



LEARNING ABOUT PROBATION FROM CLIENT PERSPECTIVES

Feedback from probationers served by Adult Redeploy Illinois-funded program models



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Key findings

Satisfaction with the criminal justice system often reflects the opinions of the public, rather than that of the offender (DeLude, Mitchell, & Barber, 2012). Research in the medical and behavioral sciences indicate, however, that client satisfaction is associated with compliance and treatment outcomes (Barbosa, Balp, Kulich, Germain, & Rofail; Levenson, Prescott, & D'Amora, 2010; Zhang, Gerstein, & Friedmann, 2008). Beyond the increased adherence that is expected when probation clients are engaged in services they consider worthwhile, satisfaction data offers providers valuable insight into the specific needs of their target population, while potentially increasing perceptions of procedural justice. When participants are unable to provide feedback in a meaningful way, they are further marginalized and alienated from a process that hinges on a change in their behavior and attitudes.

Since 2010, the Illinois Criminal Justice Information Authority has administered the state's Adult Redeploy Illinois (ARI) program, offering grant funding to jurisdictions to implement local evidence-based programs that reduce the number of non-violent offenders sentenced to prison. In this study, researchers interviewed program clients for insight into program implementation and operations that could strengthen program outcomes.

Interviewed were 108 clients enrolled in 10 prison diversion programs using three program models—drug courts, intensive supervision probation with services (ISP-S), and Hawaii Opportunity Probation with Enforcement (HOPE). Drug courts refer clients to court-supervised substance abuse treatment in lieu of incarceration, and staff work in interdisciplinary teams of probation officers, substance abuse treatment providers, prosecutors, law enforcement, defense attorneys, and judges to manage the cases (Carey, Mackin, & Finigan, 2012). ISP-S features specially trained probation officers who use risk/needs assessment tools to provide individualized case management, heightened supervision, and responsive referrals to social services (Andrews & Bonta, 2010). The HOPE model focuses on behavior modification through swift, certain, and fair sanctions, and offers drug treatment to those in need (Hawken & Kleiman, 2009). Data were collected after 18 months of pilot program implementation ending in mid- to late-2012.

The following are key findings from the probationer interviews, during which researchers asked questions about demographics, program staff, program operations, and services.

Conditions of probation

Most interviewees thought the conditions of their probation were very clear (81 percent). Almost all clients (97 percent) were drug tested. Most were required to pay court costs (75 percent) and attend drug treatment (69 percent).

Of 64 probationers who received a sanction for noncompliance, 89 percent (n=51) said it was *very likely* that they would be caught if they violated probation conditions, 75 percent (n=48) said the sanctions were *fair*, and 72 percent (n=46) said they were *immediate*. Sanctions and incentives that are swift, certain, and fair are crucial to all three models of supervision.

Seventy-eight percent of interviewed clients said they had developed a case plan with clear goals with their probation officers. Clearly outlined case plans have been shown to reduce recidivism in evidence-based practice (Carey, 2010). This study revealed a statistical relationship between having a case plan and offering positive feedback on the program.

On average, each client needed assistance in obtaining four different types of services (out of 22 listed); the most common were transportation, employment, or housing. Clients reported that, of the 490 total service requests, 329 (67 percent) were fulfilled by their probation officer.

Compliance and incentives

Sixty-six percent of respondents reported violating the conditions of their supervision (n=72); however, only 60 (83 percent) of those respondents were sanctioned. Those violations included 57 failed drug/alcohol tests, 12 arrests for new crimes, and 14 missed appointments. Four clients reported having three or more violations, 18 had two violations, but the majority (n=49; 69 percent) of those who broke the terms of their probation agreements did so only once. A total of 25 clients (23 percent) indicated they had been arrested either for new crimes or as sanctions for violations while on probation.

Forty-eight (75 percent) of 64 probationers who received a sanction for noncompliance said the sanctions were *fair* and 46 (72 percent) said they were *immediate*. Seventy-five percent (n=81) of interviewees said they received rewards for program compliance, such as gift cards, certificates, praise from staff, and food. Of those, 88 percent (n=71) said these rewards were good program motivators.

Client assessments

Overall, clients agreed with positive statements about probation—that the program helped them, it positively impacted their future, and it made them better off than other court sanctions. A majority of clients thought probation was a better alternative to prison (100 percent), offered a better lifestyle than prison (99 percent), and was easier to complete than a prison term (66 percent). Overall, clients agreed with positive statements about their probation officers and disagreed that their officers expected too much of them.

Implications for policy and practice

Further address client service needs

Many probationers sampled reported needing, but not receiving, housing, identification, healthcare services, public assistance, and job support. In order to address this, probation officers should be operating under reduced caseloads and be trained in evidence-based practices (for example, actuarial risk assessment and cognitive behavioral techniques) in order to provide necessary services and reduce recidivism most effectively (Jalbert, Rhodes, Flygare, & Kane, 2010).

Probation officers should advocate for clients with local housing assistance agencies and assist them with obtaining subsidized or low-income housing (Family Justice, 2009). Clients must have proper identification to secure housing and half of the clients sampled requested assistance in obtaining a state ID or driver's license, birth certificate, and social security card. Probation officers should be prepared to help guide clients through the process of obtaining these documents as they are necessary to meet other needs.

Thirty-eight percent of clients reported chronic medical conditions, but 59 percent of these respondents did not have health insurance. Access to healthcare and preventive health services saves lives and money (Currie, 2010). Probation officers can screen clients for Medicaid eligibility and help them apply and enroll.

Research has found that public assistance alleviates financial stress leading to criminal behavior (Gartner, 1990; LaFree, 1999). Probation officers can assist clients in navigating complex public assistance regulations.

Collateral legal consequences affecting clients can interfere with probation officers' efforts to meet their needs. Probationers can be barred from voting, public housing, educational grants, and employment because of their convictions. Without social supports, offenders are more likely to recidivate (Mock, in press).

While there should be a balance within probation providing surveillance and social supports, jurisdictional commitments to hiring more probation officers, providing more officer training, and advocating for the removal of barriers to services are system-level changes that will address service provision problems for the long term.

Increase client accountability

Of 72 probationers who reported violating supervision conditions, 60 respondents (83 percent) received subsequent sanctions. While sanctions and surveillance alone may not be effective at reducing recidivism (Taxman, 2002), their presence enforces offender accountability (National Institute of Corrections, 2004). Prison diversion programs must focus on swift, certain, and fair responses to non-compliant actions while using positive reinforcement and incentives to modify behavior (U.S. Department of Justice, 2015).

Develop clear case plans

Probationers with clear case plans were significantly more likely to understand their conditions, probation's phase system and levels of supervision, and more likely to receive incentives. They also rated their probation officers higher in areas of respectfulness and fairness. All model probation programs are advised to develop comprehensive case plans to appropriately assess risk levels, provide individualized support to overcome criminogenic needs, and use evidence-based practices to rehabilitate probationers (National Institute of Corrections, 2004). It is also important that probationers fully understand these plans. In addition, probation officers demonstrating use of their "dual role"—surveillance with case management—increases the likelihood for offender success (Skeem, Eno Loudon, Polaschek, & Camp, 2007; Trotter, 2006). Comprehension of goals

and heightened perceptions of probation officer legitimacy are research-supported goals for effective probation (Crime and Justice Institute at Community Resources for Justice, 2009).

Introduction

Like many states, Illinois has experienced increased prison populations and overcrowding. At year-end in 2014, Illinois prisons worked at 150.4 percent capacity—16,183 over operational capacity (Carson, 2015; IDOC Annual Report Fiscal Year 2014). With a slight decline in the year 2015, Illinois still works at 147.9 percent capacity, though Illinois’s crime rate dropped 24 percent between 2009 and 2014. Additionally, Illinois created more facility bed space, from 32,095 to 50,598 operational capacity (Carson, 2015; IDOC Annual Report 2015). In order to combat the current Illinois prison overcrowding, Adult Redeploy Illinois (ARI) program provides a platform and funding to decrease overreliance on incarceration. ARI applies evidence-based, data-driven, and result-oriented strategies to reduce non-violent prison admissions and enhance public safety. Since 2010, the Illinois Criminal Justice Information Authority has administered the state’s Adult Redeploy Illinois (ARI) program, offering grant funding to jurisdictions to implement local evidence-based programs that reduce the number of non-violent offenders sentenced to prison.

The purpose of community supervision is as an alternate to incarceration, with ARI funded agencies developed to incentivize the diversion of offenders away from prison, to probation. More recently, research identifies that previous “get tough” or surveillance-oriented supervision does little to reduce recidivism and reintegrate offenders into society (Petersilia & Turner, 1993; Cullen, Eck, & Lowenkamp, 2002). However, ARI funded supervision incorporates the use of evidence-based practices in order to divert non-violent offenders (Adult Redeploy Illinois Annual Report, 2014). Evidence-based practices, including the use of cognitive behavioral techniques and validated risk/needs assessments, provide overwhelming support for their incorporation into community supervision in order to reduce recidivism, decrease cost to taxpayer, increase public safety, while reintegrating non-violent offenders back into society (Andrews & Bonta, 2012; Dowden & Andrews, 2004; Lipsey & Cullen, 2007).

In the current study, Illinois Criminal Justice Information Authority (Authority) researchers collected and examined feedback from Adult Redeploy Illinois (ARI) program clients in order to supplement data from staff and stakeholders (Reichert, DeLong, Sacomani, & Gonzales, 2015; Reichert, Sacomani, & Gonzales, 2015) used to assess program effectiveness. Taking client feedback into consideration is vital to programs intended to increase accountability and behavior change, particularly when the targeted participants are members of marginalized groups.

About Adult Redeploy Illinois

Adult Redeploy Illinois (ARI) was developed, in part, based on the model of a successful juvenile program started in 2005 called Redeploy Illinois (RI). RI was developed out of recognition that it is detrimental to send juveniles to state facilities for evaluation when these services can be provided in the community more effectively and at a lower cost to taxpayers. To shift the evaluation of juveniles to the community, RI provides funding to individual counties or judicial circuits to divert youth ages 13 to 18 years from Illinois Department of Juvenile Justice (IDJJ) facilities through needs assessments and a continuum of care designed to address the needs underlying their criminal behavior. Any local jurisdiction funded through RI must divert 25 percent of its target population from IDJJ. RI has 12 sites in 42 counties and boasts a 58 percent reduction in juvenile incarcerations in RI counties [Illinois Department of Human Services (IDHS), 2016]. In 2014 alone, RI reported diverting 296 juveniles away from incarceration, saving Illinois \$15 million dollars (IDHS, 2016).

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

ARI is a performance-incentive funding program, in that a monetary inducement can be awarded by the ARI Oversight Board for a jurisdiction to invest in evidence-based practices. Contractual obligations of ARI sites specify that they will divert a certain number of individuals (equivalent to 25 percent of a three-year average baseline) who would have otherwise gone to IDOC from their program's target population. Their contractual obligation is tracked and measured by ARI staff. There is also a penalty if these goals are not met, as determined by the ARI Oversight Board.

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

ARI goals and process

Developed as a response to historically high numbers of non-violent offenders driving up prison populations, the overarching goal of ARI is to successfully divert eligible individuals from prison and into community corrections programs. Counties or judicial circuits interested in implementing ARI may apply for a grant to conduct three to six months of planning. During the planning process, each jurisdiction reviews prison commitment data and examines its local criminal justice system, including available diversion options and gaps in services. This analysis is used to determine the unique needs of that jurisdiction and models and services that would address the identified gaps.

ARI target population

The planning process serves to identify the ARI-eligible target population for that jurisdiction. The target population is composed of individuals who meet overall ARI eligibility criteria (non-violent¹ and probation-eligible²) and other jurisdiction-specific criteria (e.g., drug court-eligible, Class 3 and Class 4 offenders) who would otherwise have been sentenced to IDOC.

ARI's focus on local control and design means that sites can identify an eligible target population and define a target intervention that meets their needs. For example, if a county sends a high number of probation violators to prison because it lacks an intermediate step between probation and IDOC, the site could identify probation violators as a target population and base its reduction count on those criteria.

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

ARI Oversight Board and staff

ARI is governed by a statutorily created Oversight Board responsible for creating a process to monitor and evaluate the overall program. The 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 Authority, the Prisoner Review Board, the Sentencing Policy Advisory Council, and members of other private and public organizations. The Oversight Board reviews local jurisdictions' proposed alternatives to incarceration and the potential cost-savings to the state and provides final approval of a site's local plan, funding level, and reduction goal. In some cases, the Oversight Board may request a revised target population to ensure an appropriate level of cost-savings.

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

ARI funding

The state provided initial discretionary funding to ARI of up to \$2 million. Following that funding, a multi-year \$4 million grant from the American Recovery and Reinvestment Act of 2009 funded the pilot phase of ARI, administered by the Authority. The initial grant funded 10

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

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

programs in 10 counties. ARI's four ISP-S programs in the pilot phase in DuPage, Macon, Madison, and St. Clair counties were examined in this study.

ARI pilot phase

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

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

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

ARI expansion

With state grant allocations of \$2 million in SFY13 and \$7 million in SFY14, ARI expanded to support 21 programs covering 39 counties (ICJIA, 2016). ARI funds programs in:

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

Literature review

In Illinois, increases in arrests for certain types of offenses and the proportion of felons sent to prison, as well as statute changes enhancing penalties for crimes, has led to high prison populations and prison overcrowding (Olson, Stemen, & Saltmarsh, 2012). In 2012, the Illinois Department of Corrections (IDOC) housed about 48,000 prisoners, approximately 14,000 more than the facilities were designed to hold (Illinois Department of Corrections, 2012). In 2012, Illinois held the eighth-largest prison population in the nation (Carson & Golinelli, 2013). Drug-related offenses, and most commonly possession of a controlled substance, account for the largest number of Illinois prison admissions.

While incarceration plays a vital role in protecting public safety, research has shown that current rates of incarceration have not led to improved public safety, and that prisons can have a criminogenic effect on incarcerated individuals (Cíd, 2009; Meade et al., 2013; Mears et al., 2012). 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 also 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).

Drug courts

As mentioned, ARI funding initially supported three primary models, one of which is drug court-eligible offenders. Drug courts, in addition to assigning clients to local substance abuse treatment in lieu of incarceration and expecting the client in court regularly, make use of dedicated staff teams. These consist of probation officers, substance abuse treatment providers, prosecutors, law enforcement, defense attorneys, and judges, who work more closely than in traditional judicial settings. The drug court staff team meets frequently and is in constant communication about the status of clients (Carey, Mackin, & Finigan, 2012).

Drug courts began in Florida in 1989 in response to people with addictions regularly re-offending and overwhelming the court system (Marlowe & Meyer, 2011). In addition to substance abuse treatment and detoxification, drug courts also offer clients counseling, behavior modification techniques, and community reentry services. In 1997, the National Association of Drug Court Professionals established a list of 10 key components to organize programs and research. The key components emphasize addressing substance abuse as a criminogenic (or crime-contributing) need, and synthesizing the efforts of court personnel to integrate treatment into all facets of supervision to rehabilitate the client and reduce future criminal behavior. Fidelity to these components has been shown to significantly reduce recidivism in a cost-effective manner (Bhati, Roman, & Chalfin, 2008; Carey, Finigan, & Pukstas, 2008; Mitchell, Wilson, Eggers, & Mackenzie, 2012).

Intensive supervision probation with services

ISP-S programs provide a higher level of supervision for clients who demonstrate a high risk for recidivism and exhibit criminogenic needs. Probation officers are the main contact and have responsibility for monitoring, motivating, positively reinforcing, and intervening in clients' behaviors. Evidence-based practices for ISP-S recommend focus on high-risk offenders, who benefit most from intensive supervision and display larger reductions in recidivism (Andrews & Bonta, 2010). While the ISP-S programs refer probationers to substance abuse programs and confirm progress, the processes are not as thoroughly integrated as in drug court, as not all ISP-S probationers are in need of treatment.

ISP programs began in Georgia in 1982 as an intermediate sentencing option that was less expensive than incarceration, but more severe than traditional probation. Research on early versions of ISP programs showed that enhanced surveillance alone only served to detect more probation violations and actually increased correctional costs (Warchol, 2000). Conversely, programs that also focused on treatment and the use of evidence-based practices demonstrated great gains in reducing recidivism (Aos, Miller, & Drake, 2006; Crime and Justice Institute at Community Resources for Justice, 2009; Papanozzi & Gendreau, 2005). Evidence-based practices for reducing recidivism use Andrews and Bonta's (1990) Risk-Need-Responsivity model to match the strength of interventions to offender risk level, provide services that address identified needs, and incorporate cognitive behavioral therapy to build lasting change in clients (Lowenkamp, Latessa, Holsinger, 2005; National Institute of Corrections, 2004; Viglione, Rude, & Taxman, 2015). Effective ISP-S programs have smaller caseloads per probation officer, regular training for on evidence-based practices, committed organizational support, and integrated evaluation procedures to provide feedback on what techniques are effective (Gendreau, Goggin, & Smith, 1999; Jalbert et al., 2010).

Hawaii Opportunity Probation with Enforcement (HOPE)

Hawaii's First Circuit Court Judge Steven Alm designed HOPE in 2004 to address the lack of swiftness and certainty within traditional probation procedures, which he believed contributed to excessive non-compliance issues. By 2009, more than 1,500 probationers had been assigned to the program, which begins with a stern judicial warning about the immediate sanctions awaiting those who do not abstain from drug use (Hawken & Kleiman, 2009).

To conduct randomized drug testing, probationers are assigned a color group based on their relapse risk and call a hotline to find out whether they must appear for urinalysis. Violations of probation conditions are responded to instantly with brief jail stays, which are more effective at reforming the behavior of high-risk clients than traditional long-term incarceration (Farabee, 2005; Rhine, 1993; Taxman, Soule, & Gelb, 1999). An evaluation of Hawaii's program found significantly reduced positive drug tests, fewer missed probation appointments, fewer days spent incarcerated, and fewer probation revocations among HOPE probationers than in a comparison group (Hawken & Kleiman, 2009).

Methodology

Authority researchers collected data to assess implementation of evidence-based programs in the 10 ARI pilot sites. The evaluation was designed to provide feedback to ARI sites, inform the ARI Oversight Board's decision-making, and guide other jurisdictions implementing these program models.

Researchers gathered client feedback with interviews that were conducted between June and November 2013, within the first 18 months of drug court, ISP-S, and HOPE implementation.

Program participants were interviewed in each county's probation department. A written consent form explaining purpose of the interview, compensation, selection, length, questions, and confidentiality was signed by each participant. Participants received a \$20 Walgreens gift card as compensation for their time.

Interview sample

Researchers asked the 10 probation departments to provide a list of clients who had been on probation for at least six months or who had completed the program. Researchers selected individuals who met the criteria at random to recruit for an interview. Researchers attempted to interview up to 20 individuals at each of the 10 sites for a total of 200 clients.

Authority researchers interviewed 108 program participants out of its goal of 200 or 54 percent. Some clients were not interviewed due to work schedule conflicts, illness, not showing up for the appointment and declining the invitation.

Sample sizes in each county by program model included:

Drug court

- Fulton County, n=7.
- Jersey County, n=6.
- Knox County, n=4.
- Madison County, n=13.
- Winnebago County, n=19.

ISP-S

- DuPage County, n=9.
- Macon County, n=12.
- McLean County, n=4.
- St. Clair County, n=15.

HOPE

- Cook County, n=19.

Interview questions

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

Limitations

Data collection for this evaluation occurred in the first 18 months of program implementation. Sample sizes were limited with a 54 percent response rate. The HOPE model was also only implemented in Cook County, where demographic differences may account for outcome disparities between the programs. Results are based on self-reported data, which may include inconsistencies in recall, understanding, and point of view. Additionally, interviews were conducted in private areas, but within probation offices, which may have affected clients' motivations for particular responses.

Findings

Sample demographics

Forty-five percent of respondents were clients of drug court programs, 37 percent were enrolled in ISP-S programs, and 18 percent were probationers in Cook County’s HOPE program.

The average age of the sample was 38 years, ranging from 18 to 64 years old. About half were male. Of the 108 interviewees, 57 percent self-identified as White and 41 percent reported their race as Black. Thirteen percent self-identified as Hispanic/Latino. Most participants were parents (66 percent), unmarried (86 percent), had not served in the military (97 percent), and had at least attained a high school diploma/GED (74 percent) (*Table 1*). Thirteen clients (1.2 percent) reported having gang affiliation and 10 reported (.09 percent) having left a gang at the time of the interview (not shown).

Table 1
Description of client interview sample (N=108)

Characteristic	n	Mean
Average age (in years at time of interview)	108	37.7
Gender		Percent
Male	57	52.8%
Female	51	47.2%
Ethnicity		
Spanish/Hispanic/Latino	14	13.0%
Non-Spanish/Hispanic/Latino	94	87.0%
Race		
White	62	57.4%
African American	44	40.7%
Native American	2	1.9%
Education attainment (at enrollment)		
High school graduate/GED	49	45.4%
Some high school	22	20.4%
Some college	21	19.4%
Community college/Vocational school	6	5.6%
Elementary school (grades 1-8)	6	5.6%
Four-year college graduate	4	3.7%
Housing		
Family member’s house/apartment	50	46.3%
Own house/apartment	43	39.8%
Friend’s house/apartment	8	7.4%
Shelter	2	1.9%
Other	2	1.9%
Homeless	1	0.9%
No set place	1	0.9%
Residential treatment facility	1	0.9%

Housing

Most clients lived at a family member's house or apartment (46 percent) or in their own houses or apartments (39.8 percent). Eight lived with friends and one was homeless (*Table 1*). Thirty-four percent of probationers said it was difficult to secure housing. The most commonly reported obstacles to securing housing were their criminal records and financial constraints.

Employment

Almost 60 percent of respondents were employed at some point while they were on probation, but they reported receiving low earnings; 73 percent earned less than \$10,000 per year. Of the 36 clients employed at the time of the interviews, 24 worked full-time. More than one-third of interviewees were financially supporting dependents.

Sixty-three percent of those interviewed said they had a profession, trade, or skill, such as construction, cosmetology, culinary arts, machine repair, or social work. Clients were asked to rate the difficulty of finding and keeping a job. Forty-three percent said finding employment was *very hard*, but only 7 percent indicated that they considered it *very hard* to keep a job (*Table 2*).

Table 2
Clients finding and maintaining employment (N=108)

Characteristics	Frequency	Percent
Finding a job		
Very easy	9	8.3%
Somewhat easy	14	13.0%
Somewhat hard	35	32.4%
Very hard	46	42.6%
Not entered	4	3.7%
Keeping a job		
Very easy	49	45.4%
Somewhat easy	29	26.9%
Somewhat hard	13	12.0%
Very hard	7	6.5%
Not entered	10	9.3%
Annual income		
Less than \$5,000	49	45.4%
\$5,000 - \$10,000	30	27.8%
\$10,000 - \$20,000	15	13.9%
\$20,000 - \$30,000	9	8.3%
More than \$30,000	5	4.6%

Physical and mental health

Most clients (84 percent) reported their general physical health was average to excellent; however, 38 percent reported chronic medical conditions, such as diabetes, arthritis, asthma,

cancer, and HIV/AIDS. Nearly two-thirds of interviewees did not have health insurance (62 percent).

Of the 108 clients interviewed, 36 percent disclosed that they had received treatment for a mental health issue, illness, or disorder. Respondents from St. Clair and McLean counties reported rates of mental health issues at nearly double the average. Of the 39 people who shared their mental health histories, 19 revealed that they had been diagnosed with an anxiety disorder, 29 with a mood disorder, four with a personality disorder, and five with schizophrenia or another psychotic disorder. Seventy-seven percent of respondents who reported being prescribed medication for their mental health were taking their medication regularly at the time of the interviews.

Substance use

Drug court, ISP-S, and HOPE clients were asked to share what substance they had the most serious abuse issues with at the time of the interview (*Table 3*). Ninety-two percent of drug court clients expressed having a serious drug problem, compared to 75 percent of ISP-S clients, and 68 percent of HOPE clients. The 88 clients who reported having a drug problem were then asked to rate the seriousness of the problem. Describing their current substance use, 61 percent described their current use as *not at all* serious. , 18 percent indicating slightly serious use, , 11.3 percent indicated *moderately* serious us, with 7 percent and 12.5 percent indicating considerably serious use and extremely serious use, respectively.

Table 3
Probation clients' substance abuse issues (n=88)

Drug type	Reported to be "most serious" problem n (%)	Reported use in last 12 months n (%)
Heroin	18 (16.7)	13 (15)
Crack cocaine	18 (16.7)	0 (0.0)
Marijuana	17 (15.7)	54 (50)
Alcohol	14 (13)	2 (1.8)
Cocaine	7 (6.5)	2 (1.8)
Other opiates	7 (6.5)	1 (1.1)
Heroin and cocaine together	2 (1.9)	15 (17)
Methamphetamines	2 (1.9)	10 (11)
Hallucinogens	1 (0.9)	26 (30)
Inhalants	1 (0.9)	6 (7.0)
Street methadone	0 (0.0)	14 (16)
Tranquilizers/barbiturates/sedatives	0 (0.0)	3 (3.0)
Amphetamines	0 (0.0)	1 (1.1)

Sixty-six percent of the sample said they had entered a substance abuse treatment program at least once and 44 percent had been through treatment two or more times. Thirty-nine percent of clients said receiving further substance abuse treatment was *moderately*, *considerably*, or *extremely* important, and 53 percent answered that getting treatment was *not at all* important. A larger percentage of HOPE clients (74 percent, compared to 55 percent of ISP-S and drug court)

indicated that getting treatment was *not at all* important, likely because HOPE's clients are supposed to be high-risk, but not necessarily high-need.

Peers

Emotional, informational, instrumental, and social supports have been found to promote rehabilitation, and it is important that probationers maintain peer networks in order to raise confidence, share skills, and cultivate a sense of belonging (Salzer, 2002). However, association with antisocial peers is one of the six major risk factors identified as having a close relationship with criminal behavior and recidivism (Andrews, Bonta, & Hoge, 1990; Wooditch, Tang, & Taxman, 2014) and is often considered a violation of probation.

A total of 28 percent of the clients said they associated with at least one person who drank alcohol regularly and 13 percent reported socializing with someone who used drugs. Forty-five percent of the clients interviewed associated with individuals who served time in jail or prison and three clients reported spending time with a gang-involved individual. Clients were also asked for the number of friends they knew they could hang out with without getting into trouble. The number of friends reported ranged from zero to 10, with an average of two friends.

Criminal history

Interviewees reported that their mean age of first arrest was 20 years old, with 64 percent of their first arrests occurring between the ages of 14 and 18 years. Clients' estimated mean number of prior arrests was 18 years, though more than half of clients reported 10 or fewer arrests.

Clients were asked to share the crime for which they were sentenced to probation, and their answers included:

- Theft (n=38).
- Possession of controlled substance (n=31).
- Burglary (n=8).
- Driving without a license (n=6).
- Fraud (n=5).
- Driving under the influence (n=3).
- Possession of a stolen vehicle (n=3).
- Probation violation (n=3).
- Robbery (n=3).
- Delivery of controlled substance (n=3).
- Manufacturing methamphetamine (n=2).
- Sale of a controlled substance (n=2).
- Other property offense (n=1).

Table 4 depicts the number of times that a client self-reported having been sentenced to juvenile detention, juvenile probation, adult probation, county jail, and state prison. This information provides a couple of insights: 1) most clients did not have a history of juvenile detention or probation, suggesting a late onset of criminal conduct; and 2) almost two-thirds of the clients

interviewed did not have a prior prison stay, suggesting they were fairly new to the criminal justice system.

Table 4
Client self-reports of prior criminal sentences (N=108)

Correctional history	n	Percent
Juvenile detention		
0 times	89	82.4%
1 time	14	13.0%
2 times or more	5	4.6%
Juvenile probation		
0 times	83	76.9%
1 time	19	17.6%
2 times	3	2.8%
3 times or more	3	2.8%
Adult probation		
0 times	5	4.6%
1 time	27	25.0%
2 times	50	46.3%
3 times	14	13.0%
4 times or more	12	11.1%
Incarceration in jail		
0 times	9	8.3%
1 time	18	16.7%
2 times	13	12.0%
3 times	11	10.2%
4 times or more	57	52.8%
Incarceration in prison		
0 times	70	64.8%
1 time	18	16.7%
2 times	5	4.6%
3 times	4	3.7%
4 times or more	11	10.2%

Conditions of probation

Clients were asked to specify their probation requirements and choose all that applied from a list of conditions (*Table 5*). Almost all clients were required to submit to drug testing (97 percent). Project HOPE and drug court participants were required to drug test randomly based on color or phase, and is possible not all ISP-S clients required drug testing. Most were required to pay court costs and fines (75 percent) and attend drug treatment (69 percent).

Table 5
Client conditions of probation (n=108)

Conditions	n	Percent
Drug testing	104	96.3%
Court costs and fines	81	75.0%
Drug treatment	75	69.4%
Access to recovery support groups	73	67.6%
Fees	66	61.1%
Community service	31	28.7%
Mental health treatment	30	27.8%
Restitution	25	23.1%
Access to any other community organizations	22	20.4%
License suspension	9	8.3%

Several questions measured the clients' understanding of their probation conditions and the consequences of violating them. Most interviewees stated that probation conditions were *very clear* (81 percent), though seven clients said that they were *somewhat unclear* or *very unclear*. When asked how well they understood these conditions, 82 percent chose *Understood completely* and only three clients chose *did not understand somewhat* or *did not understand at all*. Similarly, 88 percent of probationers thought the consequences of not abiding by probation rules were made *very clear* and 82 percent thought it was *very likely* that they would be caught if they violated a condition of probation.

A majority of interviewees believed they were continuously supervised while on probation (93 percent), that mandatory drug testing was used to monitor substance use (96 percent), that incentives were used to encourage compliance (80 percent), and that the response to program non-compliance was immediate (91 percent).

Probation referral and intake

Clients were asked to comment on why they were referred to the probation program rather than traditional incarceration or probation. Responses included the following themes: drug problems (35 percent), knowing the right person (31 percent), prison diversion (21 percent), committing a non-violent offense, or meeting other criteria (14 percent).

Since ARI probation program participation is voluntary, clients were asked why they agreed to participate. In written responses, 50 percent (n=54) mentioned wanting to avoid prison time, and 47 percent (n=51) reported that they needed help to get clean. However, 14 respondents (26 percent) responded that they did not remember agreeing at all.

Most clients said their needs were identified once they were accepted into the program (82 percent) and were asked about their personal strengths (91 percent). All but seven of the 108 interviewees reported being asked about their drug history.

Program orientation

The majority of clients reported receiving program orientation from a probation officer (*Table 6*). The certainty of punishment, which is important to hold offenders accountable and deter future crime (Taxman, 1999), is communicated during orientation. Three of eight clients (38 percent) who did not receive orientation said completion of probation was *very hard*, while only 15 of 97 of those who did receive orientation (15 percent) said the same.

Table 6
Clients who received program orientation by program model (N=108)

Program model	n	Percent
ISP-S	38	92.5%
Drug court	43	87.8%
HOPE	16	84.2%
Overall	97	88.9%

Case planning

Seventy-eight percent of interviewed clients said they had developed a case plan with clear goals with their probation officer (*Table 7*). A case plan is a contract developed with the probation officer and client clearly outlining goals and steps probationers will take to attain their goals (Carey, 2010). They are considered a key component of evidence-based probation practice (Carey, 2010). Eight clients from drug court (17 percent), eight clients from ISP-S (20 percent), and eight clients from HOPE (42 percent) said they did not develop, or could not recall developing, a case plan. Six of the eight ISP-S clients who did not have case plans were St. Clair County participants.

Twenty percent of those without a case plan said they found compliance with probation rules *very hard*, while only 8 percent of those with a case plan found compliance *very hard*. *Table 7* shows the percentage of clients with affirmative case plan responses.

Table 7
Clients with case plan by program model (N=108)

Program model	n	Percent
ISP-S	32	80.0%
Drug court	41	83.7%
HOPE	11	57.9%
Overall	84	77.8%

Chi-square tests were performed to examine relationships between case plans and probation experience. *Table A* in *Appendix B* provides the results of these analyses. There were statistically significant relationships between clients having a case plan and understanding their probation phase system/levels of supervision ($p=.003$), receiving incentives ($p=.026$), finding the probation conditions clear ($p=.019$), and rating probationer officers higher in respectfulness ($p=.007$) and fairness ($p=.010$).

Additionally, clients who received a case plan were more likely to agree with the statement that they preferred probation of a prison term or other sanction ($p < .001$), and tended to agree that programs actually helped them ($p = .021$).

Referrals to services

Clients most commonly reported needing transportation, employment, and housing. Each client needed an average of 4.1 services, and received an average of 2.8. *Table 8* indicates the number of probationers who needed a particular service and how many received that service.

Table 8
Services needed and received by clients (N=108)

Type of service	Number needing service		Number receiving service	
	n	Percent of sample	n	Percent of sample
Transportation	57	52.8%	52	91.2%
Job referrals	44	40.7%	29	65.9%
Job training	36	33.3%	25	69.4%
Identification	34	31.5%	17	50.0%
Assistance with resume	33	30.6%	25	75.8%
Public financial assistance	32	29.6%	18	56.3%
Assistance securing housing	32	29.6%	12	37.5%
Medical assistance	29	26.9%	16	55.2%
GED, Enrollment in school	26	24.1%	17	65.4%
Money management	25	23.1%	16	64.0%
Other mental health services	24	22.2%	21	87.5%
Dental assistance	22	20.4%	9	40.9%
Anger management	21	19.4%	14	66.7%
Legal assistance	21	19.4%	13	61.9%
Cognitive-behavioral therapy	18	16.7%	17	94.4%
Other life skills	14	13.0%	14	100%
Domestic violence services	8	7.4%	6	75.0%
Regaining custody of children	7	6.5%	4	57.1%
Batterer intervention program	4	3.7%	3	75.0%
Obtaining child support payments	2	1.9%	0	0.0%
Modifying your child support debt	1	0.9%	1	100.0%

Clients were most commonly referred to Moral Reconciliation Therapy (MRT), substance abuse treatment, and anger management, and 82 percent reported following up on their referrals and accessed services. MRT is a cognitive-behavioral treatment program for offenders and research has shown that it reduces recidivism (Little, Robinson, Burnette, & Swan, 2010).

Drug testing

Most of the 97 percent of probationers who were required to submit to drug testing believed the tests were random (82 percent). Drug testing is most effective at changing substance use behaviors when analyses are conducted randomly, frequently, and when results and non-

compliance sanctions are immediate (Grommon, Cox, Davidson, & Bynum, 2013). Clients reported being drug tested an average of seven times per month (nine times per month for drug court clients, three times per month for ISP-S and HOPE clients). Sixty-nine percent of the 105 drug tested probationers believed the drug testing decreased their drug use.

Those tested reported an average of 2.8 positive drug tests, with a range of 0 to 30, while on ARI probation. A total of 29 drug court, 24 ISP-S, and 11 HOPE clients reported testing positive for drugs while in their programs. With 59 percent (n=64) clients struggling to abstain from use, drug testing procedures, including immediate results and appropriate responses, must be a focus of these programs.

Program compliance

Seventy-two of the respondents (67 percent) reported violating probation conditions of supervision and 25 clients (23 percent) indicated that they had been arrested while on ARI probation, either for technical violations or for a new crime. Violations included 57 failed drug/alcohol tests, 12 arrests for new crimes and 15 missed appointments with probation officers and treatment providers. Four clients (6 percent) reported having three or more violations, 18 had two violations (25 percent), with the majority, 49 clients (69 percent) breaking terms of their supervision only once. There was a total of 64 sanctions administered to those probationers who violated conditions of supervision. Probationers' most commonly reported a lack of transportation as a reason for missing probation appointments.

Of the 72 clients who admitted violating conditions of supervision, 11 (15 percent) reported receiving no sanctions. The most common administrative, or informal, sanctions were written assignments, community service, or phase demotion. The most common formal sanctions were jail time or increased probation officer contact, as well as referral to treatment or a specialized service in response to incidence of non-compliance.

Of the 60 probationers with at least one sanction, 48 probationers (75 percent) said the sanctions were *fair*, and 46 (72 percent) said they were *immediate*. Perceptions of swiftness and fairness of punishment are considered important to offender perceptions of justice, and therefore related to compliance (Paternoster, 1989; Taxman et al, 1999). Deterrence researchers initially thought severity was as important as swiftness and certainty of punishment, but studies have shown overly severe punishments damage the relationship authority figures have with their target audience, create barriers to rehabilitation, and are often more expensive to implement (Nichols & Ross, 1991). Only 16 clients, or 25 percent, thought their sanctions were *severe*.

Program incentives

Each county offered incentives to probation clients to encourage and reward them for success throughout program participation. Research on evidence-based behavior modification has consistently found negative punishment must be effectively balanced with positive reinforcement (National Institute of Corrections, 2004); therefore, probationers who received sanctions should also have received incentives as warranted.

Eighty-one interviewees (75 percent) said they received rewards. Rewards included longer periods of time between probation reporting and between court dates, gift cards, certificates, praise from staff and judges, candy, and snacks. Of those who received rewards, 71 clients, or 88 percent, found them to be good program motivators. Clients reported receiving an average of nine rewards over an average of 434 days in the program, or one every month and a half. Clients said they were rewarded for complying with the rules and completing program components. Of those who received rewards, 83 percent did not expect them and 96 percent were *somewhat to very pleased* with receiving rewards. *Table 9* displays data on incentives and sanctions by program model.

Table 9
Client feedback on sanctions and incentives (N=108)

Program model	Received incentives	Received sanctions	Received sanctions & incentives	Total clients
	n (%)	n (%)	n (%)	n (%)
ISP-S	24 (29.6)	16 (25.0)	10 (19.2)	40 (37.0)
Drug court	44 (54.3)	34 (53.1)	32 (61.5)	49 (45.4)
HOPE	13 (16.0)	14 (21.9)	10 (19.2)	19 (17.6)
TOTAL	81	64	52	108

Of the 108 clients interviewed, 80 clients (74 percent) reported knowledge of their program’s phases or described their current standing. Genuine understanding of the sometimes complex behavioral contracts implicit in community supervision is the first step toward compliance. Prison diversion programs have demonstrated significantly improved results when phase structure and the associated requirements are clear (National Association of Drug Court Professionals, 2013). While each county designed its own phase system, 81 clients (75 percent) indicated they had a clear understanding of the expectations. Of those, 71 clients (87.7 percent) reported that having a system of phases was useful or motivating.

Client feedback on probation

Overall, clients agreed with six positive statements about probation (*Table 10*). *Table B* in *Appendix B* offers responses by program model and county.

Table 10
Average client agreement about probation by program model (N=108)

Program model	Helped to appear in court	Helped to report to probation officer	Helped to attend treatment	Positively impacted future	Made better off than other court sanctions	Personally helped you
ISP-S	NA	4.53	4.68	4.49	4.56	4.60
Drug court	4.66	4.75	4.71	4.77	4.71	4.65
HOPE	4.61	4.56	4.33	4.59	4.22	4.22
Overall	4.64	4.63	4.63	4.63	4.57	4.56

Note: 1=strongly disagree, 5=strongly agree

Seventy-two percent of clients reported serving previous probation sentences (n=78). Of these, 96 percent thought their current probation was different than traditional probation. Interviewees said this probation was stricter and provided more support through incentives and group work.

Probationers were also asked about the probation programs' reputation and how it compared to a prison sentence. *Table 11* displays the percentage of clients who responded *yes* to these questions by program.

Table 11
Client feedback on probation program by program model (N=108)

Program model	Is a better alternative to prison n (%)	Offered a better lifestyle than prison n (%)	Has a good reputation n (%)	Is easier to complete than a prison sentence n (%)
ISP-S	38 (95.0)	39 (97.5)	31 (77.5)	35 (87.5)
Drug court	49 (100)	49 (100)	38 (77.6)	25 (51.0)
HOPE	18 (94.7)	17 (89.5)	14 (73.7)	9 (47.4)
TOTAL	105 (97.2)	105 (97.2)	83 (76.9)	69 (63.9)

Probation officers

Clients met with their probation officers an average of three times per month. These in-person contacts each lasted an average of 20 minutes, according to the participants. Clients reported waiting an average of nine minutes in the waiting room before their appointments with their probation officers. *Table 12* features feedback on probation contacts. (See *Table C* in *Appendix B* for detail on probation contacts by program model and county)

Table 12
Client report of probation appointment characteristics by program model (N=108)

Program model	Probation officer meetings per month	Length of face-to-face contacts (in minutes)	Waiting time before appointments (in minutes)
ISP-S	3.5	23.8	9.6
Drug court	3.7	20.3	5.6
HOPE	2.3	12.1	16.7
TOTAL	3.4	20.2	9.0

Overall, clients agreed with positive statements about their probation officers and disagreed that their officers expected too much of them (*Table 13*).

Drug court probation officers had mean ratings slightly higher in respectfulness, fairness, concern, helpfulness, and accessibility than ISP-S officers, but probationers in the drug court program also were more likely to agree that their officers expected too much of them. Drug court probation officers also were rated higher in respectfulness, fairness, and concern than treatment

staff or drug court judge. (See *Table D* in *Appendix B* for more feedback on probation officers by program model and county.)

Table 13
Average client agreement on probation officers by program model (N=108)

Program model	Treated you with respect	Was fair	Was concerned about you	Visits helped you be compliant with probation requirements	Expected too much of you	Was easy to reach
ISP-S	4.65	4.59	4.61	4.51	1.88	4.31
Drug court	4.81	4.75	4.89	4.71	2.04	4.46
HOPE	4.68	4.26	4.42	4.26	2.58	3.84
TOTAL	4.72	4.60	4.70	4.56	2.08	4.30

Note: 1=strongly disagree, 5=strongly agree

Client feedback on drug court

Drug court clients were asked supplementary questions about their experiences with treatment staff and the drug court judge. Overall, drug court clients agreed with positive statements provided about treatment staff. All 12 clients *agreed* or *strongly agreed* that treatment staff treated them with respect and fairness and helped them stay in compliance with probation conditions. Drug court clients rated treatment staff higher on *expected too much of you* than their probation officers or the drug court judge. (See *Tables E* and *F* in *Appendix B*.)

Implications for policy and practice

Further address client service needs

Probation officers should not only hold offenders accountable, they should encourage positive behavior change (Walters, Clark, Gingerich, & Meltzer, 2007). Evidence-based practices grounded in research supports “firm, fair, and consistent” approaches in which probation officers form a positive, collaborative relationship with offenders and assist in the provision of needed services while holding them accountable for their actions (Clark, 2006). Assessments and case plans can inform on service needs for rehabilitation (Walters et al., 2007). While probation officers must focus on balancing supervision with service provision, probation departments and their funding sources must commit to hiring more officers, providing more officer training, and removing barriers to services in order to address service provision problems for the long term.

The services that the largest percentage of probationer clients in the sample reported needing were transportation (53 percent), job referrals (41 percent), job training (33 percent), identification (32 percent), resume assistance (31 percent), public financial assistance (30 percent), housing (30 percent), and medical assistance (27 percent). Sixty-seven percent of client needs had been met at the time of the interview.

However, eight services were requested by more than a quarter of clients, and six of these had a fulfillment percentage under 75 percent. These included:

- Housing (63 percent did not receive).
- Identification (such as driver’s license or social security card; 50 percent did not receive).
- Medical assistance (45 percent did not receive).
- Public financial assistance (44 percent did not receive).
- Job referrals (34 percent did not receive).
- Job training (31 percent did not receive).

Housing

Sixty-three percent of interviewees found it difficult to secure housing. The most commonly reported obstacles to securing housing were client criminal histories and financial constraints. While information on criminal backgrounds is meant to enhance public safety, the collateral consequences of barring ex-offenders from employment includes increased risk for recidivism and reduced citizen engagement (Mock, in press). Probation officers should advocate for their clients with local agencies that help those in need of housing and learn the steps needed to obtain subsidized or low-income housing, and collaborate with the local Housing and Urban Development (HUD) office (Family Justice, 2009).

Identification

Half of the clients sampled requested assistance in obtaining a state ID or driver’s license, birth certificate, and social security card. Without official state ID, probationers with criminal records are unable to find employment, housing, or secure public benefits, including Medicaid (Legal

Action Center, n.d.). Illinois is one of few states requiring the agency in charge of drivers licensing to exchange prison identification for a state ID [730 *ILCS* 5/3-14-1]. Probation officers should be prepared to help guide clients through the process of obtaining IDs.

Healthcare

Thirty-eight percent of clients reported chronic medical conditions, such as diabetes, arthritis, asthma, cancer, and HIV/AIDS. However, 62 percent of all the clients interviewed did not have health insurance, further compromising their health status. Cook, Knox, McLean, and Winnebago counties experienced the highest rates of uninsured probationers (between 74 and 100 percent among respondents) compared to the other sites (between 33 and 57 percent uninsured). Research has found probationers are significantly more likely to have substance abuse issues, experience anxiety and depression, asthma, and sexually transmitted diseases (Vaughn, DeLisi, Beaver, Perron, & Abdon, 2012). Access to healthcare and preventive health services saves lives and a significant amount of money (Currie, 2010).

One goal of the Affordable Care Act (ACA) is to make preventive care accessible to more Americans at little or no cost (Currie, 2010; Shartzler, Long, & Anderson, 2015). Under the ACA, Illinois has opted to expand Medicaid to allow enrollment of non-elderly people whose income is less than 138 percent of the federal poverty level, including single or childless men. Probation officers can screen clients for Medicaid eligibility and then help them apply and enroll. It is estimated, that approximately one-third of the newly-insured Medicaid population — nearly six million people — will have been criminal justice involved (Farrell et al., 2016).

In order to further enroll clients, the Bureau of Justice Statistics recommends the development of a collaborative planning council with stakeholders, including public health and state Medicaid agencies, and criminal justice departments, including probation, to:

- Understand relevant ACA legislation, regulations, and policies.
- Ensure effective information sharing.
- Coordinate performance measures, evaluation, and financing mechanisms (Bainbridge, 2012).

In order to help these programs enroll their clients in affordable healthcare, in July 2015, ARI program administrators provided training on maximizing the Affordable Care Act.

Additional public assistance

Crime research has found that public assistance, such as Supplemental Nutrition Assistance Program (SNAP, formerly “food stamps”), Temporary Assistance to Needy Families (TANF), or general assistance, alleviates the financial stress that can motivate criminal behavior (Gartner, 1990; LaFree, 1999; Savage, Bennett, & Danner, 2008). This connection is especially potent for property crime, which 51 percent of interviewed clients reported was their most serious present charge. Restrictions on who is eligible for these public benefits often are based on criminal history, despite collateral consequences that further harm dependents and families. Ex-offender bans (such as those that disqualify drug offenders from receiving TANF, SNAP, or public

housing) have been lifted in states that recognize denying access to these vital resources is an ineffective sanction (McCarty, Falk, Aussenberg, & Carpenter, 2015). Increasingly complex public assistance regulations on recipients highlight the need for professional guidance by probation officers in obtaining this resource.

Employment

Forty-six percent of interviewees expressed difficulty in finding employment. Without a permanent address and phone number, opportunities for gainful employment are further diminished. In addition, owning one's dwelling, rather than renting, is a major part of asset accumulation that has been measured to have a relationship with income, consumer behavior, self-sufficiency, social well-being, civic engagement, child well-being, and physical and mental health (Lerman & McKernan, 2008). Without references, paystubs, or valid identification, there is a smaller chance of obtaining housing or productive employment (Martin, 2011).

Economic stability provided by probationer employment can reduce motivations for criminal activity. Lower rates of recidivism are associated with job attainment, which provides not only basic financial means, but self-esteem and societal attachments (Sampson & Laub, 1997; Uggen & Staff, 2001). Despite this strong evidence, people with criminal records are barred from working in many of the fastest growing employment arenas (including health care and transportation) because of licensure statutes (Mock, in press). Probation officers can refer clients to employment specialists and ex-offender job programs to assist clients in sustaining a crime-free lifestyle.

Increase client accountability

Of 72 probationers who had violated probation supervision conditions, 60 (83 percent) received subsequent sanctions, with a total of 64 sanctions administered. While sanctions and surveillance alone may be ineffective at reducing recidivism (Taxman, 2002), their presence encourages offender accountability (National Institute of Corrections, 2004). Prison diversion programs need to focus on swift, certain, and fair responses to harmful actions in order to successfully modify target behavior (U.S. Department of Justice, 2015). Of 60 probationers who received a sanction for noncompliance, 89 percent (n=51) said it was very likely that they would be caught if they violated probation conditions, 75 percent (n=48) said the sanctions were fair, and 72 percent (n=46) said they were immediate. Sanctions and incentives that are swift, certain, and fair are crucial to all three models of supervision.

Develop clear case plans

Clients who recalled developing a case plan with clear goals were significantly more likely to claim understanding of their program's phase system/levels of supervision, receive incentives, find the probation conditions clear, and rate their probation officer higher in respectfulness and fairness. A case plan is a behavioral contract developed with the probation officer and client that is a "roadmap" outlining the steps probationers will take to attain their goals (Carey, 2010). Case planning is one of the key elements of evidence-based practice and has been shown to have the potential to reduce recidivism rates (Carey, 2010).

Meaningfully comprehending probation conditions leads to both greater opportunities for incentives and increased perceptions of probation officer legitimacy, which are the basis for the positive reinforcement and responsivity recommendations from evidence-based practice literature (Crime and Justice Institute at Community Resources for Justice, 2009).

Clients with case plans were statistically significantly more likely to agree with statements that compared probation favorably to a prison term and questions about whether their program personally helped them. Thorough understanding of program expectations is reasonably linked to lower rates of revocation, perceptions of which create a feedback loop that determines the legitimacy of the program to clients (Wodahl, Ogle, & Heck, 2011).

Six of the eight ISP-S clients who did not have case plans were in St. Clair County. A prior study found that St. Clair staff lacked appropriate probation officer case management training (Reichert, DeLong, Sacomani, & Gonzales, 2015). All probation programs, regardless of model, are advised to equip staff to develop comprehensive individualized case plans for probationers in order to appropriately assess risk level and apply treatment principles consistently (National Institute of Corrections, 2004).

Conclusion

Authority researchers interviewed 108 Adult Redeploy Illinois clients enrolled in 10 pilot prison diversion programs utilizing three program models—drug court, intensive supervision probation with services, and the HOPE Program (Hawaii Opportunity Probation with Enforcement).

Overall, clients rated all aspects of their probation favorably. They found relationships with program staff beneficial; incentives to be motivating; sanctions to be swift, certain, and fair; and the majority of necessary services supplied. The 10 counties complied with the majority of the recommendations for evidence-based practices in community supervision and drug court.

Programs provided services clients needed in a majority of cases, but many important areas of need remained unfulfilled. Clients reported significant unmet needs for housing, identification, healthcare, public assistance, and employment, resources needed to maintain a crime-free lifestyle. To more effectively address clients' needs, some of which have been found to be criminogenic, probation officers require organizational support in the form of training, reduced caseloads, and policies that remove barriers to their clients' restoration of productive citizenship.

Clients sentenced to prison diversion programs like ARI are at high risk for recidivism. To be successful, they need well-trained probation teams empowered to reduce recidivism through service referral and provision. This can be accomplished by comprehensive case management, clearly defined behavioral contracts, and balanced incentive and sanction techniques informed by evidence-based cognitive behavioral practices. Further research on diversion should focus on dosages required for long-term behavior change in those at high risk for recidivism, such as ideal numbers of drug tests and probation officer visits per month, and conditions required for probation officers to meaningfully engage their clients, such as manageable caseloads and specialized training.

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Appendix A: Interview questions

Before we start, to clarify, you were on Adult Redeploy Illinois Probation or “ARI” probation. ARI probation is a specialized probation program for persons who would have otherwise been sent to prison. Different county sites operate one of three program models—drug court, intensive probation supervision, and H.O.P.E. (Hawaii’s Opportunity Probation with Enforcement, in Cook County). I will refer to your probation as “*ARI probation*” throughout the interview.

1. What was your ARI probation site location: _____
2. Program type:
 - Drug court
 - Intensive Probation Supervision
 - HOPE (modified in Cook County)
 - unknown
3. Date you started ARI probation: ____/____/____ (or approximate date if unknown)
(Show calendar if helpful)
4. Currently in ARI probation (not traditional probation)
 - Yes ⇒ Go to Q.7
 - No
5. Completed ARI probation
 - Yes
 - No
6. Program end date (if applicable): ____/____/____ (or approximate date if unknown)

SECTION 1: DEMOGRAPHICS

7. What is your date of birth? ____/____/____
8. Current age? _____
9. Gender:
 - Male
 - Female
 - Other
10. Where were you born?
 - 10a. Country: _____
 - 10b. State: _____
 - 10c. City: _____

11. Please use ANSWER CARD. Are you Spanish/Hispanic/Latino?

- No
- Yes

12. What is your race? (Use ANSWER CARD. Read from the list. Check all that apply- with whatever race the respondent identifies.)

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Some other race, Provide name of your race: _____
- Declined to answer

13. What is the highest level of education you have attained?

- No schooling completed
- Completed elementary school (Grades K through 8)
- Completed some high school, but did not obtain GED
- Completed some high school and obtained my GED
- High school graduate
- Correspondence high school degree
- Completed some college/vocational schooling, but did not receive a diploma or certificate
- Diploma or certificate from a junior college/community college/trade school/vocational school
- Correspondence bachelor's degree
- Bachelor's degree from a four-year college (e.g., B.A./B.S./LL.B)
- Completed some graduate or professional schooling
- Graduate or professional degree (e.g., M.A./M.S./M.ED/PhD)

14. Have you ever served in the U.S. military? Include the Armed Forces active-duty, the military Reserves, or the National Guard.

- No
- Yes

15. What is your current marital status?

- Never married
- Married
- Separated
- Divorced
- Widowed
- Other _____

16. Do you have an intimate partner/ significant other/ boyfriend or girlfriend/ spouse?

- Yes
- No

17. Do you have any children?

- Yes
- No ⇒ GO to Q.23

18. Please tell me about your children...

First name or initials of child	What is current age of child?	Does child live with you?

19. Are you the primary person responsible for the care of your child/children?

- Yes (Specify # of children:____)
- No
- N/A

20. Have you ever lost custody of your child/children?

- Yes (Specify # of children:____)
- No
- N/A

21. Do you currently have any children who are wards of the state/in foster care?

- Yes (Specify # of children ____)
- No
- N/A

22. Do you financially support your child/children?

- Yes (Specify # of children:____)
- No
- N/A

Employment

23. Do you have a profession, trade, or skill?

- Yes
- No ⇒ Go to Q.25

24. What is your profession, trade, or skill?

25. Were you employed at any point during your ARI probation?

- Yes
- No.

26. How easy or hard is it to find a job?

- Very Easy
- Somewhat Easy
- Somewhat Hard
- Very Hard

27. How easy or hard is it to keep a job?

- Very Easy
- Somewhat Easy
- Somewhat Hard
- Very Hard

28. Are you currently employed?

- Yes
- No

27a. If yes, please tell me about your current job.

Name of employer	Occupation	How long have you worked there (months and years)?	Full-time or part-time?

29. What is your best estimate of your total personal income for the year (before taxes) from ALL sources (including illegal income)?

- Less than \$5,000
- \$5,000 - \$10,000
- \$10,000 - \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 - \$80,000
- \$80,000 - \$100,000
- More than \$100,000
- Don't Know

30. How many people depend on you for the majority of their food, shelter, etc? _____

Housing

31. In what type of dwelling do you live? Check more than one box if applicable.

- Homeless
- Your own house or apartment
- Family member's house or apartment
- Friend's house or apartment
- Residential treatment facility (halfway house, transitional home, recovery home)
- Shelter
- Rooming house
- Hotel/motel
- No set place
- Other _____

32. With whom do you live?

- Alone
- With friends
- With family
- Roommates
- Other
(Specify): _____

33. Was it difficult for you to find housing?

- Yes
- No ⇒ Go to Q.35.

34. What were the biggest barriers to finding housing? Check all that apply.

- Criminal background, background checks
- Lack of identification
- Lack of employment
- Not enough money to cover down payment, rent
- Lack of or poor prior tenancy records
- Lack of personal references
- Landlords' biases
- No affordable housing could be found
- Public housing restrictions
- Substance abuse or mental health problems
- Poor physical health
- Other private housing restrictions
- Other barriers (Specify): _____

Physical and mental health

35. In general, would you say your physical health is ...?

- Excellent
- Good
- Average
- Below average
- Very poor

36. Do you have any chronic (persistent, long lasting) medical problems (diabetes, arthritis, asthma, cancer, HIV/AIDS?)
- Yes
 - No
 - Unsure
37. Do you have health insurance/coverage?
- Yes
 - No
 - Unsure
38. Have you been treated for a mental health issue, illness, or disorder?
- Yes
 - No ⇒ Go to Q.42
 - Unsure
39. If yes, what mental health issue, illness, or disorder? Check all that apply.
- Anxiety disorder (such as acute stress, panic, agoraphobia, obsessive-compulsive, PTSD, generalized anxiety)
 - Eating disorder (such as anorexia, bulimia)
 - Mood disorder (such as depression, bipolar)
 - Personality disorder (such as paranoid, schizoid, antisocial, borderline personality)
 - Schizophrenia or another psychotic disorder (such as delusional disorder, schizoaffective disorder)
 - Other: _____
40. Have you ever been prescribed medications for a mental health issue, illness, or disorder?
- Yes
 - No
 - Unsure
41. Are you currently taking medication for a mental health issue, illness, or disorder?
- Yes
 - No

Substance use

42. Of the following, which one do you have the most serious problem with if any? [CHOOSE ONE]
- Alcohol
 - Marijuana/Hashish/Synthetic Marijuana
 - Hallucinogens/LSD/PCP/Psychedelics/Mushrooms
 - Inhalants
 - Crack/Freebase
 - Heroin and Cocaine (mixed together as Speedball)
 - Cocaine (by itself)

- Heroin (by itself)
- Street Methadone (non-prescription)
- Other Opiates/Opium/Morphine/Demerol
- Methamphetamines
- Amphetamines (other uppers)
- Tranquilizers/Barbiturates/Sedatives (downers)
- None

43. Right now, how serious do you think your drug/alcohol problems are?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

44. How often did you use alcohol or the following drugs during the last 12 months?

	Never	Only a few times	1-3 times per month	1-5 times per week	About every day
a. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Marijuana/Hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hallucinogens/LSD/PCP/ Psychedelics/Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crack/Freebase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heroin and Cocaine (mixed together as Speedball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cocaine (by itself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Heroin (by itself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Street Methadone (non-prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other Opiates/Opium/Morphine/Demerol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Amphetamines (other uppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Tranquilizers/Barbiturates/Sedatives (downers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (<i>Specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. How many times before now have you ever been in a substance abuse treatment program?

[Do not include AA/NA/CA meetings]

- Never
- 1 time
- 2 times
- 3 times
- 4 or more times

46. How important is it for you to get substance abuse treatment (not recovery support groups) now?
- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely

Peers

47. With whom do you spend your free time? [check all that apply]

- Intimate partner/ significant other/ spouse
- Friends
- Family
- Alone
- Co-workers
- Other: _____

48. Do *any* of these people with whom you spent free time...

- a. drink alcohol regularly (several times a week to daily use)?

- Yes
- No
- Unknown

- b. use drugs regularly (several times a week to daily use)?

- Yes
- No
- Unknown

- c. have involvement with a gang?

- Yes
- No
- Unknown

- d. have ever served time in jail or prison?

- Yes
- No
- Unknown

- e. are unemployed?

- Yes
- No
- Unknown

49. How many of your friends could you hang out with and know that you would not get into trouble? _____

50. Have you ever been an active member in a gang?

- Yes
- No ⇒ Go to Q.56

51. What gang?

52. At what age did you join this gang? _____

53. Are you currently affiliated with this gang?

Yes ⇒Go to Q.56

No

54. At what age did you stop being in this gang? _____

55. For how long were you in this gang?

_____ months _____ years

Criminal history, activity

56. At what age were you first arrested? _____

57. How many times have you been arrested as both a juvenile and adult? _____

58. How many times have you been...

a. Sentenced to juvenile detention? _____

b. Sentenced to juvenile probation? _____

c. Sentenced to adult probation? _____

d. Served time in jail? _____

e. Served time in prison? _____

59. For what crime were you arrested and sentenced to ARI probation? (If a technical violation, what was the original crime?)

60. Were you ever arrested while on ARI probation?

Yes

No

Unsure

SECTION 2: PROGRAM OPERATIONS

Referral, Intake and assessment

61. Why do you think you were referred to or selected for ARI probation?

62. Why did you agree/volunteer to be on ARI probation?

63. Were your needs identified when you started ARI probation? (such as mental health, substance abuse needs)
- Yes
 - No
 - Unsure
64. Were you asked about your personal strengths or assets (such as being in school, being employed, having supportive friends or family, or your religion/spirituality) when you started ARI probation?
- Yes
 - No
 - Unsure
65. Were you asked about your drug history when you started ARI probation?
- Yes
 - No
 - Unsure

Probation conditions

66. Did you have any of the following as a part of your ARI probation?
- Court costs and fines
 - Fees
 - Restitution
 - License suspension
 - Drug testing
 - Community service
 - Drug treatment
 - Mental health treatment
 - Access to recovery support groups (AA, NA)
 - Access to any other community organizations/supports
67. How clear were the conditions of ARI probation made to you?
- Very clear
 - Somewhat clear
 - Somewhat unclear
 - Very unclear
68. How well did you understand the conditions of your probation?
- Understood completely
 - Understood somewhat
 - Did not understand somewhat
 - Did not understand at all

69. How clear were the consequences of not abiding by rules made to you?

- Very clear
- Somewhat clear
- Somewhat unclear
- Very unclear

70. How likely did you think you were to get caught if you violated a condition of probation?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

Did ARI probation...	Yes	No	Unsure
use mandatory drug testing to monitor drug use?			
maintain continuous supervision?			
immediately respond to program noncompliance?			
offer incentives to encourage compliance?			

Drug testing

71. Were you drug tested as a condition of your probation?

- Yes
- No ⇒ Go to Q.76

72. Do you think the drug tests were random?

- Yes
- No
- N/A
- Unsure

73. How many drug tests did you receive, on average?

_____ per week OR _____ per month

74. Did you reduce your drug use due to drug testing?

- Yes
- No
- N/A

75. How many *positive* drug tests did you have during your ARI probation? _____

Probation violations

76. Have you/did you violate any supervision conditions of your ARI probation?

- Yes
- No ⇒ Go to Q. 78

77. What was the violation? (If multiple violations, what was the most recent?)

- Felony arrest
- Misdemeanor arrest
- Travel w/o permission
- No employment verification
- No residency verification
- No treatment verification
- No assessment or evaluation
- Missed treatment/groups
- Missed probation appointment
- Fail/refuse/miss alcohol test
- Fail/refuse/miss drug test
- Self-report drug use
- Masking drug use
- Did not make court-ordered payments
- Other

78. Did you receive any sanctions while on ARI probation?

- Yes
- No ⇒ Go to Q. 79

a. Administrative sanctions

- No administrative sanctions
- Written reprimand
- Curfew
- Community service/Sheriff's Work Alternative Program (SWAP)
- Self-help meetings (AA/NA)
- Court admonishment
- Phase demotion/more time in current phase
- Electronic monitoring
- Written assignment/homework
- Other (Specify): _____

b. Formal sanctions

- No formal sanctions
- Bench warrant
- Jail
- Fines
- Increased probation officer contact/Intensive Probation Supervision (IPS)
- Increased court contacts
- Increased drug testing
- Change in treatment intensity
- New service referral
- Other (Specify): _____

c. Do you think the sanctions were:

- Fair?
- Severe?
- Immediate?

79. Did ARI probation have different phases or levels of supervision that you move through?

- Yes
- No⇒GO to Q.83
- Unsure

80. If yes, please describe your current phase of supervision (or last phase of supervision for those who have completed ARI probation).

81. What happens when you complete a phase? PROBE: Were you notified, given a certificate, etc.

82. What do you think of the system of phases? PROBE: Motivating, too demanding, etc?

83. As a part of ARI probation, did you attend drug substance abuse treatment?

- Yes
- No

84. Now I am going to read a list of services and please tell me if you *needed* those services during your ARI probation and then if you *received* those services during your ARI probation.

	What services did you <i>need</i> during ARI probation? Check if yes.	Did probation help you <i>get</i> those services? Check if yes.	N/A
GED, Enrollment in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with resume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification (drivers license, social security card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public financial assistance (such as food stamps, temporary assistance to needy families (TANF) or general assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modifying your child support debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining child support payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regaining custody of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance securing housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batterer intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive behavioral therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other life skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other services (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rewards

85. Did you receive any rewards/incentives while on ARI probation? Like reduced probation reporting or gift cards)

- Yes
- No⇒Go to Q.93
- Unsure

86. Which of the following rewards or incentives did you receive?

- Early termination from ARI probation
- No longer call hotline
- Longer time between court dates
- Longer time between probation reporting
- Gift cards
- Reduced fines
- Certificates
- Judge praise in court
- Praise by ARI staff
- Treats such as candy
- Other (Specify):_____

87. Approximately how many rewards did you receive during your ARI probation? _____

88. What behaviors resulted in rewards?

89. Were the rewards helpful?

- Yes
- No

89a. If yes, how?

90. Did you expect rewards?

- Yes
- No
- Don't remember

91. How pleased were you with rewards?

- Very pleased
- Somewhat pleased
- Somewhat displeased
- Very displeased

92. What other kinds of rewards would have been helpful?

SECTION 3: SATISFACTION WITH PROGRAM

Court hearings

93. Have you ever been on probation before?

- Yes
- No⇒Go to Q.95
- Unsure

94. Did you find ARI probation to be different than traditional probation?

- Yes
- No⇒Go to Q.95
- Unsure

94a. If yes, how was it different?

95. Were you given an orientation to ARI probation by the judge in court?

- Yes
- No
- Unsure
- N/A

96. How frequent were your court appearances during ARI probation?

- _____ per week OR _____per month _____NA

97. Were the following in attendance during your court appearances?

- Judge
- Prosecutor
- Defense attorney
- Probation officer
- Treatment provider(s)
- Representative of community/service agencies
- TASC case manager
- N/A

98. Do you think all of those individuals were working together in your best interest?
- Yes
 - No
 - Some of them
 - Unsure
 - N/A
99. Were you directly involved during court proceedings (e.g., talk directly to the judge)?
- Yes
 - No
 - Unsure
 - N/A
100. On average, after arriving on time for your court appearance, how long did you wait for your case to be called?
- _____ minutes
- N/A
101. Was it difficult for you to make it to all of your court appearances?
- Yes
 - No
 - Unsure
 - N/A
102. If yes, why?
- Work obligations
 - School obligations
 - Child care issues
 - Transportation problems
 - Lack of communication with probation/court
 - Other (Specify): _____
 - N/A
103. Did you interact with other ARI probationers?
- Yes
 - No ⇒ Go to Q. 105
 - Unsure
104. Did you feel supported by other ARI probationers?
- Yes
 - No
 - Unsure

Probation

105. Were you given an orientation to ARI probation by your probation officer?

- Yes
- No
- Unsure

106. Please use ANSWER CARD. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about your ARI probation officer.

Your ARI probation officer...

	strongly agree	agree	neither agree or disagree	disagree	strongly disagree
Treated you with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was concerned about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visits helped you be compliant with probation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
expected too much of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was easy to reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your relationship with your probation officer.

107. Approximately how many contacts did you have with your probation officer per week:

By phone:

_____ per week

_____ per month

Face-to-face:

_____ per week

_____ per month

108. How long were your telephone meetings in minutes? _____

109. How long were your face-to-face meetings in minutes? _____

110. On average, how long would you wait in the waiting room for your probation officer after your scheduled appointment time?

_____ minutes

111. Was it difficult for you to make it to all of your probation appointments?

- Yes
- No ⇒ Go to Q.113
- Unsure

111a. If yes why?

- Work obligations
- School obligations
- Child care issues
- Transportation problems
- Lack of communication with probation/court
- Other (Specify):_____

112. Did you develop a case plan with clear goals with your probation officer?

- Yes
- No
- Unsure

113. What services did your probation officer refer you to? PROBE: substance abuse treatment, anger management, parenting classes, job readiness, etc.

114. Did you follow up with or access those services?

- Yes⇒Go to Q.116
- Some⇒Go to Q.116
- No

115a. If no, why did you not follow up with services?

115. What did your probation officer do that was helpful?

116. What didn't your probation officer provide to you that you would have found helpful?

Judge

117. Please use ANSWER CARD. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about your ARI probation judge.

Your ARI probation judge...

	strongly agree	agree	neither agree or disagree	disagree	strongly disagree	N/A
treated you with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was concerned about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visits helped you stay in compliance with probation conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
expected too much of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

118. Did the judge work directly with you to address problems and change behaviors?

- Yes
- No
- Unsure

119. Do you think the judge was aware of your compliance or non-compliance with ARI probation?

- Yes
- No
- Unsure

ASK THE FOLLOWING FOR DRUG COURT CLIENTS OR THOSE REFERRED TO SUBSTANCE ABUSE TREATMENT ONLY

Treatment staff

120. Please use ANSWER CARD. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about treatment staff at the substance abuse treatment agency for your ARI probation.

The treatment staff...

	strongly agree	agree	neither agree or disagree	disagree	strongly disagree	N/A
Treated you with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was concerned about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visits helped you stay on track with drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
expected too much of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARI probation general

121. Do you think that ARI probation..

	Yes	No	Unsure
is a better alternative to prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
offered a better lifestyle than prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has a good reputation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is easier to complete than a prison term?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

122. How would you rate your engagement/participation in ARI probation?

- Very engaged
- Somewhat engaged
- Somewhat unengaged
- Very unengaged

123. Please use ANSWER CARD. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about ARI probation.

ARI probation...

	strongly agree	agree	neither agree or disagree	disagree	strongly disagree	N/A
helped you to appear in court on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helped you to report regularly to my probation officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helped you attend treatment on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
help to positively impact your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made you better off as opposed to other court sanctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
personally helped you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

124. Completing/participating in ARI probation was...

- Very hard
- Somewhat hard
- Somewhat easy
- Very easy

125. Following ARI probation rules was...

- Very hard
- Somewhat hard
- Somewhat easy
- Very easy

126. What was not offered in ARI probation that would have been helpful for you?

127. Was there anything ARI probation could have done to make your experience more successful?

- Yes
- No ⇒ End Interview
- Unsure

128a. If yes, what?

Appendix B: Data tables

Table A
Relationship between case plans and probation experience

Experience	Case plan (n=84)	No case plan (n=19)	Total (n=103)^a
Phase knowledgeable	$\chi^2 = 11.312$; df = 2; $p = .003^*$; Phi = .324		
Yes	67	8	75
No/Unsure	17	11	28
Received incentives	$\chi^2 = 7.316$; df = 2; $p = .026^*$; Phi = .260		
Yes	66	9	75
No	18	10	28
ARI conditions	$\chi^2 = 15.179$; df = 4; $p = .019^*$; Phi = .375		
Very clear	72	10	82
Somewhat clear	7	7	14
Somewhat unclear	3	2	5
Very unclear	2	0	2
ARI better than prison	$\chi^2 = 12.115$; df = 2; $p = .002^*$; Phi = .335		
Yes	84	17	101
No	0	2	2
ARI better lifestyle than prison	$\chi^2 = 16.663$; df = 2; $p = .002^*$; Phi = .393		
Yes	84	17	101
No	0	2	2
ARI good reputation	$\chi^2 = 19.207$; df = 3; $p = .004^*$; Phi = .422		
Yes	68	13	81
Unsure	10	2	12
No	6	3	9
ARI easier than prison	$\chi^2 = 27.601$; df = 3; $p = .000^{**}$; Phi = .506		
Yes	57	10	67
Unsure	7	2	9
No	18	5	23
Probation officer was respectful	$\chi^2 = 14.169$; df = 4; $p = .007^*$; Phi = .362		
Neutral	1	0	1
Agree	16	8	24
Strongly agree	67	11	78
Probation officer was fair	$\chi^2 = 16.798$; df = 6; $p = .010^*$; Phi = .394		
Strongly disagree	0	1	1
Neutral	1	2	3
Agree	21	8	29
Strongly agree	62	8	70
Probation visits helped compliance	$\chi^2 = 27.888$; df = 8; $p = .000^{**}$; Phi = .508		
Strongly disagree	0	2	2
Disagree	0	2	2
Neutral	1	2	3
Agree	20	6	26
Strongly agree	63	7	70

Table A continued

Experience	Case plan (n=84)	No case plan (n=19)	Total (n=103)^a
ARI positively impacted future	$\chi^2 = 13.550$; $df = 6$; $p = .035^*$; $\Phi = .361$		
Strongly disagree	0	2	2
Neutral	4	0	4
Agree	16	4	20
Strongly agree	63	11	74
ARI better than other sanctions	$\chi^2 = 25.567$; $df = 8$; $p = .001^{**}$; $\Phi = .493$		
Strongly disagree	0	2	2
Disagree	0	1	1
Neutral	3	0	3
Agree	19	5	24
Strongly agree	61	10	71
ARI personally helped client	$\chi^2 = 18.001$; $df = 8$; $p = .021^*$; $\Phi = .414$		
Strongly disagree	0	2	2
Disagree	2	1	3
Neutral	1	2	3
Agree	19	3	22
Strongly agree	61	10	71

^a Five unknown who did not answer the question on case plan.

Table B
Average client agreement with positive statements on probation by program model and county (N=108)

Program model	County	Helped to appear in court	Helped to report probation officer	Helped to attend treatment	Positively impacted future	Made better off than other court sanctions	Personally helped you
ISP-S	DuPage		4.50	4.56	4.56	4.44	4.33
	St. Clair		4.21	4.75	4.58	4.83	4.58
	Macon	N/A	4.83	4.67	4.67	4.67	4.67
	McLean		4.67	4.67	4.29	4.36	4.71
	<i>ISP-S overall</i>		<i>4.53</i>	<i>4.68</i>	<i>4.49</i>	<i>4.56</i>	<i>4.60</i>
Drug court	Fulton	4.86	5.00	5.00	5.00	5.00	4.86
	Jersey	4.33	4.33	4.33	4.67	4.33	4.67
	Knox	4.50	4.75	4.75	5.00	4.75	5.00
	Madison	4.67	4.69	4.69	4.69	4.69	4.38
	Winnebago	4.73	4.84	4.73	4.73	4.73	4.68
	<i>Drug court overall</i>	<i>4.66</i>	<i>4.75</i>	<i>4.71</i>	<i>4.77</i>	<i>4.71</i>	<i>4.65</i>
HOPE	<i>Cook overall</i>	<i>4.61</i>	<i>4.56</i>	<i>4.33</i>	<i>4.59</i>	<i>4.22</i>	<i>4.22</i>
Overall		4.64	4.63	4.63	4.63	4.57	4.56

Note: 1=strongly disagree, 5=strongly agree

Table C
Client reports of probation contacts by program model and county (N=108)

Program model	County	Average probation officer meetings per month	Average length of face to face contacts (minutes)	Average waiting time before appointment (minutes)
ISP-S	DuPage	2.9	37.8	8.8
	Macon	3.1	20.2	7.4
	McLean	5.0	22.5	11.7
	St. Clair	3.8	18.7	11.4
	<i>ISP-S overall</i>	3.5	23.8	9.6
Drug court	Fulton	7.8	31.4	5.4
	Jersey	9.0	15.8	3.3
	Knox	3.8	20.0	7.5
	Madison	1.7	10.5	6.2
	Winnebago	2.0	24.3	5.5
	<i>Drug court overall</i>	3.7	20.3	5.6
HOPE	<i>Cook overall</i>	2.3	12.1	16.7
Overall		3.4	20.2	9.0

Table D
Average client agreement on probation officers by program model and county
(N=108)

Program model	County	Your probation officer...					
		Treated you with respect.	Was fair.	Was concerned about you.	Visits helped you be compliant with probation requirements.	Expected too much of you.	Was easy to reach.
ISP-S	DuPage	4.67	4.67	4.67	4.67	2.00	4.33
	St. Clair	4.75	4.75	4.58	4.67	1.58	4.33
	Macon	4.75	4.75	5.00	5.00	1.00	4.50
	McLean	4.53	4.22	4.47	4.13	2.20	4.27
	<i>ISP-S overall</i>	<i>4.65</i>	<i>4.59</i>	<i>4.61</i>	<i>4.51</i>	<i>1.88</i>	<i>4.31</i>
Drug court	Fulton	4.71	4.57	5.00	5.00	2.86	4.43
	Jersey	4.67	4.33	5.00	5.00	1.67	4.33
	Knox	4.75	4.75	4.75	4.50	2.25	4.25
	Madison	4.77	4.77	4.84	4.38	1.69	4.38
	Winnebago	4.95	4.95	4.89	4.79	1.79	4.74
	<i>Drug court overall</i>	<i>4.81</i>	<i>4.75</i>	<i>4.89</i>	<i>4.71</i>	<i>2.04</i>	<i>4.46</i>
HOPE	Cook overall	4.68	4.26	4.42	4.26	2.58	3.84
Overall		4.72	4.60	4.70	4.56	2.08	4.30

Note: 1=strongly disagree, 5=strongly agree

Table E
Average drug court client agreement on treatment staff by county (n=49)

County	n	The treatment staff ...				
		Treated you with respect.	Was fair.	Was concerned about you.	Visits helped you stay on track with drug treatment.	Expected too much of you.
Fulton	7	4.00	3.83	3.67	4.00	3.20
Jersey	6	4.50	3.67	4.67	4.67	2.17
Knox	4	4.00	4.00	4.25	4.50	2.25
Madison	13	4.50	4.17	4.50	4.50	1.92
Winnebago	19	4.84	4.46	4.69	4.77	2.00
	<i>Drug court overall</i>	<i>4.53</i>	<i>4.21</i>	<i>4.47</i>	<i>4.51</i>	<i>2.17</i>

Note: 1=strongly disagree, 5=strongly agree

Table F
Average drug court client agreement on judge by county (n=49)

County	n	The treatment staff ...				
		Treated you with respect.	Was fair.	Was concerned about you.	Visits helped you stay on track with drug treatment.	Expected too much of you.
Fulton	7	4.86	4.43	4.43	4.43	3.14
Jersey	6	4.67	4.33	3.83	4.50	2.00
Knox	4	5.00	4.75	4.75	4.75	1.50
Madison	13	4.83	4.75	4.92	4.67	1.50
Winnebago	19	4.58	4.79	4.79	4.63	2.16
<i>Drug court overall</i>	<i>49</i>	<i>4.73</i>	<i>4.67</i>	<i>4.65</i>	<i>4.60</i>	<i>2.06</i>

Note: 1=strongly disagree, 5=strongly agree



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