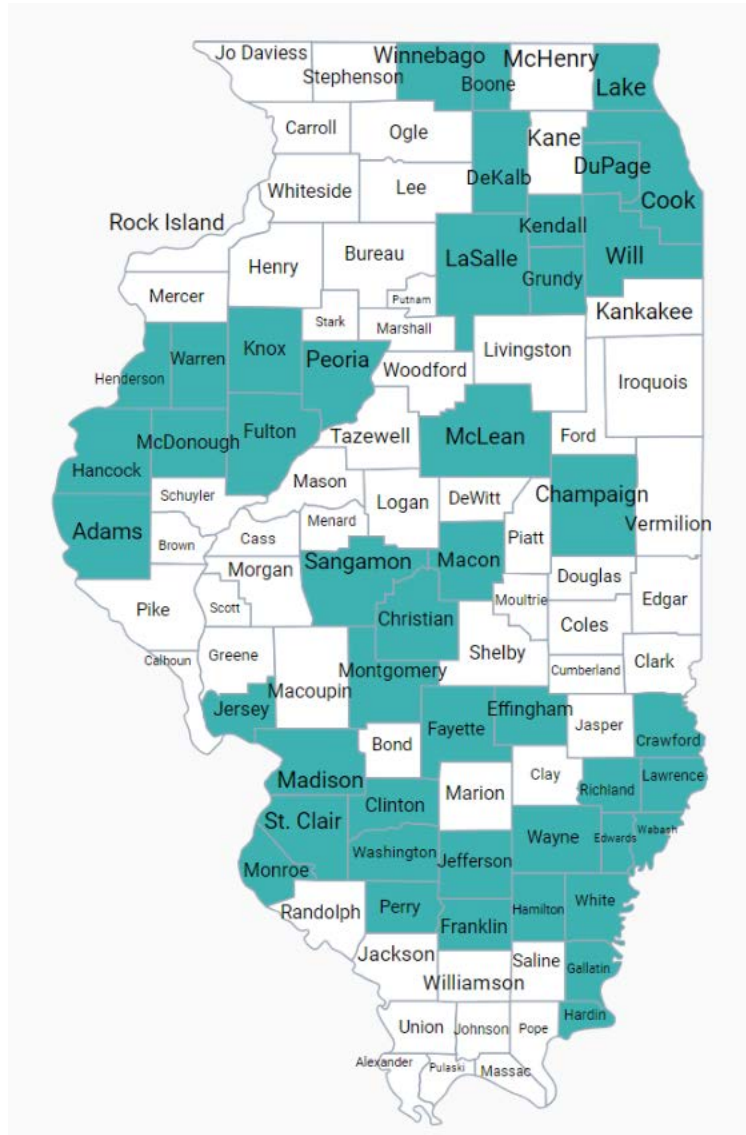


APPENDIX A

Map of ARI Sites



ARI sites (shaded): 2nd Judicial Circuit – 12 counties; 4th Judicial Circuit – 4 counties; 9th Judicial Circuit – 6 counties; 20th Judicial Circuit – St. Clair County; 24th Judicial Circuit – 3 counties; Adams County; Boone County; Champaign County; Cook County (3 grants); DeKalb County; DuPage County; Grundy County; Jersey County; Kendall County; Lake County; LaSalle County (2 grants); Macon County; Madison County; McLean County; Montgomery County; Peoria County (2 grants); Sangamon County; Will County; Winnebago County.

APPENDIX B

Program Models

Problem-Solving Courts⁵

Problem-solving courts (PSCs), also known as treatment courts, divert individuals charged with or convicted of a crime from incarceration to help change criminogenic attitudes and behaviors, reduce recidivism, decrease criminal justice costs, reintegrate individuals into their communities as better functioning citizens, and increase public safety. The first PSCs served those with substance use disorders and later expanded to serve individuals with mental health issues and veterans. PSCs are targeted to high-risk and high-need participants and are resource intensive. See the [Administrative Office of the Illinois Courts website](#) for a map of PSCs in the state, as well as the [Illinois Association of Problem-Solving Courts website](#) for additional resources.

Research has demonstrated the success of PSCs, finding that most PSCs, when implemented correctly, reduce recidivism. Other outcomes associated with PSCs include improved coordination among criminal justice agencies, enhanced services to victims and perpetrators of crime, and increased trust in the criminal justice system. Practices that influence PSC success include applying a collaborative approach, providing structure and accountability, offering wraparound services, training team members, and monitoring program performance and outcomes.⁶

Many resources are available to support evidence-informed PSC implementation. For example, the U.S. Department of Justice, All Rise (formerly the National Association of Drug Court Professionals), and Justice for Vets produced reports on the key components of different PSCs.

- [Defining Drug Courts: The Key Components](#) (1997), National Association of Drug Court Professionals, Standards Committee
- [Improving Responses to People with Mental Illnesses: Essential Elements of a Mental Health Court](#) (2007), Council of State Governments Justice Center and BJA
- [The Ten Key Components of Veterans Treatment Courts](#) (2008), Justice for Vets, as adapted from “Defining Drug Courts: The Key Components”

Additional resources from the U.S. Department of Justice’s National Institute of Justice are available on its [Problem-Solving Courts website](#).

In addition, All Rise has published [Adult Treatment Court Best Practice Standards](#) [Adult Drug Court Best Practice Standards](#) (updated January 2026) that offer guidance to practitioners based on an analysis of decades of research and practice in the field. The best practice standards were developed by a diverse committee of treatment court practitioners, researchers, and other experts, and each standard was peer-reviewed by a team of subject-matter experts.

The National Center for State Courts provides access to current standards and other resources for PSCs across the country.⁷

Finally, the Administrative Office of the Illinois Courts developed statewide [PSC standards](#) in 2015 (updated in 2019). Jurisdictions requesting ARI funds for a new or existing

PSC must achieve or be in the process of achieving AOIC PSC certification. Additional information on the AOIC PSC certification process and other resources for practitioners are available on the [AOIC PSC website](#).

Intensive Supervision Probation with Services

Intensive Supervision Probation (ISP) was created as an incarceration alternative to alleviate some of the burden of a large prison population on resources, staff, justice-involved individuals, and the community. ISP programs generally include increased surveillance often with treatment and/or evidence-informed practices. ARI funds have supported an Intensive Supervision Probation with Services model (ISP-S). This model uses an integrated probation approach that includes increased surveillance, drug testing, substance use disorder treatment, and other evidence-based practices for its clients.⁸

Research suggests ISP-S programs reduce system-wide costs of punishment by between 30-62% per person when compared to traditional incarceration models.⁹ Beyond program cost effectiveness, ISP-S may be especially beneficial for specific classes of crime that are prone to very high levels of recidivism such as drug offenses and burglary. Including prosocial rehabilitative behavioral programming is particularly beneficial for high risk groups. Successful ISP-S programs often incorporate peer support, employment readiness and opportunities, and community involvement to address the underlying causes of criminal behavior.¹⁰ ARI developed a key components checklist for a successful ISP-S program using the existing research base, which can be found here: <https://icjia.illinois.gov/researchhub/articles/intensive-supervision-probation-with-services>.

Specific to behavioral health needs, specialized probation caseloads can be tailored to individuals with co-occurring disorders to address the challenges they face in securing stable housing and mental health care. The Justice and Mental Health Collaboration Program notes that parole and probation departments are well-positioned to help people with behavioral health needs address these challenges and help ensure that they succeed in community supervision.¹¹ People with co-occurring disorders usually require extensive treatment and services to address their needs, and also benefit from a combination of specially trained probation staff working with behavioral health professionals to apply evidence-based practices – a hallmark of specialized caseloads.¹²

APPENDIX C
Evidence-informed 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	Supervision (EPICS)	Dialectical-Behavior Therapy (DBT)	Twelve-Step Facilitation Therapy (AA, NA)
Texas Christian University (TCU) screening & assessments	DUI Court	Effective Casework Model	Medication Assisted Treatment (MAT)	SMART Recovery (Self Management and Recovery Training)
Global Appraisal of Individual Needs (GAIN)	Veterans court	Motivational interviewing (MI)	Integrated Dual Disorder Therapy	Wellness Recovery Action Planning (WRAP)
Substance Abuse Subtle Screening Inventory (SASSI)	Intensive supervision probation with services (supervision & treatment)	Swift & certain/ graduated sanction case management for substance abusing offenders	Assertive Community Treatment (ACT)	Transitional and supportive housing
Risk and Needs Triage (RANT)			Cognitive behavioral therapy (CBT) (for high and moderate risk offenders)	Wrap-around services
Client Evaluation of Self Treatment (CEST)			<ul style="list-style-type: none"> Thinking for a Change (T4C) Moral Reconciliation Therapy (MRT) Strategies for Self-Improvement and Change (SSC) Relapse Prevention Therapy (RPT) Moving On Co-occurring Disorders Program (CDP) Anger Management Motivational Enhancement Therapy A New Direction 	<ul style="list-style-type: none"> Community Reinforcement Approach Cultural Competency Family psycho-education Work therapy Employment retention
PTSD Checklist-Civilian Version (PCL-C)		Carey Guides – Brief Intervention Tools (BITS)	Trauma-informed therapy	
Trauma Screening			<ul style="list-style-type: none"> Seeking Safety 	

Questionnaire (TSQ)		Core Correctional Practices	<ul style="list-style-type: none"> • Trauma Recovery & Empowerment Model (TREM) • Eye Movement Desensitization and Reprocessing (EMDR) • Helping Men/Women Recover 	Peer support
Suicide Behaviors Questionnaire-Revised (SBQ-R)				
Adverse Childhood Experience (ACE) Questionnaire				

*This is a sample of programs and practices implemented at ARI sites and is not intended to be a comprehensive list.

APPENDIX D

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. 100% 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 80% moderate to high risk Local programs enroll appropriate target population as planned to match intervention (e.g., high-risk/low-need, 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.
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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, penalties
5. Termination of contract

APPENDIX E

Mandatory ARI Data Elements for Performance Measurement

Demographics:

- Name
- Date of birth
- Gender
- Race
- SID (fingerprint identification number)

Case information:

- Current offense (type of offense, class, dates of arrest and sentence)
- Date client was accepted/enrolled in the program
- If not accepted or enrolled, reason
- Termination date, reason

Adult Redeploy Illinois (ARI) information:

- Probation/ARI conditions (types of treatment required, restitution, education, etc.)
- Treatment provider(s)
- Status updates on these conditions (movement between phases, interrupted treatment, start date, completion date, compliance with treatment, etc.)
- Termination from conditions (successful or not, reason for termination, date of completion/termination)
- Changes in education level and employment
- Technical violations, rule infractions, other negative behavior (date, violation reason, sanction applied/response)
- Arrests/convictions while on ARI (date, offense, class, sentence and date if applicable)
- Risk/other assessment scores, initial and follow up (date, and at least final assessed risk level and override, if applicable)
- Number of in-person visits with each client monthly (in-office visits, field visits, any time the officer and client meet face-to-face. Phone contacts should not be counted as face-to-face contacts)
- Primary substance of choice (if applicable)
- Drug testing information (date tested, result of test, substance(s) found if positive, location of test [probation or treatment provider])
- Diagnosis information
 - Mental health (date of diagnosis, actual diagnosis)
 - Substance abuse/dependence (date of diagnosis, abuse and/or dependence, substance of preference)

APPENDIX F
Corrective Action Plan Language

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

At the end of each quarter, the site and ICJIA will (1) do a 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 the site or ICJIA believes that it will not, they shall bring the issue to the next meeting of the ARIOB (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 ARIOB meeting to explain the plan, and the ARIOB shall act on the plan immediately upon its receipt.

Should the ARIOB not accept the plan, the site will have the opportunity to modify the plan or withdraw from the program by the next ARIOB 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 ARIOB, until such time as the ARIOB agrees that the corrective action plan has been successfully implemented.

A similar corrective action plan process will be followed as it relates to the site's failure (or risk thereof) to meet other contractual performance measures stated in the Illinois Crime Reduction Act (730 ILCS 190/*et. seq.*), namely the use of assessment tools and evidence-based practices, appropriate target/service population, and provision of required data