

RELATIONSHIPS BETWEEN DEMOGRAPHICS, REGION AND OUTCOMES IN ADULT REDEPLOY ILLINOIS FUNDED PROGRAMS



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Abstract: Across the United States in 2020, over 1 million individuals were incarcerated and over 3 million were on probation. Many jurisdictions developed diversion programs to create an alternative to mass incarceration of individuals with substance use and mental health disorders. The purpose of Adult Redeploy Illinois (ARI) is to divert individuals with prior criminal histories and an active felony case from prison. ARI program values include racial equity in access programming experiences, and program outcomes. For this study, we explored whether or not there was equity based on age, sex, race, and region in ARI program outcomes and post-ARI program prison recidivism outcomes. Binary logistic regression predictive models were used to determine which variables, if any, predicted ARI program and/or recidivism outcomes. For both models, age, region, program type, property offense, criminogenic risk, and years in program predicted whether or not an individual completed their ARI program or recidivated. Sex and race did not predict outcomes or recidivism, providing evidence that racial and gender equity in program and recidivism outcomes exist. Implications for working with younger-aged individuals and for addressing regional programming assets were described, and future studies about equitable access to ARI programs were discussed.

Introduction

Across the United States in 2020, over 1 million individuals were incarcerated¹ and over 3 million were on probation.² Many jurisdictions developed diversion programs to create an alternative to mass incarceration for individuals with substance use and mental health disorders. Diversion programs provide a behavioral and clinical treatment alternative to imprisonment with goals of disrupting cycles of imprisonment and providing participants with support to develop a healthier and crime-free existence. Not only are diversion programs designed to avoid expensive incarceration and reduce the use of public and criminal justice resources, they also provide criminal-justice involved individuals with opportunities to avoid conviction and its collateral consequences.^{3,4}

The Illinois Criminal Justice Information Authority's Adult Redeploy Illinois (ARI) program was established by the Crime Reduction Act of 2009 (Public Act 96-0761) to provide financial incentives to local jurisdictions for programs that allow diversion of individuals with felony convictions from state prisons by providing community-based services. Reducing recidivism is one goal of the program. Grants are provided to ARI programming in counties and judicial circuits in exchange for reducing the number of people they send to prison. Between its inception in 2011 and through June 2022, ARI has served over 8,000 individuals across Illinois. The ARI Oversight Board awarded \$8.25 million in state fiscal year 2022 grants to 53 programs in 46 counties.

The purpose of ARI is to divert individuals with an open felony case from prison. ARI programs are implemented by a team of court, probation, human services, substance use treatment and mental health professionals. ARI participants must be prison bound based upon their criminal histories, type of felony charge, and assessed levels of criminogenic risk. Effective diversion programs maximize resources to promote public safety, improve the health of participants, and help participants become productive.⁵

From January 2011 to December 2018, per ARI statute, the felony charge had to be non-violent; those with violent offenses became eligible with a legislative change effective January 2019. ARI program participation is voluntary. Individuals may request program referral or be referred by court personnel for ARI program eligibility and assessment. Qualified individuals then may select ARI program enrollment or processing in the traditional court system.⁶ Upon diversion program completion, the state's attorney and judge on the case may void criminal charges, expunge a conviction, or dismiss the case.

ARI grantees are funded to operate drug, mental health, and veterans' courts, and intensive supervision probation with services (ISP-S) to divert individual from prison in their jurisdictions. Drug courts are the most common diversion program and are designed to address the needs of individuals who become criminal-justice involved due to a substance use disorder and/or behavioral health problems. These courts are governed by a team of criminal justice and community treatment service professions that refer, screen, assess, and enroll individuals into a non-adversarial court process with treatment and services to address criminogenic behaviors. Drug court staff conduct frequent drug testing, provide contingencies for passed and failed drug tests, give positive reinforcement for progress and compliance, and provide other services as

individual cases warrant. Drug courts aim to reduce not only criminal recidivism but also drug use relapse.⁷ In 1997, drug court professionals developed standards for drug courts that included 10 key components for effective drug courts, for instance: integrating substance use treatment, prompt placement in drug court, and judicial interaction with each participant.⁸ More than 3,000 drug courts operate across the nation.⁹ In 2013, these standards were updated and summarized, including equity and inclusion standards.¹⁰

Mental health courts are designed to address mental health disorders among justice-involved individuals, connect them to appropriate mental health services in the community, and focus on rehabilitation rather than jail or prison to support desistance from criminal behavior and to avoid an exacerbation of their symptoms and further decompensation.¹¹ Like drug courts, mental health courts apply a non-adversarial criminal justice team approach including clinical professionals. The Council of State Governments Justice Center developed 10 essential elements for an effective mental health court, some examples are: timely participant identification and linkage to services; informed choice before participation and including mental health staff to set and monitor criminal case goals.¹² About 470 MHCs operate across the United States.¹³ Veteran's treatment courts incorporate the practices of both drug and mental health courts to serve military veterans with a dual of substance use and/or mental health disorders. In conjunction with the U.S. Department of Veterans Affairs healthcare networks, veteran's treatment court staff work to divert veterans from jails and prisons to support sobriety, recovery, and stability for criminal justice-involved veterans in the community.¹⁴ More than 460 veterans health courts operate across the country.¹⁵

The Intensive Supervision Probation with Services (ISP-S) diversion program focuses on criminal attitudes and behaviors. ISP-S combines more frequent monitoring for sobriety and cognitive behavioral treatment to promote protective factors (e.g. employment) that reduce criminal attitudes and behaviors. ISP-S officers have smaller caseloads than those working in standard probation. There are nine important components for an effective ISP-S program, such as working with high risk clients, ensuring small caseloads, and including treatment and services in case plans.¹⁶ Effective diversion programs protect public safety, spend resources wisely, promote the health of participants, and helps participants become productive.¹⁷

The Adult Redeploy Illinois Strategic Plan 2020-2022 prioritizes equity in program access and outcomes for participants. This goal inspired the purpose of this study: to conduct analyses examining the relationship between client demographics (age, sex, race), program region, and outcomes. Study outcomes were defined as ARI program outcomes (ARI program completion or revocation) and recidivism—prison admission following ARI program exit (admission or no admission). We sought to answer the following research questions:

1. To what extent were there differences in ARI program outcomes (program completion or revocation) based on age, sex, race, or region?
2. To what extent were post-ARI program prison recidivism outcomes (admitted to IDOC or not admitted) different based upon age, sex, race, or region?

The ARI program was designed for equitability across age, sex, race, and region. However, drug court research has uncovered differential outcomes based upon these demographics. It is hoped that all participants have equitable outcomes and equitable program experiences, however, the

research literature suggests that age, sex, race, and region may have more of an impact on outcomes than desired, when an equitable outcome would show no influence. Some argue Illinois resources to promote crime desistance are not equally distributed across the state. In this study, we sought to identify inequities associated with demographics and region and make recommendations to address or remedy those inequities.

Background

Demographic and Regional Relationships to Program Completion and Recidivism

We examined program completion and recidivism as they relate to sex, race, age, and region of participants in problem-solving courts such as drug, mental health, and veteran's courts and ISP-S programs. The length of time before an individual recidivates begins with a starting event, which could be a release from prison, the onset of a probation term, or the completion of a community treatment or ISP-S program or problem-solving court. The event that defines the recurrence of criminal behavior (recidivism) may be an arrest, conviction, or incarceration that occurs during a specified follow-up period.^{18,19} For purposes of this report, program completion occurs when an individual completes their problem-solving court or ISP-S program requirements and recidivism refers to the recurrence of criminal behavior following problem-solving court or ISP-S program involvement which results in prison admission.

An individual's characteristics also may be related to recidivism. While various attributes such as sex, age, race, criminal history, and employment status may predict a participant's future criminality, participants with limited criminal history are less likely to recidivate after graduation, as were individuals with at least a high school diploma, older individuals, and women. Men, minority groups, and those with less than a high school education were associated with increased recidivism.²⁰

Program Completion and Recidivism by Sex

In 2020, women comprised 19% of the U.S. probation population²¹ and several studies have examined their experiences in diversion programs, mostly drug courts.²² In a national survey, women were overrepresented in drug courts compared to their numbers in the criminal justice system; yet, their program completion rate of 39% was lower than the overall rate of 58%.²³ Researchers described women in drug courts as having more mental health issues than men, such as anxiety, depression, and cognitive difficulties.^{24,25} Depressed women were less likely to complete treatment, however those using prescribed medications were more likely to complete drug court programs.²⁶ Of the studies reviewed, drug and mental health court outcomes showed either no difference^{27,28,29} or that women achieved higher completion rates than men in drug courts.^{30,31,32} In one study, women were less likely to recidivate post-graduation, while males were associated with increased recidivism.³³ In a national study, women were less likely to recidivate within the first year of prison release; however, after one year, their recidivism rates were indistinguishable from those of men.³⁴

Program Completion and Recidivism by Age

Researchers are investigating diversion program retention and outcome differences by age, in particular for “emerging adults,” or persons between the ages of 18 to 24 years old and making the transition from youth to adulthood.³⁵ In 2013, emerging adults were overrepresented in the Illinois carceral system, comprising 10% of the Illinois population and 28% of incarcerated individuals. Of incarcerated emerging adults, 73% were serving time for non-violent offenses.³⁶ Several legislative changes and community interventions have been implemented to improve the outcomes of emerging adults, including raising the age of juvenile jurisdiction for misdemeanor cases from 18 to 21 and providing developmentally appropriate treatments and educational and vocational services.³⁷

Some research indicates younger adults have poorer drug court outcomes.^{38,39,40} Older aged individuals were less likely to recidivate post program graduation.⁴¹ Evidence shows older adults are more likely to adhere to treatment requirements and less likely to receive technical violations than young adults participating in mental health court programs.⁴² Criminal justice professionals have attributed this to immaturity, however, developmental neurology researchers elaborated on this notion. According to these researchers, young adults between the ages of 17 to 25 years old are still experiencing neurological changes and growth; also, their brains function differently than older adults due to their developmental stage, *emerging adulthood*, characterized by continued brain development, reward-seeking behavior, susceptibility to peer pressure, impulsive behavior, and emotion-influenced decision-making.^{43,44} As a result, evidence-based practices in adult probation that are effective when applied to adults may be less effective with young adults.⁴⁵ To summarize, without interventions that take these characteristics into account, emerging adults will continue to do poorly in prison diversion programs.

Program Completion and Recidivism by Race

A 2016 national report on drug courts noted differences in graduation rates by race. On average African-Americans achieved a graduation rate of 39% compared to 58% across all races/ethnicities; the Latinx graduation rate was 32% compared to 57% across all races/ethnicities.⁴⁶ In several studies, race predicted greater program success for White participants in drug courts with reported differences in graduation rates between White participants and non-White participants.⁴⁷ In a large study of 140+ treatment courts (drug, DUI and re-entry) courts, White participants graduated at the highest rate, 55%, compared to Latinx graduates at 49% and Black graduates at 38%.⁴⁸ In a review of several studies, the differences between White and Black graduating participants varied from 15% to 62% fewer Black graduates, and two studies reporting higher rates of Black graduating participants from 3% to 11% fewer White graduates.⁴⁹ In a statewide evaluation, there was a 15% difference in graduation rates in favor of White instead of Black participants.⁵⁰ In an alternative probation program study Black participants received more violations, fees, failed drug screening results, and warrants and were less likely to complete the program.⁵¹ In some drug courts, for instance, non-White participants were underrepresented, achieved lower graduation rates, and showed higher recidivism rates than their White counterparts.⁵² Another study found that minority group membership was associated with increased recidivism in drug courts.⁵³

Some studies have shown case manager demographics may influence participant results where Black participants had greater drug court program completion rates than White participants.^{54,55} While White participants showed lower odds of being terminated from drug court, the odds of termination for minority participants were reduced when the race of the participant was the same as the program case manager.⁵⁶ In a study where a Black man managed the Drug Treatment Court, Black offenders out-performed White participants.⁵⁷

In several studies, racial differences in drug courts were significant based on bivariate analyses. However, when controlling for other factors or using multivariate analyses, race was no longer a significant predictor^{58,59,60} unless it was related to another factor, such as race and education level,⁶¹ race and psychological distress,⁶² or race and cocaine use.^{63,64} Neighborhood variables such as “concentrated disadvantage” (poverty, low income, low graduation rate, female-headed household rate) and violent crime rates mediated the effect of race in an analyses of race and drug court completion.⁶⁵ The researcher concluded that addressing neighborhood barriers to drug court completion for Black participants could have a positive impact on their program outcomes.⁶⁶ Another study found racial differences persisted with Black program participants achieving lower graduation rates than White and Latinx participants even when controlling for the effects of age, education, employment, criminal history, and drug use patterns.⁶⁷

Program Completion by Region

In several studies and reviews, criminal justice researchers compared urban and rural counties to understand the different experiences and needs of individuals in these regions.^{68,69} Rural county jail incarceration rates were double that of urban counties, increasing 26% between 2013 and 2019.⁷⁰ In a 2020 Illinois study, rural counties had higher rates of felony and DUI cases than urban counties, higher rates of prison admissions and exits, and higher rates of persons on probation.⁷¹

One study found lower drug court completion rates of 30% in urban counties compared to 41% in rural counties.⁷² Opioid use, overdoses, and drug outpatient treatment capacity were critical issues in the few studies examining drug court programs in rural areas.⁷³ A comparison of rural and urban drug courts revealed different predictors for program completion; only age consistently predicted drug court outcomes for both county types, with older participants being more likely to graduate. In the rural programs, completing outpatient treatment predicted program completion; however, prior convictions and an incarceration sanction during the drug court program predicted program failure.⁷⁴ Urban drug court participants had a different set of predictors with women participants being more likely to complete drug court; however, those who had not finished high school, and/or used cocaine during the program had decreased odds of program completion.⁷⁵ The authors concluded that contextual factors were critical for understanding program completion for rural and urban drug court participants.⁷⁶ Rural criminal justice systems are often under-resourced, with outdated technology and infrastructure, and transportation barriers that impede access to drug treatment and other needed services.⁷⁷

Summary

Researchers have shown that problem-solving courts—drug courts, mental health courts, and veteran’s courts—have been catalysts for change in the lives of many participants. More rigorous research is needed, however, particularly on non-drug court interventions.

The majority of the literature reviewed here focused on drug court participants. Based on this limitation, expectations derived from this literature review may best represent the drug courts compared to the mental health courts and veteran’s courts (although both are modeled after the drug courts) and ISP-S programs. Based on the literature reviewed:

1. Men had lower program completion and higher recidivism rates than women.
2. White participants had higher program completion and lower recidivism rates than non-white participants.
3. Younger participants had lower program completion and higher recidivism rates than older participants.
4. Due to the limited research comparing urban and rural outcomes in diversion programs and problem-solving courts, no prediction could be derived.
- 5.

Methods

We applied two sets of administrative data to conduct this study:

1. ARI data collected from the ARI database, which included individual client data submitted to ICJIA as part of program grant requirements.
2. Illinois Department of Corrections (IDOC) prison admissions data

Quarterly, ARI grantees submit data to ICJIA staff as part of their grant agreements. These data are merged into a database and maintained by ICJIA staff. Prison admissions data was downloaded from the IDOC Offender 360 data system, which ICJIA researchers may access as part of a data sharing agreement with IDOC. ICJIA programmers were able to match individuals in the ARI database with individuals who had been admitted to IDOC. Quarterly, ICJIA staff check the IDOC admissions database for any former ARI participants. If an individual is found, the date of their admission to IDOC is entered into the ARI database, and their IDOC status changes from “No IDOC” to “IDOC”.

Analytic Method

Binary logistic regression predictive models were used to determine which variables, if any, predicted ARI program and IDOC outcomes. Using ARI program outcomes of completed = 1 (41%) and revoked=0 (59%) and IDOC outcomes of 1=IDOC (46%) and 0=NO IDOC (54%), both ARI program and IDOC models were tested using the following ARI variables: Risk levels (low, medium and high), Time in program (less than one year, 1-2 years, over 2 years), and Age levels (emerging, young adult, adult, older adult). The models also included the following categorical variables which were coded with ‘1’ indicating presence of the value and ‘0’ indicating the absence of the value: Central, Northern, and Southern regions; Male, African American, Latinx, Property offense, Other offense, ISP-S program, Mental Health Court, and

Multi-program courts (which include combinations of Drug, Mental Health, and Veterans' Courts). Reference variables were identified in these analyses for the categorical variables to use as a comparison in the interpretation of the logistic regression findings: Cook for region, White for race, Drug for offense, and Drug Court for program type.

Study Limitations

These data were limited by their administrative nature and were collected by non-researchers for program management purposes and not for research or evaluative purposes. Some data may be inaccurate and incomplete, and some data were missing. In the event of these limitations, some individual level data were not or could not be included in all analyses. In analyses where data were missing, casewise deletions were used which would reduce the overall number of cases in that analysis.

Findings

Adult Redeploy Illinois Program Outcome and Prison Recidivism Predictors

Between state fiscal years 2011- 2017, ARI data indicated 1,779 individuals exited the program. These participants were predominantly male (67%) and White (47%), with an average age of 34 years. Half of the participants were from northern Illinois counties, including Cook. Over half participated either in drug courts (38%) or ISP-S programs (38%). More participants were charged with property offenses (43%) than drug offenses (31%). Most participants were assessed at high (44%) and medium (42%) risk. Most spent a year (40%) or less (39%) in their ARI-funded program (Table 1).

Table 1

Characteristics of the Study Sample: ARI program participants exited between SFY 2011-SFY 2017

Participant description	<i>n</i>	%
Sex		
Male	1,189	67
Female	570	32
Missing sex	20	1
Age categories		
Emerging adults: 17 to 24 years	387	22
Young adults: 25 to 31 years	445	25
Adults: 32 to 42 years	440	25
Older adults: Over 42 years	472	27
Missing	36	2
Race		
African-American	599	34
Hispanic	79	5
White	1012	47
Missing	89	5
Region		

Participant description	<i>n</i>	%
Cook	148	8
Northern	739	42
Central	569	32
Southern	323	18
Program type		
Drug court	675	38
ISPS	674	38
Multi-program (including VTCs)	262	15
Mental health court	168	9
Admitting offense		
Property	765	43
Drugs - controlled substance	543	31
Other	286	16
Missing	185	10
Risk level		
High	752	42
Medium	778	44
Low	67	4
Missing	182	10
Years in program		
Less than one	692	39
One year	720	40
Two or more years	367	21

Note. *N* = 1,779

There were 1,779 ARI cases analyzed consisting of those who exited the program and had been out for at least one year between April 2012 and March 2017. Two models were tested, one to predict ARI Program Completion and another to predict IDOC Admission. Binary logistic regression analyses were used to determine which characteristics in the models would predict ARI program completion and/or IDOC admission. A significant finding (indicted by asterisks*) means that the characteristic has some predictive power in relation to program completion or IDOC admission (Table 2).

Table 2
Binary Logistic Regression Results

Predictor Variables	ARI program completion model	IDOC admission model
Sex		
Male	Reference	Reference
Female	-.097 (.908)	.170 (1.185)
Age categories	.299*** (1.21)	-.271*** (.763)
Race		
White	Reference	Reference
Black	-.039 (.962)	.109 (1.115)
Hispanic	.206 (1.229)	-.486 (.615)
Region		
Cook	Reference	Reference
Northern	-.037 (.964)	.016 (1.016)
Central	-.687* (.503)	.823** (2.277)
Southern	-.236 (.789)	.134 (1.144)
Program type		
Drug court	Reference	Reference
Intensive Supervision	1.236*** (3.443)	-1.073*** (.342)
Probation with Services (ISP-S)		
Multi-program (including Drug courts, MHCs, & VTCs)	1.120*** (3.065)	-.797*** (.451)
Mental Health Court	.199 (1.220)	-.980*** (.375)
Admitting offense		
Drugs - controlled substance	Reference	Reference
Property	-.277* (.758)	.565*** (1.759)
Other	-.095 (.909)	-.134 (.875)
Risk level	-.630*** (.533)	.397*** (1.488)
Years in program	.970*** (2.639)	-1.027*** .358

Predictor Variables	ARI program completion model	IDOC admission model
Statistical Summary		
Chi-squared	315.089***	304.922***
R-squared	.245	.238
Adjusted R-squared	.182	.177
No. observations	1,566	1,566

* $p < .05$, ** $p < .01$, *** $p < .000$

ARI Program Completions Predictive Model

The binary logistic regression model indicated which demographic characteristics, criminal history, and program experiences predicted whether or not an individual would complete the ARI program. With 69% accuracy, the model predicted ARI program outcome (omnibus Chi-square = 315.089, $df=14$, $p = .000$). There were several significant predictors.

Increasing odds of completing ARI programming

- As **age levels** increase from emerging adult to older adult, participants had 35% increase in odds of completing the program.
- As **years in the program** increase, participants were 1.6 times more likely to complete the program.
- **Intensive Supervision Probation with Services (ISP-S) program** participants were 2.4 times more likely to complete the program compared to Drug Court participants.
- **Multi-program** participants were 2.1 times more likely to complete the program compared to Drug Court participants.

Decreasing odds of completing ARI program

- **Central Region** participants were 49% less likely to complete their ARI program compared with Cook participants.
- As **risk levels** increased participants odds of completing the program decreased by 47%.
- Participants entering ARI with **property offenses** were 24% less likely to complete ARI programs compared with participants entering with drug offenses.

IDOC Admissions Predictive Model

The binary logic regression model showed which demographic characteristics, criminal history, and program experiences predicted whether or not an individual would be admitted to IDOC after leaving their ARI program. With 70% accuracy, the model predicted IDOC admittance (omnibus Chi-square = 304.92, $df=14$, $p=.000$). There were several significant predictors.

Decreasing odds of IDOC admission after exiting an ARI program

- As **years in the ARI program increased** the odds of being admitted to IDOC decreased by 64%.

- As **age levels** increased the odds of being admitted to IDOC decreased by 24%.
- **ISP-S** program participants were 65% less likely to go to IDOC compared with Drug Court participants.
- **Mental Health Court** program participants were 62% less likely to go to IDOC compared with Drug Court participants.
- **Multi-program** participants were 55% less likely to go to IDOC compared with Drug Court participants.

Increasing odds of IDOC admission after exiting an ARI program

- **Central region** participants were 1.3 times more likely to be admitted to IDOC compared with Cook participants.
- Participants with **property offenses** had a 75% increase in odds of being admitted to IDOC compared with participants with drug offenses.
- As **risk levels** increased, participants had a 49% increase in odds of being admitted to IDOC.

Discussion

Race and ARI Outcomes

The research evidence indicated that race was neither a predictor for ARI program outcomes nor prison recidivism. This evidence supports the racial equity approach ARI Oversight Board, staff and grantees have discussed in equity trainings and strategic planning. The actual completion rates are within six percentage points, 47% for Latinx, 42% for White and 41% for Black participants.

Age and ARI Outcomes

Research suggests that outcomes based upon age differences, in this instance, older adults having better outcomes than emerging adults, can be explained by developmental theory, neuroscience, and socio-emotional functioning⁷⁸ and that interventions involving employment, procedural justice, learning, psychological maturity, and rational choice can influence a drop in crime committed by individuals of ages 15 to 25.⁷⁹ It may be useful to tailor interventions to specific developmental stages, when feasible. Here, ARI funding and technical assistance could be targeted to facilitate the use of evidence-based, developmentally responsive interventions in diversion programs.

Several interventions improve diversion program retention and success of emerging adults. Evaluators for emerging adult/youth responsive interventions report positive outcomes, such as 73% program completion, 65% recidivism reductions and 100% increases in employment using private sector employment partnerships for job placements.⁸⁰ Another intensive program for emerging adults that focused on employment reported 90% or more did not recidivate during program participation, and 94% two years after completing the program with 78% employed.⁸¹ Nevertheless, more research is needed in this area.

Probation approaches designed specifically for emerging adults apply several interventions:

1. age-appropriate risk, needs, and responsivity assessments,⁸²

2. probation supervision that involve cognitive, emotional and instrumental support,⁸³
3. participation incentives, such as reduced charge, sentence, or probation duration, or record expungement after program completion,⁸⁴
4. educational support and programs with advancement,^{85,86}
5. employment opportunities with coaching,^{87,88}
6. cognitive-behavioral therapy,⁸⁹
7. mental health and/or substance abuse treatment,⁹⁰
8. parenting classes and support,⁹¹
9. instrumental support with basic services, including housing,⁹² and
10. follow-up contact after program completion to maintain gains and document long-term effects of program participation.^{93,94}

Despite limited evaluation of these outcomes, they are promising. With age-appropriate interventions, emerging adults have benefitted from diversion program participation. Researchers examined differences between emerging adults who persist in criminal involvement and those who desist.⁹⁵ “Desistence” in criminal justice, refers to a person’s reduction of criminal activity, especially post-adolescence.⁹⁶ Researchers identified age, marriage, legal employment, and a conscious decision to desist as core elements of successful and lasting crime desistence. “Persisters” tended to see themselves as victims, doomed, and unable to control their destinies. “Desisters” wanted to learn from their experiences, sought a moral purpose, were involved in self-help, and desired to help others desist. Using an offense outcome scale developed for their study, the researchers found that desisters were more likely to be older, women, married, and parents. Also, property ownership and religious participation predicted desistance. Conversely, economic instability predicted persistence in offending behavior.⁹⁷

Region and ARI Outcomes

The analyses indicated poor outcomes for recidivism among ARI participants exiting drug courts in the Central region. It may be important to systematically document and address drug court resource and capacity issues in that region. Rather than begin with community needs and deficits, an asset-oriented approach⁹⁸ is more likely to spur development in areas that would help diversion program participants better integrate into their communities. ARI-funded programs in the Central region could partner with universities and other private, non-profit entities for consultation on what resources are available and what is needed to meet the needs of the diversion programs and their current participants.

Time in ARI and Outcomes

It seems intuitive that the more time an individual spends in an ARI-funded diversion program, the more likely they will complete their probation requirements, including treatments and case management plans. Spending more than a year could suggest that the ARI team is invested in the individual’s success, perhaps encouraged by the participant’s engagement in the ARI program. During site visits, ARI staff learned that many who have completed their program had obstacles and relapse along the way, but, nevertheless, had time to work through their issues, complete their requirements, and, in some programs, participate in a graduation ceremony. It makes sense that those who were less engaged or absent from the program saw revocation of ARI

participation and thus spent less time in the program. One year seemed to be a sweet spot—if individuals and their ARI teams were able to progress through the program for a year or more, they were more like to complete their program.

ARI Program Types and Outcomes

We did not expect participation by program type to predict prison admission outcomes. It will be useful to look more closely of what occurs in programs that provided better outcomes compared to the others. Mental health court and ISP-S program participants saw the most success, with 61% avoiding incarceration.

An evaluability study of ARI-funded mental health courts was completed, and a full evaluation of that program is in the planning stages.⁹⁹ An impact evaluation of four ISP-S program funded by ARI revealed that ISP-S participants were more likely than individuals undergoing standard probation to desist criminal and anti-social behavior. These individuals also demonstrated decreased substance use.¹⁰⁰ The evaluators also found that social support systems and relationships with probation officers were effective and strengthened over time (another indicator that program participation time length was a significant factor). Long-term ISP-S program participants also reported valuing resources provided.¹⁰¹

Admitting Offense and ARI Outcomes

Property offenses predicted prison admission, suggesting ARI-funded programs may have fewer effective resources for individuals with property crime as a driving criminogenic factor. ARI funds support specialized treatments for substance use and mental health needs. However, the impetus for property offenses may be multi-faceted and no ARI-funded evidence-based practice are available to address this behavior. Future studies should take a closer look at individuals with property offenses, specifically to see what could be more effective to reduce their rates of recidivism. ARI's ISP-S programs appear to effectively reduce recidivism among this group.

Risk Level and ARI Outcomes

Initial prison recidivism risk levels of ARI participants can be used to predict prison admission after program exit. The higher the participant's risk level, the more likely a prison admission would be in their future. ARI's eligibility criteria target medium- to high-risk individuals; however, ARI program caseloads may comprise up to 20% of low-risk individuals, selected with ARI team input. It is encouraging that between 70% and 80% of medium- and low-risk individuals were not incarcerated after exiting ARI. A closer study of high-risk individuals and their program treatment requirements, services, and other supports received across programs may illuminate interventions that could decrease prison recidivism rates among high-risk individuals.

Conclusion

It is noteworthy that neither sex nor race were significant prison recidivism predictors. This provides evidence that ARI-funded programs are operating with an acceptable level of equity for program participants. Equitable program access by race and/or sex needs further exploration,

however. It may be that those accepted into the program were perceived to be likely to complete, and those who were not were not accepted into ARI. Also, it would be important to determine if there is a self-selection bias operating during the decision to enroll in ARI.

Data indicated significant differences in participant ages and regions when prison recidivism was measured. Age-specific interventions for emerging and young adults should be explored by all grantees. Asset mapping in Illinois' Central regions may be helpful to identify underutilized and needed resources. Risk level and admitting offense were predictive of prison recidivism, however, more information is needed to better understand why. Next steps could be to improve the understanding of what resources are currently used in ARI-funded probation programs and whether drug testing, substance use and mental health treatments and other services such as educational, vocational, and housing programs were equitably accessible, sufficient, and utilized to help reduce recidivism.

The authors would like to acknowledge MaryAnn Dyar, Adult Redeploy Illinois Program Director, Timothy Lavery, Ph.D., ICJIA Director of Research and Analysis, Jessica Reichert, ICJIA Manager of the Center for Justice Research and Evaluation, for reviewing and editing this article. We would like to acknowledge Megan Alderden, Ph.D., former Director of Research and Analysis for her expertise in initiating this project. We would also like to acknowledge Adult Redeploy Illinois grantees who faithfully submitted these data to us.

FUNDING ACKNOWLEDGEMENT

This project was supported by funds from the Illinois Criminal Justice Information Authority. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the State of Illinois or the Illinois Criminal Justice Information Authority.

SUGGESTED CITATION

Mock, L., & Phillips, I. (2022). *The relationship between demographics, region and outcomes in Adult Redeploy Illinois funded programs*. Illinois Criminal Justice Information Authority.

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