



ADULT REDEPLOY ILLINOIS

**State Fiscal Year 2022
Annual Report to the Governor and General Assembly
on the Implementation and Projected Impact of**

Adult Redeploy Illinois

November 2025



Illinois Criminal Justice Information Authority

ADULT REDEPLOY ILLINOIS
Annual Report on Implementation and Projected Impact

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EXECUTIVE SUMMARY

Adult Redeploy Illinois (ARI), established by the Illinois Crime Reduction Act of 2009, expands cost-effective, community-based alternatives to incarceration across the state. By providing performance-based grants to local jurisdictions, ARI supports evidence-informed supervision and treatment programs that address participants' risks and needs while reducing commitments to the Illinois Department of Corrections (IDOC).

In **State Fiscal Year 2022 (SFY22)**, the Illinois Criminal Justice Information Authority (ICJIA) received a **\$9.6 million state appropriation** to administer ARI. The ARI Oversight Board allocated funding to **27 local sites** (including two new programs) covering **45 counties**. These sites collectively **served 2,197 justice-involved individuals** who would otherwise have faced incarceration, diverting them from prison toward local treatment and services and strengthening community reintegration efforts. Two additional planning grants were awarded to Cook and Montgomery counties.

Key outcomes and impacts include:

- **Cost savings:** The average ARI intervention costs an estimated **\$4,200 per person**, compared to a **\$45,800 per capita cost for IDOC incarceration**, yielding an estimated **\$52 million in avoided prison costs** in SFY22.
- **Recidivism reduction:** Since ARI's inception, more than **8,000 individuals** have been diverted from prison, with **63% of program exits** remaining in the community without recidivating.
- **Community reintegration:** Client impact stories showed ARI-funded programs help participants rebuild family ties, gain employment, pursue education, and sustain recovery.
- **Program resilience:** Despite ongoing COVID-19 disruptions, sites continued operations, expanded remote supervision options, and restored service levels to pre-pandemic norms.

ARI focused efforts on **expansion, sustainability, and innovation** by integrating two new sites, funding two planning grants, and supporting targeted enhancements to behavioral health and housing assistance in SFY22.

ARI strengthened its commitment to **equitable program access**, formally adopting a racial equity purpose-to-practice framework to guide funding and oversight decisions. The program's Vital Voices initiative amplified participant perspectives, and ongoing "cross-pollination" calls fostered peer learning across sites.

Research and evaluation by ICJIA's Research & Analysis Unit advanced understanding of demographic trends, program practices, and outcomes.

Through sustained investment in local justice innovation, ARI continues to demonstrate that **community-based supervision and treatment reduce recidivism, save taxpayer dollars, and build safer, stronger communities**.

Visit ARI at icjia.illinois.gov/adultredeploy.

INTRODUCTION

Adult Redeploy Illinois (ARI) is a state grant program designed to build and support more effective and less expensive community-based alternatives to incarceration. ARI was established by the [Illinois Crime Reduction Act of 2009 \[730 ILCS 190 et seq.\]](#) which details the purpose and structure of the grant program and its guiding body, the ARI Oversight Board. The Crime Reduction Act originally limited funds to serving people charged with non-violent offenses; however, an amendment to the legislation expanded ARI eligibility to those with any probation-eligible offense, subject to local risk assessment and decision-making practices, effective January 1, 2019. The ARI grant program is administered by the Illinois Criminal Justice Information Authority (ICJIA), the state agency dedicated to improving the administration of justice.

Local jurisdictions (counties, groups of counties, judicial circuits) use ARI funding to create and expand problem-solving courts, enhanced probation supervision with services, and other evidence-based interventions responsive to the needs of their communities. As an accountability mechanism, ARI sites agree to reduce by 25% the number of people they send to IDOC from a locally defined target population.

Mission and Vision

The mission of ARI is to safely reduce prison use by building local systems that divert individuals from a prison sentence into more cost-effective programs that promote their reintegration into the community.

ARI provides funding and technical assistance to Illinois communities to establish a continuum of sanctions and treatment alternatives that effectively address social determinants of crime and incarceration, and that promote equity within the justice system.

ARI's vision is for an equitable justice system that protects public safety and increases access to interventions, allowing people to avoid prison and lead productive lives in their community.

Values and Goals

ARI's work is informed by the following values:

- Equity
- Inclusion
- Access
- Involvement
- Effectiveness
- Innovation

ARI strategic goals for strengthening communities and supporting individuals are to:



Invest in results-oriented local programs that rehabilitate individuals in their community as an alternative to incarceration and prevent relapse and future criminal behavior.



Foster a strong, equitable community corrections system through access to interventions that target individual needs and leverage their assets.



Support community-led justice efforts that are consistent with ARI values and cost less than incarceration.



Generate and collect evidence in support of decarceration efforts.

Program Description

ARI programs seek to reduce recidivism by addressing the behavioral health issues, including addiction and mental illness, underlying individuals' involvement in the criminal legal system. Sites determine how they will utilize ARI funds based on local needs and existing capacity. Many sites fund problem-solving (drug, DUI, mental health, veterans) courts, while others enhance the type and intensity of probation services.

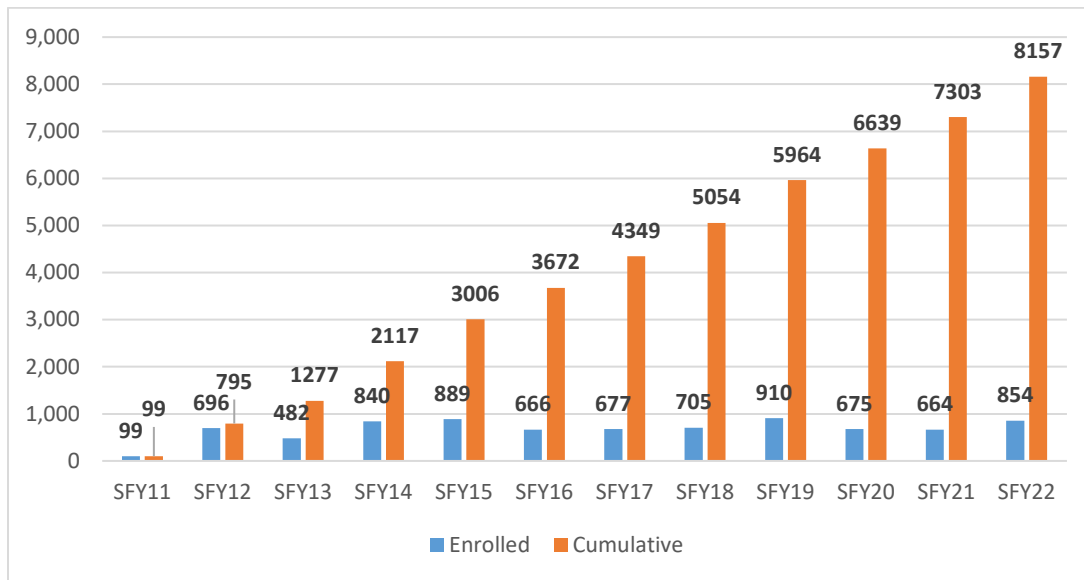
To align with best practices, ARI programs use validated tools to assess client risk, needs, and strengths and, based on assessment information, provide individualized case planning, frequent monitoring, cognitive behavioral therapy, and access to treatment and wrap-around services.

Quantitative and qualitative performance measurement data are collected and analyzed by ICJIA researchers to provide site feedback for ongoing improvement and report on progress to the Governor, General Assembly, and other external stakeholders.

Implementation and Impact

From the program's start in 2011 through the end of state fiscal year (SFY) 2022, more than 8,000 people had been diverted from prison by ARI sites to community-based supervision (probation) and services addressing their criminogenic needs with the goal to reduce recidivism. *Figure 1* ("ARI SFY11-SFY22 Cumulative Enrollment Diversions") illustrates the cumulative enrollments into ARI-funded programs in lieu of prison over the years.

Figure 1
ARI SFY11-SFY22 Cumulative Enrollment Diversions



Sources: ARI site progress reports; ARI database, analyzed by ICJIA Research and Analysis Unit.

Community-based supervision for justice-involved individuals is significantly less expensive and, when combined with appropriate services and supports, much more effective at reducing recidivism. The average ARI intervention cost was estimated at approximately \$4,200 per

person¹ in SFY22 based on total amount of grants awarded divided by the total service goal; in comparison, the SFY22 per capita cost for incarceration in IDOC was \$45,800.² Over the life of the program, ARI has helped avoid hundreds of millions of dollars in prison costs (including an estimated \$52 million³ in SFY22 alone) and reduced the number of individuals entering IDOC, while investing in local communities and protecting public safety.

PROGRAM OVERSIGHT

Adult Redeploy Illinois Oversight Board

The Crime Reduction Act established the ARI Oversight Board to guide the program and its funding decisions to make the greatest impact. The ARI Oversight Board is comprised of 18 leaders from across the criminal justice system in Illinois and the community at-large. It is co-chaired by the IDOC director and the secretary of the Illinois Department of Human Services (IDHS), representing the critical nature of both supervision and services in reducing crime.

Figure 2 (“SFY22 Adult Redeploy Illinois Oversight Board Members”) lists the members of the SFY22 Oversight Board along with their affiliations.

Figure 2
SFY22 Adult Redeploy Illinois Oversight Board Members (as of June 2022)

Membership	Appointee
Secretary, Illinois Department of Human Services, Co-Chair	Grace Hou, Secretary
Director, Illinois Department of Corrections, Co-Chair	Alyssa Williams, Acting Assistant Director (designee)
Illinois Criminal Justice Information Authority	Delrice Adams, Executive Director
Sentencing Policy Advisory Council	Kathryn Saltmarsh, Executive Director
Prisoner Review Board	Edith Crigler, Chairman
Cook County State’s Attorney	Emily Cole, Deputy Supervisor, Alternative Prosecution and Sentencing Courts (designee)
Cook County Public Defender	Parle Roe-Taylor, Deputy Public Defender (designee)
Office of Attorney General	Nathalina Hudson, Chief of Staff (designee)
State Appellate Defender	Scott Main, Director, Illinois Juvenile Defender Resource Center (designee)
Representative of Cook County Adult Probation	Megan Volker, Chief Probation Officer, Adult Probation, Circuit Court of Cook County
Representative of Sangamon County Probation	Kent Holsopple, Director, Sangamon County Court Services
Representative of DuPage County Adult Probation	Kathy Starkovich, Deputy Director, Probation, 18 th Judicial Circuit
State’s Attorney selected by the President of the Illinois State’s Attorneys Association	Joseph Cervantez, Jackson County State’s Attorney
Representative from non-governmental organization	Mark Ishaug, Chief Executive Officer, Thresholds
Representative from non-governmental organization	Hon. James M. Radcliffe (Ret.), Associate Director, Lawyers Assistance Program

¹ ARI’s cost per person served is conservatively estimated using total grants awarded amount divided by the total service goal of all funded sites. The actual cost per person served in SFY22, based on total expenditures divided by total served by all funded sites, was \$3,146. Variances in estimated and actual costs per person served are influenced by serving more individuals than expected, spending less than budgeted, and other external factors.

² Source: Illinois Department of Corrections. (2022). *Fiscal year 2022 annual report*.

<https://idoc.illinois.gov/reportsandstatistics/annualreports.html>

³ Source: Budgeting for Results. *Interactive Performance Dashboard*. <https://budget.illinois.gov/performance-reports.html>

Representative from non-governmental organization	Floyd Stafford, Program Officer, Steans Family Foundation
Representative from non-governmental organization	Vacant
Member	Hon. Thomas R. Sumner (Ret.)

The Oversight Board created working committees with members and other subject matter experts to advise the Board and provide guidance for program administration. In SFY22:

- The Outreach, Technical Assistance & Communication Committee worked to fill vacant Board positions, support planning for an annual all-sites convening (ARI Equity Forum, September 2022), and continue the Vital Voices program.
- The Performance Measurement Committee monitored site progress, tracked continued effects of the COVID-19 pandemic on operations, and reviewed trends in ARI eligibility and prison admissions.
- The Site Selection & Monitoring Committee developed funding recommendations for two notices of funding opportunity released in SFY22, supplemental funding released in SFY22, and continuation funding for SFY23; and monitored site spending.

Program Staff

The ARI program is administered and staffed by ICJIA. In SFY22, ARI staff included a full-time program director, program manager, two grant specialists, and a policy & project coordinator (hired October 2021); as well as a research manager from ICJIA’s Center for Community Corrections Research. The program also had the support of interns from the Crown Family School of Social Work, Policy, and Practice at the University of Chicago.

SFY22 OVERVIEW

In SFY22, ARI supported its statewide site network and pursued strategic program expansion by releasing two funding opportunities to increase the breadth and depth of program impact.

- \$8.6 million in funding awarded to local jurisdictions
- 27 sites across 44 counties
- 2,197 individuals supervised and served in their communities
- \$52 million in state incarceration costs avoided

Service levels in ARI-funded programs steadily increased in SFY22 toward pre-pandemic levels. New funding was used to expand implementation in two counties (Clinton and Jersey) and planning activities in two other counties (Cook and Montgomery).

SFY22 IMPLEMENTATION UPDATE

ARI received a SFY22 funding level of \$9.6 million to support the ARI network, through which the program supported 25 continuing sites, one new site, one site expansion, and two planning grants. ARI funds were allocated as follows:

- \$8.35 million in continued funding to 25 sites operating implementation grants during the second year of the SFY21-23 ARI Implementation Grants funding opportunity.

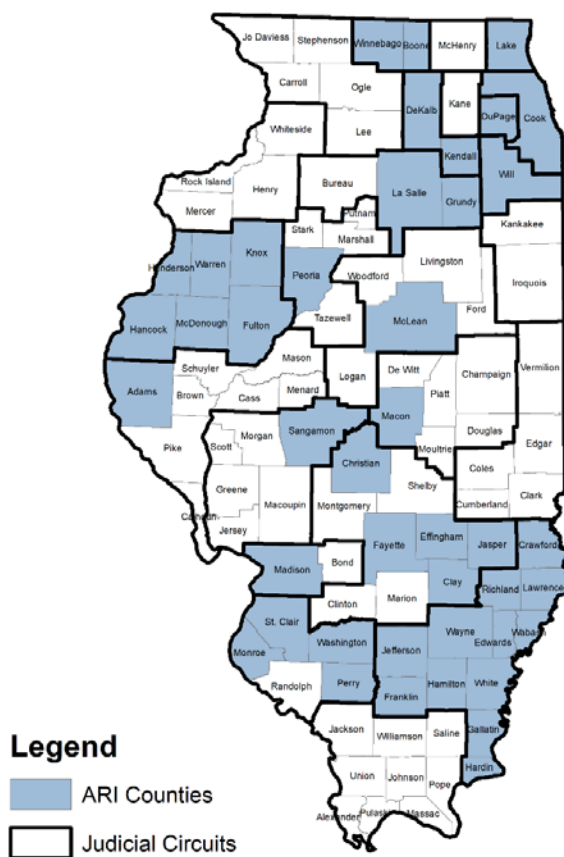
- \$197,338 to three sites (one new program expansion and two planning grants) via the SFY22 Expansion Grants funding opportunity.
- \$24,931 to one new site via the SFY22 Implementation Grants funding opportunity.
- Up to 10% for administrative costs.

Overview of ARI Sites

In SFY22, ARI awarded implementation funding to 27 grantee sites⁴—25 continuing programs and two new ones—across 45 counties (see *Figure 3*, “SFY22 Site Map”), and provided planning grants to two counties.

⁴ 2nd Judicial Circuit (12 counties), 4th Judicial Circuit (5 counties) – 2 grants, 9th Judicial Circuit (6 counties), 20th Judicial Circuit/St. Clair, Adams, Boone, Cook – 3 grants, DeKalb, DuPage, Grundy, Jersey, Kendall, Lake, LaSalle – 3 grants, Macon, Madison, McLean, Peoria, Sangamon, Washington-Monroe-Perry, Will, and Winnebago counties.

Figure 3
SFY22 Site Map



Not pictured: Clinton County (part of 4th Judicial Circuit) and Jersey County, both added mid-year.

ARI sites use funding for interventions that are designed and controlled by local stakeholders according to local needs. SFY22 site funding supported operation of more than 50 prison diversion programs, including problem-solving (drug, DUI, mental health, veterans) courts and intensive supervision probation with services programs for different target populations. See *Appendix D* for the list of ARI sites with brief program descriptions.

Site Performance

ARI staff monitor sites' progress throughout the year and provide quarterly updates to the ARI Oversight Board based on required reporting from ARI sites. ARI sites provide quarterly and year-end progress reports, as well as database submissions, as part of their contractual grant agreements for implementation funding.

The primary performance measurement for ARI sites is new enrollments, which is the number of justice-involved individuals who were effectively diverted from prison by being offered alternate community-based supervision and services. Additional measurements of progress include persons served (number of clients receiving ARI-funded services throughout the year) and program exits (number of clients leaving local programs either having completed conditions satisfactorily, upon revocation due to non-compliance, or other such as program transfer or

death). *Figure 4* (“SFY22 Site Performance Measures”) shows sites’ input and output measures for SFY22 based on data submitted by the 27 ARI sites operating implementation programs.

Figure 4
SFY22 Site Performance Measures

ARI Site	Diversion Goal	New Enrollments	Total Served	Active	Total Exits	Completed	Revoked Jail	Revoked IDOC	Revoked Other	Other Exit
2nd Circuit	31	64	146	94	52	28	3	5	1	15
4th Circuit	40	29	77	53	24	17	0	6	1	0
4th Circuit Expansion	12	12	12	12	0	0	0	0	0	0
9th Circuit	39	54	110	65	45	21	1	19	3	1
20th Circuit	52	53	115	88	27	7	1	1	17	1
Adams	30	49	95	49	46	10	3	22	6	5
Boone	12	11	26	15	11	3	0	6	0	2
Cook ACT Ct	104	17	30	16	14	3	0	5	0	6
Cook W/RAP Ct		45	106	68	38	16	0	12	0	10
Cook RRP		40	119	80	39	23	1	4	9	2
DeKalb	9	14	71	48	23	10	3	8	1	1
DuPage	42	43	137	93	44	17	2	8	3	14
Grundy	11	8	16	8	8	4	0	0	4	0
Jersey	12	1	9	4	5	3	0	2	0	0
Kendall	8	7	23	13	10	7	1	1	0	1
Lake	32	26	56	36	20	11	1	4	3	1
LaSalle ISP-S	13	13	47	29	18	9	0	5	0	4
LaSalle Drug Ct	8	5	11	8	3	1	0	1	1	0
LaSalle TA Ct	5	3	7	6	1	0	0	0	1	0
Macon	37	35	114	97	17	10	1	4	2	0
Madison	35	30	54	36	18	6	0	9	2	1
McLean	30	57	114	71	43	25	0	0	0	18
Peoria	18	30	113	89	24	18	1	3	0	2
Sangamon	42	29	100	73	27	15	3	8	1	0
Washington/ Perry	11	16	32	16	16	5	0	9	2	0
Will	68	72	211	156	55	32	0	12	9	2
Winnebago Drug Ct	74	54	150	85	65	25	1	22	16	1
Winnebago TIP		37	96	66	30	5	1	5	18	1
Grand Total	775	854	2197	1474	723	331	23	181	100	88

Source: SFY22 year-end data reports, and SFY22 grant agreements (diversion goals).

In SFY22, sites reported serving a total of 2,197 individuals, an increase of 8.7% from the prior year (2,015 individuals). New enrollments across the ARI program in SFY22 and SFY21, during

the height of the COVID-19 pandemic, were significantly lower than pre-pandemic (SFY19) levels. Many sites fell short of their enrollment goals; however, the Board voted at its February 28, 2022, quarterly meeting not to assess monetary penalties during SFY22, while maintaining oversight and offering technical assistance, due to the ongoing effects of the pandemic.

Figure 5
ARI Program Exits, SFY22

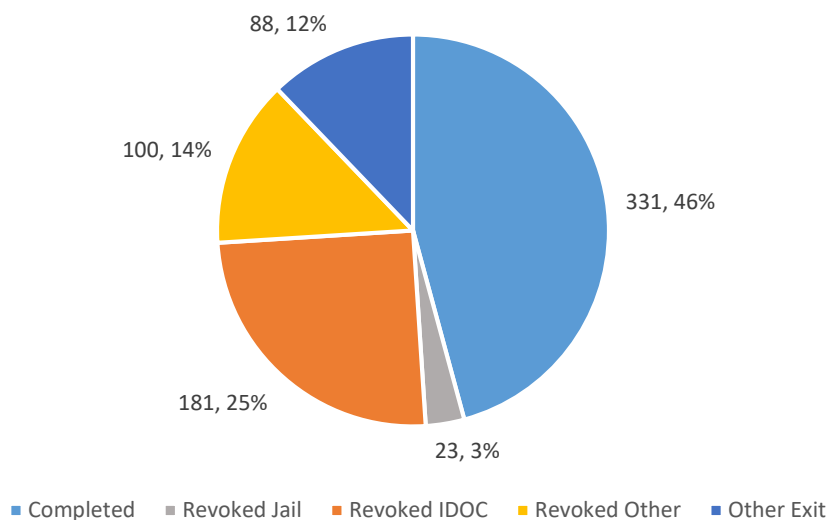


Figure 5 (“ARI Program Exits, SFY22”) presents information on how participants left ARI programs. Of the 723 exits from ARI-funded programs in SFY22, 331 participants (46%) successfully completed conditions, which is a decrease from SFY21 (53%) but an increase from SFY20 (43%) and SFY19 (39%), demonstrating a return to pre-pandemic norms. Revocations due to non-compliance totaled 42%, which included 25% (181) revocations to the Illinois Department of Corrections, 3% (23) to local jails, and 14% (100) to other sanctions. The remaining 12% (88) were other non-sanction exits (e.g., transfer to a different program, death).

Site Monitoring

The Grants Accountability and Transparency Act (GATA) requires ICJIA to perform two monitoring site visits for each grantee within a three-year funding cycle. In SFY21, the first year of the SFY21-23 funding cycle, ARI grant specialists conducted virtual site visits for all 25 sites operational at that time. In SFY22, ARI grant specialists performed virtual site visits for each new implementation grant (4th Judicial Circuit Expansion and Jersey) and planning grant (Cook and Montgomery).

In SFY22, ARI sites provided monthly fiscal and quarterly data reports, as well as quarterly database submissions, to program administration for monitoring purposes. In addition to monitoring conducted by ARI program staff, the ARI Oversight Board’s Performance Measurement Committee met quarterly in SFY22 to review data on program enrollments, services, and exits, and to monitor site progress toward goals.

Ongoing Effects of COVID-19

ARI conducted a “COVID-19 check-in survey” with ARI site administrators and program coordinators in October 2021 to gather updated information on the ongoing effects of the pandemic on their operations. Responses from 30 site representatives (22 unique sites, covering 42 counties), showed:

- COVID-19 continued to affect probation standards in SFY22, as 40% of respondents reported continued modifications to probation standards such as in-person meetings (group size, frequency) and individual field and home visits.
- ARI programs and court services continued to rely on remote options to connect to participants for supervision and case management, with 67% of respondents saying these options would continue into SFY22. The two most common forms of technology used to connect to participants were Zoom and text messaging.
- Decreased availability of mental health services and substance use disorder treatment for ARI participants is a significant and long-lasting impact of the COVID-19 pandemic.
 - Most respondents (90%) indicated community-based mental health services used by their participants were impacted in SFY21, and 53% of respondents said those impacts continued into SFY22.
 - Most respondents (83%) said substance use disorder treatment services used by their participants were impacted in SFY21, and 43% of respondents said those impacts continued into SFY22.
 - Impacts cited included staffing shortages; limited space and capacity (particularly in residential treatment settings), the use of virtual programming; and the suspension or elimination of local self-help, AA, and NA meetings.

ARI staff used information gathered from site representatives in this survey, as well as during a virtual “cross-pollination” call with sites focused on progress and ongoing challenges during COVID-19, to inform site-wide and individualized technical assistance throughout SFY22.

SFY22 SPECIAL PROJECTS

Vital Voices

In SFY22, ARI continued work on its Vital Voices initiative, which was launched in SFY21 to increase the role of ARI participants and alumni in program development and decision-making. The Vital Voices project provides opportunities for participants to share their experiences with ARI, ICJIA, and the public, and to influence the Oversight Board.



ARI facilitated a Vital Voices small group discussion on September 23, 2021. Led by a program graduate, the discussion was attended by 14 individuals from around the state with current and former experience in ARI-funded local prison diversion programs. The conversation touched on topics of recovery, self-efficacy, and accountability. Additionally, ARI staff conducted a series

of calls with sites in SFY22 Q1 to discuss how sites gather client input and how a statewide project like Vital Voices might enhance their local processes.

Vital Voices also played a key role in ARI's presentation at the Illinois Probation and Court Services Association's virtual fall conference. ARI staff, representatives from the DuPage County ARI program, and two program graduates led a discussion of "*Strengths-based Coaching in Probation: From Compliance to Collaboration.*" The presentation focused on holistic engagement and positive development as part of community supervision.

"Cross-pollination" Calls

"Cross-pollination" calls were conducted virtually throughout SFY22 to facilitate information sharing and peer learning among sites on program, process, and policy issues. SFY22 cross-pollination calls focused on general themes of social determinants of health, mental health and self-care, and progress toward performance goals. Topics included:

- Fully Free Campaign with Marlon Chamberlain, Heartland Alliance (July 26, 2021)
- ARI Site Data Dashboards with Dr. Lynne Mock, ARI Research Manager (August 23, 2021)
- Behavioral healthcare workforce shortage (September 25, 2021)
- COVID-19 check-in: progress and ongoing challenges for ARI sites (October 27, 2021)
- Housing needs and solutions for ARI participants (November 29, 2021)
- Mid-year check-in for ARI sites (January 24, 2022)
- Illinois Mental Health Task Force with Scott Block, Statewide Behavioral Health Administrator, Administrative Office of the Illinois Courts (February 14, 2022)
- SFY23 ARI continuation funding process (March 28, 2022)
- ARI eligibility trends (April 25, 2022)
- Adult education with Kathy Olesen-Tracey, Senior Director for Adult Education and Literacy, Illinois Community College Board (May 23, 2022)
- Self-care with Mary Ratliff, Program Director of Illinois Family Violence Coordinating Council and Safe from the Start, ICJIA (June 27, 2022)

Behavioral Healthcare Workforce Shortage Fact Sheet

ARI produced a fact sheet titled "[Behavioral Healthcare Workforce Shortage Impacting Crime Reduction Efforts](#)" (November 2021) summarizing information gathered through a site survey about the impact of the behavioral healthcare workforce shortage on program operations and participant services.

Reports from 16 of 25 ARI sites operational at the time of the survey revealed a shortage of behavioral healthcare workers impacted sites' ability to fill positions for mental health and substance use disorder counseling, led to lengthened wait times for behavioral health assessments and service plans which slowed program enrollment, caused waitlists at residential treatment centers that delayed ARI participants' progress, and interrupted vital information sharing between court supervision and treatment service providers. Furthermore, ARI sites reported the impact to continuous treatment and services put ARI participants at greater risk of overdose death due to lack of critical treatment, impacted rapport between participants and therapeutic providers, and damaged trust in program services which may affect participants' engagement and long-term recovery.

Based on site input and corresponding research, the fact sheet included recommendations for improving access to behavioral healthcare services:



Increase use of **peer support models** allowing individuals with lived experience to provide recovery coaching and mentoring to supplement treatment.



Promote statewide **tele-health and tele-psychiatry programs** to enhance mental and behavioral healthcare options in rural and other hard-to-serve areas.



Work with local medical professionals to integrate mental health, behavioral health, and substance use disorder treatment into **primary healthcare settings**.



Provide funding to develop in-house capacity in probation departments for individuals trained to conduct **behavioral health assessments** for more timely service planning and provision.



Invest in piloting and scaling **mobile behavioral health service units and models**, such as “roaming” counselors who meet clients in conveniently located offices.



Expand **crisis services** that provide individuals with stabilization and linkages to care, such as the Living Room program which provides a safe space for individuals in crisis to connect with trained professionals.

The full fact sheet and other publications are available at the [ARI website](#) under Resources.

SFY22 PROJECTED IMPACT

ARI used numbers and narratives to demonstrate how ARI investments impact individuals, communities, and state finances.

Community Reintegration

I'm more than a survivor. I am my destiny. "As I think, I am" – I learned that from Redeploy!

DuPage County ARI Graduate, shared January 2022

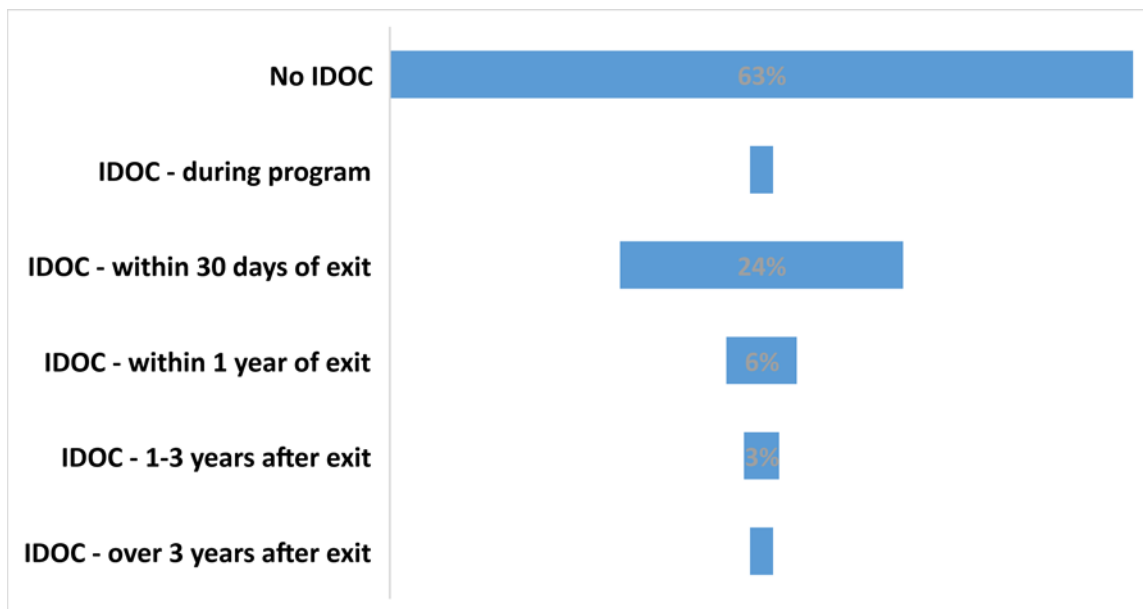
In SFY22, as part of the Vital Voices project, ARI encouraged sites to provide quarterly impact stories in ARI participants' own words. A sampling of participant impact stories is included in *Appendix B*.

Impact stories shared by ARI participants demonstrate the life-changing impact of alternatives to incarceration that focus on rehabilitation rather than punishment. Common themes within participants' stories are gaining personal accountability and self-awareness through treatment, supervision, and structured support systems; overcoming trauma and addiction; rediscovering self-worth and purpose; reconnecting to family, friends, and community; progressing in careers and education; and sharing long-term goals participants set for their future.

Exit Analysis

Using ARI administrative data from the start of the program through SFY22 and matching the data with prison admissions information, ICJIA produced an exit analysis that reviewed the IDOC status of ARI program exits (n = 6,861), which is displayed as *Figure 6*. Of all the individuals who exited local ARI-funded programs, 63% avoided prison and remained in their communities. For those who participated in the early years of ARI, these positive effects have been long-lasting and evidence successful rehabilitation and community reintegration.

Figure 6
IDOC Status of ARI Program Exits, SFY11-SFY22



Financial Impact

The average cost of an ARI intervention in the community in SFY22 was approximately \$4,200 per person⁵ (based on total grant awarded amount divided by total service goal). In comparison, the SFY22 per capita cost of incarceration in IDOC was \$45,800⁶. IDOC's marginal cost for food, clothing, and basic programming was \$11,370 in SFY22.⁷ As reported to the state's [Budgeting for Results Commission](#), an estimated \$52 million⁸ in state incarceration costs were avoided in SFY22 by investing in local interventions.

⁵ ARI's cost per person served is conservatively estimated using total grants awarded amount divided by the total service goal of all funded sites. The actual cost per person served in SFY22, based on total expenditures divided by total served by all funded sites, was \$3,146. Variances in estimated and actual costs per person served are influenced by serving more individuals than expected, spending less than budgeted, and other external factors.

⁶ Source: Illinois Department of Corrections. (2022). *Fiscal year 2022 annual report*. <https://idoc.illinois.gov/reportsandstatistics/annualreports.html>

⁷ Source: Illinois Sentencing Policy Advisory Council, by request in September 2025.

⁸ Source: Budgeting for Results. *Interactive Performance Dashboard*. <https://budget.illinois.gov/performance-reports.html>

RESEARCH & EVALUATION

Using administrative data provided by sites, ICJIA researchers embarked on numerous studies, looking at participant demographics, program interventions, and participant experiences. Specifically, researchers explored:

- Relationship between client demographics (age, sex, race), program region, and program outcomes (ARI program completion or revocation, and recidivism).
- Drug testing practices in ARI programs (frequency, pass rates, and tested drugs), and whether drug testing has a significant impact on ARI participant outcomes when controlling for demographic variables.
- Experiences of Latinx individuals in ARI programs, including program outcomes and recidivism rates.
- Impact of ARI interventions on program outcomes, using machine learning.
- Participant experiences while in ARI programs and the relationship between participants and probation officers.

Publications on several of these studies were forthcoming in SFY23.

STRATEGIC PLAN PROGRESS

In SFY22, ARI continued to implement the [2020-2022 Strategic Plan](#)'s five strategic efforts:

- Apply an equity lens to program investment and growth
- Pursue strategic growth statewide
- Expand the ARI program scope
- Build capacity for sustainability, innovation, and effective expansion
- Identify and replicate evidence-informed policies and practices

ARI's efforts to pursue strategic program growth and expand the ARI's program scope resulted in the addition of Jersey County ARI to the network and the expansion of the 4th Judicial Circuit ARI program to include Clinton County and offer additional problem-solving court services within its other three counties. Four additional ARI programs utilized supplemental funding for a combination of enhancements to treatment services, client needs (housing, legal aid, and/or peer support), and training and technology for staff. ARI funding also supported two planning grants in SFY22 to explore the possibility of additional diversion opportunities in Montgomery and Cook counties. Finally, several "cross-pollination" calls held with sites throughout the year focused on clients' social determinants of health, including how ARI funding can support mental health services, housing, and education.

Equity continued as the lens through which ARI focused its leadership and research. In August 20, 2021, the Oversight Board voted to formally adopt its "Equity Purpose-to-Practice" one-pager, which prioritizes equity within the Board's decision-making processes and operations. With the support of the Board's Outreach, Technical Assistance and Communication Committee, ARI staff began planning an 2022 ARI Equity Forum (held September 22, 2022) to provide implicit bias training to site representatives and review local site data on referrals and enrollments from the lens of equitable program access. Finally, ARI continued its Vital Voices program to inform our decisions with the perspectives of current and former ARI participants.

CONCLUSION

In SFY22, ARI pursued expansion that was both broad and deep, with an increase in the number of sites in the network brought on through competitive funding opportunities and efforts to ensure equitable, innovative, and supportive diversion programming for clients. ARI funding supported a statewide network of 27 local sites covering 45 counties, including two new sites, which provided community-based treatment and services to 2,197 justice-involved individuals who otherwise faced a prison sentence. Two local jurisdictions also used ARI planning grants to explore possible diversion programs to fill gaps in local services.

Despite ongoing challenges from the COVID-19 pandemic and behavioral health workforce shortages, ARI sites demonstrated resilience, innovation, and dedication to equitable access to justice. Sites' life-changing investments in participants included supportive relationships and individualized case management services; mental health and substance use disorder treatment; group and individual cognitive behavioral therapy options; pro-social activities; and wraparound assistive services. In addition to providing necessary treatment and services, ARI programs provided participants with structure, accountability, and community connection.

As ARI moves forward into SFY23, it remains committed to expanding program access, integrating the lived experiences of current and former participants (Vital Voices), and providing training, technical assistance, and peer learning opportunities to local diversion programs. ARI's investment in evidence-informed practices will continue to enhance rehabilitation, reduce recidivism, and build stronger and safer communities across Illinois.

APPENDIX A: ARI FACT SHEET



MISSION: To safely reduce prison use by building local systems that divert individuals from a prison sentence into more cost-effective programs that promote their reintegration into the community.

“ When I came to Redeploy I had lost all hope. I spent time in jail and after thinking, I decided to give my chance a chance. I now have the tools and support for recovery that I did not have before. I have set goals. I won’t give up on myself today. – Vital Voice of ARI Client ”

Significant positive impact:

 27 local sites covering 45 counties	 Over 8,000 served in the community in lieu of prison (Jan 2011-June 2022)	 Millions in taxpayer dollars saved in prison costs by diverting people to local programs designed to improve rehabilitation and reduce recidivism
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Legend

- ARI Counties
- Judicial Circuits

Not pictured: Clinton County (part of 4th Judicial Circuit) and Jersey County, both added mid-year.

- Key Components**
- Assessment of clients’ risk, needs and strengths
 - Evidence-based and promising practices to address risk, meet needs, and leverage strengths
 - Performance measurement and evaluation for feedback and improvement
 - Annual report to Governor and General Assembly

- Local Programs**
- Problem-solving courts
 - Drug courts
 - Mental health courts
 - Veterans courts
 - Intensive supervision probation with services programs
 - System approaches, improving coordination and filling gaps in services

- Results**
- Enhanced public safety
 - Reduced prison admissions
 - Lower costs to taxpayers
 - Healthier individuals and communities

LESS EXPENSIVE
 Cost of year in prison (FY22): \$45,800 per capita (\$11,400 marginal) vs. cost of average ARI intervention: \$4,200

MORE EFFECTIVE
 Evidence-based practices utilized by Adult Redeploy Illinois sites can reduce recidivism up to 20%.

APPENDIX B: ARI PARTICIPANT IMPACT STORIES

Below is a sampling of individual impact stories shared by ARI sites in SFY22. Sites are encouraged to provide impact stories in ARI participants' own words as part of the Vital Voices project. The stories have been edited for clarity, conciseness, and to protect anonymity.

"I graduated from Will County Drug Court in May of 2021. My time in Drug Court wasn't exactly the easiest at first, but the truth behind that was I made it harder than it needed to be. Once I decided that I wasn't going to change anything with no work I commenced on a mission to do as much as possible. Through Drug Court I was able to work through many issues I had in life starting with the basic like learning how to change my thinking [...]. Then I began to open up more and really trust and believe in the program they had. I finally had admitted for the first time in my life that I was a victim of an abusive relationship and they helped me spend the next couple years of my life getting counseling to get through my abuse. I was one of those who else relapsed during the program and with the help of the Drug Court staff I was back in treatment within a few short weeks and from the relapse I was able to really take off. Thanks to the patience of that staff I am now less than two weeks from being completely free from the court system for this first time since about 2014. I'm currently in enrolled in school for drug and addiction counseling. I am on my way to becoming the general manager of the company that I work for and even though I put the work in I am truly grateful that I had a team like the Drug Court staff that never gave up on me."

(Will County ARI graduate, Shared Oct 2021)

"2 years ago I was lost and stuck in life, doing drugs and needing ways to make money. I knew a lot of people who liked coke and other drugs. I decided that I could collect money from these people, make profit. I got caught up, started using, selling to undercover police and ended up in the legal system. I was making bad decisions., one after the other. I was sentenced to Probation and couldn't get my act together. I was given to Redeploy instead of going to court for a violation. I met my new PO [Probation Officer] and the Team, and the real work began. They painted the vivid picture of the road's ending in prison or death and the realization happened and the expectation with support was laid out. Redeploy provided structure that was clear, caring and empowering. They made it clear that I needed to connect with my "Core self and power", which I wasn't quite sure what that was, to make the needed changes to get through this dark place and get unstuck. My appointments were focused on me being accountable for my actions, recognizing that I have control over my decisions and that I get to choose my present and my outcome. I attended MRT [Moral Reconation Therapy], Pages and ongoing thinking assignments from my PO, which often seemed very specific to me...I appreciated that. I've always felt alone and I had a team of supporters that saw what I could be, my potential and the best in me, even when I didn't see it myself. I applied myself, took responsibility, really looked inside and used my "power" to get a job, my own place for the first time ever, I can rely on me! I know that I'm capable and Redeploy helped me learn that about myself. I want to keep growing, being more in tune with myself and striving upward. They told me I'm a success and I see it. They said that because my behavior and actions displayed that reality. I'm more than a survivor. I am my destiny. "As I think, I am"... I learned that from Redeploy!"

(DuPage County ARI graduate, shared January 2022).

“My life before was all about using. Today I'm clean, I have a great relationship with my kids and grandkids. I was blessed with a great job at [local hospital] I love very much. I like myself today. I feel good about myself today. I'm an honest person today. My family loves being around me. I never realized how life clean could be so good. I know I need to stay clean and continue my journey. I gave up my using friends, made some new even, so I'm going to continue to work on myself for me and my kids and grandkids. Work on myself, keep my meetings, talking with my sponsor, go to my group, do everything to stay clean. I love who I have become so I'm going to continue to do what I need to. I love my new life – clean with a great career – all with the help of the RISE probation.”

(Adams County ARI participant, shared April 2022).

“Before the TIP [Therapeutic Intervention] program my life was chaos and misery. For a long time I felt disconnected from the world around me. Never a part of, always fighting. Having been diagnosed at age 11 with multiple mental health disorders I felt pushed further away from people and society. A short time after my diagnoses I formed a heavy alcohol and drug addiction, creating major consequences in my life. After my last arrest and 17 years of drug and alcohol abuse, I volunteered for the TIP program. This started my recovery journey and a beginning to my new life.

Since TIP I have been able to maintain my sobriety and work on my mental health issues. Never before did I have a team of professionals supporting me whose goal was to see me succeed. Today I am able to be a productive member of my community, a father, and a son. I am part of a 12-step program that helped me enlist the help of a Power greater than myself. I am grateful for the TIP team and the hard work they do. I needed TIP to help guide me onto this new path in life.”

(Winnebago County ARI participant, shared April 2022).

APPENDIX C: ILLINOIS CRIME REDUCTION ACT OF 2009

730 ILCS 190/20 - Adult Redeploy Illinois

CORRECTIONS

(730 ILCS 190/) Illinois Crime Reduction Act of 2009.

(730 ILCS 190/20)

Sec. 20. Adult Redeploy Illinois.

(a) Purpose. When offenders are accurately assessed for risk, assets, and needs, it is possible to identify which people should be sent to prison and which people can be effectively supervised in the locality. By providing financial incentives to counties or judicial circuits to create effective local-level evidence-based services, it is possible to reduce crime and recidivism at a lower cost to taxpayers. Based on this model, this Act hereby creates the Adult Redeploy Illinois program for probation-eligible offenders in order to increase public safety and encourage the successful local supervision of eligible offenders and their reintegration into the locality.

(b) The Adult Redeploy Illinois program shall reallocate State funds to local jurisdictions that successfully establish a process to assess offenders and provide a continuum of locally based sanctions and treatment alternatives for offenders who would be incarcerated in a State facility if those local services and sanctions did not exist. The allotment of funds shall be based on a formula that rewards local jurisdictions for the establishment or expansion of local supervision programs and requires them to pay the amount determined in subsection (e) if incarceration targets as defined in subsection (e) are not met.

(c) Each county or circuit participating in the Adult Redeploy Illinois program shall create a local plan describing how it will protect public safety and reduce the county or circuit's utilization of incarceration in State facilities or local county jails by the creation or expansion of individualized services or programs.

(d) Based on the local plan, a county or circuit shall enter into an agreement with the Adult Redeploy Oversight Board described in subsection (e) to reduce the number of commitments of probation-eligible offenders to State correctional facilities from that county or circuit. The agreement shall include a pledge from the county or circuit to reduce their commitments by 25% of the level of commitments from the average number of commitments for the past 3 years of eligible offenders. In return, the county or circuit shall receive, based upon a formula described in subsection (e), funds to redeploy for local programming for offenders who would otherwise be incarcerated such as management and supervision, electronic monitoring, and drug testing. The county or circuit shall also be penalized, as described in subsection (e), for failure to reach the goal of reduced commitments stipulated in the agreement.

(e) Adult Redeploy Illinois Oversight Board; members; responsibilities.

(1) The Secretary of Human Services and the Director of Corrections shall within 3 months after the effective date of this Act convene and act as co-chairs of an oversight board to oversee the Adult Redeploy Program. The Board shall include, but not be limited to, designees from the Prisoner Review Board, Office of the Attorney General, Illinois Criminal Justice Information Authority, and Sentencing Policy Advisory Council; the Cook County State's Attorney; a State's Attorney selected by the President of the Illinois State's Attorneys Association; the State Appellate Defender; the Cook County Public Defender; a representative of Cook County Adult Probation, a representative of DuPage County Adult Probation; a representative of Sangamon County Adult Probation; and 4

representatives from non-governmental organizations, including service providers.

(2) The Oversight Board shall within one year after the effective date of this Act:

(A) Develop a process to solicit applications from and identify jurisdictions to be included in the Adult Redeploy Illinois program.

(B) Define categories of membership for local entities to participate in the creation and oversight of the local Adult Redeploy Illinois program.

(C) Develop a formula for the allotment of funds to local jurisdictions for local and community-based services in lieu of commitment to the Department of Corrections and a penalty amount for failure to reach the goal of reduced commitments stipulated in the plans.

(D) Develop a standard format for the local plan to be submitted by the local entity created in each county or circuit.

(E) Identify and secure resources sufficient to support the administration and evaluation of Adult Redeploy Illinois.

(F) Develop a process to support ongoing monitoring and evaluation of Adult Redeploy Illinois.

(G) Review local plans and proposed agreements and approve the distribution of resources.

(H) Develop a performance measurement system that includes but is not limited to the following key performance indicators: recidivism, rate of revocations, employment rates, education achievement, successful completion of substance abuse treatment programs, and payment of victim restitution. Each county or circuit shall include the performance measurement system in its local plan and provide data annually to evaluate its success.

(I) Report annually the results of the performance measurements on a timely basis to the Governor and General Assembly.

(Source: P.A. 100-999, eff. 1-1-19.)

APPENDIX D: ARI SITE DESCRIPTIONS

2nd Judicial Circuit

The 2nd Judicial Circuit joined ARI in 2013 to expand its drug court model circuit-wide, including Crawford County (an ARI site since November 2012). A network of several local drug courts, administered by a Specialty Courts Program Coordinator, cover the 12 rural counties in the vast 2nd Judicial Circuit. The 2nd Judicial Circuit's ARI program provides participants with substance use disorder and mental health treatment, peer support and mentoring, motivational interviewing, effective supervision, and connections to transportation and housing assistance. The program is a partnership between the 2nd Judicial Circuit Court Services Department, local State's Attorney's and Public Defender's Offices, community stakeholders, service providers, and Center for Prevention Research and Development at the University of Illinois.

4th Judicial Circuit

The 4th Judicial Circuit joined ARI in 2013 to support Effingham County's drug court and implement new mental health and veterans' courts in Effingham in Christian counties. The 4th Judicial Circuit has since expanded its ARI program to support the following localized programs across six counties: Drug, Mental Health, and Veterans Courts in Christian, Clay, Effingham, and Jasper counties; Drug Courts in Clinton and Fayette counties; and Effingham's Integrated Systems of Care program.

The 4th Judicial Circuit programs incorporate counseling, case management services, therapeutic activities, community reintegration projects, and peer support. Individual programs within the 4th Judicial Circuit are also responsive to social determinants of health by providing participants emergency and temporary housing assistance, vital records assistance, and case management that connects participants to needed community-based services using ARI funding. Partners include each county's probation department, presiding Judges, State's Attorneys, Public Defenders, County Boards, and Public Libraries; community-based treatment providers; the Veterans Administration; community-based housing providers; local self-help groups; local faith communities; and local law enforcement.

9th Judicial Circuit

The 9th Judicial Circuit's ARI program has grown to expand the circuit's drug court model throughout its six rural counties, including received ARI funding in July 2013 to expand its drug court model to cover the six counties in the circuit: Knox (ARI site since April 2011), Fulton (since July 2011), McDonough (since January 2013), Hancock (since January 2017), and Warren and Henderson (since 2019). 9th Judicial Circuit drug courts use individualized treatment plans that incorporate cognitive behavioral therapy, participant incentives and sanctions, ongoing case management, volunteer opportunities, and pro-social community outings. The 9th Judicial Circuit also supports participants' transportation and housing needs and offers connections to civil legal aid and public benefits. The circuit-wide model, administered by a coordinator, is a partnership between the 9th Judicial Circuit Court Services, presiding drug court judges, state's attorneys, public defenders, and treatment providers.

20th Judicial Circuit

ARI funding in the 20th Judicial Circuit supports diversion programs in St. Clair and Monroe counties. St. Clair County was one of the original ARI sites (January 2011), and now uses ARI funds to support its intensive supervision probation with services program for those with serious mental illness and/or substance use disorders, as well as the St. Clair County Mental Health Court. Program services include cognitive behavioral therapy, group therapy focused on co-occurring disorders, medication-assisted substance use disorder treatment, trauma therapy, and transitional housing for program participants. Partners include 20th Judicial Circuit Court Services and Probation Department, the 20th Judicial Circuit's Chief Judge, the St. Clair County State's Attorney's Office, the St. Clair Public Defender's Office, and community-based mental health and substance use treatment providers.

Monroe County began receiving ARI funding as part of the 20th Judicial Circuit site in 2015 to operate an intensive supervision probation program with services focused on rehabilitation for justice-involved individuals with identified mental and behavioral health needs. The program includes expanded treatment opportunities, cognitive behavioral therapy, case management, ancillary services, and a community restorative board. Operated out of the 20th Judicial Circuit Court Services Department, the program is a partnership between probation, Monroe County State's Attorney's Office, Human Support Services, and other community partners.

Adams County

Adams County joined ARI in 2018 to launch the county's Mental Health Court and specialty probation caseload (RISE Probation), expand the county's Drug Court, and involve pre-trial services. In 2021, Adams County added an additional ARI-eligible caseload and expanded treatment and services for all program tracks. Operated out of the Adams County Probation Department, the Adams County ARI program includes individual case management, Moral Reconciliation Therapy (MRT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing Therapy (EDMR), substance use disorder counseling, community-based self-help meetings, and the Lead, Learn and Demonstrate (LEAD) program designed to reinforce positive thinking patterns and behaviors. Adams County ARI also provides participants with emergency and transitional housing opportunities, transportation assistance, and program incentives based on participants' individualized case plans. Partners include Adams County Probation and Court Services, the Chief Judge of the 8th Judicial Circuit, the Adams County State's Attorney's Office and Public Defender's Office, local mental health and substance use disorder treatment providers, the Adams County Sheriff's Department, and local law enforcement.

Boone County

Boone County joined ARI in 2013 to create the Boone County Drug Court which uses evidence-based practices to create an individualized case management plan addressing the risk, needs and assets of each participant. Boone County ARI provides participants with substance use and mental health disorder treatment, including a variety of individual and group programming such

as Moral Reconciliation Therapy, Thinking for a Change (T4C), Seeking Safety, and Dialectical Behavioral Therapy (DBT). Boone County ARI also provides participants with emergency housing support, peer mentorship services, and program incentives. Through partnership with Boone County Health Department's Program Navigator, Boone County ARI participants receive recovery coaching and additional linkages to community-based services. Key partners supporting the Boone County ARI program include the 17th Judicial Circuit Court; the Boone County Health Department; local churches and non-profit agencies; substance use and mental health disorder treatment providers; the Boone County State's Attorney and Public Defender; the Boone County Behavioral Health Task Force Community Outreach Advocacy and Recovery (COAR) program; peer mentors; and probation officers.

Cook County

ARI funding supports three programs in Cook County: Access to Community Treatment (ACT) Court; Rehabilitation Alternative Program ((W)RAP) Court, available as separate courts for men and for women; and Recidivism Reduction Program (RRP). The ACT Court was created with ARI funding in 2013, while the (W)RAP Court and RRP began receiving ARI funding in 2018.

The ACT Court is a problem-solving court (drug court) which serves individuals who are justice-involved and diagnosed with a substance use disorder. Participants in ACT Court receive enhanced supervision; access to substance-use disorder and mental health treatment; individualized case management; incentives and sanctions; transportation assistance; and connections to community-based housing, employment, and educational opportunities. Participants who successfully complete all four phases of the ACT Court program are eligible to have their underlying case dismissed.

The (W)RAP Courts are two problem-solving court (drug court) programs which serve women (WRAP) and men (RAP) who are justice-involved and diagnosed with substance use disorders. The (W)RAP Courts provide participants with intensive supervision; graduated incentives, sanctions, and therapeutic adjustments based on individualized case plans; randomized drug testing; and comprehensive behavioral health treatment. The (W)RAP Courts work with community-based treatment and service providers to provide linkages to recovery home services, inpatient and outpatient treatment, medical care, and vocational/educational programming essential to participants' success. The (W)RAP Courts also utilize ARI funding to provide housing assistance to participants in partnership with the Housing Authority of Cook County.

RRP focuses on individuals with probation-eligible charges who are assessed at higher risk levels but lower need levels, and therefore face limited opportunities to receive community-based services. This program is based on the understanding that without access to evidence-based programming, outcomes for individuals who are justice-involved and assessed as high-risk are generally poor. RRP uses ARI funding for specially trained probation officers with reduced caseloads who help participants address behaviors and personality patterns that lead to criminal behavior and provide linkages to community-based mental health treatment, social services, and employment services.

The Cook County ARI programs are a partnership between the Cook County Circuit Court, the Problem-Solving Courts Coordinator and Case Managers, the Cook County Adult Probation Department, the Cook County State's Attorney's Office, the Cook County Public Defender's

Office, local law enforcement, community-based treatment providers, peer mentors, and other local partners.

DeKalb County

DeKalb County joined ARI in 2016 to create the DeKalb County Mental Health Court. In SFY19, DeKalb County was granted ARI funds to support the DeKalb County Drug/DUI Court, a National Drug Court Institute-recognized mentor court (2013-2016). DeKalb County ARI provides participants with access to mental health and substance use disorder treatment, group therapy, psychiatric care, private counseling using multiple treatment modalities (e.g., Moral Reconciliation Therapy and Trauma-Informed Care), life skills groups, recovery support and mentorship, and incentives and sanctions based on individualized case plans. The DeKalb County treatment courts team consists of the DeKalb County Presiding Judge, the DeKalb County State's Attorney and Public Defender, the DeKalb County Treatment Court Director, research and evaluation staff, probation officers, clinical counselors, and a recovery support team member hired from the community to offer mentorship and aid to participants.

DuPage County

DuPage County was one of the first ARI sites, initiated in January 2011 to create a program that provides intensive supervision and community-based resources and support services to participants exhibiting probation-violative behavior that could otherwise result in a prison sentence. Coordinated by the 18th Judicial Circuit Court Department of Probation & Court Services, the DuPage County ARI program provides access to evidence-based programming including Thinking for a Change (T4C), Moral Reconciliation Therapy, and Moving On; community-based substance use and mental health disorder treatment; recognition ceremonies and incentives to support positive behavior and growth; and recovery coaching. DuPage County ARI also provides participants with transportation assistance, educational opportunities (GED testing, vocational certificates, and training); vital records assistance; and rental and temporary housing assistance using a combination of ARI funding and community partnerships. Program partners include the 18th Judicial Circuit; the DuPage County Public Defender and State's Attorney; community-based treatment providers; local businesses; the Path to Recovery Program; the JUST DuPage Program, which provides recovery support, education/vocational services, and reentry and life skills programming; and DuPage PADS, which provides support to individuals experiencing homelessness.

Grundy County

Grundy County joined the ARI network in February 2015 to support its existing Drug Court and implement a Mental Health Court, for which it received a planning grant in the prior year. In addition, Grundy County offers a separate treatment track for Veterans through collaboration with the local Veterans Assistance Commission. The Grundy County problem-solving courts provide access to substance use and mental health disorder treatment; individual and group programming including Cognitive Behavioral Therapy (CBT), Moral Reconciliation Therapy (MRT), Thinking for a Change, and Seeking Safety; case management services; and participant

incentives and pro-social events. Grundy County also uses a combination of ARI funding and community partnerships to provide participants with transportation assistance, rental assistance, community-based childcare and parenting classes, and legal assistance. Operated out of the Grundy County Circuit Court, the program is a partnership between the Grundy County State's Attorney and Public Defender's Offices, Probation Department, Health Department, and Sheriff's Office; the Veterans Assistance Commission; community-based treatment providers; and community-based non-profits providing supportive services.

Jersey County

Jersey County was one of ARI's first pilot sites, joining the program in January 2011. After leaving the ARI network for a brief period, Jersey County rejoined in 2022 to continue support for its rural drug court program. Operated out of the probation department, the Jersey County ARI program incorporates cognitive behavioral therapy (both Thinking for a Change and Moral Reconciliation Therapy); substance use disorder treatment; participant incentives; and access to mental health and psychiatric treatment, recovery coaching, and medicated assisted treatment as appropriate to each participant's individual needs. Jersey County ARI also provides linkages to housing and employment services to participants in partnership with local community-based organizations.

Partners include the Jersey County Drug Court Judge, Jersey County State's Attorney's Office and Public Defender's Office, Drug Court Coordinator, supervising officers, and community-based treatment providers.

Kendall County

Kendall County became an ARI site in 2016 to start a drug court, the first problem-solving court in the county. Kendall County implemented its Mental Health Court with a Veteran's treatment track in March 2021 using ARI funding in – a project which began as an ARI planning grant in 2019. The Kendall County Problem-Solving Courts (both Drug Court and Mental Health Court) use evidence-based practices to create an individualized case management plan built around each participant's risks, needs and assets and provide community-based treatment and services in lieu of a sentence to prison. Kendall County ARI's services include substance use disorder treatment, mental health treatment (including Cognitive Behavioral Therapy and Dialectical Behavior Therapy), Moral Reconciliation Therapy, Medication Assisted Treatment (MAT), transportation assistance, linkages to treatment and housing resources, and community service opportunities. Kendall County ARI is a partnership between the Kendall County Judiciary, State's Attorney's Office, Public Defender's Office, Sheriff's Office, and Health Department; the Veterans Administration; and local treatment providers.

Lake County

Lake County joined ARI in October 2013 to enhance its problem-solving courts (Drug, Mental Health, and Veterans Treatment & Assistance Courts). In 2022, Lake County ARI expanded its services to create a DUI Diversion Program which is also supported by ARI funding. Lake

County ARI provides a continuum of care for participants, including residential substance use disorder treatment, intensive outpatient treatment, cognitive behavioral therapy (Moral Reconciliation Therapy), motivational interviewing, Thinking for a Change groups, courses on anger management and parenting, recovery coaching services, peer support and mentoring, recovery home placement, transportation assistance, and training opportunities. The program is a partnership between the 19th Judicial Circuit Court Division of Adult Probation; the Lake County State's Attorney's Office, Public Defender's Office, Health Department, and jail; several substance use disorder and mental health treatment partners; the Veteran's Administration; and various community-based organizations.

LaSalle County

LaSalle County joined ARI in 2013 to create an intensive supervision probation with services program for individuals violating conditions of their probation and in need of additional services. In 2018, LaSalle County used additional ARI funding to establish two problem-solving courts: Treatment Alternative Court (TAC) in partnership with the LaSalle County 708 Mental Health Board and LaSalle County Drug Court in partnership with the State's Attorney's Office.

Operated out of the 13th Judicial Circuit Probation and Court Services Department, the three programs within LaSalle County ARI provide a combination of smaller probation caseloads, cognitive behavioral therapy (Moral Reconciliation Therapy), additional individual and group therapy opportunities, substance use disorder treatment opportunities, medication assistance, and community service events. LaSalle County ARI also provides participants with assistance for medication, transportation, emergency housing; educational and vocational opportunities; and connections to local employment.

Program partners includes the 13th Judicial Circuit Probation and Court Services Department; LaSalle County State's Attorney and Public Defender's Offices; North Central Behavioral Health System; and other community providers.

Macon County

Established in 2011 as one of the first ARI programs, Macon County uses ARI funding to support a program with intensive supervision probation and support services. Vital aspects of Macon County ARI are the incorporation of Community Restorative Boards supported by adult neighborhood residents trained in restorative justice principles, Moral Reconciliation Therapy, referrals to substance use disorder and mental health treatment, and legal consultations. Macon County ARI also provides participants with a life skills program, employment services, transportation assistance, and the opportunity to pursue driver's license reinstatement through structured programming.

Macon County ARI is supported by a multidisciplinary team including the Macon County State's Attorney's Office, Public Defender's Office, and Probation and Court Services; GEO Reentry Services, LLC; Heritage Behavioral Health Center; private practice attorneys; academic partners; and other community-based organizations.

Madison County

Madison County joined ARI in 2011 to support and expand its problem-solving courts (Drug Court, Mental Health Court, and Veterans Court). Madison County ARI provides participants with access to substance use disorder treatment; trauma-informed group and individual treatment interventions, including Seeking Safety, Thinking for a Change, and A New Direction; recovery coaching; education and employment services; and specialized groups including parenting and family education, anger management, and credit counseling.

The Madison County ARI program is a partnership between the Madison County Probation and Court Services Department, Consortium of the Judiciary, State's Attorney's Office, and Public Defender's Office; the Madison County Community Restorative Board; the Veterans' Assistance Commission; local treatment and assessment providers; a recovery and employment coach; and research partners at Southern Illinois University.

McLean County

McLean County joined ARI in July 2011 to support an intensive supervision probation with services program which provides treatment, services, and enhanced supervision to eligible participants who would otherwise face a prison sentence. The goal of McLean County ARI is to help participants identify their needs, overcome barriers, and achieve positive progress toward their goals while remaining in the community. The McLean County ARI program provides increased support, attention, and supervision from probation officers; Thinking for a Change (T4C) and Moral Reconciliation Therapy; access to substance use disorder and mental health treatment opportunities; access to individualized trauma-informed assessment and counseling; restorative justice programming; and family advocacy and case management. McLean County also provides ARI participants with linkages to community-based emergency housing assistance, transportation assistance, employment services, and childcare.

McLean County ARI is a partnership between McLean County Adult Court Services, the McLean County State's Attorney's Office and Public Defender's Office, McLean County Circuit Court Judges, local substance use disorder and mental health treatment providers, and contracted service providers.

Peoria County

Peoria County joined ARI in 2013 to establish an intensive supervision probation with services program and provide added supports to the Peoria County Problem-Solving Courts (Mental Health, DUI, Drug, and Veterans Courts). Coordinated by the Peoria County Probation and Court Services Department, the program includes reduced probation caseloads, motivational interviewing, cognitive behavioral therapy (Thinking for a Change and Moral Reconciliation Therapy), mental health and substance use disorder treatment, and community service projects. Peoria County ARI also connects participants to educational and vocational opportunities, transportation and childcare assistance, and housing through local community-based partners.

Partners include the Chief Judge of the 10th Judicial Circuit; Peoria County Probation and Court Services; the Peoria County State's Attorney and Public Defender's Offices; community-based

substance use disorder and mental health treatment providers; local non-profit organizations; and local organizations providing employment services, education services, and housing.

Sangamon County

Sangamon County joined ARI in July 2013 to expand its Drug Court. In January 2018, Sangamon County began using additional ARI funds to add a Veterans Court and coordinate interventions across all three problem-solving courts (Drug, Mental Health, Veterans). The Sangamon County ARI Program is coordinated by the Sangamon County Probation and Court Services Department.

Sangamon County ARI provides participants with substance use and mental health treatment, Cognitive Behavioral Therapy (CBT), motivational interviewing, Moral Reconciliation Therapy, group and individual programming focused on positive behaviors including Something for Nothing and Thinking for a Change, trauma-informed treatment services, and recovery support and mentorship based on individualized case plans. Additionally, Sangamon County connects participants to transportation assistance, emergency and transitional housing, and employment services. After successful completion of their program, Sangamon County ARI graduates are invited to join the program's Alumni Group which works to support current participants and give back to the recovery community.

Partners include the Circuit and Associate Judges, Sangamon County Probation and Court Services, the Sangamon County State's Attorney's Office and Public Defender's Office, Gateway Foundation, Memorial Behavioral Health, Southern Illinois University – School of Medicine, the Springfield Police Department, the Sangamon County Sheriff's Office, Friends of Sangamon County Drug Court, local faith-based organizations, and other community partners. In addition, the Veterans Court partners with a Veterans Justice Outreach Coordinator from the Veterans Affairs office.

Washington / Perry Counties

Washington and Perry counties joined ARI in 2018 to implement "Pathway to Recovery," a drug court program aimed at reducing the rate of recidivism, further incarceration, and imprisonment of persons with substance use disorders and co-occurring mental health disorders. Participants in Pathway to Recovery attend frequent treatment sessions, support group meetings, and Moral Reconciliation Therapy. In addition, Pathway to Recovery links participants to transportation assistance, transitional housing assistance, employment services, further education, and volunteer opportunities.

Key partners and stakeholders for the Pathway to Recovery program include the Circuit Judge; each county's State's Attorney's and Public Defender's Offices; the Program Officer who provides supervision and case management; the Program Coordinator; community-based mental health and substance use disorder treatment providers; public transportation; local community colleges and employment skills organizations; and a short-term transitional housing partner.

Will County

Will County joined ARI in 2015 to enhance and expand its current problem-solving courts (Drug, Mental Health, and Veterans Courts), and has since expanded its services to include a broader population of participants with a variety of probation-eligible offenses. Will County ARI provides participants with access to substance use disorder and mental health treatment; Moral Reconciliation Therapy, Thinking for a Change (T4C) and Criminal Thinking programming to address and adjust behavioral patterns; recovery support meetings; medication assisted treatment (MAT); domestic violence treatment; and access to additional group therapy services. Will County ARI also provides participants transportation assistance, financial support for vocational training, and access to housing through partnerships with community-based organizations. After graduation from the program, participants are invited to join the Will County Problem-Solving Courts alumni group to maintain connections to the recovery community and join in pro-social outings.

Will County ARI is a partnership between the 12th Judicial Circuit Court; the Will County State's Attorney's Office, Public Defender's Office, Probation Department, Sheriff's Department, Health Department, and Executive Office; local mental health and substance use disorder treatment partners; community-based sober living partners; the University of St. Francis; and other local partners.

Winnebago County

Winnebago County joined ARI in October 2011 to support its enhanced drug court; and, starting in October 2013, ARI funding included support for its mental health court, known as the Therapeutic Intervention Program (TIP) Court. Both problem-solving court programs serve individuals in need of mental health and/or substance use disorder treatment who have committed felony offenses and would otherwise face a sentence to prison. Participants receive substance use disorder and mental health treatment services based on individual case plans; case management services; residential treatment; recovery coaching; therapeutic responses including Dialectical Behavior Therapy (DBT), Moral Reconciliation Therapy (MRT), and Seeking Safety; motivational interviewing; and participant incentives and sanctions. Participants in Winnebago County's TIP Court often receive additional treatment for mental health disorders such as integrated dual disorder treatment, family psychoeducational services, and assertive community treatment. Winnebago County ARI also links participants in both courts to housing, life-skills programming, employment, education, and transportation assistance.

Winnebago County ARI is a partnership between the 17th Judicial Circuit Court and its Chief Judge, Problem-Solving Court Coordinators, the Winnebago County State's Attorney's Office and Public Defender's Office, probation, Rosecrance (mental health treatment provider), and other community-based organizations.

APPENDIX E: ARI GRANTS CHART

SFY22 Grant Awards			
ARI Site	Grant Amount	Grant Type	Grant Period
2nd Judicial Circuit	\$457,111.00	Implementation	7/1/21-6/30/22
4th Judicial Circuit	\$578,802.00	Implementation	7/1/21-6/30/22
4th Judicial Circuit Expansion	\$151,019.00	Implementation	10/1/21-6/30/22
9th Judicial Circuit	\$193,775.00	Implementation	7/1/21-6/30/22
20th Judicial Circuit	\$507,827.21	Implementation	7/1/21-6/30/22
Adams	\$403,521.00	Implementation	7/1/21-6/30/22
Boone	\$118,118.00	Implementation	7/1/21-6/30/22
Cook ACT Ct	\$619,091.00	Implementation	7/1/21-6/30/22
Cook W/RAP Ct	\$365,464.00	Implementation	7/1/21-6/30/22
Cook RRP	\$212,186.00	Implementation	7/1/21-6/30/22
DeKalb	\$495,923.00	Implementation	7/1/21-6/30/22
DuPage	\$360,481.00	Implementation	7/1/21-6/30/22
Grundy	\$119,416.00	Implementation	7/1/21-6/30/22
Jersey	\$24,931.00	Implementation	2/1/22-6/30/22
Kendall	\$205,658.00	Implementation	7/1/21-6/30/22
Lake	\$290,801.00	Implementation	7/1/21-6/30/22
LaSalle ISP-S	\$228,466.00	Implementation	7/1/21-6/30/22
LaSalle Drug Ct	\$143,047.00	Implementation	7/1/21-6/30/22
LaSalle TA Ct	\$143,047.00	Implementation	7/1/21-6/30/22
Macon	\$384,915.00	Implementation	7/1/21-6/30/22
Madison	\$181,828.00	Implementation	7/1/21-6/30/22
McLean	\$158,176.00	Implementation	7/1/21-6/30/22
Peoria	\$226,674.00	Implementation	7/1/21-6/30/22
Sangamon	\$498,036.00	Implementation	7/1/21-6/30/22
Washington/ Perry	\$202,194.00	Implementation	7/1/21-6/30/22
Will	\$609,483.00	Implementation	7/1/21-6/30/22
Winnebago (Drug Ct & TIP Ct)	\$648,048.00	Implementation	7/1/21-6/30/22
Cook County Justice Advisory Council	\$29,652.00	Planning	10/1/21-6/30/22
Montgomery	\$16,667.00	Planning	10/1/21-6/30/22
TOTAL	\$8,574,357.21		

APPENDIX F: EVIDENCE-BASED AND PROMISING PRACTICES AT ARI SITES

Assessments	Program Models	Probation Methods & Tools	Treatment & Therapy	Recovery & Support
Illinois Adult Risk Assessment (ILARA) – based on the Ohio Risk Assessment System (ORAS)	Adult drug court	Effective Practices in Community Supervision (EPICS)	Matrix model	Recovery coaching
Level of Service Inventory-Revised (LSI-R)	Adult mental health court	Effective Casework Model	Dialectical-Behavior Therapy (DBT)	Twelve-Step Facilitation Therapy (AA, NA)
Texas Christian University (TCU) screening & assessments	Veterans court	Motivational interviewing (MI)	Medication Assisted Treatment (MAT)	SMART Recovery (Self Management and Recovery Training)
Global Appraisal of Individual Needs (GAIN)	DUI court	Swift & certain/ graduated sanction case management for substance abusing offenders	Integrated Dual Disorder Therapy	Wellness Recovery Action Planning (WRAP)
Substance Abuse Subtle Screening Inventory (SASSI)	Intensive supervision probation with services (surveillance & treatment)	Electronic monitoring	Assertive Community Treatment (ACT)	Transitional and supportive housing
Risk and Needs Triage (RANT)		Carey Guides – Brief Intervention Tools (BITS)	Cognitive behavioral therapy (CBT) (for high and moderate risk offenders)	Wrap-around services
Client Evaluation of Self Treatment (CEST)		Core Correctional Practices	- Thinking for a Change (T4C)	- Community Reinforcement Approach
PTSD Checklist-Civilian Version (PCL-C)			- Moral Reconciliation Therapy (MRT)	- Cultural Competency
Trauma Screening Questionnaire (TSQ)			- Strategies for Self-Improvement and Change (SSC)	- Family psycho-education
Suicide Behaviors Questionnaire-Revised (SBQ-R)			- Relapse Prevention Therapy (RPT)	- Work therapy
Adverse Childhood Experience (ACE) Questionnaire			- Moving On	- Employment retention
			- Co-occurring Disorders Program (CDP)	
			- Anger Management	
			- Motivational Enhancement Therapy	
			- A New Direction	
			Trauma-informed therapy	Peer support
			- Seeking Safety	
			- Trauma Recovery & Empowerment Model (TREM)	
			- Helping Men/Women Recover	

APPENDIX G: ARI LOGIC MODEL

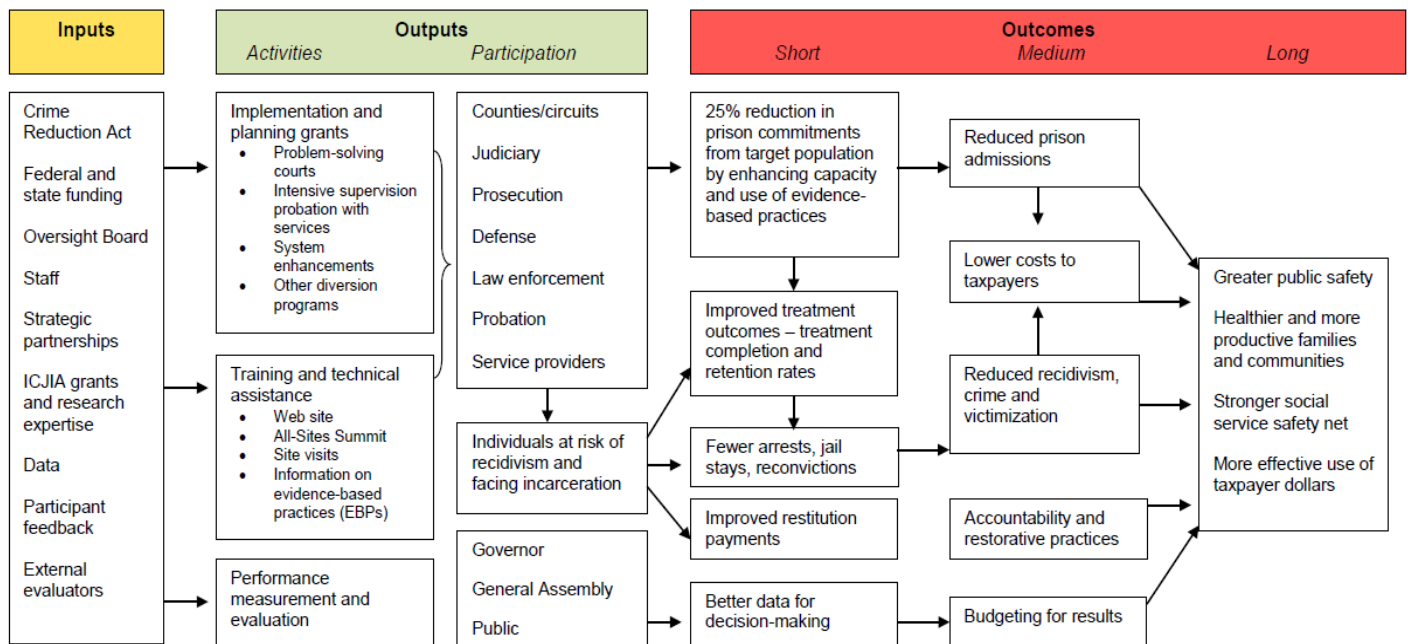
ARI's logic model illustrates the various inputs and complex interactions of human, financial, and strategic resources in state and local operations to achieve the shared goals of greater public safety, stronger community well-being, and more effective use of taxpayer dollars.

To learn more about logic models and their value in program design, implementation, and evaluation, review the article available at ICJIA's Research Hub:

<https://icjia.illinois.gov/researchhub/articles/logic-models-practical-planning-to-reach-program-goals/>.

Program: Adult Redeploy Illinois Logic Model

Situation: Local jurisdictions lacking capacity send people on probation-eligible offenses to prison, which is more expensive and less effective than community-based rehabilitation programs.



Assumptions

- The best way to reduce crime is to understand why people commit crimes and address underlying issues.
- Individuals are often better supervised in the community where their criminogenic needs can be met more effectively and efficiently.
- Local communities know best who they can safely divert and what services are needed.

External Factors

- Crime trends
- State and local fiscal environments
- Changes in correctional policies and practices
- Other reform policies and laws

APPENDIX H: ARI PERFORMANCE MEASUREMENT MATRIX

The following contractual performance measures will be used to review adherence to Adult Redeploy Illinois requirements. Certain conditions related to the performance measures may initiate the need for technical assistance and/or corrective action:

Contractual Performance Measure	Initiator for Corrective Action
Reduction goal: <ul style="list-style-type: none"> • 25% reduction of ARI-eligible IDOC commitments from the identified target population for the grant period. 	<ul style="list-style-type: none"> • Failure to meet or risk of failure to meet the contractual 25% reduction goal for the grant period.
Assessment tools: <ul style="list-style-type: none"> • Risk and needs assessment information utilized for enrollment determinations. 	<ul style="list-style-type: none"> • No assessment tool in use. • Assessment tool not used consistently. • Assessment tool failing to guide enrollment or programming determinations.
Evidence-based practices (EBP): <ul style="list-style-type: none"> • Fidelity of EBP is documented. • 100% of enrolled are receiving EBP. • % high-risk/need engaged in appropriate programming (e.g. substance abuse treatment, mental health treatment, cognitive-behavioral therapy). 	<ul style="list-style-type: none"> • Failure to use EBP (e.g., failure to assess and use information for enrollment and programming, failure to utilize risk-need-responsivity model, failure to use evidence-based programs or curricula). • Failure to address technical assistance recommendations in a timely manner.
Appropriate ARI target/service population: <ul style="list-style-type: none"> • Participants are: <ul style="list-style-type: none"> ○ Probation-eligible ○ Prison-bound ○ Moderate to high risk • Local programs enroll appropriate target population as planned to match intervention (e.g., high-risk/low-need or high-risk/high-need). 	<ul style="list-style-type: none"> • Analysis of program’s unsuccessful exits shows a lower than pre-determined threshold of program revocations committed to IDOC. • Analysis of risk scores shows program is not serving moderate to high-risk individuals according to pre-determined threshold. • Analysis shows program is excessively overriding risk scores.
Provision of program data as required in contracts: <ul style="list-style-type: none"> • Demographics • Case information • ARI information <ul style="list-style-type: none"> ○ Probation/ARI conditions ○ Drug testing results ○ Diagnosis information ○ Treatment providers ○ Status/termination of conditions ○ Changes in employment/education levels ○ Technical violations, arrests, convictions ○ Risk and other assessment information ○ Client contacts 	<ul style="list-style-type: none"> • Failure to provide requested data in the form/detail requested or in a timely manner.

Corrective action plan (CAP) remedies:

1. Training (use of assessment tools, evidence-based practices, data collection, group dynamics)
2. Technical assistance
3. Assessment of mitigating circumstances
4. Sanctions
5. Termination of contract

APPENDIX I: CORRECTIVE ACTION PLAN LANGUAGE

CORRECTIVE ACTION PLAN FOR SITES AT RISK OF NOT MEETING REDUCTION GOALS:

At the end of each quarter, staff from the site and the department administering the Adult Redeploy Illinois grant will (1) do a formal review of the number of individuals diverted from the Illinois Department of Corrections (using the site's and IDOC's data) and (2) assess whether the number conforms with the site's approved plan in order to achieve the annual 25% reduction included in the plan.

If either site or the state agency administering staff believes that it will not [achieve the annual 25% reduction], they shall bring the issue to the next meeting of the Oversight Board (or within the first month of the next quarter, whichever is sooner) with a plan for remediation designed to avert a penalty charge to the site. The site may choose to send its representatives to the Board meeting to explain the plan, and the Board shall act on the plan immediately upon its receipt.

Should the Board not accept the plan, the site will have the opportunity to modify the plan or withdraw from the program by the next Board meeting (or the second month of the quarter, whichever is sooner). Should the site accept the corrective action plan, the plan shall include a schedule for reporting on the progress of the plan, with regular reports at least once a quarter to the Board, until the Board agrees that the corrective action plan has been successfully implemented.