Clair* is in the process of shifting to mandated MRT, as they had previously been reliant on T4C. Their population targets substance abuse and mental health needs, and they utilize both Gateway and Chestnut for additional treatment provisions (typically a mandated part of supervision). They utilize treatment to stabilize, particularly early in the program, and add and remove additional programs as necessary. Probation officers noted difficulty working with some service providers which are unwilling to communicate and divulge information to them. Probation officers noted that a certain service provider would not allow them to sit in and observe participant dynamics for fear that participants will not share information when probation officers are present. Program staff were unsure when will they start re-administering the mandated CBT program though it was still highlighted as a critical program component.

## **Treatment Components: CBT and Evidence Based Practices**

Consistent across sites was a narrative of commitment to evidence-based practices (EBP) for treatment, specifically Cognitive Behavioral Therapy (CBT). An acute consciousness of adhering to appropriate and consistent standards was common, including commitment to program curriculum, consideration of program and treatment dosage, and targeting the appropriate population. CBT group-based programming is an important part of the ISP-S program across sites, although the specific CBT program implemented varies. *DuPage* offers Moral Reconciliation Therapy (MRT), Thinking for a Change, and Moving On (a women's trauma-informed group) to their participants. *Macon* requires its participants to go through Moral Reconciliation Therapy. *Peoria* mandates Thinking for a Change for their participants. *St. Clair* utilizes the Cognitive Behavioral Intervention – Substance Abuse (CBI-SA) program with their participants, although they noted that they are in the process of transitioning from this program to MRT. Despite the specific programming differences, staff and provider narration indicated a commitment to individualized treatment, appropriate dosage, curriculum-based content, and qualified personnel. Jurisdictions also collaborate with external service providers to offer as many services as they can to ISP-S participants.

*Target:* EBP requires appropriate target selection, specifically operating under the principle that high risk and high need participants benefit the most from treatment. Most staff and providers described an effort to match individual needs with prescribed treatment overall. Treatment requirements were ideally individualized and were described as being reflective of participant needs. All had CBT as part of their treatment experience, though participants may enter a program through various site-specific avenues. DuPage allows the participants to choose to attend either MRT, Thinking for a Change, or Moving On, or participants may be referred to a specific group by their ISP-S probation officer to address a specific need. ISP-S participants at Macon are mandated to attend the MRT group as this is the only CBT group offered at this site. Successful progression through the MRT steps is a crucial milestone in progressing through the phases of ISP-S. Peoria’s ISP-S participants are mandated to complete the Thinking for a Change program. This is the sole CBT program offered at Peoria and its completion is a part of the participants’ probation conditions. St. Clair requires their ISP-S participants to complete the CBI-SA program as part of their probation conditions. Other substance abuse, mental health, anger management, employment, and other need-based programs were prescribed as needed both as part of court/probation conditions or in response to individual change.

Table 30-32 demonstrates the number of participants served annually as well as the frequency of program provision. DuPage’s Thinking for a Change intervention method serves approximately 30 participants a year while Peoria’s provides treatment to about 85.

Table 30: Thinking for a Change

	<b>DuPage</b>	<b>Peoria</b>
<b>Average Number of Participants per Group Cycle</b>	15	17
<b>CBT Cycles per Year</b>	2	5

DuPage’s Moral Recognition Therapy (MRT) serves an average of eight participants per cycle (approximately 16 weeks) and Macon’s group serves ten. As an open group that is self-paced, MRT has fluctuating participants and cycles annually and individuals do not need to wait for a new session to start.

Table 31: Moral Reconation Therapy

	<b>DuPage</b>	<b>Macon</b>
<b>Average Number of Participants per Group Cycle</b>	8	10
<b>CBT Cycles per Year</b>	Ongoing	Ongoing

St. Clair’s cognitive behavioral and substance abuse interventions serve approximately eight participants per year. DuPage’s Moving On intervention method serves an average of ten participants per cycle. It is important to note that this intervention is individually based as well, which means that the number of annual participants varies just like MRT.

Table 32: Cognitive Behavioral Treatment – Other Interventions

	<b>St. Clair (CBI-SA)</b>	<b>DuPage (Moving On)</b>
<b>Average Number of Participants per Group Cycle</b>	8	10
<b>CBT Cycles per Year</b>	1	Ongoing

*Dosage:* Appropriate dosage of treatment relates to target selection, but evidence suggests treatment should not be too infrequent and that low-risk and need individuals should not receive too much. CBT dosage requirements varied between site, with a minimum of once per month though once per week for about 60-90 minutes was more typical. Tables 33 – 35 illustrate the recommended dosages per program. *DuPage* was on the low end of the once per month requirement, but increased their dosage by utilizing smaller CBT efforts in everyday case management and integrating into each interaction with their participant. Program dosage tapered off as participants consistently demonstrate behavioral change and compliance to reporting conditions. Each site noted that participants can be removed from the CBT program if they incur several unexcused absences from the scheduled group time. Further, Macon’s policy states that four or more unexcused absences from MRT groups will result in a technical violation.

Thinking for a Change CBT is group-based, and the optimal time of completion is contingent on the specific site’s requirements. Within *DuPage*, participants are expected to meet bi-weekly for 24 weeks. Participants meet with their respected groups for 1.5 hours each time, and complete 48 hours of treatment within a 24-week period. Within *Peoria*, participants are expected to meet twice a week for 13 weeks. Participants meet with their respected groups for two hours each time, and complete 52 hours in a 13-week period.

Table 33: Dosage - Thinking for a Change

	<b>DuPage</b>	<b>Peoria</b>
<b>Duration (in weeks)</b>	24	13
<b>Frequency (per week)</b>	Bi-weekly	2
<b>Length (in hours per week)</b>	1.5	2
<b>Total Intervention Hours</b>	48	52

In general, participants are expected to meet in their MRT groups once a week for 16 weeks. The average length of group time is 1.5 hours and participants meet for 24 hours during a 16-week period.

Table 34: Dosage - Moral Reconciliation Therapy

	<b>DuPage</b>	<b>Macon</b>
<b>Duration (in weeks)</b>	16*	16*
<b>Frequency (per week)</b>	1	1
<b>Length (in hours per week)</b>	1.5	1.5
<b>Total Intervention Hours</b>	24	24

\*The optimal time to complete the steps of the program is 16 weeks. But, this program is individually-based and contingent upon the successful completion of each step – not just weekly attendance. So, participants are likely to take longer than 16 weeks to complete all of the steps.

Participants at *St. Clair* participate in cognitive behavioral intervention and substance abuse treatment. Both of these intervention methods are group-based and last for 35 weeks. Participants meet with their respected groups once a week for 1.5 hours, and complete 43.75 hours of treatment within a 35-week period.

Table 35: Dosage – Other Interventions

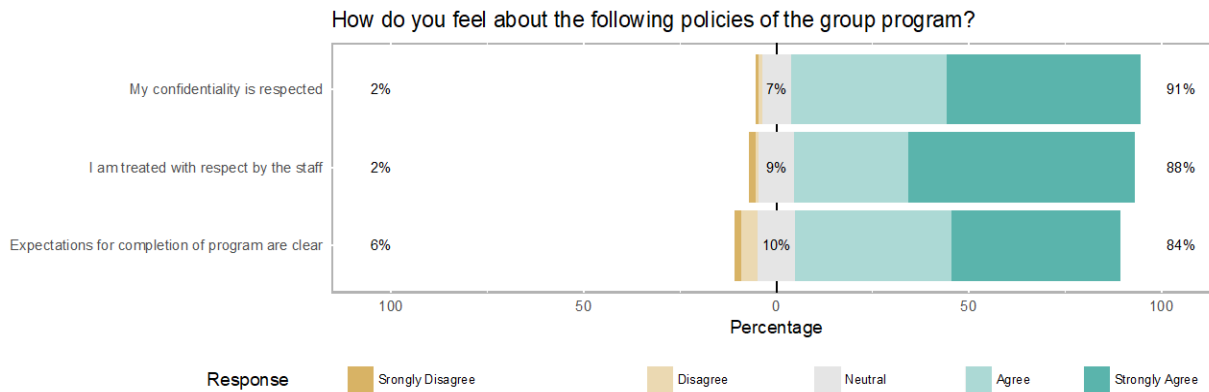
	<b>St. Clair (CBI-SA)</b>	<b>DuPage (Moving On)</b>
<b>Duration (in weeks)</b>	35	26*
<b>Frequency (per week)</b>	1	1
<b>Length (in hours per week)</b>	1.25	2
<b>Total Intervention Hours</b>	43.75	52

\*The optimal time to complete the steps of the program is 26 weeks. But, this program is individually-based and contingent upon the successful completion of each step – not just weekly attendance. So, participants are likely to take longer than 26 weeks to complete all of the steps.

In general, participants are supposed to meet in their Moving On groups once a week for 26 weeks. The average length of group time is 2 hours and participants meet for 52 hours during a 26-week period.

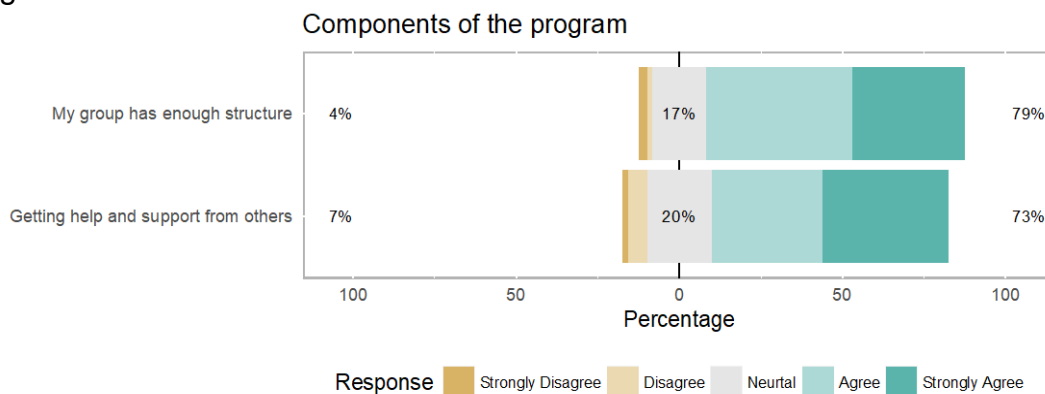
*Content:* CBT programs were very strongly committed to utilizing evaluated, curriculum-based programs such as MRT and Thinking for Change. Staff interviews indicated that CBT programs have clear curriculum, specific directions on how to implement it, easy to follow examples for participants, and mechanisms to evaluate program impact. Participants were routinely required to use workbooks, assigned homework, and expected to demonstrate the skills learned in group sessions. All CBT programs were administered in a group setting, adhering to EBP that allow for the discussion and growth of persons with similar attitudes and to work together to problem solve. While the programs are curriculum-based, *Macon's* use of MRT allows for participants to immediately begin the program and progress at their own pace, whereas those that use other group CBT's that pace together require the participant to wait until a new session begins.

Figure 6. CBT Staff and Expectations



Participant surveys indicated the content of the group-based programming was both structured and useful. Figure 6 and 7 demonstrates strong agreement with multiple items demonstrating appropriate group structure, and the benefit received. In particular, participants noted respectful treatment from the staff, indicated both qualified personnel and appropriate structure adherence.

Figure 7. CBT Structure



*Training/Personnel:* While variation across site existed regarding who administered CBT, consistently noted was the training and qualification procedures required to provide programming. Probation officers and other staff who provided in house CBT were specifically trained to do so, adhering to the prescribed curriculum and how to teach the lessons. Those who provided services outside of the probation officers relied on trained and vetted providers. This required additional coordination with the providers, to ensure attendance and progress of the participant. The wide variety of treatment programs require more resources to monitor, however personnel who were unable or unwilling to communicate with the probation staff were less preferable and avoided. Notably, working as a team to make decisions in a rational manner is beneficial to the program and participants. However, multiple jurisdictions report participants attempting to falsely represent their treatment progress. Due to constant communication between the probation department and treatment providers, officers can hold participants accountable.

What was clear was the training and certification requirements in administering ISP-S. Illinois probation practices requires annual training, where mandatory hours of training must be completed. In terms of specific ISP-S certifications, each site was detailed in their training of POs to provide treatment (typically a form of CBT) to their participants, unless it was outsourced. If this was the case, as it was in many forms of non-CBT treatment, it was noted that vetting procedures and standard criteria needed to be met. Providers were not added to the referral network at random but they must meet certification requirements, as well as more general communication standards with ISP-S. *DuPage*, for example, utilized a very large range of outside networks. A specific probation staffer was tasked with evaluating programming and ensuring compliance with the necessary standards. Constant communication and collaboration were a more informal yet critical component to ensure treatment standards were being met.

### **Fidelity Check and Conclusion:**

ISP-S demonstrates strong adherence to content and personnel standards of treatment provisions, however, while a strong commitment to individualized and matched service provision is described, high risk/need participants are not consistently receiving increased treatment and services. Some CBT groups contain both ISP-S and non-ISP-S participants, and also may combine low and high-risk participants, both situations challenging EBP standards. Low risk/need participants may be getting more services than necessary, leading to net widening. Some documentation of treatment requirements may be underestimating frequency, as referrals are classified under “sanctions” and initial court-ordered treatment conditions are not recorded.

### ***Program Component: Community Requirements***

Community engagement was less emphasized as a required component of ISP-S in terms of consistent and broad use. Among the sites, Macon was most successful in incorporating the community as an integral part of the ISP-S. Currently only Macon consistently utilizes the community aspect and considers it a strong priority. It is tied to phase progression and graduation and requires a fulfillment of tasks. They have a separate board involved in completion and find it essential in rebuilding relationships with the community and ties to participant accountability. After challenges of incorporating this component following the budget impasse, St. Clair is looking to rebuild community requirements as well. This became less of a priority given budget and programming shifts but had similar discussion as Macon in terms of the reason and motivation for it. Macon found it benefitted community reintegration, and work to match needs and participant accountability while building relationships with persons outside of the officer. *DuPage* and *Peoria*, as more urban counties, have geographically dispersed communities which are somewhat difficult to coalesce. This in turn poses a challenge in developing partnerships with multiple community-based volunteer organizations.

### ***Community Requirements by Site***

*DuPage* indicated limited community member involvement given more urban environment.

*Macon* was notably the site most integrated with community support, offering service requirements as well as mentorship.

*Peoria* data were insufficient to note specific practices regarding community.

St. Clair anticipated rebuilding community requirements as an important part of their ISP-S programming criteria.

### **Fidelity Check and Conclusion:**

Strong effort has been made in some sites to focus on the engagement of community and service requirements. A recommendation for continued and stronger utilization of community resources, such as incorporating mentorship or service components into phase progression will benefit reintegrative efforts.

### ***Program Component: Rewards and Sanctions***

Rewards and sanctions are a critical component of the ISP-S program, and relate heavily to supervision and treatment conditions.

Rewards help reinforce behavior but were noted to be somewhat lacking in several of the sites due to budgetary constraints or lack of formalized reward structures. Rewards often included gift cards (restaurants; Goodwill), transportation aids (bus tokens), or a reduction in supervision requirements (fewer contacts; loosening curfews). Rewards did include utilizing program components to facilitate compliance (such as changed conditions or bus tokens); another example noted assistance in buying work boots to better prepare for employment. More common were symbolic rewards, in the form of verbal praise and acknowledgement or ceremonial recognition of progress. Sanctions were more readily available and were characterized as graduated in nature. Sanctions were at times the reverse of reward conditions tied to supervision (adding contacts, electronic monitoring, or curfews) but were also task driven (service; writing letters) or other added conditions (drug testing; treatment hours). While each site provided examples of rewards and punishment structures, these were utilized on a discretionary basis throughout the phases.

Data documentation recorded treatment referrals as a “sanction”, yet narratives and program aims seem to tie this more closely to need assessment and rehabilitation as opposed to acting as a punishment for displaying heightened risk or need. This is an artifact of data management, though in addressing risk and needs, treatment should not be indicated as a sanction.

Behavioral change (maintenance or removal) is the clear driving force of the utilization of rewards and sanctions, which is tied closely to learning theories and reinforcement. The symbolic recognition of change or lack thereof can be quite meaningful, especially when the participants often fail to have that type of supportive encouragement or structure in their life. This helps reinforce the case management relationship between the participant and officer, which further solidifies the purpose of the program. It also acts as a reflection for a job well done, or as essentially a wake-up call for poor compliance or performance. As the most severe sanction of detention is often a very last resort, the graduated steps offer opportunity for ISP-S participants to change. Further, the needs-based rewards and sanctioning approach several of the sites utilized may produce particularly meaningful results. Rewards tied to needs included specific gift cards for employment aids (e.g. finding appropriate work boots). Alternatively, needs based sanctioning not only acts as a consequence to the poor behavior but allows for an additional opportunity to address specific programming needs.



Table 36: Rewarded Behavior

	<b>DUPAGE</b>	
	n	%
<b>CBT Report</b>	4	10.5
<b>CBT Participation</b>	1	2.6
<b>CBT Progress</b>	1	2.6
<b>CBT Completion</b>	1	2.6
<b>Clean Drug Test</b>	2	5.3
<b>Education Enrollment</b>	0	0
<b>Gained Employment</b>	0	0
<b>Phase Completion</b>	3	7.9
<b>Positive Behavior Change</b>	10	26.3
<b>Probation Appointments</b>	8	21.1
<b>Probation Condition Progress</b>	1	2.6
<b>Probation Condition Completion</b>	2	5.3
<b>Prosocial Activities</b>	0	0
<b>Other Positive Behavior</b>	5	13.2
<b>Total</b>	38	

Table 36 documents the type of behaviors that ISP-S practitioners reinforce, recorded in the administrative data. Records of rewards and behavioral reinforcement were underreported by all sites, with no documented rewards recorded from Macon, St. Clair, or Peoria. Overall, the limited number of recorded rewards is most likely vastly underreporting the use of rewards based on both researcher observation as well as staff and provider narratives. EBP notes the importance of balancing rewards with sanctions (Matz & Kim, 2013; Shaffer & Pratt, 2009; Skeem et al., 2007).

However, 38 instances of behavioral reinforcement from DuPage were reported. The most common behavior that was reinforced was positive behavioral change with 10 instances (26.3%). Probation appointment attendance was the next most commonly reinforced behavior with 8 instances of reinforcement (21.1%).

Table 37: Reward Type

	DUPAGE	
	n	%
<b>Certificate</b>	0	0
<b>Food/Candy</b>	0	0
<b>Gift Card</b>	20	41.7
<b>Hygiene Items</b>	0	0
<b>Public Official Recognition</b>	0	0
<b>Peer Acknowledgement</b>	5	10.4
<b>Priority Court Appearance</b>	0	0
<b>Raffle Entry</b>	0	0
<b>Reduced Court Appearances</b>	0	0
<b>Reduced Drug Testing</b>	0	0
<b>Reduced Fees</b>	0	0
<b>Reduced Reporting</b>	3	6.2
<b>Transportation Assistance</b>	0	0
<b>Verbal Encouragement</b>	20	41.7
<b>Other Reward</b>	0	0
<b>Total</b>	48	100

Table 37 displays the frequencies of the types of graduated rewards utilized at DuPage. Overall, four mechanisms of reward were reported by DuPage which total at 48 instances. Verbal encouragement and gift cards made up the bulk of these reward types with 20 instances each. The other two reward types reported were peer acknowledgement (5) and reduced reporting (3). Site observations documented the use of peer and staff acknowledgement in DuPage County and the meaning the “Pillar of Pride” had for the participants. This allowed for ISP-S participants who had reached milestones or had some personal achievement an opportunity to speak about their journey in front of participants and staff and put a physical reminder on a wall dedicated to recognizing personal progress.

In general, narrative description of rewards across all sites depict much greater use of rewarded behavior, often symbolic or small financial benefits, that the data do not record. Most sites noted a need for more formalized guidelines and additional suggestions to incorporate rewards into the ISP-S program.

### ***Rewards and Sanctions by Site***

All sites utilized rewards and sanctions, but had different challenges and mechanisms associated with their use.

*DuPage* was particularly vocal in the challenges of utilizing effective rewards and sanctions. Rewards were limited by funding, as well as overall types of rewards and formalization of the system. They also noted boundaries to their sanctioning procedures, as the jurisdiction legal constraints limit what can be added to a sentence (e.g. inability to use electronic monitoring) as well as the courts’ disinclination to amplify conditions or revocation procedures. However, the

effective use of the “Pillar of Pride” should be highlighted, an incentive program that symbolically recognizes milestones for participants. This acts as a reinforcement for positive behavior that occurs throughout the program, acknowledging behavioral change or accomplishment front of other participants and staff. The low-cost reward was valued by participants and administrators alike.

*Macon* utilized sanctions and rewards, but data were insufficient to note specific practices.

*Peoria* used sanctions and rewards in accordance with supervision conditions; as they have the most frequent contact standards, there is the most leeway to add and remove supervisory components (curfew; electronic monitoring; contacts).

*St. Clair* reported a unique reward/recognition in providing frames for completion certificates of programming and other benchmarks. The perception was that this added to the reward and meaning ISP-S participants received from these important steps forward. This was also slightly distinctive in terms of a reward not tied directly to supervision or needs.

### **Fidelity Check and Conclusion:**

Overall, the effort to comply with graduated sanctions and rewards is evident though sites are often limited by resources. Often rewards and sanctions were tied to supervision and treatment efforts rather than stand-alone entities. While all sites utilized some form of a reward/sanction system, formal procedures or policies to guide the use not evident, lacking some procedural clarity.

### **Program Component: Phase-Based**

ISP-S is fundamentally built around phase progression within the program, with the goal being to advance through three distinct phases of supervision. However, it was noted that most participants stay in Phase 1 for a substantial amount of time, and that reaching Phase 3 was challenging in many ways.

Progression through the phases is most closely tied to supervision conditions, as contacts were reduced over time. Notably, while this is also related to rewards and contacts, the formalization of reduced contact was more specifically related to criteria throughout the program. CBT and other programming needs were also consistent across all phases, with potential easing based on strong performance or other conflicting circumstances such as employment. The goal is to gradually wean the participants off supervision to readjust and apply new learned behaviors and thinking patterns in a community setting. However, even in later phases contact is more frequent in comparison to standard and moderate risk traditional probationers. Phase progression tended to be based on fewer office visits and more utilization of community or field contacts.

Phase progression was driven by behavioral change as opposed to being tied to specific sentence time constraints. This was an alteration from some early implementations of ISP-S as the changes adhered more closely with overall program goals of substantial change. The phase system is based on progress and compliance to determine when progression should be awarded – or revoked. ISP-S participants may move up and down through the phases, contingent on performance and consistency.

Often, phase progression resulted from a group consultation as opposed to an individual officer (much like severe violation or revocation procedures). This speaks to the cooperation and coordination of the many actors involved in the administration of ISP-S. Much like decisions regarding violations and consistent reviews, phase progression was monitored by not only probation officers, but by supervisors, and a more generalized board in some cases. Phase progression had some subjectivity, but in 38 cases was also tied to specific criteria or benchmarks to be met, though discretion seemed to play a consistent role in granting the next phase.

Table 38 presents the requirements at the early intake and Phase 1 of ISP-S. Across sites, typically weekly office visits were required as well as additional supervisory and treatment mandates.

Table 38: Phase Progression by Site

Phase	DuPage	Macon	Peoria	St. Clair
<b>Initial/Intake</b>	- Standardized screening tool administered by PO	-Team votes on Participant acceptance	-Standardized screening tool administered by PO	
<b>Phase 1</b>	<ul style="list-style-type: none"> <li>- Weekly office visits</li> <li>- Consistent communication</li> <li>- Orientation program</li> <li>-Homework/ assignments</li> <li>-Monthly CBT group</li> <li>- Additional treatment as needed</li> <li>- Secure School/ Employment</li> <li>- Home or Field visits as needed</li> <li>- Progress assessment after 60 days</li> </ul>	<ul style="list-style-type: none"> <li>- Weekly office visits</li> <li>- Enroll in MRT, weekly attendance</li> <li>- Must complete 6 group sessions</li> <li>- Participant showing behavioral changes</li> </ul>	<ul style="list-style-type: none"> <li>- Bimonthly office visits</li> <li>-8 community visits per month (High)</li> <li>-High-EM and moderate 4 community/month</li> <li>-7:00 p.m. curfew</li> </ul>	<ul style="list-style-type: none"> <li>- Weekly office visits</li> <li>- Weekly drug tests</li> <li>- Participants must be drug-free &amp; taking medication consistently</li> <li>- Participant enrollment in CBT group at Gateway</li> </ul>

Table 39 illustrates continuation in the program. More division across sites occurs, particularly in terms of community requirements. Peoria maintains relatively high contact standards throughout each phase while Macon and St. Clair shift some contact to community restorative boards. All maintain CBT requirements throughout the phases.

Table 39. Phase 2 and 3 by Site

Phase	DuPage	Macon	Peoria	St. Clair
<b>Phase 2</b>	<ul style="list-style-type: none"> <li>- Report as directed</li> <li>- Available for communication</li> <li>- Homework</li> <li>- Treatment as needed</li> </ul>	<ul style="list-style-type: none"> <li>- Bimonthly office visits</li> <li>- Complete MRT</li> <li>- Four community restorative board meetings</li> <li>- Participant letter of apology</li> <li>- 4 hours of community service</li> <li>- Additional tasks assigned by CRB</li> </ul>	<ul style="list-style-type: none"> <li>- Bimonthly office visits (high); monthly (moderate)</li> <li>- 9:00 p.m. curfew</li> <li>- Moderate 2 community visit/month; High-EM 4 per month</li> </ul>	<ul style="list-style-type: none"> <li>- Weekly office visits</li> <li>- CBT Group participation (CBI-SA)</li> </ul>
<b>Phase 3</b>	<ul style="list-style-type: none"> <li>- Report as directed</li> <li>- Available for communication</li> <li>- Homework</li> <li>- Treatment as needed</li> <li>- Continue Employment/School or follow referrals by department coordinator</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly office visit</li> <li>- Complete MRT</li> <li>- Participant meets all requirements</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly office visit</li> <li>- High/High EM 2 community visit/month; Moderate 1/month</li> <li>- 10:00 p.m. curfew</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly/bimonthly office visit</li> <li>- Participation in community restorative board</li> <li>- Assignment to community mentor</li> <li>- Closure</li> </ul>

**Fidelity Check and Conclusion:**

While most sites provided criteria for phase progression, actual advancement was less clear. Clarity in procedures that are then communicated to participants to achieve specific benchmarks will benefit the process. Better definitions of success and completion are needed to understand programming and phase outcomes.

### **Program Component: Case Management**

The program requirements are best encompassed by the case management approach that is taken across sites. This approach is characterized by the building of rapport, understanding root and individual causes of criminality, and developing an interactive relationship. In this model, it is essential to build a strong and dynamic relationship between the participant and probation officer. Frequent contacts (supervision elements) helped facilitate this, giving more opportunities for the participant and officer to build a relationship and gather information. The one-on-one meetings that counted as contacts were essential for this; they provided the groundwork for a lot of information to be uncovered.

Notably, the case management approach and individualized meetings allowed for the officers to focus on the foundational elements of the criminal behavior. In this way, risk is addressed through the supervisory and contact component, but the participant's needs were also prioritized. The ultimate goal was to develop a comprehensive picture of the participant that guided both a supervisory plan as well as an effective treatment course. Although intended to be a homogeneously a higher-risk population, the needs and circumstances were understood to be quite heterogeneous. Understanding the specific needs allowed both for warnings to be identified (and perhaps a chance to prevent violations) or a reaction to the behavior, and allow for a response that does not solely rely on punishment. This approach to understand the roots of criminal behavior could then be adapted by individual participants and with flexibility over time.

Finally, the case management approach required consistent and quality communication. The probation officers in the ISP-S program are not necessarily authoritarian; rather the ideal relationship was interactive and involved the voice of the participant as well. In this way, the participant helps develop and identify goals, barriers, and risks, and can demonstrate investment in the process. In order to facilitate this type of communication, the probation officer should demonstrate willingness and availability for these developments and try to communicate an attitude beyond supervisory and watchful for misdeeds. The participant is offered respectful feedback and an opportunity to respond. Communication is essential among many parties – the ISP-S staff and supervisors, the probation officers, participants, treatment providers, and possibly additional familial or other supportive relationships. The ISP-S officer is the lynchpin of communications, where the relationship between participant and officer is central, though for the best case management approach, the other relationships and communications must also be included.

### **Fidelity Check and Conclusion:**

The commitment and execution of case management strategies is one of the greatest strengths of ISP-S. Much attention is paid to the building of rapport and individual connection to participants, resulting in relationship building and recognition of criminogenic needs and changes.

## Challenges of Program Implementation

Despite the motivated and dedicated efforts of ISP-S staff, the program is not without its challenges. Interviews with program staff suggest three broad areas of concern: the challenging characteristics of program participants, budgetary and resource concerns, and difficulties in program processes and procedures. These challenges emerged consistently across site, though particular emphasized areas of concerns are noted where appropriate. These three areas may also intersect and link to difficulty implementing specific programming components, translating to multiple problems for the participants, staff, and the ISP-S program. The general impact on specific program components are noted at the conclusion of each general challenge.

### *Population Challenges: Accessibility and Motivation*

There was some indication of lower caseloads in several sites. *Macon* noted due to the budget impasse a practice of referral to alternative programs due to limited resources. Other sites (*DuPage* and *Peoria*) noted fewer referrals for various reasons. *DuPage* noted variability in the court itself regarding the willingness to utilize or general awareness of the ISP-S program as an alternative program option; *Peoria* felt falling crime rates reduced their overall participant opportunity and were prepared for changed conditions to result in more cases. However, it was noted that fluctuating caseloads could prove difficult in terms of longer-term programming and supervision planning.

Structural conditions can make ISP-S programs difficult to implement. Probation officers noted that a majority of the participants live in depressed and crime-prone communities. Drugs, alcohol, and other vices are more readily available, which elevates the participant's risk of relapse. The probation officers also noted that a majority of the communities where the participants reside lack resources, as such, participants with housing and employment issues struggle in keeping program-compliant. The communities' lack of resources also limits the probation officers in providing more effective mechanisms of supervision. For example, when doing field visits, there could be limited accessible areas to meet, prompting probation officers to meet participants in public areas such as train stations, police stations, or public libraries, which are not as conducive for counseling and a case management approach.

Transportation proved to be a particularly difficult challenge for participants. Revocation of driving licenses was a common occurrence. However, living in depressed communities also limits access to public transportation. Their residences are usually located far from transportation routes and stations, where walking becomes a challenge especially in the winter. Unemployed participants also struggle paying their own transportation costs. As a remedy, the ISP-S program provides bus and train passes to help participants address transportation expenses. Probation officers, however, noted that even with transportation assistance, a majority of the participants still struggle with the time allotted in transportation. Probation officers noted that it may take a whole day of transportation time for participants to have a 30-minute one-on-one counseling session with them.

Finally, since the targeted participants are usually perceived as high risk, prison-bound participants, ISP-S participants are considered by most staff as a more challenging population to

supervise and treat. Across sites, many participants suffer from singular or co-occurring problems of substance abuse and mental health, though *St. Clair* in particular documented particularly high frequency of these challenges. As a result, program staff also indicated that despite repeated efforts to help, some participants lack the motivation to change, citing long histories of drug use or cycles of criminal justice intersection. An oft-repeated description is that they can bring the horse to the water, but it is up to the horse to drink. The lack of motivation eventually translates to participants' poor reporting and attendance in programming.

However, probation officers also note that even among participants invested in the program, their participants' criminal histories limit them in accessing employment and housing opportunities. A probation officer cited the example of a participant charged with theft being denied cashier work in a local store. Accordingly, despite the participant's marked improvement in behavior, the criminal rap sheet stands out to be a stumbling block in having a steady job. Probation officers also cited numerous examples of participants being denied public housing due to their criminal backgrounds. Concomitantly, despite probation officers' efforts to reintegrate the participants to their families, families don't accept the participant, as they themselves may lose their public housing privileges if a former felon lives with them. The lack of access to employment and housing places a tremendous financial strain among the participants and some participants revert to old criminal behaviors to sustain themselves and their families.

All in all, the challenging characteristics of the ISP-S participant population increase their risk to miss appointments and attendance in group meetings, violate curfew hours, relapse to substance use, and commit other violations of their ISP-S conditions. As such, probation officers recognized that many participants remain in Phase 1 and have not demonstrated any behavioral improvements. Even after repeated failures and after spending time with the ISP-S program, probation officers continue to provide supervision and treatment services. One site, DuPage, incorporated a team-based approach for its four probation officers to be more flexible in supervision and treatment of participants. Probation officers believe that continuing placement in the community is better than sending them to prisons.

### **Impact on Program Implementation**

- Limitations on referrals from courts will impact the *Target Population* as well as *Referral and Selection Procedures*. Sites may end up with participants who do not meet higher risk criteria.
- *Supervision* and *Treatment Requirements* may be limited given the challenges of the participants as well as the communities in which they live. Facilitating frequent meetings may be hindered by transportation and resource issues, as well as failure to complete due to depleted motivation. *Community Engagement* could be blocked
- Challenging populations finally limit *Case Management* efforts, as this component is dependent of frequent and invested communication. With structural challenges limiting the frequency of interaction as well as limited motivation, this may hinder the development of interactive relationships between participant and staff.

### ***Budgetary and Resource Concerns***

Most of the probation officers also reported difficulties leveraging resources in the community. Since program funds are limited, probation officers usually refer participants with medical, mental and substance abuse needs for treatment in other public agencies, a majority of which



also struggle with funding. Several personnel noted that ISP-S participants' basic and immediate need is stabilization, without which the participants cannot proceed to treatment. Program staff noted however that stabilization entails in-house treatments, which are not always readily available.

Funding issues were noted to impact resources within ISP-S programs. Probation officers reported the helpful impact of the Affordable Care Act where a majority of the participants qualify. Still, probation officers reported that some participants do not meet the requirements or may not be fully qualified, necessitating them to use program resources for their participants' treatment. For example, while *DuPage* saves programming costs as it provides a host of in-house CBT programs conducted by its staff, instead of outsourcing the services, still, some participants require extensive outside treatment. This is especially true for participants without insurance.

The ISP-S budget is submitted annually, and state funding hinges on many political and economic factors that are beyond the control of the ISP-S staff. The budgetary allocations usually cover staff salaries, training, office equipment and materials, and operational expenses, all of which can be affected by the volatility in funding. When the budget is uncertain, program officers are uncertain which component of the program gets slashed. The unpredictability of the annual budget means that it is difficult for the program managers to gauge staffing needs. This has resulted in the utilization of ISP-S probation staff to other forms of probation supervisions, such as drug courts and mental health courts. That is, an ISP-S probation officer may also handle non-ISP-S participants to maximize the source of funding. This has translated to higher caseloads at some sites, which requires them to work extra hours so as not to dilute the quality of supervision and treatment provided to participants.

In particular, fresh from the memories of the probation officers was the budget impasse that occurred in 2015, where funding assistance was put on hold. A number of staff members were laid off or transferred temporarily to other units up until the budget was reinstated. The number of new admissions was restricted, and program offerings were reduced. However, due to their commitment to the program, ISP-S staff continued to provide services to the participants. *Macon* contracts out its services to two major service providers (GEO and Heritage), which provide continuing support to the ISP-S programs. The staff from these service providers are very dedicated to the program, however, their participation is fully dependent on state funding availability. Even during the budget impasse in 2015, the service providers continually provided services. Demonstrating particularly strong program commitment, some staff reported that they worked pro-bono just to make sure that program offerings were continuously provided. They made sure that the participants were not aware of the program funding difficulties in order not to dampen their interest in the program. Some sites also made arrangements with their county boards to foot the bill while state funding was on the balance. These creative ways helped and continue to offset the volatility in state funding.

### **Impact on Program Implementation**

- With uncertain resource allocation, *Program Referrals* and *Selection* efforts may be hindered. Court actors may be less willing to utilize the program without consistent treatment and supervision strategies in place.
- *Supervision* and *Treatment* strategies may be limited, both by availability and accessibility of appropriate programs. Some sites noted the difficulty of connecting with

external treatment providers, both in having the resources to fund intensive treatment as well as the ability to community.

- *Rewards and Sanctions* in some cases were limited by fewer resources available. Concrete rewards in particular were more difficult to achieve and much reliance was placed on verbal and symbolic praise.

### ***Program Processes and Procedures***

The challenging characteristics of the participants also translates to issues in program processes and procedures. First, since some of the participants fail to demonstrate behavioral improvements, they remain in the Phase 1 of the program so probation officers can more strictly supervise their movements and activities. For probation officers, relapse and compliance failures suggest that more intensive treatments are needed. *DuPage* and *St. Clair* probation officers noted some misunderstanding with the courts on what to do with participants who continually fail to meet their conditions. Probation officers felt that judges are not backing up the ISP-S program when they request for additional treatment or sanctions, which could have strengthened their hold over participants. Instead, judges either terminate the program outright or send participants to prisons. These processes involving decision making often did not incorporate risk assessment information. This, then, resulted in a net-widening of participant requirements.

Judges, however, rationalize such practices by using more legalistic lens and felt that they wanted to support the ISP-S despite the participants' repeated failures. Since participants have already served the time of the probation supervision, usually two years, they find it more prudent to release the participants of their ISP-S obligations, provided that they did not commit new offenses. As such, participants may be released from the program even if they are in Phase 1, sending messages to other participants that promotions to Phase 2 and Phase 3 are not necessary for program completion. Thus, probation officers noted that this lack of congruence with the judges' practices undermines the phase progression where compliance and behavioral improvements are supposedly rewarded. This may translate to lack of motivation to complete the phases as participants become aware that judges can terminate programs even if the phases are not completed.

Second, participants may also commit new minor crimes which may be legally considered "violent" crimes, and which may disqualify them from being part of the program. Due to their inherent criminogenic risks, mental health issues and drug addiction, participants may be engaged in behaviors that may be construed as violent. A number of probation officers, for example, observed that participants with poor social skills may have participated in physical altercations or resisted police arrest, which are considered violent, and automatically disqualifies them from the program. Ironically, in one site, some participants are removed from the ISP-S program due to incidents of violent encounters and are transferred to less intensive forms of probation. Probation officers and judges believe that they should be given a wider latitude to determine which acts are considered "violent" and exercise their discretion based on the facts. However, they stated that the law prohibits participants with violent offenses from participating in ISP-S, which can be anything from a barroom brawl to homicide.

Third, a common problem aired by probation officers is the data management system. Officers described the complicated nature of the data software for the ISP-S, which forces them to make

double entries with their traditional data collection. Probation officers felt this misused their time and energy. Additionally, the data is mostly utilized for analysis in the central repository which is helpful in the understanding performance of all of the ISP-S sites. However, probation officers feel that the data collected should be able to guide them in their decisions and activities at the site level. The complicated structure of the data poses a challenge to the probation officers to conduct their own analyses.

### **Impact on Program Implementation**

- *Risk Assessment* procedures may not be fully or appropriately utilized to determine necessary *Phase Progression*. This complicates the procedures both for the probation offices as well as the courts. Neither are fully captured in current data management strategies, limiting these as tools to use for individual assessment.
- *Rewards and Sanctions* are not fully leveraged, leaving uncertainty regarding what constitutes *Phase Progression*. Unclear procedures leave both participants and administrators unsure and inconsistent in utilization of these program components.
- *Case Management* approaches may be limited without appropriate data access. Understanding changes over time and addressing appropriate risk and need is part of that strategy and complicated data management may limit that capability.

## Intervention Demonstration Assessment Tool (IDAT)

The purpose of the IDAT is to use a systematic structure to evaluate the gathered information reported above. The IDAT is structured according to six well established evidence-based practices in correctional programming. Each component is scored “0”, “1”, or “2”. “0” reflects content not addressed, “1” reflects content partially addressed, and “2” reflects content that is adequately addressed. The IDAT is applied to the overall ISP-S program, taking into account the information gathered from the four sites.

Component #1	Descriptive	Rating
Description of Intervention	A statement of the components of the intervention and who is expected to benefit from the intervention	2

Description of Intervention. The description needs to cover the intended outcome of the intervention (i.e., recidivism reduction, reduced contacts). This is accomplished by defining the type of participant who will benefit from this intervention. More specifically, what are the methods used in the intervention? And how do the activities help participants learn and change? The basic activities participants engage in, for how long, and in what order should be covered. How program parts connect to each other should be addressed. Related to the various parts of the program is the rationale for the length (i.e., dosage) of the program. How participants perceive the intervention is important to its effectiveness. Thus, how will participants understand what this intervention will do for them will need to be covered. How will they apply it to their plan to reduce criminal activities?

Key Information used for Component #1 (Description of Intervention). The overarching goals of ISP-S are to divert high risk/need participants from incarceration and still be effective in reducing recidivism. Within those broad goals are individualized outcomes including reduced criminal thinking; substance use and better stabilization of employment, housing, and mental illness. Participants with moderate to high risk scores on the LSI-R are the targets of this program. ISP-S utilizes a dual emphasis on supervision and treatment, and includes program components such as frequent contact, mandated programs, case management, sanctions and rewards, and phase progression. Each phase has general supervision requirements (described in Program Component: Phase-Based, p. 59-62). The typical requirements are behaviorally driven rather than specified duration, though the typical program participation length is about two years. ISP-S at a minimum requires about an hour per week in Phase 1, and may taper off over time. Treatment and supervision are integrated. They serve a multifaceted purpose including enhanced accountability, cognitive change, and information gathering. Upon acceptance into the program, participants sign a contract. Within the first weeks of the program, an extensive description and orientation session is provided to ensure a full understanding of program requirements and goals. Case plans are formulated with specific needs and goals are identified

on an individual level. Specific treatment programs are curriculum driven (e.g. 12 – 24 weeks); as noted, the typical probation term is 2 years.

Component #2	Descriptive	Rating
Rationale for Risk Reduction and Strength/Asset Promotion	An understanding of the evidence for how the intervention will target the recidivism risk factors (#4) and deliver its intended outcomes.	1

Rationale for Risk Reduction and Strength/Asset Promotion. The description for this component should provide a theoretical justification for these methods in relation to the targeted risk factors that the intervention addresses. How do these methods change the risk factors? What are the mechanisms for change (i.e., how will change occur)? The evidence that shows the likely effect of the chosen approach in relation to the targeted participant group should be referenced.

Key Information used for Component #2 (Rationale for Risk Reduction and Strength Asset Promotion). Decisions of intervention are frequently made at a participant level, but with little consideration for risk or criminogenic treatment areas. Matching of criminogenic need and intervention did not occur. Although both supervision and treatment were emphasized, there was an overemphasis on supervision monitoring and less on risk reduction.

Component #3	Descriptive	Rating
Participant Selection	The group of participants targeted with this intervention needs to be clearly explained	0

Participant Selection. This component involves a description of targeted participants. How will appropriate participants be targeted and selected? Covers appropriate inclusion and exclusion criteria. Knowledge and the application of risk, need, and responsivity principles are demonstrated. Processes for how will inappropriate referrals (i.e., those for whom the program is not suited for) will be managed. For these referrals, how will the processes assure that these participants are excluded? Demonstrates how the program methods are going to match criminogenic need areas, the participant learning needs, diverse backgrounds, and asset characteristics.

Key Information used for Component #3 (Participant Selection). The ISP-S is specifically designed for moderate-high risk and need participants. Generally, ISP-S is meant to divert those who would have otherwise been sent to incarceration to the community (see Tables 19 to 25; site specific LSI-R risk classifications). To be considered for the program, potential participants must reside within the county and meet general risk/needs requirements. Restrictions include current violent or sexually based offenses. Common targets include participants with substance abuse, mental health issues, antisocial attitudes, and less stable backgrounds. Initial referrals come from the courts – a decision by either a judge, state’s attorney, or a combined effort. Selection based on meeting base criteria, and either a) a quick pre-assessment to determine if risk and needs are high enough or b) a group decision. The program includes a heavy emphasis on surveillance provisions, utilizing a case management approach. Risk assessments occurred late in the referral process and were not used for treatment dosage or matching criminogenic need (see Tables 26 to 29; percent receiving intervention at each risk level). There was an absence of the application of the Risk Principle.

Component #4	Descriptive	Rating
Targeted and Acquired Skills	Interventions focus on development and promotion of skills that lead to a crime free life. Integrated into case management.	1

Targeted and Acquired Skills. Details the skills developed and promoted through the intervention period. Describes the methods used to teach and reinforce these skills. Details are provided on the processes used to implement skill practice (i.e., practice time in session, use of homework, etc.). The intervention manuals and policy guides highlight and promote the acquisition of skills (i.e., session plans, relevant examples, multi-modal methods, supervision practices)?

Key Information used for Component #4 (Targeted and Acquired Skills). Targeted skills include reduction of criminal thinking and building self-esteem. Participants build accountability, self-management techniques, and other specific skills to address individual needs (e.g. substance abuse). Case planning via the case management approach assisted participants and officers to set goals; this also occur via planning with treatment providers. Although some sites incorporated CBT techniques into case management, this was not common. All referred ISP-S programs utilize CBT in some form, where criminogenic attitudes are the main target. Common program provisions include MRT and T4C. Constant updates help officers assess progress and goal achievement. Noted in the programming fidelity section participants participating in CBT are generally expected to complete homework and complete exercises during the sessions. Skill building is done primarily in group settings, typically no less than one hour per week. However, it is clear that the programming provisions are heavily driven by specific curriculums, and did not accommodate the range of criminogenic need areas. Additionally, the program is committed to utilizing evidence- based practices.

Component #5	Descriptive	Rating
Progression and Retention Strategies	The program should engage and retain participants to enable them to complete all aspects.	1

Progression and Retention Strategies. Describes how interventions engages and retains participants, including: how participants' goals are integrated into relevant aspects of the intervention; how participants understand that completion of the program contributes to a holistic set of skills that will help them lead safer, better and more fulfilling lives. In addition, relapse prevention planning, the use of booster treatment sessions, focusing on continuity of care are incorporated.

Key Information used for Component #5 (Progression and Retention Strategies). Engaging participants in an intervention through motivational interviewing practices was not routinely used in either interventions or case management. Though, from the outset participants are kept informed of the expectations and goals of the ISP-S program. Frequent communication strategies help reinforce the idea that the goal of the program is to benefit participants (see both staff perceptions and participant verified this area). Yet, as noted in the Program Processes and Procedures section, there was a lack of clarity and reasonable possibility of progressing through the phases. Consequently, high numbers remained in Phase 1. This being said, the program does go to lengths to avoid detention. Program violators are handled primarily on an individual basis, adding treatment or supervision strategies as needed. When goals are met or compliance has been consistent, the program utilizes rewards (e.g. gift cards; bus passes) to help reinforce and appreciate the behavior.



Component #6	Descriptive	Rating
Quality Assurance	The program has an effective quality assurance process in place. It pays attention to staff skills and training, and checks to make sure that they deliver the program as intended. Monitoring systems need to be in place, to ensure the program is delivered as intended. Procedures for employing flexibility, when appropriate to meet individual needs, must be precisely described in the application, if flexibility is applicable to the program.	1

Quality Assurance. This component explains how quality assurance is determined, including: the monitoring system and key measures including feedback from participants; how information will be used to improve the service quality; how capability and effectiveness of staff will be maintained, and comments on staff selection and frequency of staff training.

Key Information used for Component #6 (Quality Assurance). Little formal process is utilized to solicit direct feedback from participants. A central tracking unit notes individual case progress, achievements, and setbacks. Some have review boards to monitor cases and the general collective assessment of the program. The intermediate benchmarks of success were not routinely reported. Central tracking systems are meant to help guide phase progression. This should also match risk and need levels (from formal assessments) with appropriate treatment. It was not clear how this information was used for improving service delivery. Officers are often solicited to apply to become part of the ISP-S staff. Supervisors look for some qualities including commitment and connection to participants that aid in program administration. Per Illinois mandate, all probation officers complete annual training. Many of the officers maintain certification in program provisions (MRT; others).

# Summary Conclusions of Fidelity and Program Assessment

## *Fidelity Overview*

ISP-S program staff and providers demonstrated a strong commitment and awareness of program components and compliance criteria, as well as practice of effective practices. An acknowledgement of addressing criminogenic needs, strong supervision policies, and utilization of community resources all played a role in administering ISP-S. However, some deviations from EBP and effective practices occurred, specifically in the administration of the LSI-R and providing treatment. Often constrained by resources and other structural barriers, treatment groups were comprised of mixed risk levels as well as traditional probationers in some cases. Earlier and more consistent use of assessment procedures (specifically LSI-R, or the transition to ORAS) to construct consistent classifications of risk, and utilization consistent assessment procedures to individualize treatment is recommended.

## *Program Components*

With some limitations, ISP-S has particularly strong evidence of good practices of case management skills, as well as strong relationships among staff and providers. ISP-S can capitalize on the commitment and dedication of the staff to continue to provide appropriate and necessary services to their participants, with aspirations to combine frequent contact with relationship building and addressing specific needs. The provision of specific CBT programs is also effective, particularly the strong adherence to curriculum-based and evaluated structures provided by qualified personnel. With awareness of and goals of individualized case management strategies and more consistent use of validated assessments, sites should be able to better match treatment services with specific participant needs.

## *General Challenges*

ISP-S was well aware of many of the challenges of program administration, and should continue to be cognizant of the structural challenges faced by many of the participants. Addressing external needs (such as employment assistance; transportation barriers) as well as the difficulty some participants have in meeting time demands will enhance program success. Larger programming challenges such as resource access and system management lack some consistency and present challenges of programming implementation. In particular, the variance in how often and how much data is recorded in the central system may present difficulty in evaluating participant performance and progression. This has direct impact on numerous program components, and sites should be encouraged to record changes in risk scores, phase completion, and treatment conditions. However, overall, the fidelity and implementation of effective components was adequate with minor issues regarding documentation of implementation of programming components.

# Short - Term Outcome Findings

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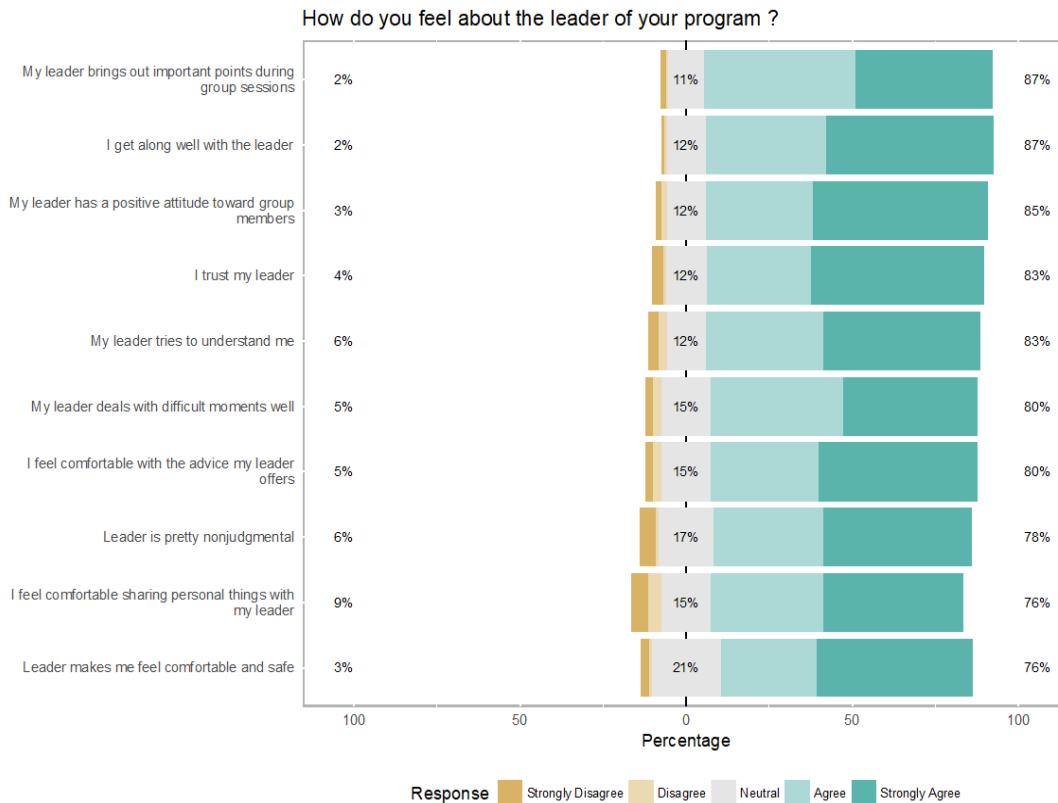
## Short Term Outcomes

### Relationship Building

The program components of ISP-S have many potential behavioral and attitudinal outcomes, but also important is the development of a positive and productive relationship between the probation officer and participant.

Staff and provider narratives compellingly noted the importance of the case management approach in relationship building, describing an exchange between participant and officer that developed into a strong rapport. Officers noted while they offered guidance, the participant was expected to partake in case planning leading to an invested relationship for both. Further, at most sites, the probation officers were also certified in and facilitated the specified CBT provisions. This further aided relationship development. The staff overwhelmingly indicated that they enjoyed implementing the CBT programs and that it benefitted the connection with their participants. In response, participants noted they felt prioritized and an important part of their case planning.

Figure 8: Perceptions of Leader/Probation Officer Relationship



Participants were also asked about their relationship with their treatment provider. In the cases of DuPage and Peoria the case manager facilitated their CBT group, and they felt positively toward the relationship built with the provider. Figure 8 demonstrates the generally satisfactory feelings regarding the relationship of the provider. Particularly strong agreement noted high levels of trust, levels of comfort, and the positive attitudes perceived from their leader/officer.

Open-ended participant responses also highlighted the positive relationships and response to their probation officers. One participant noted “The new generation of probation officers are far easier to get along with and give the probationer a better outlook on staying out of the criminal justice system.” Many expressed how the support and counseling helped the participants obtain employment, deal with personal issues, and change the way they perceive life. Others recognized that the ISP-S staff helped them understand their flaws and what provokes their criminal thinking, are extremely passionate about what they do, and are a great source of support. This suggests that the case management approach that ISP-S staff and providers utilize is recognized and appreciated, building stronger relationships.

## **Criminal Thinking and Attitudinal Change**

The emphasis on treatment and service provision through the phases of ISP-S primarily targets changing criminogenic attitudes. While the current evaluation cannot account for attitudinal change, there is some evidence of awareness and addressing criminogenic attitudes and other needs.

Open-ended participant responses denoted a strong emphasis on the ability of ISP-S to address their needs, including attitudes and antisocial cognitions. Due to the program, many reported being more aware of the consequences of their actions, having a new, positive outlook on life, feeling motivated in changing their behavior, and having a sense of responsibility in maintaining their prosocial lifestyle. Many noted ISP-S provided the best groups and services they had been presented with and were very satisfied with their treatment experiences.

Some however noted areas that ISP-S could expand their ability to address criminogenic needs, including increasing aid to their general needs such as employment resumes, interview skills, coping skills, and general tools for living a crime-free life. Falling in line with skill development, it was also relatively common for participants to suggest an increased focus on rehabilitation, adding “more ways to help, not more ways to violate.” Many of the respondents would like to see more programs geared towards mental health, recovery, and individual personal needs, with one response saying, “For instance, I don’t really need worksheets on how to communicate.” However, while specific experiences seem to vary by person, a majority of people reported that ISP-S has met their needs.

Participant survey responses also indicated a positive impact on criminogenic attitudes. A ten-item scale generally measuring antisocial attitudes documented a negative correlation between treatment dosage and antisocial attitude (.41,  $p < .05$ ). Another measure similarly found a consistently negative relationship between impulsivity and treatment dosage ( $r = .35$ ,  $p < .05$ ). While no baseline comparison exists to denote change, these are positive first steps as to how EBP of treatment dosage relates to criminogenic attitudes.

### ***Behavioral Change***

Short term outcomes prioritize noting immediate behavioral change. Several measures help evaluate the immediate effects of ISP-S, including program completion rates, participant perceptions of changed criminal behavior, and technical violations.

Table 40 illustrates active current participants, the four sites (DuPage, Macon, Peoria, and St. Clair) have a combined total of 306 active participants currently in their respective ISP-S programs.

Table 40: Active Participants

	<b>DuPage</b>	<b>Macon</b>	<b>Peoria</b>	<b>St. Clair</b>	<b>Total</b>
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
<b>Active</b>	121	80	87	18	306

### ***Program Completion***

Completion of ISP-S signifies successful navigation through the probation sentence without being sent to IDOC. Each site reported successful and unsuccessful program completion rates over the past four years, indicating about half (51.6) of their participants successfully complete the program. Macon reported the highest percentage of successful completions at 59.3% followed closely by DuPage with successful completions at 54.1%.

Table 41: Completion Outcome

<b>Outcome</b>	<b>DuPage</b>		<b>Macon</b>		<b>Peoria</b>		<b>St. Clair</b>		<b>Total</b>	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Successful</b>	67	54.1	64	59.3	79	47.9	14	37.8	224	51.6
<b>Unsuccessful</b>	57	45.9	44	40.7	86	52.1	23	62.2	210	48.4
<b>Total</b>	124	100.0	108	100.0	165	100.0	37	100.0	434	100.0

### ***Remaining Crime Free: Participant Perceptions***

ISP-S participants were specifically asked whether they perceived the program to be effective in remaining crime-free. An overwhelming majority of the participants report that their experience has indeed had a positive impact on them, in part due to changes in criminogenic attitudes and focusing on positive behaviors.

Many reasons were reported as to why these individuals find their program to reduce criminal behavior. Much of the structure of the program guides an individual's behavioral habits. By enforcing curfews, requiring meeting attendance, and regularly drug testing, personal responsibility becomes a behavioral habit. Participants felt the program helped behaviors by increasing motivation, creating a positive outlook, building a sense of accountability, helping to understand consequences, providing a structure which helps the participants "stay clean", and providing many resources and support. Although many participants reported substantial time demands and strict structure, this was perceived as beneficial in staying on track in building prosocial behaviors. Participants reported important personal changes such as remaining drug free and developing prosocial skills due to the program. The threat of potential incarceration alone caused many participants to focus on positive changes such as seeking out a valid source of employment and thinking more diligently prior to making decisions.

While not all agreed that the program was useful in reducing criminal behaviors, only a few reporting this attitude. One participant reported that "I feel that this type of probation only further leads to more crime and reoffending." Participants also noted the difficulty of behavioral change,

one participant describing the challenge of staying with responses like “Not smoking [is challenging] because it is usually my stress reliever for problems”. Others cited challenges in changing personal struggles like patience, avoiding temptation, and generally staying out of trouble.

On the whole, however, most ISP-S participants felt that ISP-S led to a reduction in criminal behavior.

### ***Program Violations***

Table 42 reports the type and frequency of technical violations per ISP-S site. The total column shows that failing and refusing drug tests (22.3%) is the most common technical violation in ISP-S. This is closely followed by missing probation appointments, which makes up 20.5% of total technical violations, and missed treatment groups which makes up 17.7% of total technical violations. These categories remain predominant at the individual site level for DuPage, Peoria, St. Clair, and, to a lesser extent, Macon. Failing or refusing drug tests in Macon is almost non-existent (0.5%). The other two categories still remain prevalent, though. Another change from the trend is noted in Peoria. Peoria has much larger frequencies of new felony arrests than the other three sites. This violation makes up 22.7% of their total technical violations while it ranges between 0 and 7.4% for the other three sites.

Table 42: Technical Violations

Technical Violation	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>N</i>	%	<i>n</i>	%
<b>Felony Arrest</b>	28	7.4	0	0.0	17	22.7	16	7	61	6.9
<b>Misdemeanor Arrest</b>	53	14.1	0	0.0	4	5.3	15	6.5	72	8.1
<b>Travel W/O Permission</b>	1	.3	2	1.0	0	0	2	.9	5	.7
<b>No Employment Verification</b>	1	.3	0	0.0	0	0	2	.9	3	.3
<b>No Residency Verification</b>	1	.3	19	9.4	0	0	1	.4	21	2.4
<b>No Treatment Verification</b>	12	3.2	7	3.4	1	1.3	2	.9	22	2.5
<b>Did Not Obtain Assessment or Evaluation</b>	22	5.8	1	0.5	0	0	16	7	39	4.4
<b>Missed Treatment Groups</b>	39	10.3	77	38.0	0	0	41	17.8	157	17.7
<b>Missed Probation Appointment</b>	81	21.5	41	20.2	21	28	38	16.5	181	20.5
<b>Failed or Refused Drug Test</b>	117	31.0	1	0.5	21	28	58	25.2	197	22.3
<b>Failed or Refused Alcohol Test</b>	14	3.7	0	0.0	11	14.7	9	3.9	34	3.8
<b>Court Ordered Payment</b>	5	1.3	29	14.3	0	0	0	0	34	3.8
<b>Failed to Complete CRB</b>	0	0.0	26	12.9	0	0.0	0	0.0	26	2.9
<b>Self-Report Use</b>	3	.8	0	0.0	0	0	10	4.3	13	1.5
<b>Masking Drug Use</b>	0	0	0	0.0	0	0	20	8.7	20	2.2
<b>Total</b>	377	100.0	203	100.0	75	100.0	230	100.0	885	100.0

A common criminogenic need of ISP-S participants includes a history of substance abuse dependencies. Supervision strategies of ISP-S procedures commonly include drug testing to maintain accountability and ensure participants are adhering to conditions. Table 43 displays the frequency of drug tests administered across the four ISP-S sites over approximately three years. The reported frequency of drug tests between Peoria, St. Clair, and DuPage were similar. These range from 1,101 tests in Peoria to 1,714 tests in DuPage and show an average increase of



306.5 tests between each respective location. Frequencies reported by Macon stood out with 2,469 drug tests. This number shows 755 more tests than what DuPage, the site with the next highest testing frequency reported.

Table 43: Drug Testing Results

Testing Outcome	DuPage		Macon		Peoria		St. Clair		Total	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Positive</b>	948	65.6	61	2.9	475	43.4	716	55.1	2200	36.9
<b>Negative</b>	497	34.4	2059	97.1	620	56.6	585	44.9	3761	63.1
<b>Total</b>	1445	100.0	2120	100.0	1095	100.0	1301	100.0	5961	100.0

### *Violation Procedures*

Given the intensive supervision requirements and treatment conditions associated with ISP-S, noncompliance and failures are not uncommon. Consistently, ISP-S administration used incarceration and detention sparingly if possible, and instead a variety of graduated sanctions were used. The clear purpose of ISP-S was considered to be diversion of individuals away from prison, and many community solutions were implemented to achieve such goals. Discretion was commonly employed, and most participants were given multiple community-based chances even when in violation of ISP-S conditions.

To achieve this, additional treatment was combined with sanctioning as a common response in terms of addressing violation. It was well understood the higher risk/need participants would face greater challenges and that mistakes or relapses would be part of the process – but that prison was an ineffective response. The larger goal appears to be for both the participant and probation officer to understand the cause of the negative, then how to correct the behavior. By remaining in the community and utilizing more intensive treatment, ISP-S participants were given an opportunity to demonstrate behavioral change. As one probation officer noted, change does not occur overnight, so immediately incapacitating sanctions fail to solve the criminogenic need; rather more treatment and contacts are a preferable solution.

In response to violation then, common strategies included adding supervision conditions in conjunction with greater treatment aspects. Participants may face reversal of phase progression, or demotion in the program with a minimum of repeating at least some program steps (e.g. MRT at Macon). For more serious and frequent violations, the participant may be required to report back to the courts to explain their noncompliance and promote accountability. Staff indicated individualized attention was necessary, as participants committing the same behavior may receive differing responses. Components that may change the response included participant attitude (e.g. remorse; communication of the problem; willingness to adhere to new treatment and supervision conditions). Case management and appropriate assessment procedures aided these responsive processes, though it is important to note that violation procedures typically were not singularly decided. Much cooperation aided the processes, having sanction review boards (such as DuPage County) or other review processes from a team. This helped both individualize the response but still maintain objectivity and consistent treatment access.

Consistently, all sites reported avoidance of detention. However, both *DuPage* and *St. Clair* stated the lack of follow through that the violation procedures occasionally had. In some cases, too many chances were perceived to be given, or the courts refused to detain individuals (terminating ISP-S instead). The lack of balance was concerning and may interfere with effective accomplishment of desired goals.

### **Summary of Short Term Outcomes**

The brief early evaluation of short term outcomes of ISP-S tentatively suggests positive outcomes. While only about half of the participants successfully completed, targeting a high risk and need population often has relatively high failure rates. Provider and staff narratives reveal concentrated efforts to avoid incarceration and jail procedures, despite violations of substance abuse and other conditioned behavior. Longer term outcomes are necessary to reveal if the diversionary program is having the expected results of reduced recidivism and stabilization.

# Key Recommendations

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## Maximize Strengths

Multiple strengths, which included collaboration, teamwork, level of commitment, adherence to the program, use of community resources, were noted and highlighted.

### Recommendations

1. ARI communicate regularly (i.e., once per quarter) to the ISP-S staff and providers. The purpose of these communications should be to reinforce and maximize the strengths of the ISP-S program. Parts of the current report could be used as content for these communications. The format should be both video and electronic (i.e., highly visual, one page).
2. Cognitive Behavioral Therapy strategies were a part of most programs. CBT and motivational interviewing strategies should become a stronger part of the routine case management practices.

## Resource Management

The staff used a team approach and accounted for participant individual differences to make intervention recommendations. These recommendations, though, were done without a systematic risk or needs assessment (IDAT Components #2, #3, & #4). Consequently, there was no differentiation for treatment dosage among participant's risk levels.

### Recommendations

1. The risk assessment tool (LSI-R or ORAS) should be administered in the adjudication process. This will involve administering this tool earlier than current practice.
2. The risk assessment tool should be used to determine level of intervention (i.e., dosage) and targeted content areas (i.e., matching criminogenic need). Overrides should occur less than 5% of the time. When overrides do occur, a strong rationale should be presented.
3. The Phase program should be re-structured and designed to promote the success of most participants. Thus, a crescendo model may be more appropriate (Polaschek (2011)). This model has the stronger requirements in the last phases rather than at the beginning.

## Program Fidelity / Procedural Clarity

### Recommendations

1. Regular risk and criminogenic need frequencies from standardized assessments should be generated by the sites (IDAT, Component #6). These reports will assist to ensure that the target populations are being properly served.
2. Policy guidelines on the criteria for program entry and termination need to be refined (IDAT, Component #5). This should occur in conjunction with the re-structuring of the phase program. These policy guidelines should ensure language consistency for all major tasks, including data entry.

## References

- Allen, L. C., MacKenzie, D. L., & Hickman, L. J. (2001). The effectiveness of cognitive behavioral treatment for adult offenders: A methodological, quality-based review. *International journal of offender therapy and comparative criminology*, 45(4), 498-514.
- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). Taylor & Francis
- Alm, S. S. (2016). HOPE Probation: Fair Sanctions, Evidence-Based Principles, and Therapeutic Alliances. *Criminology & Public Policy*, 15(4), 1195-1214.
- Andrews, D.A., & Bonta, J. (2003). *The Level of Service Inventory Revised U.S. norms manual supplement*. Toronto: Multi-Health Systems.
- Blonigen, D. M., Rodriguez, A. L., Manfredi, L., Nevedal, A., Rosenthal, J., McGuire, J. F., ... & Timko, C. (2018). Cognitive-behavioral treatments for criminogenic thinking: Barriers and facilitators to implementation within the Veterans Health Administration. *Psychological Services*, 15(1), 87.
- Byrne, J. M. (1990). The future of intensive probation supervision and the new intermediate sanctions. *Crime & Delinquency*, 36(1), 6-41.
- Coryn, C. L., Noakes, L. A., Westine, C. D., & Schröter, D. C. (2011). A systematic review of theory-driven evaluation practice from 1990 to 2009. *American Journal of Evaluation*, 32(2), 199-226.
- Cullen, F. T. (2007). Make rehabilitation corrections' guiding paradigm. *Criminology & Public Policy*, 6(4), 717-727. <https://doi.org/10.1111/j.1745-9133.2007.00469>.
- DeLude, B., Mitchell, D., & Barber, C. (2012). The probationer's perspective on the probation officer-probationer relationship and satisfaction with probation. *Federal Probation*, 76, 35-39.
- Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington state. *Victims and Offenders*, 4(2), 170-196.
- Duwe, G. (2012). Evaluating the Minnesota comprehensive offender reentry plan (MCORP): Results from a randomized experiment. *Justice Quarterly*, 29(3), 347-383.
- Evans, E., Huang, D., & Hser, Y. I. (2011). High-risk offenders participating in court-supervised substance abuse treatment: Characteristics, treatment received, and factors associated with recidivism. *Journal of Behavioral Health Services & Research*, 38(4), 510.
- Fariello Springer, N., Applegate, B. K., Smith, H. P., & Sitren, A. H. (2009). Exploring the

determinants of probationers' perceptions of their supervising officers. *Journal of Offender Rehabilitation*, 48(3), 210-227.

Feig, L. (2015). Breaking the Cycle: A Family-Focused Approach to Criminal Sentencing in Illinois. University of Chicago Advocates' Forum, 13-26.

Ferguson, L. M., & Wormith, J. S. (2013). A meta-analysis of Moral Reconciliation Therapy. *International Journal of Offender Therapy and Comparative Criminology*, 57(9), 1076-1106.

Fulton, B., Latessa, E. J., Stichman, A., Travis, L. F., Corbett Jr., R. P., & Harris, M. K. (1997). Review of Research for Practitioners. *Federal Probation*, 61(4), 65-75.

Gendreau, P., Goggin, C., Cullen, F. T., & Andrews, D. A. (2000). The effects of community sanctions and incarceration on recidivism. *Forum on Corrections Research*, 12, 10–13.

Gendreau, P., Goggin, C., & Fulton, B. (2000). Intensive probation in probation and parole settings. In C. R. Hollin (Ed.) *Handbook of offender assessment and treatment*, (PP. 195-204) . John Wiley & Sons.

Golden, L. S., Gatchel, R. J., & Cahill, M. A. (2006). Evaluating the effectiveness of the National Institute of Corrections' "Thinking for a Change" program among probationers. *Journal of Offender Rehabilitation*, 43(2), 55-73.

Grattet, R., & Lin, J. (2016). Supervision intensity and parole outcomes: A competing risks approach to criminal and technical parole violations. *Justice Quarterly*, 33(4), 565-583.

Hansen, C. (2008). Cognitive-behavioral interventions: Where they come from and what they do. *Federal Probation*, 72, 43-56.

Hyatt, J. M., & Barnes, G. C. (2017). An experimental evaluation of the impact of intensive supervision on the recidivism of high-risk probationers. *Crime & Delinquency*, 63(1), 3-38.

Kroner, D. G. (2012). Service user involvement in risk assessment and management: The Transition Inventory. *Criminal Behaviour and Mental Health*, 22(2), 136–147.

Kroner, D. G., & Mills, J. F. (2003). *The Criminal Attribution Inventory: User guide*. Authors.

Kiyabu, R., Steinberg, J., & Yoshida, M. (2010). Hawaii's Opportunity Probation with Enforcement (HOPE): An implementation analysis. Report from the University of Hawaii at Manoa Public Administration Program.

Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1(4), 451-476.

- Latessa, E. J., Cullen, F. T., & Gendreau, P. (2002). Beyond correctional quackery—Professionalism and the possibility of effective treatment. *Federal Probation*, 66, 43–49.
- Little, G. L., Baker, K., McCarthy, D., Davison, M., & Urbaniak, J. (2010). An MRT based cognitive behavioral treatment for first-time DUI offenders: Two and three-year recidivism in a cohort of Davidson County, Tennessee offenders with a comparison to the Prime for Life program. *Cognitive-Behavioral Treatment Review*, 19, 1-5.
- Lizama, J., Matthews, V., & Reyes, S. (2014). *What Works? Short-Term, In-Custody Treatment Programs*. Center for Public Policy, California State University: Fullerton. Pozyskano, 30, 2016.
- Lowenkamp, C. T., Latessa, E. J., & Holsinger, A. M. (2004). Empirical evidence on the importance of training and experience in using the Level of Service Inventory-Revised. *Topics in Community Corrections*, 49-53.
- Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology and Public Policy*, 5, 201–220.
- Maki, J. (2014). *Performance Incentive Funding for Prison Diversion: An implementation Evaluation of the Winnebago County Adult ReDeploy Illinois Program*. [icjia.state.il.us](http://icjia.state.il.us).
- Matz, A. K., & Kim, B. (2013). Policy implications of police-probation/parole partnerships: A review of the empirical literature. *Federal Probation*, 77, 9.
- Miller, J. M., & Miller, H. V. (2016). Validating program fidelity: Lessons from the Delaware County second chance initiatives. *American Journal of Criminal Justice*, 41(1), 112-123.
- Parent, D., Dunworth, T., McDonald, D., & Rhodes, W. (1997). Mandatory sentencing. National Institute of Justice (NCJ 161139).
- Petersilia, J. (1998). A decade of experimenting with intermediate sanctions: What have we learned? *Federal Probation*, 62, 3–9
- Petersilia, J. (2004). What works in prisoner reentry? Reviewing and questioning the evidence. *Federal Probation*, 68, 4–8.
- Phelps, M. S. (2013). The paradox of probation: Community supervision in the age of mass incarceration. *Law & Policy*, 35(1-2), 51-80.
- Polaschek, D. L. (2011). Many sizes fit all: A preliminary framework for conceptualizing the development and provision of cognitive–behavioral rehabilitation programs for offenders. *Aggression and Violent Behavior*, 16(1), 20-35.
- Rao, S., Warwick, K., Christensen, G., & Owens, C. (2016). Transition from Jail to Community (TJC) Initiative.

- Reichert, J., DeLong, C., Sacomani, R., & Gonzales, S. (2015). Fidelity to the intensive supervision probation with services model: An examination of Adult Redeploy Illinois programs. Chicago, IL: Illinois Criminal Justice Information Authority.
- Roque, L., & Lurigio, A. J. (2009). An outcome evaluation of a treatment readiness group program for probationers with substance use problems. *Journal of Offender Rehabilitation, 48*(8), 744-757.
- Rotter, M., & Carr, W. A. (2011). Targeting criminal recidivism in mentally ill offenders: Structured clinical approaches. *Community Mental Health Journal, 47*(6), 723-726.
- Savaya, R., & Waysman, M. (2005). The logic model: A tool for incorporating theory in development and evaluation of programs. *Administration in Social Work, 29*(2), 85-103.
- Schwalbe, C. S. (2012). Toward an integrated theory of probation. *Criminal Justice and Behavior, 39*(2), 185-201.
- Shaffer, D. K., & Pratt, T. C. (2009). Meta-analysis, moderators, and treatment effectiveness: The importance of digging deeper for evidence of program integrity. *Journal of Offender Rehabilitation, 48*(2), 101-119.
- Sherman, L. W., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P., & Bushway, S. (1997). Preventing crime: What works, what doesn't, what's promising. Report to the United States Congress.
- Sirdifield, C. (2012). The prevalence of mental health disorders amongst offenders on probation: A literature review. *Journal of Mental Health, 21*(5), 485-498.
- Skeem, J. L., Loudon, J. E., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19*(4), 397.
- Smith, P., Schweitzer, M., Labrecque, R. M., & Latessa, E. J. (2012). Improving probation officers' supervision skills: an evaluation of the EPICS model. *Journal of Crime and Justice, 35*(2), 189-199.
- Stansbery, I. W. (2018). *Effectiveness of Thinking for a Change (T4C) in Reducing Offender Recidivism in Recently-Released Prisoners* (Doctoral dissertation, Northcentral University).
- Tonry, M. (1990). Stated and latent functions of ISP. *Crime & Delinquency, 36*, 174-191.
- Trotter, C. (2015). *Working with involuntary clients: A guide to practice*. Routledge.
- Turner, S., & Petersilia, J. (1992). Focusing on high-risk parolees: Experiment to reduce commitments to the Texas Department of Corrections. *Journal of Research in Crime and Delinquency, 29*, 34-61.



- Veysey, B. M., Ostermann, M., & Lanterman, J. L. (2014). The effectiveness of enhanced parole supervision and community services: New Jersey's Serious and Violent Offender Reentry Initiative. *The Prison Journal*, 94(4), 435-453.
- Ward, D. (2008). BJSW Critical Commentary: What works in probation offender management: Evidence for a new direction?". *British journal of social work*, 38(2), 395-405.
- Watkins, I. (2011). *The utility of Level of Service Inventory-Revised (LSI-R) assessments within NSW correctional environments*. Department of Justice (AU). Melbourne, AU.  
<https://www.correctiveservices.justice.nsw.gov.au/Document/utility-of-level-of-service-inventory-.pdf>
- Weaver, B. (2014). Control or change? Developing dialogues between desistance research and public protection practices. *Probation Journal*, 61(1), 8-26.
- Wilson, D. B., Bouffard, L. A., & MacKenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior*, 32(2), 172-204.

# Appendix A

## Staff Interviews

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Title/Role of Interviewee: \_\_\_\_\_

### QUESTIONS/AREAS OF INTEREST

#### (1) Risk and Classification Procedures and Use

##### (a) Participant Selection

- (i) Who is the target client? [*Prompts: what risks; needs*]
- (ii) How is this determined? (How do they select participants?)
  - 1) What specific criteria do you use?
  - 2) Who is responsible for evaluating clients/criteria?
  - 3) What type of instrument or assessment tools are used?
  - 4) What do you do with this information?
- (iii) Who is supervised?
  - 1) What do offenders look like? (Offense type; history; education)
    - a) Are there restricted types of offenders? (e.g. sex or violent offenders? How is this determined?)
  - 2) What are common needs that you address for clients?
  - 3) What are the common concerns of the clients?
- (iv) Assessment specific:
  - 1) What type of tool do you use? (LSI-R?)
    - a) "Is there an assessment of treatment need?"
      - No                       No
      - By Staff               By non-program Staff
    - b) Do you conduct a risk assessment?
      - No                       No
      - By Staff               By non-program Staff
    - c) How many assessments (number of offenders screened for the program) for this program were completed in the last 12 months?  
\_\_\_\_\_
    - d) Of these, how many were accepted into the program? \_\_\_\_
    - e) Following assessment, how many offenders were excluded from treatment? \_\_\_\_\_
  - 2) How is this used? (program placement? Supervision strategy)
  - 3) Who administers? What is the training?

Psychologist/Psychiatrist    Lawyer/Courts    Courts    worker    Social worker    request  
 Offender request    Any staff member    Mandated    Other (specify): \_\_\_\_\_

- 4) What is captured?

5) What does your classification scheme look like? (is it specified?)

a) "How is treatment need assessed?"

Interview  File review  File review  Questionnaire  Collateral information

b) Do you develop a correctional treatment plan? (YES/NO)

c) How do you determine the kind and number of program that a client should undertake?

d) Do some clients have more requirements than others or are they equal/ the same for all clients? (The same/ Not the same). Please elaborate.

6) Do you believe the risk scores?

(b) Provider Selection

(i) How do you become involved with program providers?

1) Multiple programs for type of needs

2) Official connections (larger) or seek out on own?

a) Public/private?

b) Payment?

(ii) Program Providers

1) Evaluation/qualifications?

## (2) Program Understanding

(a) Overview

(i) Describe your program offerings

1) Where do they meet? What type of programming? How delivered (e.g. group; individual)

2) What is asked of offenders

a) Can clients negotiate the number of requirements?

(ii) Has a database been developed?  Yes  No

1) What kind of information is tracked?

Completion/certificate received  Homework/assignments  Completion/certificate received

Homework/assignments  Progress

Other (specify) \_\_\_\_\_ Other (specify)

(iii) Time specifications?

1) What is the intensity level of this program?

Intensive  Intermediate  Low

2) What criteria define level of treatment intensity?

Frequency of contact  Number of sessions  Treatment demands  Treatment

demands  therapists  Number of treatment modules  Number of treatment

modules  Program demands

Other (specify) \_\_\_\_\_

3) How often do they meet?; How long do they last? (per meeting and overall)

4) How long does it take to finish a program? Is this dependent on the length of sentence? Length of probation? Or performance?

(iv) Can you describe the case management approach? (**STAFF**)

1) In client meetings, what is covered? How do you determine other expectations (specifically treatment needs?)

- 2) Is there a lot of variance?
  - 3) What type of referral process do you meet?
  - 4) What is meant by reduced probation caseload? What is ideal ratio?
  - (v) Can you describe the treatment content? (**PROVIDERS**)
    - 1) What does the treatment look like? (content overview; methods used)
    - 2) How did you come up with this (manual; program guide)
    - 3) What type of tools do you use:
      - a) For teaching (instruments; materials)
      - b) Client expectation (homework; evaluation)
  - (vi) FOR BOTH: what type of training did you have for (case management/treatment provision?)
  - (b) Evidence Based Practices
    - (i) The program is run based on this assumption - what is the meaning?
      - 1) What types of programs would be the “strongest”; what risk/need referral process is used?
      - 2) Do the programs (specific/general) utilize a reward/sanction approach? What types of rewards and sanctions do you use? How are these “graduated” in nature? What are the perceived effects?
    - (ii) How has the program changed over time? (check all applicable)
- O Content O Duration Treatment Targets O Staffing O Staffing O Procedures O Exclusions O Report format O Admission criteria O Scheduling O Other
- 1) Do you utilize leverage/assets (outside of the program - family, community)
    - a) What is the function? How are these used? How does this benefit the program/reintegration?
    - b) What do families play? What is their role?
    - c) What other assets are leveraged?
  - (iii) Consider completion/attrition - what does this look like?
    - 1) What happens to those terminated?
    - 2) What are the common reasons for not successfully completing the program? Check all that apply:
- O Transferred O Transferred O Refused Refused O Drugs  
 O Group O Institutional misconduct O Institutional misconduct O Mental Health/Other  
 cognitive concerns O termination O Violation of rules O Violation of rules O Other (Please specify:  
 \_\_\_\_\_.
- 3) How many successfully complete? \_\_\_\_\_
  - (iv) How successful would you consider this program (outcome perceptions?)
- (c) Protocols
- (i) What does the typical client go through - steps that are laid out?
    - 1) Referral process (timing; how many; availability)
    - 2) Check-ins throughout (case manager; provider; general assessments?)
    - 3) Evaluate readiness to be done?

**(3) Perceptions of Program**

- (a) Role management

- (i) What do you view as your role in the process?
  - 1) Balance of surveillance and treatment (what type of tasks for each?)
  - 2) How flexible is this role?
- (b) Challenges and Good practices
  - (i) What do you feel are the successful components of the program?
    - 1) Examples?
  - (ii) What are some of the main challenges you face?
    - 1) Specifically -
      - a) Specific to the program
      - b) Institutional (budget; hiring; availability)
    - 2) Budget issues of 2015:
      - a) Staffing; qualifications; treatment provider access?
      - b) How is the program funded? Is this consistent?
  - (iii) Can you describe your perceptions of the service quality?
    - 1) What are the goals? What programs help meet those goals?
    - 2) What improvements or changes do you perceive would be useful?
    - 3) What type of relationship do you have with treatment provider/staff (or vice versa?) - communications; frequency
- (c) Assessment/Evaluation
  - (i) Does the program undergo evaluation? (Yes/ No) How do you monitor your success?
  - (ii) Are the goals and intended outcomes clear? (provide examples?)

**(4) Background and Qualifications**

- (a) Education and Training
  - (i) What is your educational background? What is your degree(s) in?
    - M.D.                       Ph.D               M.A.               LCSW
    - LCSW-C     B.A.               Other
  - (ii) Do you have any specialized certifications? \_\_\_\_\_
  - (iii) What type of training did you receive for this specific job?
    - 1) Continuing education/training? (annual; voluntary/mandatory?)
    - 2) How are they trained? Where are they trained? How often are they trained? Who trains the staff? Who funded the trainings?
- (b) Experience
  - (i) How long have you worked here? With Adult ReDeploy?
  - (ii) What other work experiences have you had?
  - (iii) Caseload history (past, current)
- (c) Training for ReDeploy
  - (i) Can you tell me how you changed strategies/training for this type of program?
  - (ii) Do you report your standings or management procedures?  
What do you feel are the ultimate goals/process of the ReDeploy program?

## Appendix B

### Perceived Risk Inventory

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#### Section D. Questions 1 – 35 [Perceived Risk Inventory]

*Below are some statements on the possibility of doing crime. Please read the following statements carefully and decide if you agree or disagree with them. If you agree with the statement, mark the "Agree" box on your answer sheet. If you disagree with the statement, mark the "Disagree" box on your answer sheet.*

*For this section, "risk level" and "chances of doing crime" should be considered to mean the same thing.*

1. My chances of doing crime are lower compared to other people my age.
2. My risk to offend is similar to those with minor legal violations.
3. Compared to people like me, my risk to offend is higher.
4. Given my past, my risk to offend is similar to the average person in the community.
5. My risk level to offend is higher than those with limited awareness.
6. My likelihood to offend is below non-offenders living in the community.
7. Compared to people I know, my chance of committing a crime is greater.
8. Compared to people where I live, my chance of committing crime is greater.
9. I am similar to the typical person who has contact with the criminal justice system.
10. My risk level for offending is higher compared to those who are disadvantaged.
11. My vulnerability to offend is similar to one who has done a substantial amount of crime.
12. My chance of criminal activity is close to someone who has one minor conviction.
13. I have a similar risk for crime as someone who has done a serious offense.
14. My risk to offend is close to the average offender.
15. It is more possible that I do a crime compared to someone from a difficult neighborhood.
16. My chance of doing crime is higher than the average person.
17. I have a higher risk to offend compared to close family members.
18. My chances of doing crime are lower compared to other people with a similar personality.
19. My chances of doing crime are lower compared to other people with similar childhoods.

20. My chances of doing crime are lower compared to other people with similar drinking problems.
21. My chances of doing crime are increased compared to others with a similar family history.
22. My risk to offend is higher than people with similar personal characteristics.
23. Compared to the average person who has done crime, my risk level for offending is similar.
24. Compared to those who are very depressed, my risk to offend is higher.
25. My risk level for crime is similar to those who do a lot of crime.
26. My risk level for crime is less than those who are physically small.
27. My risk level to offend is similar to offenders with many types of crime.
28. My risk level is higher than those with moderate mental illness.
29. I know my risk level is higher than those with similar personal characteristics.
30. My chance to offend is higher than it should be.
31. My risk to offend is close to those in average risk situations.
32. My higher risk to offend only applies to minor crimes.
33. Compared to those with disgusting personalities, my risk level is lower.
34. Compared to offenders who have done violence, my risk is lower.
35. Compared to one-time offenders, my risk to offend is the same.

## Appendix C

# Transition Inventory

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### Section E. Questions 1 – 64. [Transition Inventory]

*The following statements describe some thoughts, feelings, and situations that people deal with when released. Read each statement and indicate whether you agree or disagree that the statement will apply to you DURING THE NEXT MONTH.*

1. I will do some things because it will feel good at the time.
2. Others may put pressure on me to do bad things.
3. I may feel anxious or frustrated.
4. It will be difficult for others to trust me because I was in prison.
5. I will have urges to misuse substances.
6. It will be tough to find a good place to live.
7. Being comfortable with family members will be difficult.
8. I will spend my free time listening to music.
9. I will regret acting too quickly.
10. Making new friends may be hard for me.
11. I expect other people will make me frustrated.
12. I expect to have problems with life in the community.
13. Drugs or alcohol will be a problem for me.
14. I expect to have difficulties paying basic bills.
15. There will be no problems getting along with family members.
16. Based on my past, I will have a strong habit of listening to music.
17. Unplanned spending or gambling will impact me.
18. Some of my friends/associates will not be good for me.



19. Based on my past, there will be times that I feel down.
20. For a while, it will be strange having more freedom.
21. I will need to be careful with how much I drink.
22. I may spend my money on stupid things.
23. I will get pressure from family members.
24. Starting a new hobby may be hard for me.
25. Based on my past, I will want to test my self-control.
26. Pressure from old friends will be a problem for me.
27. I will feel nervous.
28. Others knowing that I was in prison will be of concern to me.
29. Based on my past, I expect to have a drink once per month.
30. Based on my past, I will have problems finding a job.
31. My family will be ashamed that I went to prison.
32. Watching TV/movies will take up much of my free time.
33. I expect to do fun things on the spur of the moment.
34. I will lack the right type of friends.
35. I expect to feel a pattern of guilt.
36. I will feel out of touch with the outside world.
37. I will go to places that serve alcohol.
38. I may not have enough cash to get going.
39. It will be hard to live with my family.
40. Based on my past, more of my free time will be spent listening to music than doing a hobby.
41. I may get bored when solving problems.

42. I expect my friends to have a negative influence on what I do.
43. There will be times that I lack energy.
44. Others will hold my being in prison against me.
45. Based on my past, I expect to have a few drinks.
46. I may have to go on public assistance (i.e., welfare).
47. I do not want to be around some family members.
48. Based on my past, my free time will not be well planned.
49. Based on my past, I will want some excitement
50. I do not expect to make any new close friends
51. Not knowing my future will make me somewhat anxious.
52. Based on my past, being connected with the community will be difficult.
53. It will be OK to have a few drinks.
54. Based on my past, I may change jobs regularly.
55. Based on my past, being close to my family I grew up with will be difficult.
56. When at home, there will be times I won't know what to do with my free time.
57. Based on my past, I expect a pattern of getting bored.
58. Based on my past, I will have some difficulty being with positive friends.
59. In new situations I expect to feel uneasy.
60. Because of prison, I will have difficulties fitting in with others.
61. My urge to drink will be stronger if I'm bored or feeling down.
62. Based on my past, I expect to have money problems.
63. Fitting in with family may be difficult.

64. Joining a club or participating in a sports league will be hard for me.

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## Appendix D

# Criminal Attribution Inventory

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### Section F.

#### Questions 1 – 60 [Criminal Attribution Inventory]

*Below are some statements on how people view crime. Read each statement carefully and indicate on the separate answer sheet whether you agree or disagree with the statements.*

*For these statements, crime is what YOU know the average type of crime to be.*

1. Being crime free is a result of the one's personality.
2. One cannot blame alcohol for crime.
3. The victim has a part in the beginning of many crimes.
4. Rarely does a crime occur because of weird thinking.
5. Morality in society is the cause of many crimes.
6. Most crimes occur because people intend to do crime.
7. A person's traits have very little to do with doing crime.
8. Alcohol can be blamed for most crimes.
9. Victims of crime are usually innocent bystanders.
10. Criminal behavior is often caused by mental illness.
11. Society's rigid rules have very little to do with criminal behavior.
12. Most crimes have no cause, they just happen.
13. Crimes occur because of lifelong traits inside the person.
14. Alcohol does not cause criminal behavior.
15. Victims of crime often exaggerate what happened to them.
16. Doing crime and having a mental illness are totally separate.

17. When crime occurs, society should be partially blamed.
18. The view that crime just happens does NOT make sense.
19. Crime is not caused by one's personality.
20. Alcohol makes people commit crime.
21. It is unfair to blame victims for crime.
22. People who have mental problems are more likely to do crime.
23. Society and its rules have little to do with crime occurring.
24. For the most part, people get involved in crime by chance.
25. People who do crime do so because of their personality traits.
26. A person's crime cannot be blamed on drinking.
27. When a crime occurs, victims have some choice as to their involvement.
28. Doing crime has very little to do with bizarre thinking.
29. General society contributes to much of the violence on the street.
30. Most crimes have a specific cause.
31. One's type of personality has nothing to do with committing crime.
32. High crime rates are related to drinking.
33. Thinking that a victim can contribute to crime is wrong.
34. Crime can be blamed on being somewhat messed-up psychologically.
35. It is difficult to see how society can be blamed for crime.
36. Unexpected events can result in crime.
37. People with a lot of positive traits do less crime.
38. Blaming alcohol for the majority of crime does NOT make sense.
39. Victims frequently add to their stories.

40. Crime occurs because of many reasons, but it is not due to bizarre thinking.
41. Society supports behaviors which are related to crime.
42. The belief that crime can happen by chance is wrong.
43. People are wrong to believe that the way one lives is related to crime.
44. Alcohol can be blamed for a lot of crime.
45. A victim's behavior is not related to crime.
46. A person who commits a crime is emotionally disturbed.
47. Authority in society is not related to doing crime.
48. A lot of crime happens when people are in the wrong place at the wrong time.
49. Good lifelong habits prevent people from getting into trouble.
50. Alcohol has very little to do with crime.
51. Victims should feel some responsibility.
52. Being mentally sick has nothing to do with crime.
53. Society's mess contributes to crime.
54. Crime is not likely to happen at random.
55. A positive lifestyle is not related to being crime free.
56. Drinking a lot of alcohol can result in crime.
57. Crime cannot be blamed on the victim.
58. Most crimes are related to mental difficulties.
59. Society cannot cause crime.
60. Sometimes crime just happens.

## Appendix E

# Cognitive Behavioral Therapy Program Satisfaction Survey

### Section B. Program Involvement

Please list a program you are currently involved in (e.g., Thinking for a Change, Moral Reconciliation Therapy).

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### Section C. Program Satisfaction. [ CBT Program Satisfaction Survey]

How helpful are the following components of the program?

	Not at All Helpful	Slightly Helpful	Somewhat Helpful	Pretty Helpful	Very Helpful
1. Sharing my experiences with others	1	2	3	4	5
2. Feeling as though I can relate to others in my group	1	2	3	4	5
3. Hearing other viewpoints	1	2	3	4	5
4. Getting help and support from others	1	2	3	4	5
5. Confrontation among the group members	1	2	3	4	5

How do you feel about the following components of the program group?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6. My group usually feels comfortable	1	2	3	4	5
7. My group has enough structure	1	2	3	4	5
8. My group members are pretty open and honest	1	2	3	4	5
9. My group members are pretty nonjudgmental	1	2	3	4	5
10. It is helpful to talk with others who have committed offenses	1	2	3	4	5
1. I feel comfortable participating in my group	1	2	3	4	5
2. I feel comfortable helping others in my group	1	2	3	4	5
3. I trust other members in my group	1	2	3	4	5

How do you feel about the leader of your program group?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. Leader makes me feel comfortable and safe	1	2	3	4	5
5. I get along well with the leader	1	2	3	4	5
6. My leader tries to understand me	1	2	3	4	5
7. Leader is pretty nonjudgmental	1	2	3	4	5
8. I feel comfortable sharing personal things with my leader	1	2	3	4	5
9. I feel comfortable with the advice my leader offers	1	2	3	4	5
10. My leader brings out important points during group sessions	1	2	3	4	5
11. My leader deals with difficult moments well	1	2	3	4	5
12. My leader has a positive attitude toward group members	1	2	3	4	5
13. I trust my group leader	1	2	3	4	5

How do you feel about the following policies of the program group?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
14. Rules about attendance are fair	1	2	3	4	5
15. Rules about lateness are fair	1	2	3	4	5
16. My confidentiality is respected	1	2	3	4	5
17. I agree with my treatment plan	1	2	3	4	5
18. Expectations for completion of program are clear	1	2	3	4	5
19. I am treated with respect by the staff	1	2	3	4	5

20. How many minutes are the group sessions scheduled for? \_\_\_\_\_

21. How many minutes do the group sessions actually last? \_\_\_\_\_

22. If there is a difference between scheduled time and actual time, what causes this difference?

\_\_\_\_\_



# Appendix F

## ISP-S Satisfaction Questionnaire

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### Section G. [ISP-S Satisfaction Questionnaire]

Considering your current probation status (Adult Redeploy Illinois probation or traditional probation):

1. Do you feel this type of probation is helpful in helping you remain crime-free? In strengthening other areas of your life (e.g., drug and/or alcohol free)? How so?

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2. Is this type of probation meeting your needs?

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**3. What are the biggest challenges you face while completing either ARI probation or traditional probation requirements?**

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**4. Do you feel this type of probation could be improved? How so?**

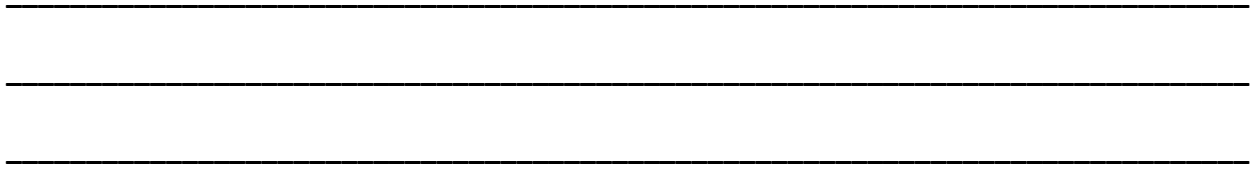
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# Appendix G

## Program Cataloging Tool

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### ISP-S Catalog of Programs

Intervention Title: \_\_\_\_\_ Name/Title of Interviewee:

\_\_\_\_\_

1. Purpose of intervention: \_\_\_\_\_

2. How long has the intervention been running at this office?

\_\_\_\_\_

3a. Is this intervention continuous?  YES  NO

3b. If NO, what is the duration (e.g., number of weeks)? \_\_\_\_\_

3c. How many times is this intervention delivered in full in one year?

\_\_\_\_\_

4. How frequent is the intervention (e.g., 1x per week, 2x per month, etc.)?

\_\_\_\_\_

5. What is the length of each intervention session (in hours)? \_\_\_\_\_

6. How many different groups of the same intervention are conducted? \_\_\_\_\_

7a. How many clients attend this intervention? \_\_\_\_\_

7b. Are there any sanctions for missing a session?  YES  NO

7c. If YES, what are they?

\_\_\_\_\_

8. How do clients become involved with the intervention?

Self sign-up/request  Mandated by court  Mandated by other source

- Referral by probation officer     Referral by other source
- Scores on assessment measures (e.g., risk level)     Other \_\_\_\_\_
- 

9a. Is there a waiting list for this intervention?  YES     NO

9b. If YES, how many clients are on the waiting list? \_\_\_\_\_

10a. Do all participating clients complete the intervention?  YES     NO

10b. If NO, how many clients complete the intervention? \_\_\_\_\_

10c. Can clients be removed from the intervention group?  YES     NO

10d. If YES,

why? \_\_\_\_\_

11. What criminogenic risk factors are targeted?

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12. What risk level is this intervention targeted toward?  Low  Moderate  High

13. What is the primary method of change (e.g., type of therapy)?

- Cognitive-behavioral therapy     Psychotherapy     Psychoeducational
- Educational/Informational     Other \_\_\_\_\_

14. Does the intervention include any participant activities?

- Role Playing     Homework     Discussions     Other: \_\_\_\_\_

15a. Is there an official manual for this intervention?  YES     NO

15b. If YES, what is the title? \_\_\_\_\_

15c. What is the source? \_\_\_\_\_

15d. If NO, what does the curriculum consist of?

Self-developed     Internet sources     Material from  
different program

Videos/movies     Other: \_\_\_\_\_

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## APPENDIX H

### Frequency of Interventions per Site

Tables describe the frequencies of therapeutic interventions that are being implemented per site.

Table *x* lists the non-therapeutic interventions being used. Frequencies are not reported.

DuPage	
Intervention	N
Mental Health Treatment	5
Restitution	12
Victim Impact Panel	13
Community Service	27
Employment/Vocational	49
Employment Retention	13
TASC	23
SNAP	9
Education	8
Substance Abuse Counseling	18
Substance Abuse Treatment	93
Medication-assisted SA Treatment	1
Mental Health	1
Thinking For A Change	27
Moral Reconation Therapy	2
AA/NA	1

Co-occurring Disorder treatment	1
COG Groups (Generic)	92
Psychotropic Medications	1
Level III.1 SA Treatment	3
Level III.5 SA Treatment	6
Level III.5 MISA	2
Sheriffs Work Alternative Program	15
Other	6

Macon	
Intervention	N
Restitution	26
Community Restorative Boards	28
Substance Abuse Treatment	1
Mental Health	1
Moral Reconation Therapy	90
Anger Management	4



Peoria	
Intervention	N
Drug Phase Treatment	6
Mental Health Treatment	3
Psychiatric Services	2
Restitution	4
Community Service	134
Employment/Vocational	5
Employment Retention	2
Education	4
Substance Abuse Counseling	1
Substance Abuse and Mental Health Counseling	1
Substance Abuse Treatment	8
Thinking For A Change	31
Motivational Interviewing	91
AA/NA	2
COG Groups (Generic)	1
Psychotropic Medications	2
Ancillary Services	1

St. Clair	
Intervention	N
Mental Health Treatment	172
Psychiatric Services	10
Community Restorative Boards	3
Education	2
Substance Abuse Treatment	228
Thinking For A Change	62
AA/NA	2
Psychotropic Medications	1
Domestic Violence Counseling	1

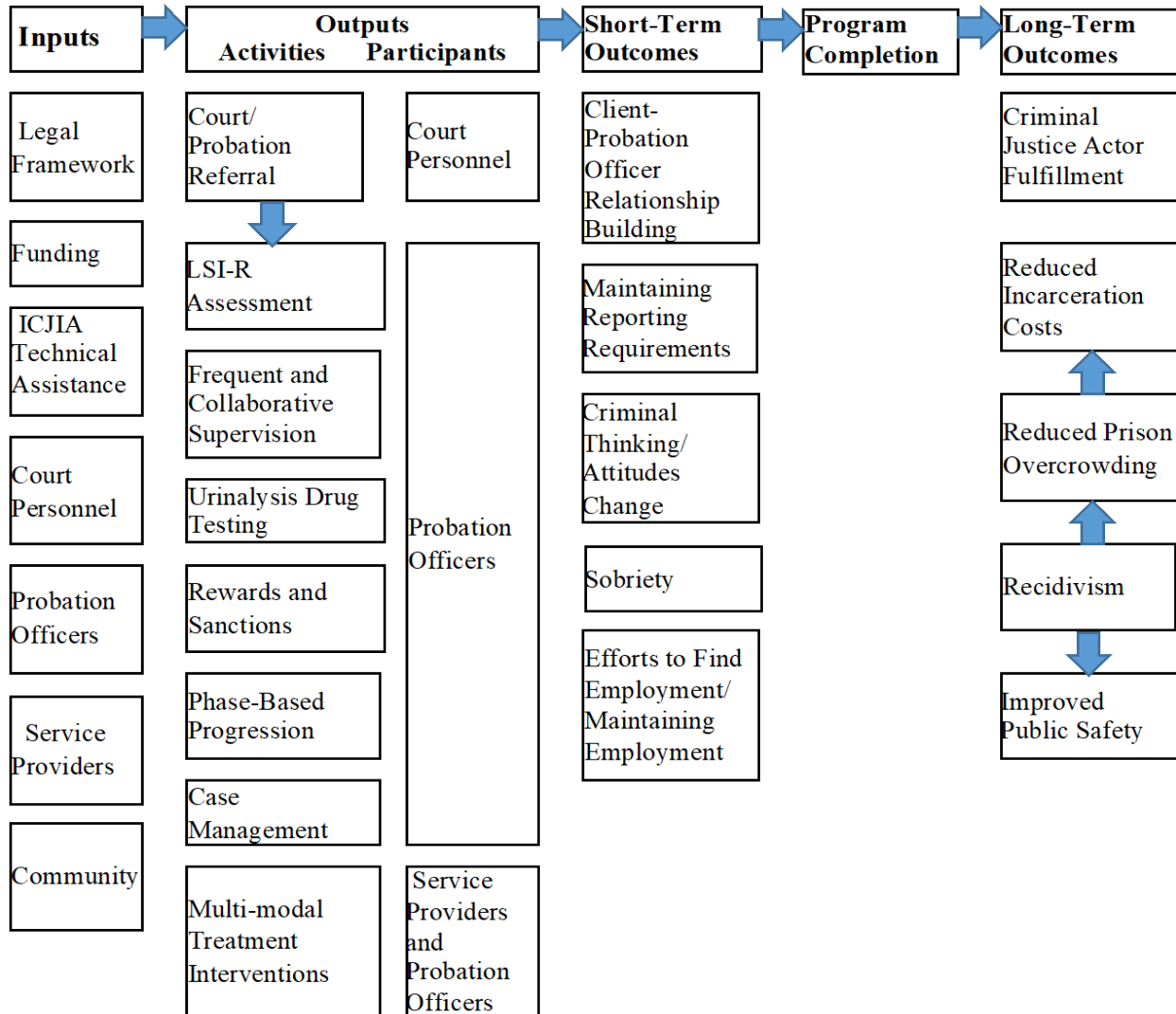
Non-Therapeutic Interventions
Electronic Monitoring
GPS Monitoring
SCRAM Monitoring
Drug Testing
Mental Health Evaluation
Fines/Fees
Substance Abuse Evaluation

Family Advocacy

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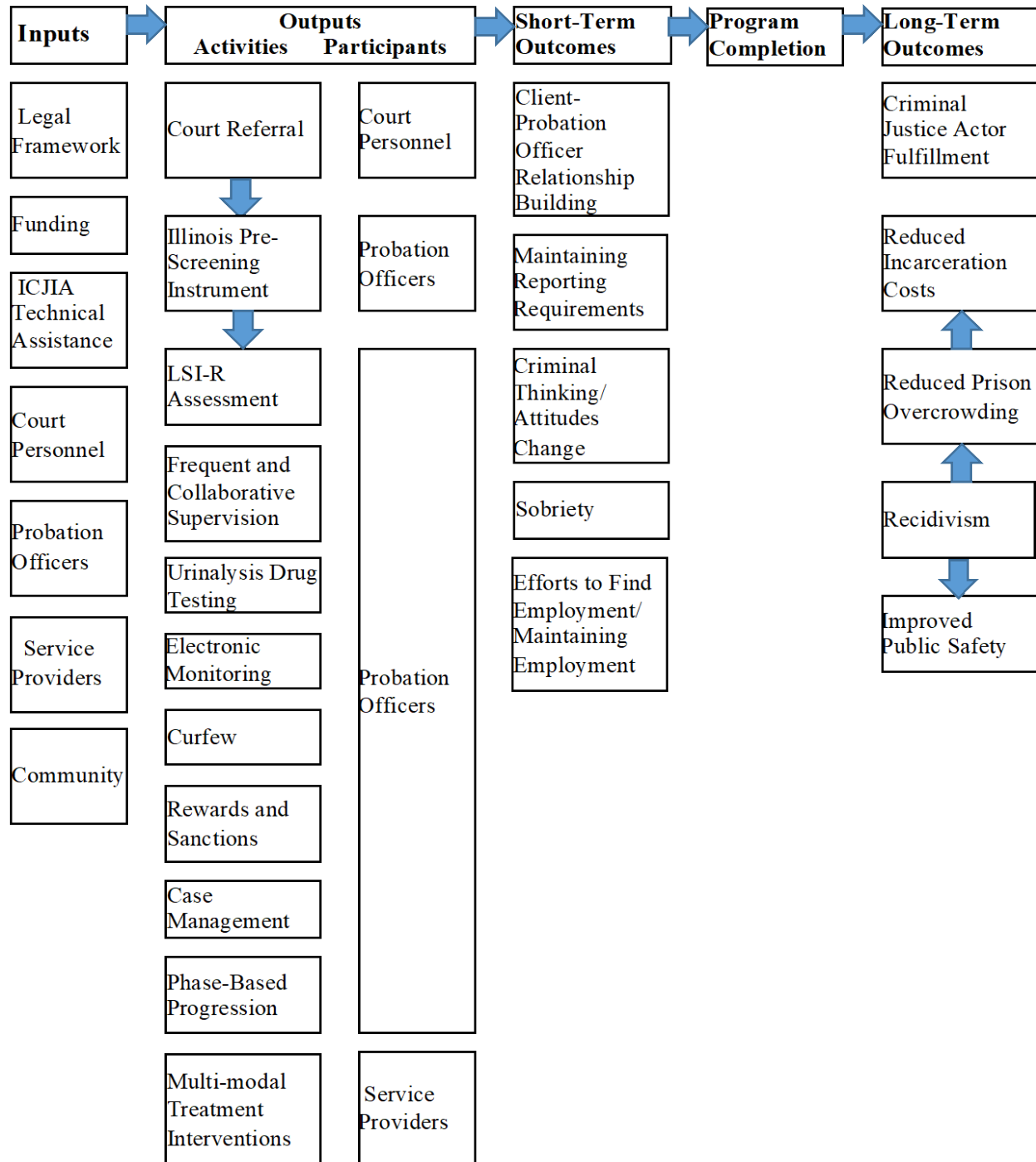
# Appendix I Site Logic Models

## DuPage Logic Model



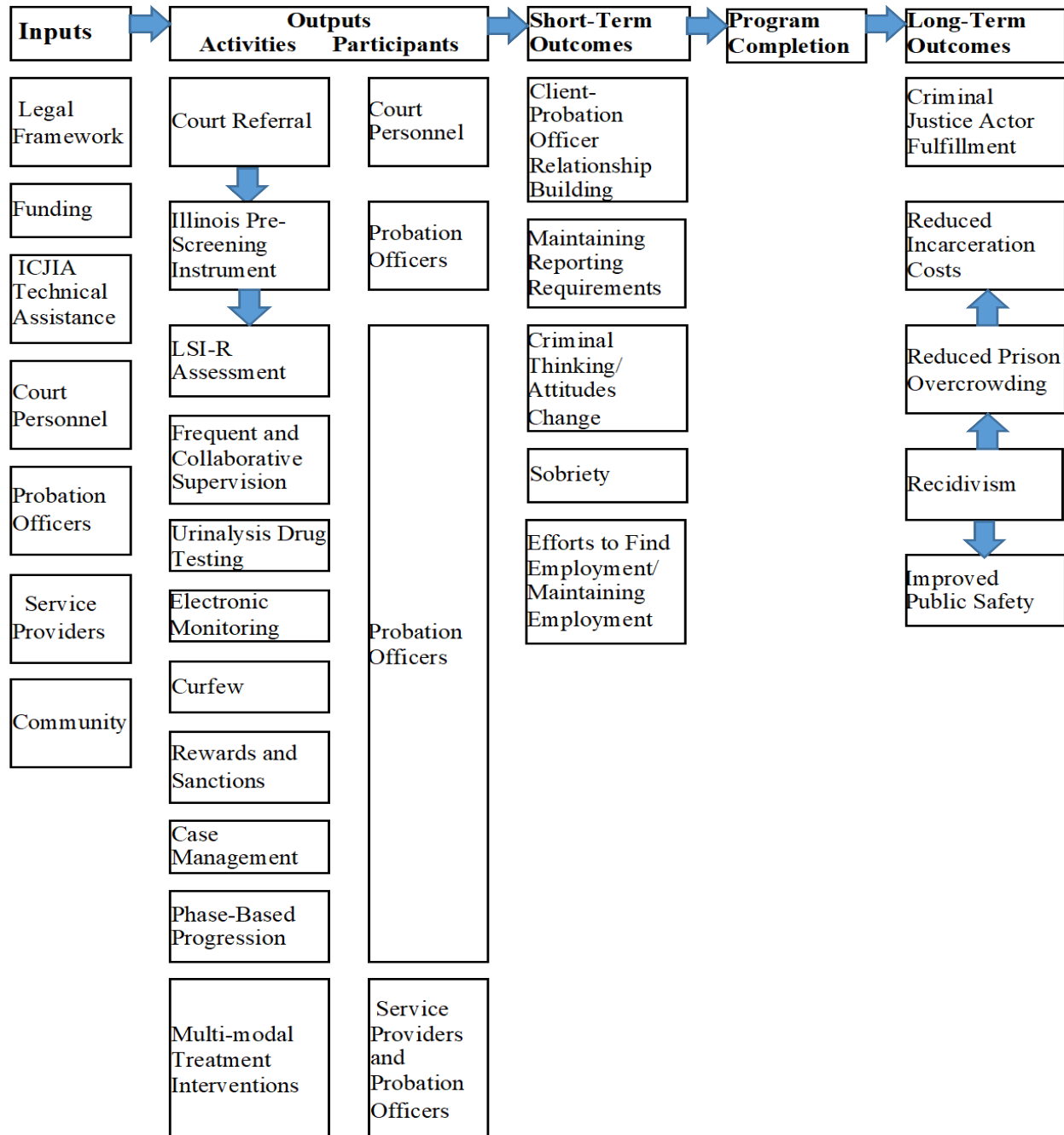
While adhering to the overall logic model described above, DuPage has site-specific characteristics. DuPage prioritizes traditional probation violators, thus probation officers can directly refer participants to the program. DuPage also utilizes a short intake screening procedure in determining program eligibility, whereas other sites utilize a Multi-Disciplinary Team approach. Additionally, DuPage employs four probation officers, thus DuPage matches the participants' needs with officers skills and expertise. A committee of probation officers assess the overall performance of the participants to determine progression in the program. Also, with the availability of numerous service providers, DuPage provides an individualized treatment to participants. Finally, most of DuPage programs (MRT, T4C, Moving on, etc) are administered inhouse.

## Macon Logic Model



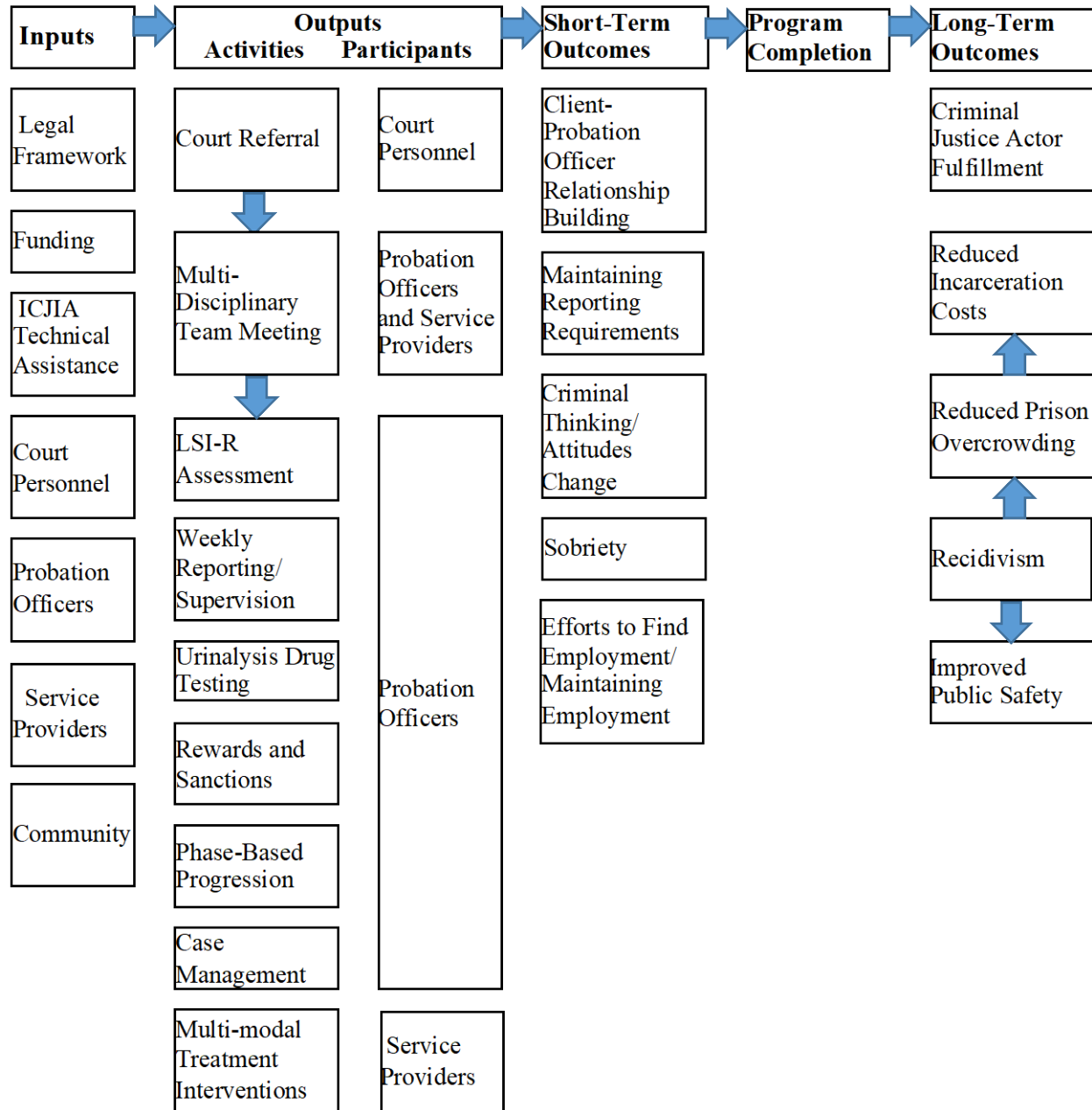
Macon also has site-specific characteristics that sets it apart from other sites. Macon heavily relies on a Multi-Disciplinary Team (MDT) that determines participant admission to the program. Macon also prescribes that all participants undergo the same program (Moral Reconciliation Therapy or MRT) followed by a Community Restorative Board (CRB). Macon partners extensively with two service providers, GEO and Heritage.

## Peoria Logic Model



Peoria's distinguishing characteristics is the heavier emphasis on supervision. While all four sites employ phase-based supervision, Peoria appears to be the most intensive. On top of the weekly office reporting, Peoria probation officers meet their participants at home, work, or community by as much as four times a week. Peoria also heavily utilizes curfews and electronic monitoring. Similar to DuPage, Peoria utilizes a short intake procedure to determine eligibility. Peoria also partners with multiple service providers, thus having a more individualized approach to treatment.

## St. Clair Logic Model



Among the four sites, St Clair has the most challenging type of population as it targets participants with co-occurring conditions, that is, participants with mental health and substance abuse problems. Similar to Macon, St Clair has an overarching sequence that all participants must undergo to, that is, all participants undergo the Thinking for a Change program (T4C) with a module designed for individuals with co-occurring conditions. Upon completion of the T4C, St. Clair also partners with the community to implement Restorative Justice programs.

# APPENDIX J

## Proposed Long-Term Evaluation Plan

### Main Question:

- Is the ISP-S program effective along key outcomes (*evaluation outcome*)?

### Secondary Questions:

- a. What is the amount of effectiveness along key outcomes?
- b. What are the mechanisms responsible for effectiveness?

### Proposed Research Design –

*Sample:* To effectively evaluate the long-term impact of ISP-S, a *matched non-ISP-S comparison group* will be utilized. The group will be mechanically matched on risk and age. In addition, propensity scores will be used to ensure appropriate comparability between the two groups, matching on other demographic characteristics.

*Variables:* Determining the effectiveness of participation in and/or completion of ISP-S requires identifying potential predictive mechanisms of behavior (e.g. program participation) as well as variables that commonly predict involvement in deviance.

Explanatory Variables: Participant surveys of basic criminogenic need and associated risk variables will be gathered to assist with comparability between the two groups and for explanatory purposes.

Control Variables: Risk scores will be used in two ways. First, these scores will be a matching variable for the non-ISP-S group. Second, controlling for risk scores will assist to isolate mechanisms responsible for intervention effectiveness. Other control variables will include program dosage, substance histories, race, behavioral health, education, and gender (basic demographic).

*Analysis:* Logistic regression models typically meet the assumptions to answer the main question. If assumptions are not met, then models from the Poisson family will be considered. To answer the mechanism question, mediated logistic regression will be considered to examine the causal program components.

Sample size / power analyses: Logistic regression with predictor and mediators at a medium effect size, suggests that two groups of approximately 400 should be sufficient.

### Outcomes

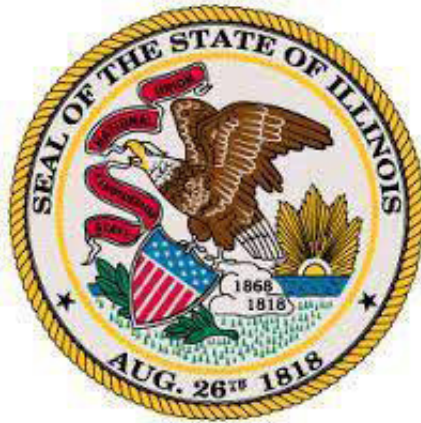
Primary



- a. Diversion from IDOC
- b. Recidivism (measured via rearrest, reincarceration, technical violations)

Secondary

- a. Non-completion of ISP-S – and reasons why exited the program
- b. Employment – (official IL database for post-program stability)
- c. Participant-based program success measures



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