



# PERFORMANCE INCENTIVE FUNDING FOR PRISON DIVERSION: AN IMPLEMENTATION EVALUATION OF THE WINNEBAGO COUNTY ADULT REDEPLOY ILLINOIS PROGRAM



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An implementation evaluation of the Winnebago County  
Adult Redeploy Illinois Program

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# Key findings

Research demonstrates the effectiveness of drug courts, which have been linked to a reduction of recidivism rates among participants. A meta-analytic review of 154 drug courts, including 92 adult drug courts, conducted by Mitchell, Wilson, Eggers, & Mackenzie (2012) found that the majority of adult drug court participants had lower rates of recidivism compared to non-participants. Drug court participants had a recidivism rate of 38 percent compared to 50 percent for non-participants. A more recent study found significantly lower rates of recidivism for drug court graduates: 21 percent compared to 60 percent for those who were terminated from a drug court program (Lutz & VanWormer, 2014).

Adult Redeploy Illinois (ARI) awards funds to counties to divert adult non-violent individuals from state prisons by developing and implementing evidence-based supervision programs which are linked to treatment and supportive services in their communities. ARI is a performance incentive funding program whereby continued funding is based on meeting performance measures including a reduction in the number of prison admissions from a defined eligible target population. A monetary penalty may be assessed by the ARI Oversight Board when a program fails to meet its target reduction.

This report presents an implementation evaluation of the ARI-funded Winnebago County Drug Court (WCDC) using qualitative and quantitative approaches. It covers the initial pilot phase of the program, which ran from October 1, 2011 to December 31, 2012. Data collection included four components: (1) interviews with staff and stakeholders, (2) interviews with probationers, (3) analysis of program administrative data, and (4) criminal history record information.

## Demographics

Based on program administrative data, WCDC probationers were mostly white, single males who were on average 32 years old and had some high school education. Most were unemployed and living with a family member. Almost half were heroin-dependent. Over half the probationers were assessed as exhibiting a high risk for recidivism, and over one-third exhibited a moderate risk.

## Program fidelity

Authority researchers found that the WCDC integrated the key components for an effective drug court recommended by the National Association of Drug Court Professionals (NADCP).

## Program outcomes

WCDC exceeded its required 25-percent reduction in prison admissions by 329 percent. Most of the probationers continued in the program after 18 months.

In interviews, probationers identified their service needs as housing, educational resources, job referrals, transportation, identification, financial assistance, and medical assistance. All

probationers reported that they received transportation resources. Most received educational and job training resources, about half received assistance with identification, and about one fourth received housing and financial assistance. None received medical assistance, although a fifth of those interviewed requested it.

## **Implications for policy and practice**

This report focused upon the initial 14-month implementation of a drug court program. This implementation evaluation can be informative for other jurisdictions that are considering developing a drug court alternative for probationers with substance use disorders cycling through their criminal justice system. Consider the following recommendations.

### **Increase housing referrals**

Most of the probationers in the evaluation (69 percent) reported living with friends and family, and most reported being unemployed (78 percent). These individuals may be part of the “hidden homeless,” who suffer from insecure housing and the lack of resources to obtain their own (Vacha & Marin, 1993). A small number (15 percent of the total) reported living in homeless shelters at the time of intake. Drug court staff and stakeholders may consider securing or expanding collaborations with the Winnebago County Housing Authority and the Department of Housing and Urban Development to provide housing services.

### **Continue educational services**

Most probationers (86 percent) reported receiving assistance with school. More than half (62 percent) of drug court probationers had less than a high school education upon entering the program. In interviews, 37 percent of interviewees said they needed assistance earning their GED or enrolling in school. Drug court staff should continue to provide this assistance since educational attainment is closely linked to employment and reductions in recidivism rates.

### **Increase job referrals and employment support**

In the probationer interviews, 37 percent of interviewees reported needing help with job referrals; of those, over half received help. Most of the probationers in drug court (78 percent) were unemployed at intake. In focus groups with Kentucky Drug Court probationers, they asked for assistance in finding potential employers who had positive experiences hiring probationers and would take court schedules into account when considering working hours (Staton, et al., 2001). The drug court staff should consider increasing job referrals for probationers and perhaps connecting with an agency that identifies employers willing to hire probationers. According to one study, if justice-involved individuals had attended drug treatment in lieu of prison, employers were more likely to consider them for hire (Pager, 2007).

### **Refer to health-related services**

Almost one quarter of the probationers interviewed needed medical assistance, but none received it. The medical consequences of drug abuse can be quite severe and debilitating. Heroin-abusing drug court probationers (who comprised 45 percent of total WCDC probationers) face particular health crises, including hepatitis, tuberculosis, renal failure, tetanus, and HIV infection (National Institute on Drug Abuse, 2016). With the Affordable Care Act (ACA) making medical care accessible to more Americans at little or no cost (Shartzler, Long, & Anderson, 2015), probation officers should refer probationers to the Illinois Department of Healthcare and Family Services website or a Department of Human Services case manager to assist in their enrollment in a health insurance plan.

### **Enhance research and evaluation**

Future research should more closely examine drug testing data. Also, research could explore and validate predictions of successful and unsuccessful program exits. Such information may help improve knowledge about which probationers complete the program compared with those who do not. In addition, future research could describe how program phases are experienced by drug court participants, and how this is related to treatment completion and overall program outcomes.

## **Conclusions**

ARI program staff funded the WCDC staff to continue implementation of its enhanced drug court program to divert probationers impacted by substance use disorders from the Illinois Department of Corrections (IDOC), saving state tax dollars in the process. According to evidence-based practices, WCDC included individualized case planning which involved the probationer, judge, prosecutor, public defender, probation officers, and service providers. WCDC staff utilized risk/need/responsivity principles with their moderate- to high-risk probationers. This report revealed evidence that the WCDC program implemented the key components for an effective drug court, identified and assessed appropriate probationers, linked them to substance abuse treatment and social services, monitored their behavior, and provided reinforcement using incentives and sanctions, when needed.

For jurisdictions that are considering using a drug court for drug-involved, recidivating probationers, it would be important to identify probationers with the appropriate risk and need levels, and engage them in programming that is responsive to these levels. Also, to ensure program effectiveness, incorporate the key components of a drug court and maintain fidelity to this model. Last, productive probationer-program staff relationships would keep them engaged and motivated to participate in and successfully complete the program.

# Introduction

This evaluation will focus on the initial implementation of the Winnebago County Drug Court (WCDC) during the 14-month period from October 2011 through December 2012. This report is one in a series of process evaluation reports focused on Adult Redeploy Illinois (ARI) pilot programs (Boulger, Reichert, Skorek & Lettner, 2015; DeLong & Reichert, 2016; Reichert, DeLong, Sacomani, & Gonzales, 2016; Reichert, Sacomani, & Gonzales, 2015).

Although crime rates have steadily declined across Illinois since the early 1990s, the state prison population increased by 600 percent from 1973 to 2013. In 2012, almost 400 per 100,000 residents were under the custody of the Illinois Department of Corrections (IDOC). Drug arrests were 853 per 100,000 people in 2012, with a steady increase from 1973 at 555 to a peak of 901 per 100,000 in 2001 (Illinois State Commission on Criminal Justice and Sentencing Reform, 2015).

First-time court sentences to prison increased 36 percent between 1990 and 2012, from 14,109 to 22,125 (Illinois Criminal Justice Information Authority, 2013). In FY 2012, Illinois was ranked eighth-highest in prison population in the United States with 48,324 prisoners (Carson & Golinelli, 2013; IDOC, 2012). Rising prisoner populations in IDOC facilities are the result of a combination of factors, including more arrests for certain types of offenses, an increased proportion of people charged with felonies being sentenced to prison, and changes in statutes that increase penalties for crimes (Olson, Stemen, & Saltmarsh, 2012). Among other things, these changes have led to prison overcrowding.

ARI was established in 2009 by the Crime Reduction Act [Public Act 96-0761] to provide financial incentives to local jurisdictions for programs that divert non-violent offenders from state prisons by providing community-based supervision and services. Through ARI, the Illinois Criminal Justice Information Authority (Authority) provided grants and evaluation assistance to counties, groups of counties, and judicial circuits to increase programming in their areas and to reduce the number of people they send to IDOC. Using evidence-based practices and effective intervention models, the ARI programs were required to divert eligible non-violent offenders from prison, thus reducing prison overcrowding, lowering costs to taxpayers, and ending the expensive and persistent cycle of crime and incarceration. ARI pilot programs included intensive supervision probation with services, Hawaii Opportunity Probation with Enforcement (HOPE), and problem-solving (drug, mental health) courts.



# Literature review

The drug court model provides probationers with detoxification services, risk assessment, regular drug screenings, group counseling, incentives for good behavior, and community services (NADCP, 2004) in lieu of incarceration. The first drug court was created in Miami, Florida, in 1989, and thousands more have been introduced across the world since then (Franco, 2011). Drug courts were created out of necessity: courts were overwhelmed with drug offenders who were consistently re-offending and being sent to prison where they often did not have access to treatment (Marlowe & Meyer, 2011). In an effort to standardize the drug court model, 10 key components of drug courts were identified by the NADCP (2004):

1. Case planning and program phases
2. Collaboration between prosecutor and public defender
3. Program referrals and intake process
4. Referrals to services
5. Monitoring compliance
6. Sanctions and incentives
7. Judicial interaction
8. Evaluation
9. Drug court team training
10. Collaboration, team meetings

Research has demonstrated that the more a jurisdiction incorporates these components, the more successful the program will be at reducing recidivism and providing services cost-effectively (Carey, Finigan, & Pukstas, 2008).

The effectiveness of drug courts has been thoroughly researched. A meta-analytic review of 154 drug courts, including 92 adult drug courts, conducted by Mitchell, Wilson, Eggers, & Mackenzie (2012) found that the majority of adult drug court participants displayed lower rates of recidivism compared to non-participants (38 percent for participants compared to 50 percent for non-participants). A more recent study found significantly lower rates of recidivism for drug court graduates: 21 percent compared to 60 percent for those who were terminated from a drug court program (Lutze & VanWormer, 2014). A meta-analysis of several studies demonstrated that high-risk drug court participants exhibited more positive impacts of the drug court experience than low-risk participants (Lowenkamp, Holsing, & Latessa, 2005).

In addition to key components, researchers examined how drug courts staff engaged and worked with probationers. Researchers studied the case management model used in the courts (Crime and Justice Institute, 2004; Deschenes, 2009; Monchick, 2011; and NADCP, 2004), the Risk-Need-Responsivity framework (Bonta, Ruge, Scott, Bourgon & Yessine, 2008), what is effective and ineffective in probation practices (Bonta, et al. 2008), and the quality of the officer-probationer relationships in community supervision (Bonta, et al. 2008; DeLude, Mitchell, & Barber, 2012).

Drug courts use a case management model to address criminogenic needs (Monchick, 2011). Specifically, drug courts provide substance abuse treatment, frequent drug testing and sanctions for failed tests (NADCP, 2016). Also, probationers receive positive reinforcement for compliance and progress (Crime and Justice Institute, 2004). The Crime and Justice Institute listed positive reinforcement as an evidence-based practice, as well as using risk/need/responsivity principles to individualize treatments for probationers, risk/needs

assessments, motivation enhancement, cognitive behavioral therapy, and community support (2004). In addition, researchers found that those receiving supportive services such as educational support, vocational training, employment, and involvement in an alcohol or substance abuse support program were more likely to complete the drug court program (Deschenes, 2009).

Authors of several studies and reports recommended that drug court staff assess potential probationers and choose those with a moderate to high risk of recidivism and a high criminogenic need (Cissner & Rempel, 2005; Marlowe, 2010; Marlowe, Festinger, Dugosh, Lee & Benasutti, 2007, NADCP, 2004). Criminogenic needs are clinical disorders and/or functional impairments of the individual that make it more likely they will commit crimes. Examples are substance dependence, major psychiatric disorder, brain injury, poor employment, and poor daily living skills (Marlowe, 2012); also, antisocial or criminal peers, attitudes and values that are institutionalized, criminal or street culture, and a lack of problem solving skills (Latessa & Lowenkamp, 2005). Evidence from one meta-analysis revealed that targeting at least four more criminogenic needs than non-criminogenic needs resulted in a 30 percent reduction in recidivism (Latessa & Lowenkamp 2005).

The risk-need-responsivity (RNR) principles suggest that services should match the *risk* level of the individual, and that interventions should target their criminogenic *needs* and take into account the learning styles and other factors that can assist the individual's engagement and a positive *response* to the intervention (Bonta, et al., 2008; Taxman, 2006). Research evidence revealed that addressing all three principles yielded up to 50 percent reductions in recidivism rates (Bonta, et al., 2008). To address RNR, researchers found that probation and parole officers must fulfill a dual role, one that balances the roles of counselor and cop, designed to supervise and monitor probationers to protect public safety and work with probationers to change their behavior to improve their outcomes. The goal is to effectively exert enough control that is accepted by the probationer within the context of a warm and connected relationship with them (Bonta et al., 2008; Manchak, Kennealy, & Skeem, 2014; Skeem, Eno Luden, Polaschek & Camp, 2007). In one study, researchers learned that parole officers who balanced these roles had better outcomes (19 percent revocation rates) than those that favored either cop (59 percent revocation) or counselor (38 percent revocation) in their role (Manchak, et al., 2014).

In the research literature, ineffective probation officer practices were also identified, including when the dual role is absent or out of balance. When RNR principles are not adhered to, or when an officer favors compliance over service delivery, recidivism rates were adversely affected (Bonta, et al., 2008). Also, when officers focused more on being a counselor and not imparting skills, or giving sanctions when warranted, recidivism rates did not improve (Bonta, et al., 2008). Other ineffective practices include spending more than 15 minutes per visit discussing probation conditions, or attempting to cover too many topics or issues in one visit. Decreasing the time spent on probation conditions during visits to less than 15 minutes reduced recidivism from 42 to 19 percent (Bonta, et al., 2008).

More effective probation officer practices included using more time during visits to address criminogenic needs by incorporating service delivery, cognitive behavioral therapy, motivational interviewing, and using a procedural justice approach to probationers. These practices were associated with better engagement with probationers and lower recidivism and revocation rates. Although not sufficient, establishing a quality officer-probationer relationship was still important

for establishing a working relationship and improving outcomes for drug court recipients (Manchak, et al., 2014).

Adopting a procedural justice approach can guide balancing the dual role of cop/counselor. Probationers' receptivity to the authority of the officer was linked to their perceived fairness of the officer in their working relationship. Probationers described fairness as allowing them to talk during visits; listening to them; talking with, not to, them. Also, probationers described fairness as being included in decision-making, soliciting their views and opinions during case management decisions; and communicating clear rules and consequences consistently applied over time and across individuals in supervision (Manchak, et al., 2014). Researchers examined parole officers attempting to fulfill this dual role by studying the expression of fairness, caring, trust, and toughness in officer-probationer interactions. The more that the officer adopted the dual role, the less likely the probationer was to have a new arrest (Skeem, et al, 2007).

In a survey of probationers, their relationship satisfaction was a significant predictor of perceived probation helpfulness in keeping them out of trouble (DeLude et al., 2012). Probationers were most satisfied with: time spent during visits, 95 percent; working alliance with officer, 95 percent; being treated with respect, 93 percent; knowledge of officer, 93 percent; officer listened to them 92 percent; and officer provided progress reports, 90 percent.

Drug courts that provide probationers with effective community supervision, using evidence-based practices to improve probationer outcomes, led to significantly fewer arrests, less substance abuse and improved family relationships (Marlowe, 2010). Positive changes induced by drug court participation assist the probationers through the recovery process and improve their community integration (Marlow, 2010). In addition, graduating from drug court may allow probationers with no prior felony convictions to avoid the collateral consequences of felony convictions which restrict employment and career opportunities (Mock, 2016).

Evidence suggests that drug courts have a proven record of reducing criminal behavior (i.e. new offenses, re-arrests and technical violations) thereby improving public safety (Lowenkamp et al, 2004; Marlowe, 2010; Rempel, Green & Kralstein, 2012), reducing prison overcrowding and reducing prison costs to taxpayers (Cissner & Rempel, 2005; Marlowe, 2010). Evaluators and researchers have documented savings from \$3,000 to \$13,000 per drug court probationer (Marlowe, 2010). ARI saved an estimated \$19,000 per person in 2012 (Adult Redeploy Illinois, 2013).

# About Adult Redeploy Illinois

## Background

From 1985 through 1999, Illinois experienced growing prison populations as well as prison overcrowding due to increases in arrests for certain types of offenses, a higher proportion of felons being sent to prison, and statute changes enhancing penalties for crimes (Olson, Stemen, & Saltmarsh, 2012). Almost a fifth of prison admissions, 17 percent, had been for possession of a controlled substance.

While incarceration plays a vital role in protecting public safety, research has shown that current rates of incarceration have not led to decreases in crime. Prisons have a criminogenic effect on incarcerated individuals (Vieraitis, Kovandzic, & Marvell, 2007). For example, individuals with felony convictions released from prison are restricted from many types of jobs and careers (Mock, 2016) which increases their likelihood of being chronically unemployed or underemployed, thus vulnerable to committing crimes to meet their financial needs (Latesa and Lowenkemp, 2005; Vieraitis, et al., 2007). Additionally, first-time imprisonment has been found to increase criminal activity more than community-based sanctions (Cullen, Jonson, & Nagin, 2006; Nieuwbeerta, Nagin, & Blokland, 2009; Spohn & Holleran, 2002). States have obtained little return on the financial costs of increasing sentence lengths for low-level offenders and incarcerating non-violent offenders (Pew Center on the States, 2012).

## The Development of Adult Redeploy Illinois

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

The Crime Reduction Act [Public Act 96-0761] of 2009 was passed to manage corrections costs, provide appropriate supportive services to individuals on the basis of their risks and needs, and reduce crime. Included in that Act was the creation of ARI. Like RI, ARI is a performance-incentive funding program that encourages jurisdictions to invest in evidence-based practices by presenting those jurisdictions with monetary inducements to do so. ARI sites are contractually obligated to divert a certain number of eligible non-violent individuals who would otherwise have entered IDOC. Their goal attainment is tracked and measured by ARI. If the site fails to

achieve its goals, ARI's Oversight Board may require some corrective actions or determine and apply a penalty as an accountability mechanism.

ARI programs service a particular county or judicial circuit in Illinois. Also, their current conviction cannot have been for a violent offense as defined by the Rights of Crime Victims and Witnesses Act [725 *ILCS* 120/3(c)]. ARI sites may establish additional criteria focused on targeted sub-populations of offenders, such as property offenders, drug court-eligible offenders, and offenders at a high risk for probation revocation.

## **ARI goals and process**

Developed as a response to historically high numbers of non-violent offenders driving up prison populations, ARI aims to successfully divert eligible individuals from prison and into community programs. As a part of its initial planning and funding process, a county or judicial circuit interested in working with ARI may apply for a grant to conduct three to six months of planning. ARI emphasizes local control and design of programs, so the planning process requires each jurisdiction to examine its local criminal justice systems, including available diversion options and gaps in services. This requirement encourages jurisdictions to determine for themselves their own unique needs as well as those models and services that would address these needs.

## **ARI target population**

During the planning process, jurisdictions and counties identify an ARI-eligible target population. The target population is composed of individuals who meet ARI-eligibility criteria: they must be prison-bound, non-violent<sup>1</sup> and probation-eligible.<sup>2</sup> Jurisdictions may impose additional criteria, for instance, requiring drug court-eligibility, and/or including low-level, Class 3 and Class 4 offenders who would otherwise have been sentenced to IDOC, in order to tailor the intervention to the appropriate target population.

ARI's focus on local control and design means that, within the parameters outlined in the Crime Reduction Act, sites determine how they will use ARI funds to address the priorities and fill the service gaps in their community. For example, if a county sends a high number of probation violators to prison because it lacks an intermediate step between probation and IDOC, the county could identify probation violators as a target population.

Per the Crime Reduction Act, ARI sites must analyze the three most recent years of IDOC commitment data to help determine the target population. Once the target population has been identified and quantified, a participating jurisdiction must agree to reduce by at least 25 percent the number of individuals sent to IDOC from that population during the grant period or risk a penalty.

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<sup>1</sup> Possessing a presenting conviction for a violent offense as defined in the Rights of Crime Victims and Witnesses Act (725 *ILCS* 120/3(c)) makes an individual ineligible. However, a prior violent crime conviction does not make an individual ineligible.

<sup>2</sup> The presenting conviction may not be an offense that requires a term of incarceration as defined by the Unified Code of Corrections (730 *ILCS* 5/5-5-3).

## **ARI Oversight Board and staff**

ARI is governed by a statutorily created Oversight Board responsible for administering a process to distribute grants and monitor and evaluate programs. The Oversight Board is co-chaired by the director of IDOC and the secretary of the Illinois Department of Human Services and is made up of representatives from the Authority, the Prisoner Review Board, the Sentencing Policy Advisory Council, and state's attorneys, public defenders, probation directors, and community representatives. The Oversight Board reviews reduction goals and the potential cost-savings to the state and provides final approval of a site's local plan, funding level, and reduction goal. In some cases, the Oversight Board may request a modified target population to ensure an appropriate level of cost-savings.

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

## **ARI funding**

The pilot phase of ARI was funded by a multi-year \$4 million Byrne Justice Assistance Grant (JAG) administered by the Authority. The initial ARI grant funded 10 programs in 10 counties. By 2012, the cost for a year in prison was \$21,500 per person, however, average ARI program (including drug courts) costs were much less, an estimated average of \$2,233 per person (Adult Redeploy Illinois, 2013).

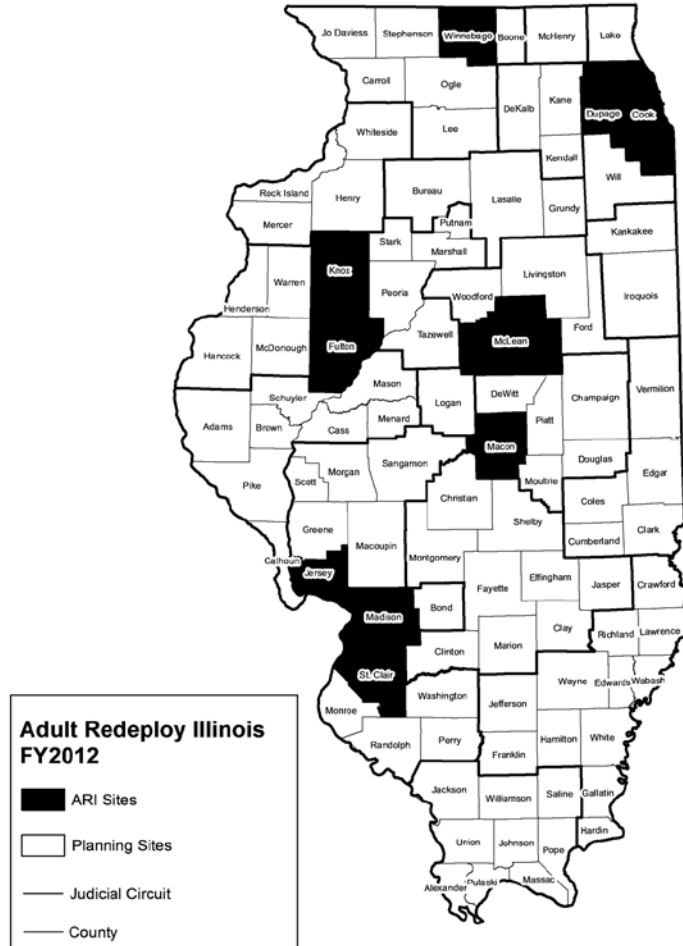
## **ARI pilot phase**

The Crime Reduction Act provided a basic framework for ARI while leaving the development of policies and procedures to the ARI Oversight Board. During the course of 2010, the Authority, the Oversight Board, and other outside groups and individuals worked to create a program model and secure initial funding to test the ARI model. During this process, the planning group determined that creating a pilot of the ARI program and funding stream would allow ARI staff and the Oversight Board to more carefully develop and test the program and its goals. Doing so would also allow the planning group to gather feedback and identify necessary course corrections.

The main goals of the pilot project were to closely monitor the planning and initial implementation of the program at pilot sites, to identify important implementation strategies through this process, and to provide technical assistance to the sites. During the pilot phase, ARI program staff put into place those policies and procedures required by the Crime Reduction Act. Staff from ARI, the Authority, and the Oversight Board developed a process for soliciting proposals from sites, as well as a template for these proposals and an initial process for calculating award amounts based on site characteristics. Initially, four sites were approved for pilot funding: DuPage, Jersey, Macon, and St. Clair counties.

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

**Map 1**  
**Adult Redeploy Illinois pilot sites**



## **ARI expansion**

After receiving state grant allocations of \$2 million in FY 2013 and \$7 million in FY 2014, ARI expanded to support 19 sites covering 34 counties. ARI funded programs in:

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



# About the Winnebago County Drug Court (WCDC) program

Winnebago County has a population of about 300,000 with the 6<sup>th</sup>-highest population density per square mile of the 102 counties in Illinois. Fifty-three percent of all county residents live in the city of Rockford, which was, at the time its ARI program was implemented, the second largest city in Illinois.

In operation since 1996, the WCDC was upgraded in 2009 with a three-year (FFY2009-11) drug court enhancement grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Although a strong social service infrastructure exists in Winnebago County, stakeholders identified the need for intensive clinical case management, intensive drug testing for multiple substances, and immediate access to residential substance abuse treatment and trauma-informed supportive services. The WCDC's enhanced services attempt to address these service gaps.

As the federal grant was set to expire on September 30, 2011, the WCDC submitted a local plan to the ARI Oversight Board to maintain and expand upon the enhancements.

## **ARI initial funding**

During FY 2011, the ARI Oversight Board approved the local plan and designated a grant award of \$250,000 for an 18-month pilot period from June 2011 to December 2012. During their pilot phase from October 1, 2011 through December 31, 2012, Winnebago County identified and hired staff, finalized service provider partnerships, and identified eligible individuals.

## **Drug court planning**

The Winnebago County ARI local plan noted several service needs at the time of planning. First, Winnebago County indicated a strong need for intensive clinical services to increase the number of participants attaining stable recoveries and graduating from the drug court program. Second, the county noted the need to maintain the drug court's evidence-based approach to providing clinical case management through recovery coaching, intensive drug testing, and more immediate access to inpatient substance abuse treatment and trauma support services.

The local plan also stated that Winnebago County would enhance the operations of its drug court by following a case management model, which would allow for increased monitoring and supervision and improved programming based on the needs of probationers.

The plan outlined the three ways in which individuals with ARI-eligible offenses could be referred to drug court. First, probation officers could refer felony probationers who had committed technical violations. Second, a prosecutor could refer felony probationers who had committed new misdemeanor offenses. Third, the court could refer felony probationers who exhibited at least a moderate risk level. Risk levels were determined using scores on the Level of Service Inventory-Revised<sup>TM</sup> (LSI-R<sup>TM</sup>), a validated, recidivism-risk-assessment tool. Once

deemed eligible and appropriate for drug court, the probationer was offered the option to voluntarily participate in drug court.

After acceptance into the program, the probation officer and probationer created a level-based supervision plan. The drug court integrated a high level of supervision, substance abuse treatment, frequent drug testing, and enhanced behavioral health services provided by community-based agencies into a continuum of care. In order to ensure a probationer's success in the program, the WCDC offered a variety of services, including cognitive restructuring, educational enhancement, job-skills training, housing assistance, substance abuse and mental health treatment, faith-based programming and groups, home confinement, and electronic monitoring.

# Methodology

Authority researchers used qualitative and quantitative approaches to evaluate the implementation of the ARI-funded WCDC during its initial pilot phase, which ran from October 1, 2011 to December 31, 2012. Data were drawn from four sources: interviews with program staff and stakeholders, interviews with probationers, program administrative information, and criminal history record information. The analysis of these data allowed Authority researchers to explore the planning and implementation of the drug court's programming.

## Staff and stakeholder interviews

Researchers interviewed seven WCDC staff and stakeholders. Staff, including probation officers and court personnel, were directly involved with probationers, while stakeholders were probation administrators or representatives from the local state's attorney's office, the public defender's office, the judiciary, or local law enforcement agencies who were involved with program development and implementation. *Appendix A* contains the interview questions.

All subjects received the interview questions and a consent form before the scheduled interview. Only subjects who gave written consent were interviewed. The interviews were conducted at least 12 months after the drug court program began implementing services, and all interviews took place between August 2012 and July 2013. Authority researchers conducted the interviews by phone, and conversations were audio recorded, transcribed, and analyzed using the qualitative data analysis software NVivo.

The program staff and stakeholder interviews sought to answer the following research questions:

- How was the program planned and implemented?
- How did the program operate according to the drug court key components?

## Interviews

Authority researchers conducted face-to-face interviews with WCDC probationers. The purpose of the interviews was three-fold: researchers aimed to learn how the pilot program operated from a probationer's perspective, to learn more about probationers and their backgrounds, and to make suggestions for programmatic improvements. In particular, researchers sought to answer the following research questions:

- What are the characteristics and service needs of WCDC probationers?
- How does the program operate, including referral, intake, contact with probation officer, incentives, and services?
- To what extent are probationers satisfied with the drug court program?

Each survey participant signed a consent form, which ensured confidentiality and explained the purpose of the interview, its length, questions, selection criteria, and the compensation they

could expect. To be eligible for participation, a probationer had to have graduated from the program or been enrolled in it for at least six months. Participants received a \$20 Walgreens gift card as compensation for their time.

WCDC staff were asked to provide a list of probationers meeting the eligibility criteria, and researchers created a random list of eligible probationers to recruit for an interview, a total of 19 probationers.

The interviews included 128 questions and were divided into three sections, covering demographics and background, program operations, and satisfaction with the program. Some questions were adapted from other sources, studies, or instruments in order to increase reliability and validity (Johnson & Latessa, 2000; May & Wood, 2005; Miller & Tonigan, 1996; Rossman et al., 2001). *Appendix B* lists the interview questions.

A comprehensive report focused on probationer feedback for all 10 ARI pilot programs, including Winnebago County, has been published and is available on the Authority's website (DeLong & Reichert, 2016).

## **Administrative data**

Although the pilot period began in June 2011, Winnebago staff enrolled their ARI-funded first probationer in October 2011, and the initial pilot phase thus ran from October 2011 to December 2012. Authority researchers analyzed data for 128 probationers enrolled during this period, each of whom gave written consent allowing Authority researchers to examine their involvement in the drug court program.

The Crime Reduction Act required the ARI Oversight Board to monitor the performance of ARI-funded programs. To facilitate performance measurement, a framework was developed to collect client-level probation data from participating sites, which were used for this evaluation report. Winnebago County extracted drug court probationer data from its existing electronic case management system on a quarterly basis, transferring them to an Access database for use by Authority researchers. To generate the evaluation presented in this report, researchers collected data elements from two areas of the Access database: demographics and case information. Data elements included the:

- number enrolled;
- number screened, but not enrolled;
- prevalence of rule-violating behavior, including the number of new misdemeanor and felony arrests;
- number and nature of technical violations/non-compliance;
- average number of monthly face-to-face contacts between probationers and probation officers;
- number who successfully completed the program;
- number who unsuccessfully exited from the program, were re-sentenced to prison, or were re-sentenced to a non-prison sanction;

- frequency of probationers assessed at high, medium, or low risk for recidivism; and
- progress towards meeting the requirement to reduce prison admissions from the target population by 25 percent.

### **Criminal history record information: Arrest data**

Authority researchers also extracted ARI probationer criminal history record information from the Criminal History Record Information (CHRI) System, the state's central repository for criminal history information, which is maintained by the Illinois State Police (ISP). About 94 percent of all arrest records in Illinois are submitted electronically to this system via Livescan, and the Authority has access to most information in the CHRI System through a connection to ISP's off-line, ad hoc database. In extracting data from the CHRI System, researchers sought to obtain information about arrest histories prior to ARI enrollment as well as arrests occurring during ARI participation. The arrest incidents examined were limited to statutorily reportable arrests (felonies and Class A and B misdemeanors); minor traffic violations and offenses that were less than a Class B misdemeanor were excluded. Due to confidentiality provisions in the use of CHRI data for research purposes, any counts fewer than 10 are masked in this report to preserve the identity of the person. The CHRI data used in this report were extracted for analysis in March 2014.

For each arrest event in a probationer's criminal history, the most serious charge was identified based on offense class and coded into major categories based on statutory definitions. For the purposes of this study, a violent offense included any offense that met the criteria for being "violent" as defined by the Rights of Crime Victims and Witnesses Act [725 *ILCS* 120]. The non-violent sex offense category included sex offenses not involving the use or threat of force, including prostitution and sex offender registry violations. Probationers can have arrests for violent offenses and violent sex offenses in their history and still be eligible for ARI.

According to the Illinois Drug Court Treatment Act<sup>i</sup>, a defendant is eligible for drug court if they agree to participate in the court. Also, the prosecutor must agree to admit the defendant into the drug court. And, the defendant must be charged with a Class 2 or greater felony violation of the Illinois Controlled Substance Act, Cannabis Control Act, and/or Methamphetamine Control and Community Protection Act. If the defendant has completed, been discharged from, or terminated from a drug court program at least three times, the prosecutor must agree to readmit the defendant to drug court. Currently, a defendant convicted of a violent crime within the past ten years are ineligible for drug court [730 *ILCS* 166/20].

Arrest information collected from CHRI was analyzed for the period in which probationers were participating in the WCDC program. An arrest was counted as occurring during participation if the date of the arrest fell between a probationer's start date and either his or her termination date or the end of the study period (December 31, 2012). Only in-program recidivism was measured; thus, this report does not offer a complete picture of drug court participants' recidivism, as it does not include a post-program participation follow-up period.

### **Criminal history record information: Incarceration data**

Researchers examined probationers' prior IDOC incarcerations from July 1, 1989 through June 30, 2012 by matching last names, first names, and dates of birth with IDOC records. If a match was not found, the IDOC records were examined for matches between the first three letters of first and last names and dates of birth. After reviewing matches manually for accuracy, records were verified using available state identification numbers, and the resulting data were analyzed using Excel.

### **Research limitations**

WCDC administrative data were used by probation officers and treatment providers for case management rather than for research purposes. The accuracy of these data was based on probationer self-reporting, case manager data entry, and selective memory, each of which introduces bias into the data. Drug testing data was unavailable for the pilot study period.

# Findings

## Fidelity to key drug court program components

Authority researchers analyzed interview and program data to determine the extent to which the WCDC implemented key drug court components in their program model (Reichert, Sacomani, & Gonzales, 2015). Researchers found that the WCDC succeeded in incorporating these components essential to the efficacy of a drug court (except one component, “Collaboration between the Prosecutor and Public Defender” was not evaluated).

### Case planning and program levels (phases)

#### Case planning

In order to develop an initial case plan, program staff used results from the Treatment Alternatives for Safe Communities (TASC) assessment, which includes a psychiatric diagnostic, as well as LSI-R™ scores to help develop short- and long-term goals. Interviewees noted that in the early stages of the program, probationers received a homework assignment that had a case plan worksheet. Drug court staff described creating a broad case plan with specific timeframes for specific goals, as well as action steps towards behavior change, which could evolve at every appointment. One interviewee referred to the case plan as a “*working tool*,” since goals and action steps were often updated with probationers. Staff and stakeholders also mentioned that various members of the drug court team (judge, prosecutor, public defender, probation officer, service providers) provided input on case plans. One interviewee explained that “[t]he probation officer essentially creates the plan, but ideas are generated through the whole team.”

#### Probationer supervision

The drug court program had smaller caseloads than those given to standard probation officers which allowed more time for probation officers to emphasize recovery from addiction and forward progress through therapeutic and program levels using evidence-based interventions.

Staff reported that there were three levels of supervision. During level one, probationers were expected to comply with all treatment recommendations: they appeared in court once a week, submitted to random drug testing twice a week, obtained employment referrals, and met with the team once a week.

Entry to level two took six months to a year, depending on the severity of an addiction. As one staff member explained, probationers entered level two “after they’ve shown some level of stability.” In level two, probationers appeared in court once a month, met with probation officers twice a month, submitted to drug tests once a week, and were encouraged to obtain full-time employment. Staff explained that probationers generally remained in level two for two to four months.

In level three, probationers attended court either once a month or once every other month. During this time, the team prepared a probationer to graduate from drug court. Several staff indicated that the drug court team recently raised graduation standards to require that (1) probationers complete treatment; (2) be either enrolled in school, employed, or seeking employment; and (3) demonstrate at least 12 months of having been drug-free and 12 months of having been arrest-free.

Several staff emphasized the importance of using positive reinforcement as probationers progressed from one level to the next. For example, staff cited with approval the occasional practice among judges and staff of awarding probationers with small gifts and accolades.

## **Program referrals and intake process**

### **Referrals**

Staff described a centralized referral process in which public defenders, state's attorneys, judges, and family members could refer an individual to a problem-solving court. One person explained that referrals were typically from the defense attorney of the defendant. These referrals were then transferred to the trial court administration office, which evaluated eligibility based on court criteria.

### **Screening intake process**

Once eligibility was confirmed, drug court staff conducted a pre-assessment case review to determine if an individual was deemed appropriate for the program. If they passed the pre-assessment, then he or she was directed to a clinical assessor working for TASC. The assessment evaluated the severity of issues, identified the type of treatment needed, determined risk level, examined social/community factors, and documented trauma history, thereby leading to a clinical diagnosis. If the probationer had any "red flags" such as an aggravated battery case, a brief staffing was arranged; however, staff clarified that typically there were no issues and individuals were sent directly to TASC for a comprehensive assessment. The TASC Assessor also administered the Risk and Needs Triage (RANT) instrument to assess criminogenic risk.

TASC assessment findings were presented at a staff meeting that included the judge, program director, probation officers, TASC staff, the state's attorney, and the defense attorney. On the basis of the assessment, the team decided whether the individual was appropriate for drug court. Once an individual was accepted to the program, probation officers used the LSI-R<sup>TM</sup> instrument to assess risk, and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment to determine the level of care needed.



## **Referrals to services**

If accepted, the probation officer assessed the probationer and worked with him or her to develop a supervision plan and treatment referral. The probationer was able to accept or reject screening and enrollment into the program at any time during this process.

One staff person explained that referrals to services were determined by TASC assessments, meetings with probation officers, and status hearings. All staff reported the importance of their probation-based Resource Intervention Center (RIC), which provided services such as evidence-based, cognitive behavioral groups such as “Thinking for a Change” (T4C) and “Changing Attitudes and Behaviors.” RIC also provided access to GED programs, tutoring services, licensed clinical social workers providing mental health services, and TASC recovery coaches. One staff member explained that

“...having the RIC is a real boon to our probationers. Our probation officers will make the referral, and within a couple of weeks usually they’ll have gone through an orientation and get engaged with service. So we don’t have people on long waiting lists to get these necessary services.”

All staff mentioned additional support programs available in the community, such as case management services, sexual assault counseling, an anger management program, a veteran’s hospital, and community-based halfway houses. All agreed that referrals were made frequently, and often daily, due to the high needs of probationers.

## **Monitoring compliance**

The drug court used a random color coding system to schedule drug testing in which probationers were assigned a different color weekly and were required to call in to the probation office every morning to determine whether their color was scheduled for drug testing that day. Generally, two to three different colors were scheduled each day. One probation officer explained that “[o]ur structure currently is for the first three missed drops for a probationer, they would go to jail for 24 hours. And, if they miss more than that, it would be 48 hours of a jail sanction.” Probation officers could also perform instant drug tests at any time. Drug testing data were not available for this report.

One probation officer was concerned about the reliability of drug tests because there were instances in which the results changed during re-testing. However, the probation officers were in agreement that in general the color coding system worked well and that the frequency of tests was sufficient.

## Sanctions and incentives

### Sanctions

Staff explained that violations were handled in staffing meetings on a case-by-case basis and that there were a variety of sanctions, which were determined on a “*sliding scale*.” One interviewee described the use of a “*thinking report*”—a cognitive behavioral form that helped probationers therapeutically process their thoughts and actions. Several staff members also described the use of victim impact panels and jury box sanctions. One explained that probationers could be demoted to lower supervision levels in drug court.

Staff explained that rule and technical violations were addressed “*immediately*.” In the case of drug violations, staff explained that probationers were required to visit court within 24 hours of a positive drug test, and a probationer’s team would be notified of a positive test within the same week. Staff explained that if a probationer told the truth about his or her drug use, the sanction would normally be a therapeutic one.

### Incentives

Staff explained that they provided probationers with incentives to acknowledge positive behaviors and provide encouragement. These included giving probationers a round of applause in court, program or level completion certificates, and the choice of an item from the “reward basket.” One staff member noted that the primary incentives for probationers were a reduced level of supervision and a reduced level of court attendance. Altogether, 50 percent of the probationers served received between one and 13 tangible incentives; on average, staff distributed four incentives per person during the pilot period.

## Judicial Interaction

During interviews, probationers indicated that they had positive interactions with the judges in the WCDC. They agreed that their interactions with the judges were respectful, fair, with reasonable expectations. Probationers reported that they felt the judge was concerned about them, and that their interaction with the judge helped them be compliant with program requirements. (DeLong & Reichert, 2016).

## Evaluation

Staff maintained a database to report required quarterly ARI data, such as the number of enrollees, demographics, progress through the program, contact with probation officers, incidences of compliance and non-compliance data, and risk assessment scores and

classifications (i.e. high- or medium-risk). This database was submitted to Authority researchers quarterly for analyses. However, during the pilot period, staff did not submit data on drug testing. These data are key to analyze processes and outcomes of the drug court. Also, there was no mechanism within the program, during the pilot period, to provide staff with feedback on program fidelity and outcomes.

## **Drug Court Team Training**

### **Probation officer training**

Staff and stakeholders explained that the probation officers who are typically hired have experience in the substance abuse field or have been certified in treating chemical dependency. Several staff and stakeholders reported that their attendance was required at an annual drug court retreat, the National Association of Drug Court Professionals (NADCP) Training Conferences, and at the Illinois Association of Problem-Solving Courts (ILAPSC) Annual Conference. There were also a number of ongoing, optional trainings provided by the probation department that interviewees typically attended. One person stated that the Illinois Supreme Court committee was currently investigating the possibility of creating standards and certifications for problem-solving courts. As of November 2015, the standards and certification process went into effect. All problem solving courts in Illinois must be certified by the Illinois Supreme Court by January 1, 2017 (ILAPSC website, October 2016).

## **Collaboration and staff (team) meetings**

### **Collaboration**

Staff explained that they held regular staff meetings to discuss probationers and participated in three court calls per week with probationers wherein the probation officers updated the court on probationer progress. These meetings included the judge, probation officers, public defender, and treatment providers. Staff responded that overall collaboration was “very good” between key stakeholders and service providers (Reichert, Sacomani & Gonzales, 2015).

### **Staff meetings**

The staff indicated that they had regular staff meetings to discuss probationers and that all probation officers found the meetings to be beneficial. The staff meetings were conducted formally on a regular schedule, and informal meetings were occasionally conducted. Staffing meetings provided a forum to discuss what would be beneficial for the probationer, and to determine what next steps should be. Several interview participants stressed that staff meetings were a collaborative, team-oriented approach designed to best serve the needs of probationers. One person commented that

[i]n our staffings, we encourage everyone to voice their opinion, make their recommendations, and I don't have any sense that anyone in any way holds back...it's all done respectfully, though, even from different perspectives.

# Program data

## ARI Drug court eligibility

The WCDC identified eligible individuals based on their criminal history. During the three years prior to ARI program implementation in Winnebago County (State Fiscal Years [SFY] 2007-09), 2,789 offenders were committed to Illinois Department of Corrections (IDOC) from Winnebago County, excluding technical parole violators. About 46 percent of those offenders were deemed ineligible for drug court due to their offense being non-probationable or violent, or because the offender lived outside of Winnebago County. From SFY 2007-09, 1,499 offenders were sentenced from Winnebago County and committed to IDOC for a drug court-eligible offense. *Table 1* shows the holding offense types of drug court-eligible offenders during the planning phase.

**Table 1**  
**ARI Drug court eligible offenders sentenced to prison by crime type, SFY 2007-09**

Offense	n	Percent
Property	882	59%
Controlled substance	463	31%
Cannabis	68	5%
DUI	56	3%
Other	30	2%
<b>TOTAL</b>	<b>1,499</b>	<b>100%</b>

Source: The Authority's analysis of data from IDOC Planning & Research Unit

## Program enrollment

According to the program's Access database, drug court staff were able to identify and enroll appropriate individuals. Probationers met with their probation officers, on average, twice per month. *Table 2* provides a monthly count of enrolled probationers and those who exited from the drug court program and were re-sentenced to IDOC. On average, staff enrolled nine probationers per month during the pilot period.

**Table 2**  
**Enrollments and prison sentences by month**

Month	Total monthly enrollments	Resentenced to IDOC
October 2011	8	0
November 2011	4	0
December 2011	21	0
January 2012	12	0
February 2012	15	0

March 2012	5	0
April 2012	6	0
May 2012	11	0
June 2012	11	0
July 2012	11	0
August 2012	8	1
September 2012	6	1
October 2012	2	0
November 2012	4	4
December 2012	4	0
<b>Total</b>	<b>128</b>	<b>6</b>

Source: The Authority's analyses of data from the ARI Access database

## Demographics

Probationer demographic data were collected at intake into the drug court and accessed via the drug court's Access database. The mean age for all probationers during the pilot phase (October 2011 through December 2012) was 32 years old. A majority of the probationers were White males with some high school who had never been married at the time of enrollment. Most reported being unemployed when they started the program and living with a family or friend. *Table 3* summarizes the characteristics of the drug court probationers.

**Table 3**  
**Demographics of drug court probationers at intake**

<b>Characteristic</b>	<b>n</b>	<b>Mean</b>
<b>Average age</b> (in years at enrollment)	128	32.02
<b>Gender</b>		<b>Percent</b>
Male	83	65%
Female	45	35%
<b>Race</b>		
White	92	72%
Black	34	27%
Hispanic	2	2%
Asian	0	0%
Other	0	0%
Unknown	0	0%
<b>Marital status</b>		
Unmarried	120	94%
Married	8	6%
Unknown	0	0%
<b>Employment</b> (at intake)		
Unemployed	100	78%
Full-time	16	13%
Part-time	11	9%
Unknown	1	1%
<b>Educational attainment</b> (at intake)		
Grade school	5	4%
Some high school	74	58%

High school graduate/GED	10	8%
Some college	26	20%
College graduate	1	1%
Unknown	12	9%
<b>Housing status (at intake)</b>		
Own/rent	20	16%
Live with friends/family	83	69%
Shelter/homeless	18	15%
Unknown	0	0%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>

Source: The Authority's analyses of data from the ARI Access database

### Drug history and treatment

Drug court probationers were mandated to drug treatment as a condition of enrollment in the program. At intake, almost half (45 percent) claimed heroin as their primary drug of dependence. At the end of the pilot study period, staff reported that the majority of probationers (86 percent) were in outpatient drug treatment. The remaining 14 percent had entered residential drug treatment.

### Offenses

About half of drug court probationers had been convicted of property offenses. Over one third of probationers were convicted of a drug-related offense. Half were sentenced for a Class 4 felony (see *Table 4*). Class 4 felonies are the least serious felonies in Illinois, and this class includes mainly lower-level property offenses or drug possession offenses which involve the shortest potential terms of probation or incarceration.

### Recidivism risk

Drug court staff administered the LSI-R™ to potential drug court probationers, an actuarial risk assessment instrument used by probation departments in Illinois to determine levels of supervision for probationers. The LSI-R™ scores probationers on the basis of a number of different criminogenic risks and needs, allowing probation staff to target specific areas for intervention. The LSI-R™ includes three levels of risk: high, moderate, and low. Fifty-six percent of drug court probationers were identified as high-risk, 37 percent were medium-risk, and 5 percent were low-risk. *Table 4* provides case characteristics of WCDC probationers.

**Table 4**  
**Offenses and risk levels of drug court probationers at intake**

	<b>n</b>	<b>Percent</b>
<b>Offense type</b>		
Property	62	48%
Controlled substance	46	36%
Cannabis	6	5%
DUI	2	2%
Sex offense (non-violent)	0	0%

Other	12	9%
<b>Offense class</b>		
Class 1	9	7%
Class 2	21	16%
Class 3	34	27%
Class 4	64	50%
Unknown	0	0%
<b>LSI-R™ risk level</b>		
High	72	56%
Moderate	47	37%
Low	6	5%
Unknown	3	2%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>

Source: Authority's analyses of data from the ARI Access database

## Criminal history

### Prior arrests

Data on prior arrests were extracted from the Criminal History Record Information (CHRI) System database. The 128 drug court probationers experienced an average (median) of six prior arrests, including the arrest for which they were currently participating in drug court. Almost all probationers had at least one felony arrest prior to drug court participation, and most had at least one prior arrest for a violent offense. A majority had at least one prior property arrest and one prior arrest for a drug offense. Fewer than 10 probationers had a prior Class X felony arrest (Table 5).

**Table 5<sup>3</sup>**  
**Prior arrests of WCDC probationers (n=128)**

	<b>n</b>	<b>Percent</b>
<b>Number of prior arrests</b>		
1	<10	<8%
2 – 5	45	35%
More than 5	79	62%
<b>Most serious prior arrest (by type)*</b>		
Violent	78	61%
Property	112	88%
Drug	101	79%
DUI	27	21%
Sex offense (non-violent)	<10	<8%
Other	73	57%

<sup>3</sup> Source: The Authority's analysis of data from the Criminal History Record Information system. The most serious charge identified in each arrest event (as defined by the statutory class of offense) was coded into these categories, includes the arrest charges resulting in current drug court participation.



<b>Most serious prior arrest (by class)</b>		
Murder	0	0.0%
Class X felony	<10	<8%
Class 1 & 2 felony	63	49%
Class 3 & 4 felony	112	87%
Misdemeanor	123	96%

### Prior incarcerations

Prior commitments to IDOC among sampled probationers offered a more accurate representation of serious offending since a sentence of incarceration required a conviction for a felony offense. IDOC data records provided the most serious charge carrying the longest potential sentence for drug court probationers. Of the 128 probationers, most had no prior incarcerations. However, about a quarter had been previously incarcerated in Illinois. Probationers had a range of zero to 12 prior incarcerations and an average of less than one prior incarceration. *Table 7* shows the IDOC admissions for the sample.

**Table 7**  
**Prior incarcerations of WCDC probationers (n=128)**

	<b>Number</b>	<b>Percent</b>
<b>Number of prior incarcerations</b>		
0	92	72%
1	10	8%
2 – 5	20	16%
More than 5	<10	<8%
<b>Prior IDOC offense type</b>		
Violent	<10	<8%
Property	25	20%
Drug	13	10%
DUI	<10	<8%
Sex offense (non-violent)	<10	<8%
Other	4	3%
<b>Prior IDOC offense class</b>		
Murder	0	0.0%
Class X	<10	<8%
Class 1 & 2	20	16%
Class 3 & 4	16	13%
<b>Prior IDOC admission type</b>		
New sentence admission	36	28%
Technical parole violation	19	15%

Source: The Authority's analysis of data from Illinois Department of Corrections, Planning & Research Unit

The prevalence of prior violent arrests among drug court probationers also indicates their high risk levels: most had a prior violent arrest, while a few had been previously incarcerated for a violent offense. Of the 30 probationers who had been previously incarcerated, less than 10 had been incarcerated for a property offense and 16 for Class 3 and 4 felony offenses. The high

prevalence of drug and property offenses is likely an indicator of underlying criminogenic needs in this population.

## Program outcomes

In the Access database, staff reported that 93 of the 128 probationers had violations of drug court conditions ranging in number from one to 24. On average, they had seven violations and three sanctions per person.

### Arrests during program

Of the 128 probationers in the program, most experienced no arrests during program participation. A few (15 percent) individuals were arrested one or more times during probation. The average number of arrests was less than one, with a range of zero to two arrests. *Table 8* provides more in-depth information on the in-program arrests of probationers in the program.

**Table 8**  
**Arrests of probationers during WDCDC participation (n=128)**

	Number	Percent
<b>Number of arrests</b>		
0	99	77%
1	19	15%
2	10	8%
<b>Type of arrest *</b>		
Violent	<10	<8%
Property	10	8%
Drug	<10	<8%
DUI	<10	<8%
Sex offense (non-violent)	<10	<8%
Other	13	10%
<b>Arrest class</b>		
Murder & Class X	0	0%
Class 1 & 2	<10	<8%
Class 3 & 4	12	9%
Misdemeanor	19	15%

Source: The Authority's analysis of data from the Criminal History Record Information system

\*Based on most serious charge in each arrest event

During program participation, 15 probationers were arrested on new felony charges, and very few had one or more arrests for a violent offense. The number of arrest charges during ARI participation ranged from zero to two, with an average of one arrest charge per arrest incident. The most common charges were for misdemeanors (19, or 15% of total charges), Class 3 and 4 felonies, (12, or 9% of total charges), and property crimes (10, or 8% of total charges).

### Reduction goal

WCDC’s 25 percent reduction goal for the grant period was 37 people diverted from prison. This reduction goal aligned with the number of new defendants entering annually into the court since 2009. Access database data suggests that by the end of the pilot grant period, the drug court had enrolled 128 probationers and had closed 20 cases. A few probationers were transferred to other probation programs. Six probationers (or five percent of the total number) had exited the program unsuccessfully and were sentenced to IDOC. One probationer died before completing the program. Most of the probationers (74 percent) were reported as being in intensive outpatient drug treatment at the end of the pilot period in December 2012, indicating their continuing participation in the drug court.

WCDC exceeded its 25 percent reduction goal by 329 percent. The program successfully diverted 122 individuals from IDOC while its reduction goal was to divert 37 individuals during the pilot period (*Table 9*).

**Table 9**  
**WCDC ARI probationers and reduction goal**

Overall probationers enrolled	128
Probationers re-sentenced to IDOC	6
Total successful diversions	122
Reduction goal	37
Percent of goal reached	329%

Source: The Authority’s analyses of data from the ARI Access database

## Probationer feedback

Authority researchers interviewed 19 WCDC probationers, randomly selected from a list of probationers who had been enrolled in the program for at least six months. (Interview questions can be found in *Appendix B*.) Of those probationers interviewed, the average age was 36 years old, seven were male and 12 were female. Fourteen probationers identified their race as White, four as Black, and one as Native American. The following are summaries of their responses about the program. A survey report for all pilot sites is available in a separate document (DeLong & Reichert, 2016).

When probationers were asked whether they had developed a case plan with their probation officer that had clear goals, 95 percent (n=18) replied “yes.” Since drug court was a voluntary program, probationers were asked why they had agreed to be on probation. Sixteen (84%) believed it would benefit them and help them make necessary life changes, while three agreed to participate to avoid jail or prison. A total of 18 (95%) thought their needs were identified when they started probation, while one was unsure. All 19 agreed that they were asked about their strengths and drug history when they started probation. Eighteen reported that they previously had been on probation, and all 18 found drug court probation to be different than traditional probation, explaining that drug court was more “intense” and “structured,” but also “more caring.”

All 19 probationers reported knowledge of different phases and eighteen found the system of phases to be a good, helpful tool keeping them motivated and accountable. Probationers met with their probation officer face-to-face an average of two times each month lasting an average of 24 minutes. Overall, a majority of probationers agreed with the positive statements about ARI, their probation officers, judge, and treatment staff. ARI staff treated them with respect, were fair, were concerned about them, and helped them be compliant with probation. Of those who received rewards, 12 found them to be good motivators to do well in the program. Probationers believe that they were rewarded for following the rules and being respectful throughout the program and each person received an average of 18 rewards.

All 19 probationers submitted to drug testing and thought that the drug tests were random. Probationers reported being drug tested on average two times each month. Thirteen believed the drug testing lowered their drug use, while four did not (two did not respond). Eight stated having no positive drug tests, but 11 stated having between two and 10 positive drug tests, with an average of two positive drug tests. *Table 10* depicts the number of self-reported positive drug tests that probationers interviewed submitted to while participating in the drug court.

**Table 10**  
**Self-reported positive drug tests among probationer interviewees (n=19)**

Positive drug tests	n	Percent
None	8	42%
1	5	26%
2	2	11%
3	2	11%
4	1	5%
10	1	5%
<b>TOTAL</b>	<b>19</b>	<b>100%</b>

Source: The Authority's analyses of data from the ARI Access database

The most commonly needed services were assistance securing housing, job referrals, and educational services. Of the 54 services cited as needed by 15 probationers, 30 were received. *Table 11* indicates the number of probationers who said that they needed a particular service and how many received that service. All 19 probationers indicated that they had followed up and accessed the services to which they were referred. Fifteen said that nothing more could be offered by probation that would help them and one cited a need for different treatment options, while another cited a need for more housing options and one more wanted help with employment.

**Table 11**  
**Services needed and received by WCDC probationers (n=19)**

Services	Needed		Received (of those needing services)	
	n	Percent of sample	n	Percent of sample
Assistance securing housing	8	42%	2	25%
GED/Enrollment in school	7	37%	6	86%

Job referrals	7	37%	4	57%
Transportation	4	21%	4	100%
Identification (driver's license, social security card)	4	21%	2	50%
Public financial assistance (food stamps, TANF, or general assistance)	4	21%	1	25%
Medical assistance	4	21%	0	0%
Other mental health services	3	16%	3	100%
Job training	3	16%	2	67%
Legal assistance	2	11%	2	100%
Money management	2	11%	1	50%
Dental assistance	2	11%	0	0%
Assistance with resume	1	5%	1	100%
Batterer intervention program	1	5%	1	100%
Domestic violence services	1	5%	1	100%
Regaining custody of children	1	5%	0	0%
<b>TOTAL</b>	<b>54</b>		<b>30</b>	

Source: The Authority's analyses of data from the ARI Access database

All 19 probationers interviewed stated that they had received rewards. Rewards included longer periods of time between court appearances, longer periods of time between required check-ins with a probation officer, gift cards, treats (candy, snacks, etc.), certificates, and praise from staff and/or a judge. Of those who received rewards, 12 found them to be good motivators for doing well in the program. Probationers believed that they were rewarded for following the rules and being respectful throughout the program. Of the 19 who received rewards, 10 were very pleased with them.

Almost all (90 percent) of the probationers interviewed strongly agreed that their probation officers treated them with respect, were fair, were concerned about them, and helped them become compliant with probation requirements. Most (79 percent) disagreed that their probation officers expected too much from them. Probationers also gave very similar ratings of the judge, and all agreed that the judge treated them with respect and was fair with them. Most (95 percent) agreed that the judge was concerned about them and helped them become compliant with their probation requirements. A few (16 percent) agreed that the judge expected too much from them.

# Implications for policy and practice

Overall, the WCDC exceeded its established goals of enrolling 37 probationers in lieu of incarceration. Also, WCDC used the key components recommended by the National Association of Drug Court Professionals (NADCP) during this implementation with fidelity. Below are some suggestions on how to further enhance programming. Compiling and circulating the experiences of and recommendations for WCDC can inform jurisdictions who are considering developing a drug court system for probationers with substance use disorders.

## Conduct comprehensive staff training

Recently, the Illinois Supreme Court published standards and criteria to be used by problem solving courts in Illinois (2015). The standards recommend training and development for problem-solving court teams. Specifically, drug court teams should participate in regularly scheduled trainings and webinars, as well as offer other educational opportunities, in order to enhance knowledge of evidence-based screening, assessment, and treatments for justice-involved people with drug abuse or addiction problems. In addition, recommendations include training in substance use disorders, mental illnesses, co-occurring disorders, disabilities, trauma, confidentiality, criminogenic risks and needs, incentives and sanctions, court processes, cultural competency, relevant laws and team dynamics (Illinois Supreme Court, 2015).

## Expand services

Research evidence reveals that providing services during community supervision reduces recidivism by 10 percent, on average (Bonta et al 2008). WCDC probationers reported needing housing assistance. Of the probationers who requested these services, 25 percent of probationers reported receiving assistance securing housing. Housing is an expensive service and there are often limitations and more scrutiny for applicants with criminal records. These barriers provide a context for the need and constraints involved in housing this population. In the Winnebago County Housing Authority application, a criminal background check is required.<sup>4</sup>

## Increase housing referrals

Most of the probationers in the evaluation (69 percent) reported living with friends and family, and most reported being unemployed (78 percent). These individuals may be part of the “hidden homeless,” who suffer from insecure housing and the lack of resources to obtain their own (Vacha & Marin, 1993). A small number (15 percent of the total) reported living in homeless shelters at the time of intake. Drug court staff and stakeholders may consider securing or expanding collaborations with the Winnebago County Housing Authority and the Department of Housing and Urban Development to provide housing services. One study, which evaluated outcomes for a supportive housing intervention used to stabilize homeless people with substance

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<sup>4</sup> See <https://wchauthority.com/wp-content/uploads/2016/01/Application-WCHA.pdf>

abuse and/or mental health problems, found that a criminal record did not predict housing failure and that those with substance abuse and mental health problems and criminal records still had a 70 percent success rate in finding supportive housing (Malone, 2009). This evidence suggests that seeking resources for supportive housing is a viable option for WCDC probationers.

### **Continue educational services**

More than half (62 percent) of drug court probationers had less than a high school education upon entering the program. In interviews, 37 percent of interviewees said they needed assistance earning their GED or enrolling in school, and most reported that they received this assistance. Drug court staff should continue to provide this assistance since educational attainment is closely linked to employment and reductions in recidivism rates. Educational program completion was key to preventing reconviction (Cecil et al., 2000). One study found that those advancing their educational skills were significantly less likely to be re-incarcerated than those who did not participate in educational programming (Steurer & Smith, 2003).

### **Increase job referrals and employment support**

In the interviews, 37 percent of interviewees reported needing help with job referrals; of those, over half received help. Most of the probationers in drug court (78 percent) were unemployed at intake. In focus groups with Kentucky Drug Court probationers, they asked for assistance in finding potential employers who had positive experiences hiring ex-offenders and would take court schedules into account when considering working hours (Staton, et al., 2001). The drug court staff should consider increasing job referrals for probationers and perhaps connecting with an agency that identifies employers willing to hire ex-offenders. According to one study, if offenders had attended drug treatment in lieu of prison, employers were more likely to consider them for hire (Pager, 2007).

Employers preferred hiring applicants who had completed a drug court program over formerly incarcerated applicants (Pager, 2007). Providing employment support for drug court probationers yielded significant increases in rates of full-time employment and incomes, as well as decreases in unemployment and substance use (Leukefeld, Webster, Staton-Tindall, & Duvall, 2007). Drug courts may improve employability of successful graduates.

### **Refer to health-related services**

A fifth of the probationers interviewed needed medical assistance, but none received it. The medical consequences of drug abuse can be quite severe and debilitating. Heroin-abusing drug court probationers (who comprised 45 percent of the total) face particular health crises, including hepatitis, tuberculosis, renal failure, tetanus, and HIV infection (National Institute on Drug Abuse, 2016; Stein, 1999). With the Affordable Care Act (ACA) making medical care accessible to more Americans at little or no cost (Shartzler, Long, & Anderson, 2015), probation officers should refer probationers to the Illinois Department of Healthcare and Family Services website or a Department of Human Services case manager to assist in their enrollment in a health insurance plan.

## Enhance research and evaluation

Drug testing data were not available for this report. However, it could be included in future evaluations as it is collected by probationers' probation officers. Researchers could examine drug testing data in order to report the number of tests given per month, the number of tests passed, the number failed, and the drugs most commonly responsible for failed tests. Researchers could also describe how persons who failed drug tests were sanctioned and why. This information may be helpful in characterizing the differences between those who complete the program and those who are terminated as a means of improving the program and its outcomes. Meanwhile, tracking the types of drugs used will inform treatment and help anticipate the costs. In future outcome evaluations, drug court staff should consider determining the rate of relapse after program completion (National Institute of Justice, 2014). Last, drug monitoring data could be useful in future studies of the program effectiveness by comparing drug court participants with a comparison group. Access to drug testing data would help drug court teams monitor program compliance and effectiveness (Rossman & Zweig, 2012).

In addition, future research could describe incentives given for progress in the program, and examine positive changes such as educational attainment. Recent studies have focused on variables that predict successful graduation and unsuccessful termination from drug court in an effort to learn more about who completes and who is terminated from a given program, as well as the impacts of completion and termination on recidivism. One study found that participants who violated the conditions of drug court within 30 days of enrollment were more likely to recidivate than those who did not. Of those arrested, most charges were misdemeanors and slightly over half of those misdemeanors were drug-related (Gallagher, 2014). Another study found that those probationers with a prior property-related offense were more likely to be terminated from the program than those with a controlled substance-related offense (Lutze & VanWormer, 2014). Using this type of research may be helpful to better understand the probationers' experiences and needs during the first 30 days of drug court, and what might be done to improve their outcomes.

Drug court programs are implemented in phases that depend on individual needs for treatment, frequency of drug testing, supervision needs, and goals set and subsequently attained. Those who spend longer than average going through the phases of drug court participation were more likely to be terminated from the program than those who completed the phases in the average amount of time (Lutze & VanWormer, 2014). For example, drug court participants who began the program in intensive outpatient care but were eventually placed in inpatient care were less likely to graduate from the program (Lutze & VanWormer, 2014). Assessments of addiction severity and treatment needs are important in ensuring the success of the drug court (Lutze & VanWormer, 2014). A closer look at the assessments and experiences of probationers who begin as outpatients, but are later placed in inpatient care, may provide useful information for better assessment and placement during program intakes.



# Conclusion

The Winnebago County Drug Court (WCDC) was among the first ten funded programs funded by Adult Redeploy Illinois (ARI). WCDC staff used ARI funds to continue implementation of its enhanced drug court program to divert probationers impacted by substance use disorders (SUD) from the Illinois Department of Corrections (IDOC), saving state tax dollars in the process. According to evidence-based practices, WCDC included individualized case planning which involved the probationer, judge, prosecutor, public defender, probation officers, and service providers. WCDC was staffed with probation officers with experience working with and/or certification in treating individuals with SUD, and provided them with ongoing training.

WCDC staff adhered to the risk/need/responsivity principles by assessing and enrolling moderate- to high-risk probationers. At program enrollment, probationers were mostly white men, in their early 30s, single, living with a family member, and unemployed with some high school education. Almost half of WCDC probationers were heroin dependent. Staff used a level-based supervision plan, with less supervision as the probationer's level increased. Staff provided probationers with substance abuse assessments and treatments, frequent and random drug testing to ensure compliance, and referrals to enhanced behavior services, when needed. Probationers reported that drug court probation was more work than standard probation and that they were able to form a productive relationship with WCDC staff. In interviews, probationers reported that the probation officer and judge were fair, respectful, concerned, and helpful during their experiences in the program. Nevertheless, probationers indicated that certain needed services were not consistently available, such as housing and assistance acquiring state identification.

This report provided evidence that the WCDC program implemented the key components for an effective drug court, identified and assessed appropriate probationers, linked them to substance abuse treatment and social services, monitored their behavior, and provided reinforcement using incentives and sanctions, when needed. When in treatment compliance, probationers received praise and incentives for further progress through three structured program levels. These implementation evaluation results demonstrated that drug courts which are operated with fidelity can have a positive impact on probationers with substance use disorders. During the initial pilot period, WCDC reduced the number of persons sent to jails and prisons.

For jurisdictions that are considering using a drug court for drug-involved, recidivating probationers, it would be important to identify probationers with the appropriate risk and need levels, and engage them in programming that is responsive to their risk and needs. Also, to ensure program effectiveness, it would be necessary to incorporate the key components of a drug court and maintain fidelity to this model. Last, productive probationer-program staff relationships would keep them engaged and motivated to participate in and successfully complete the program.

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## Appendix: Staff and stakeholder interview questions

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

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<sup>i</sup> Illinois Drug Treatment Act (730 ILCS 166/20)

Sec. 20. Eligibility.

(a) A defendant may be admitted into a drug court program only upon the agreement of the defendant and with the approval of the court.

(b) A defendant shall be excluded from a drug court program if any of one of the following apply:

(1) The crime is a crime of violence as set forth in clause (4) of this subsection (b).

(2) The defendant denies his or her use of or addiction to drugs.

(3) The defendant does not demonstrate a willingness to participate in a treatment program.

(4) The defendant has been convicted of a crime of violence within the past 10 years excluding incarceration time. As used in this Section, "crime of violence" means: first degree murder, second degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, armed robbery, aggravated arson, arson, aggravated kidnaping, kidnaping, aggravated battery resulting in great bodily harm or permanent disability, stalking, aggravated stalking, or any offense involving the discharge of a firearm.

(c) Notwithstanding subsection (a), the defendant may be admitted into a drug court program only upon the agreement of the prosecutor if:

(1) the defendant is charged with a Class 2 or greater felony violation of:

(A) Section 401, 401.1, 405, or 405.2 of the Illinois Controlled Substances Act;

(B) Section 5, 5.1, or 5.2 of the Cannabis Control Act;

(C) Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56, or 65 of the Methamphetamine Control and Community Protection Act; or

(2) the defendant has previously, on 3 or more occasions, either completed a drug court program, been discharged from a drug court program, or been terminated from a drug court program.

(Source: P.A. 99-480, eff. 9-9-15.)