

ILLINOIS WORK RELEASE CENTERS: PERSPECTIVES OF PRISON ADMINISTRATION AND PROGRAM STAFF



ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY CENTER FOR JUSTICE RESEARCH & EVALUATION

RYAN MARANVILLE, RESEARCH SCIENTIST
EMILEE GREEN, RESEARCH SCIENTIST
JESSICA REICHERT, SENIOR RESEARCH SCIENTIST

Abstract: Illinois' prison work release centers, called Adult Transition Centers (ATCs), connect incarcerated people to vocational opportunities to support successful community reentry. As part of a larger process and outcome evaluation of Illinois ATCs, we conducted 16 interviews with Illinois Department of Corrections administrators and ATC program staff to understand their perceptions about ATC operations and purpose as well as their perspectives on ATC effectiveness, strengths, and weaknesses. Participants noted that ATCs offer individualized behavioral health treatment, build educational and vocational skills, and provide promising employment prospects upon release. Interviewees believed they fostered positive relationships with work release participants, contributing to their success. However, interviewees believed the effectiveness of work release programs may be reduced when participation is relatively short and community-based social support services are insufficient. Relevant research and some considerations of our findings are discussed.

Introduction

United States prison work release programs offer opportunities for incarcerated persons to begin community reentry with employment. Prison work release program policies and procedures vary across the country. However, participation is generally available only to low-risk individuals (i.e., minimum security, limited disciplinary action) and near the end of their sentences.¹ Work release programs have operated across the United States for decades, and all 50 states statutorily permit a prison work release program.² However, relatively limited research has been focused on work release centers. Extant research suggests that work release programs have improved post-release employment rates and wages, offering a promising future for participants.³ Prison work release programs in the U.S. have also demonstrated an ability to lower recidivism rates among participants⁴ and have provided financial savings, such as lowered incarceration costs or savings through reductions in recidivism.⁵

Like other states, Illinois' Department of Corrections (IDOC) operates prison work release centers called Adult Transition Centers (ATCs). These centers began operations in the early 1970s in Illinois, and four are operational at the time of this writing. Incarcerated people, or residents housed at an ATC, may leave the facility for their jobs, appointments, and select social outings. ATC program staff provide residents with programming to improve their job readiness and community reentry. The ATC program aims to assist ATC residents with finding and securing private employment in the community, usually through established partnerships with employers. In Illinois ATCs, residents are matched with employment opportunities that align with their skill sets or interests.

Evaluation of Adult Transition Centers

This paper is part of a larger ICJIA study of Illinois ATCs. In earlier research, ICJIA studied Illinois ATCs by connecting IDOC exit data with Illinois Department of Employment Security (IDES) data to examine employment patterns and outcomes. We used linear regression to find that individuals released from work-release facilities were likelier to have better employment outcomes, such as higher wages, upon release.⁶ This finding is supported by research in other states, such as Florida—Bales et al. (2015) also utilized regression modeling to predict the probability of recidivism across those who participated in work release and those who qualified for work release but did not participate due to a lack of program availability.⁷ They found that individuals released from work-release facilities had significantly lower levels of recidivism and a higher likelihood of obtaining employment after release. In Minnesota, a work release program evaluation found that the state saved almost \$700 per incarcerated person in work release, equating to around \$350,000 in annual savings.⁸

This current research aims to learn about the operation, purpose, benefits, and challenges of Illinois ATCs from the perspectives of those who work in or oversee the respective facilities. In the earlier study, we conducted a quantitative outcome evaluation of ATCs but lacked insights from ATC insiders who were more familiar with day-to-day functions within facilities. An in-depth understanding of program operations cannot be obtained through quantitative analysis alone, and program staff and other involved personnel have intimate knowledge of the program, can share valuable insights toward evaluative goals, and can provide information for decision-

makers.⁹ As of this writing, we could find no qualitative data on prison work release staff and prison administrators concerning their views of impact or opinions on operations, program strengths, or weaknesses for prison work release centers in the U.S. Therefore, this research can also add to the literature on what is known about prison work release centers and how they function.

This paper is one in a series resulting from an evaluation of Illinois ATCs.¹⁰ Through qualitative semi-structured interviews, we gathered the perspectives of 16 ATC program staff and IDOC administrators. The research questions for the qualitative portion of the evaluation included:

- How do the ATCs currently operate?
 - How is eligibility for ATCs determined?
 - What does a typical week look like for ATC residents?
- From the viewpoints of our sample, what is the purpose of the ATCs?
 - What are the challenges and benefits of ATCs?
 - Does programming meet the goals of the ATCs?
- What are the perspectives of ATC staff and IDOC administrators regarding ATCs?
 - How are ATCs similar or different from traditional incarceration?
 - What is the relationship between ATC program staff, IDOC stakeholders, and employers?
 - What are staff and stakeholders' thoughts on specific ATC programming?
- What are the views of ATC staff and IDOC administrators on the cost-effectiveness of ATCs?

Methods

Sample

From April to December 2022, we conducted 16 semi-structured interviews with ATC and IDOC administration staff. We used quota sampling, a non-probability sampling method, to help create a representative sample of the correctional staff. Our predefined quota was two staff members for each of the four ATCs and three staff members for IDOC administration. We also emphasized speaking with staff from varying hierarchical levels and roles (e.g., counselors, supervisors, administrators). ATC program staff in our sample included a range of roles, including upper-level management, such as chiefs, supervisors, or program managers, and more client-facing roles, such as counselors or case managers. Staff positions and responsibilities, particularly titles, vary among ATCs between Safer and IDOC. In the context of this paper, the counselors we spoke to are not practicing as licensed clinicians and maintain occupational responsibilities that are more similar to those of case management. IDOC administrators in our sample included staff in IDOC's Programs and Support Services and corrections assessment specialists. Descriptive statistics for our sample are available in Table 1. We feel we achieved saturation, an established practice within qualitative research to determine the sample size for a qualitative inquiry, through our quota with no new themes emerging from additional interviews.¹¹ We surpassed our original quota of 11 staff and administrators and completed our interviews with 16 participants (Table 1).

Table 1*Demographics of Sample*

Characteristic	<i>n</i>	%
Gender		
Male	7	43.7
Female	9	56.3
Race		
White	8	50.0
Black	7	43.7
Asian	1	6.2
Ethnicity		
Latinx	2	12.5
Non-Latinx	14	87.5
Age		
Mean (<i>SD</i>)	52.4	(9.7)
Min, max	36	70
30-39	2	12.5
40-49	6	37.5
50-59	4	25.0
60-69	3	18.7
70+	1	6.2
Highest level of education		
Some college	1	6.2
Associate's	1	6.2
Bachelor's	6	37.5
Master's	8	50.0
Length of employment in corrections (years)		
Mean (<i>SD</i>)	19.8	(9.1)
Min, Max	9.0	38.0
Length of ATC employment (years)		
Mean (<i>SD</i>)	8.3	(6.5)
Min, Max	0.8	22
ATC facility		
Crossroads	3	18.7
Fox Valley	3	18.7
North Lawndale	3	18.7
Peoria	4	25.0
IDOC	3	18.7
Job title		
ATC Supervisor/ Program Manager	7	43.8
Case Manager	3	18.8
IDOC Director/ Chief	3	18.8
Counselor	2	12.5
Social Worker	1	6.3

Note. The sample size was 16. Percentages may not equal 100% due to rounding. *SD* = Standard deviation.

Materials

Our interview protocol included 54 questions to garner feedback on ATC facilities. Interview questions included interview participant demographics (5 questions), work roles and experience (3 questions), training or training needs (2 questions), policies and procedures (e.g., when do participants become aware of ATC rules, describe a typical week for an ATC resident, how are resident risks or needs determined) (14 questions), implementation and adaptation (6 questions), compliance monitoring of participants (6 questions), and their views on the program components (e.g., orientation phase, privileges, counseling services) and participants (e.g., the definition of successful completion, resident needs or satisfaction, relationships with residents) (17 questions). The complete list of interview questions can be found in Appendix A. The project was reviewed and approved by the ICJIA Institutional Review Board.

Procedure and Analysis

We recruited interview participants via email using contact information obtained from IDOC administrators responsible for ATC oversight. We required verbal consent to participate in the interview and be audio-recorded. Twelve participants consented to be audio-recorded; four did not, so we took detailed notes. Interviews ranged from 45 minutes to one hour and 50 minutes and were performed virtually via WebEx software. Researchers took measures to limit the influence of their visual cues (e.g., smiling, nodding, looking surprised) and did not have their faces in view of the interviewee during most interviews. Researchers also limited verbal cues or responses to details shared, which insinuated they agreed, were pleased, or otherwise had a viewpoint on what was being shared. WebEx automatically transcribed recorded interviews, and ICJIA staff used Microsoft Word to clean the transcriptions. Afterward, the transcripts were analyzed using Lumivero NVivo 12.

We used an inductive coding method to allow codes to emerge from the data. Two researchers independently conducted individual coding of one interview. The two researchers then discussed their codes to reach a consensus on using them for the rest of the interviews. Consensus was based on inter-coder consistency. Researchers identified and agreed upon 31 codes found in the initial interview analyzed. This practice of separate coding with subsequent agreement among a cohort of coders is acknowledged as a valid methodology to enhance inter-rater reliability in analyzing narratives or transcripts.¹² Our thematic analysis¹³ allowed for additional codes to be introduced as deemed necessary; however, none were added. Further, as is common in qualitative research, we balanced two priorities when discussing findings and presenting results: protecting the research subjects and data integrity.¹⁴ This means that while we can sometimes be more specific about the characteristics of participants who shared data, the relatively small sample size and recruitment methods leave research subjects exposed to identification if we provide too much information.

Findings

Background on Illinois Adult Transition Centers

Illinois has four ATCs: Crossroads, Fox Valley, North Lawndale, and Peoria. Each serves men or women and houses varying numbers of residents (Table 2).

Table 2

Illinois Adult Transition Centers

Name	Operated by	Population served	Location	Residents ^a
Crossroads	Safer Foundation	Males	Chicago/Westside	171
North Lawndale	Safer Foundation	Males	Chicago	156
Peoria	IDOC	Males	Peoria	199
Fox Valley	IDOC	Females	Aurora	128

Note. Information from the IDOC website at

<https://idoc.illinois.gov/facilities/adulttransitioncenters.html>

^a Population as of June 2023.

Illinois ATC participants must complete at least 35 hours of employment, vocational training, or educational programming per week. ATCs utilize a Level 1 through 4 system, which awards more privileges to participants as they progress through the levels. Level 1 is the most restrictive; Level 4 is the least. To move up a level, residents must demonstrate good behavior (e.g., no disciplinary violations) and progress in their educational goals or employment. For example, during the first 30 days of an individual's stay, they cannot leave the facility unescorted. In Level 3, once they acquire and maintain employment, they may be allowed to go to pre-approved locations unsupervised, such as the store or medical appointments. Level 4 permits residents to return to their homes for an overnight weekend visit with family, departing the facility on Friday and returning on Sunday.¹⁵

ATC Services

In addition to employment, ATC staff may assist residents with obtaining a state ID or driver's license, birth certificate, social security card, and any other necessary documents for securing a job in the community post-release. They also mentor residents in job-related skills, such as developing resumes, interviewing, demonstrating professional behavior and dress etiquette, and building self-esteem. Other services vary by facility, including General Education Development (GED) programs, local college courses, literacy training, anger management, marriage counseling, parenting courses, cooking courses, and religious services.¹⁶ Additionally, ATC staff offer general supportive services, such as emotional support or case management. Still, services vary by facility, and more serious physical or behavioral health needs are referred to external clinical services for treatment by licensed professionals.

Program Operations

Staff Training

ATC staff reported participating in numerous trainings, some offered at IDOC institutions. These included training on Prison Rape Elimination Act (PREA) standards, administrative directives, and policies, training on care for transgender individuals, cardiopulmonary resuscitation (CPR) and other medical care, cognitive behavioral therapy (CBT), safety training for ATC staff or de-escalation skills.

Although most interviewed staff did not indicate a need for further training beyond those listed above, a few staff mentioned specific topics that might be helpful for future training opportunities. These training topics included support for a resident's reentry, trauma, and substance use, addressing discrimination or racial disparity, and gender-specific programming. In addition, one staff noted the need for specific training for ATC security staff who had previously worked in higher security prisons. The differences in populations and institutional structures between facility types require an approach towards job duties that aligns with the missions of ATCs: "to provide supervision, sanctions, and reintegration programs to reduce recidivism by supporting, through a full spectrum of services, the efforts of returning citizens to become employed, law-abiding community members."¹⁷

Participant Eligibility and Placement

ATC staff do not play a role in selecting residents. Therefore, the IDOC staff offered the most relevant comments on resident eligibility and placement. When deciding whether an individual can be transferred to an ATC, the IDOC administration shared that they aim to ensure the security of the ATCs and protect other residents and the surrounding community. We learned that in-custody individuals are generally made aware they are eligible for ATC placement via IDOC staff. If they are interested, IDOC can request a transfer to an ATC on their behalf. Admittance to the ATC is contingent upon a multi-person review process. Ultimately, personnel in IDOC's Transfer Coordinator Office review the list and determine if an incarcerated person is approved to go to an ATC.

Several factors influence an individual's likelihood of being accepted to an ATC, including disciplinary actions, criminal history, history of violence or domestic batteries, parole violations, warrants, and orders of protection. However, to our knowledge, the relevance of each case-level factor is circumstantially taken into consideration. For instance, although certain offenses can prohibit an individual from an ATC, IDOC administrators noted that they can make exceptions based on their behavior record and success in other programming. Even an individual with a class X felony conviction could be accepted to an ATC. One IDOC administrator described that individuals with long incarceration histories may be desirable for ATC programming:

They have participated in many, many, many programs, you know, for self-betterment, so they're often the candidates that I would prefer to send because they're the ones that need those reentry services and getting acclimated into a world that they don't recognize any longer.

Should an individual be denied ATC acceptance, past accounts show that they may appeal this decision and meet with IDOC staff to discuss their point of view and elaborate on changes in behavior since the denial. This is an informal process, but one participant shared with us that it has occurred. Residents are placed in the ATC that best fits their needs. For example, Crossroads has a substance use disorder treatment program; Fox Valley is the only women's facility. Individuals may be placed in facilities closer to their families and communities if possible.

Purpose and Goals

ATC staff and IDOC administrators shared the view that the primary purpose of the ATCs is to provide overall guidance and support for individuals exiting IDOC facilities and returning to their community. The first objective for ATC staff is to assist residents in finding appropriate full-time employment. However, staff recognized that a job alone is often insufficient for an individual to succeed after incarceration. ATCs provide services like GED programs, life skills training, and job readiness to improve a resident's mindset and skill set. ATC program staff with whom we spoke noted that technology changes quickly; therefore, individuals may not be familiar with internet-based job applications and interviewing processes, as some residents have been incarcerated for extended periods. As one IDOC administrator stated:

There are many individuals in our custody who have been with us for a significant amount of time; you know, they may have never touched a computer or a cellphone. So, I think that this affords those types of individuals a way to more gently transition back into the community with those support systems around them rather than us just placing them on parole and basically saying good luck.

Interviewees recognized that individuals who are accustomed to strict, regimented schedules in incarceration may struggle with a lack of structure upon release. ATC staff viewed their role as an extra reentry support and preparation layer. ATC staff described several traits they hope to witness in the residents before their release, including confidence, independence, self-empowerment, and self-reflection. Staff at the ATCs reportedly work to create partnerships between their facilities and external employers in the community. These partnerships are essential for having options to match residents with employment. Interviewees believe that Illinois is a particularly hospitable state for returning citizens.

Employment Placements

ATC case managers and counselors provided context on the process of connecting ATC residents with jobs. They explained that residents describe their interests, skill sets, and work history, and ATC staff attempt to match them with an employer accordingly. We were told the ATCs have partnered with many employers, spanning various skill levels and industry types. Therefore, interviewees stated that residents with advanced experience might be linked with equally advanced jobs—from factory or restaurant work to trades, such as welding, electrical, and management positions. In general, staff explained they attempt to be flexible on placements. An ATC supervisor provided specific context:

If somebody wants to work at the meatpacking company because they pay \$35 an hour ... but they've never, you know, in their life, worked in that kind of environment ... We talk about what the work environment will be. And how labor-intensive it is ... Because we don't want to dismiss someone's potential, right? So just because I've never worked in a meatpacking company doesn't mean that I might not be a quick learner and do well and excel. We might think you're not going to be a good fit, but let's try it. We might be wrong.

Multiple client-facing ATC staff shared how residents are not forced into working at a job they dislike. A different ATC supervisor had this to say:

We don't force them to go to any job that they don't want to work at, but we let them know that we do want them to go to work, so we usually don't have much of a challenge there. Most of the guys are anxious to get out of the facility and go to work and feel the freedom.

Overall, interviewees explained that residents are expected to work a minimum of 30 days at a job before seeking new employment. Moving to a new position allows them to try multiple fields of interest and learn their preferences. Client-facing staff interviewees emphasized that if a resident does not enjoy their job, they will not succeed in that field post-release. Therefore, it is important to match residents with their strengths and interests. ATC leadership reinforced sentiments from client-facing staff: "It's just like me. If I went somewhere, I got a job I don't like, I'm going to quit it. But there is not going to be a consequence for me. But for them, it is." If residents commit to quitting their jobs within 30 days, they are restricted to the ATC facility while staff investigate the situation.

Successful Completion

When reflecting on an ATC's purpose and goals, interviewees indicated that successful ATC completion means progress toward an individual's goals and smooth reintegration into their communities. Rather than solely considering job placement as success, ATC staff described a variety of measures that could equate to success for ATC residents, such as increased knowledge and a plan after prison release. As one ATC staff person shared:

I look at a successful completion as someone who came to the program; they, of course, completed the program to parole; and they were able to successfully transition with the resources in place to help them.

Beyond building residents' job preparedness, staff also described success as developing residents' soft skills and having them reconnect with their community. One ATC staff member stated:

It's not just the employment skills, but we want them to grasp social skills, communication skills; and I think, once they're able to do that and really regain a connection to the community—whether that's with the family or whether that's their

support systems—and have that comfort level when they walk out their doors, I think that that is success.

Discipline

We asked every interviewee their thoughts on discipline, including questions on compliance criteria, reasons for removal from ATC, and courses of action if or when individuals do not engage in programming. We learned that ATC residents are generally given more than one opportunity to explain or change their behavior if they are not meeting ATC standards. For example, if a resident is not attending their job, their employer may reach out to the resident's case manager at the ATC to discuss possible courses of action. Residents receiving "tickets" (i.e., violation notices) for not following ATC rules are disciplined and may have restricted movement or potentially be removed from the ATC. The exact number of violations needed for removal from the ATC depends on several factors; there is no strict guideline, as discipline depends on the behavior on a case-by-case basis. One ATC supervisor provided some specifics on how illegal drug or alcohol use results in a resident's removal from the ATC:

One thing that will definitely get you sent back is bringing in illegal contraband, such as a cell phone into the facility, or drugs . . . Usually, when you [continually] test positive for alcohol or marijuana, you'll go to [substance use] treatment first. Then, if it happens again, more than likely you'll get sent back [to the parent institution]. If you test positive for opiates or something like that, then you're going back. Because that's a really dangerous situation where someone could OD [overdose] because of their access to, you know, going out and working into the community.

We probed further during one interview with an ATC upper-level management staff member, who had this to say about the flexible approach towards discipline employed at ATCs:

I don't know, I have mixed feelings . . . it depends on, you know, who our supervisor is. It depends on the direction of the agency . . . I've been working in [this field for many years]. For example, somebody's coming back under the influence of alcohol . . . So sometimes it's zero tolerance, sometimes we give them one chance. With drugs, it was zero tolerance for a long time. Now, it's kind of . . . it's kind of like a case-by-case basis for marijuana, which I get now, it's legal. But when you make something [a] case-by-case basis, the message that the individuals in custody and the staff take from it is, is that, you know, the center supervisor is picking and choosing who he or she is going to send back. They don't look at it as [what was done is because that is what the situation needed].

In addition to bringing in or using substances, a failure to return to the ATC at a scheduled time can be grounds for removal from the ATC, outside of having an accident or medical emergency. Residents who fight ATC staff or commit any violent offense will be sent back to their IDOC parent facility. Further, if someone's needs (e.g., mental health, substance use, physical health) are beyond the capacity of ATCs or available community providers, they may be required to leave the ATC. Ultimately, after reviewing all relevant information or recommendations from other involved personnel, we were told the ATC Center supervisors/directors make the final decisions regarding discipline, including the decision to remove someone from an ATC facility.

An ATC supervisor who is responsible for making discipline decisions concluded their statements on the process of returning participants to IDOC by saying, “I want to make sure that, before we send anyone back, that we’ve exhausted everything they can do, we can do, and that we’ve talked to the residents thoroughly and that this is what [they] want.”

Resident Experiences

Staff and stakeholders were asked several questions about their perceptions of resident life, including the relationships between residents, resident satisfaction with ATC programming and services offered, and resident needs.

Relationship Between Residents

ATC residents live in shared spaces, including large barracks-style or dormitory-style rooms. Residents spend a great deal of time alongside other residents during their stays at ATCs. We asked staff to describe the relationship between residents in these facilities. One ATC staff member stated, “We expect them to be responsible adults, to try to find your voice, and to understand what your boundaries are. To have healthy relationships.”

Another stated:

So that means they’re finding a way to make it work, even despite . . . being from different cultures, maybe having different thoughts about what cleanliness is. They reach a compromise, and they figure it out . . . I think they do it, you know, without having to resort to any kind of violence or threats or anything like that. So, part of that is that you have an established culture here. And so new guys get established into that assimilated culture.

Residents are expected to demonstrate and retain respect for other residents. The notion of a cultural shift between traditional incarceration and the ATC was viewed as a critical piece to prepare them for release. Staff felt that residents who had more extended ATC stays became acclimated to ATC culture and had a positive influence on newer residents. Interviewees consistently reported few or no incidents of conflict between residents inside the facilities.

Resident Satisfaction

We asked prison administrators and staff about residents’ satisfaction with the ATC program. Two interviewees described their perspectives:

[When asked if they believe participants are satisfied] Yes and no. I think in a lot of times, I think the no comes from self-destructive habits. For the most part, residents are happy they get to work. They get to save money. They get to do things that, at one point in time, they never thought would be possible . . . you have that small population of residents that they feel oh, everything is wrong . . . We may find those that say, oh, this is bad program or whatever; nine times out of ten, they have been caught with something.

They'll be honest . . . well, I didn't like how you all controlled my money. Like, they have to submit an expense sheet, so they have to account for every dollar they ask for. They turn in their paycheck, and we put it in a savings account. And so they'll say, I didn't like how you controlled my money, but I sure am glad because I am leaving with \$18,000.

According to IDOC administrators, for some residents, an initial distrust of ATC operations shifted into appreciation once a resident completed their stay. One staff person noted that residents with negative ATC perceptions had received disciplinary action. However, one IDOC administrator perceived that while residents may not be satisfied, they are still happy to be out of a regular prison facility:

I don't really see a satisfaction coming from the population that's placed in an ATC. What I see is a relief that I'm not—from their point of view—I'm not inside of a correctional setting, and I get more liberties than I had when I was back in inside my cell.

Resident Needs

ATC staff and IDOC administrators agreed that general medical services (i.e., physical, mental, and behavioral health) are essential for residents. They emphasized the need for mental health treatment and support, noting that many incarcerated people might not have had access to such care before, while at IDOC or otherwise. Several interviewees also highlighted the importance of access to substance use disorder treatment. Overall, staff recognized that residents often have multiple or co-occurring health needs that the ATC services could address, mainly because many residents have experienced significant trauma. As one ATC staff person stated:

What percentage of our clients have experienced trauma? Probably 99%. You know, you've seen somebody shot, seen somebody beat up . . . all these different kinds of trauma, and how much of it was ever addressed in some sort of therapeutic situation? Probably none, would be my guess, be almost none.

Program Successes and Strengths

When asked about the strengths of ATCs, interviewees highlighted relationships between ATC staff and residents and relationships between ATC staff and employers.

Relationship Between Staff and Residents

All 13 ATC staff in our sample were asked about the relationships they've built with the residents with whom they work. In their views, ATC staff play a critical role in providing a higher level of support to residents than would otherwise be offered in traditional corrections. Both upper management and client-facing roles, such as supervisors and counselors, cited frequently chatting with residents to "build trust." They also recounted how residents are instructed on ways to access staff during orientation. For instance, resident counselors and center management described an open-door policy where they strive to be consistently reachable. ATC staff felt that listening to residents is essential to support them, as two put it:

There's certainly a strength in the staff who don't just play the security role, they play the pseudo-counselor. They play the motivator, the person who praises them . . . If they were just security, it would be a different dynamic. So that's one strength that the commitment that staff from all departments . . . you know, be a part of residents' success and reintegration.

Whether you're having issues with staff, whether you're having issues with, you know, your peers, you're having issues at work, if you're having even issues with me — let's do it in an adult, healthy way. You can come down here, you can vent. I acknowledge your feelings . . . we are here to help you . . . and a lot of times, you don't get the opportunity to express that in a healthy, emotional, positive way. And that's what we're here to do . . . to help and guide you in the right way.

ATC staff thought the centers accomplished their purpose of connecting residents with jobs and life planning. One ATC staff person spoke about the trusting relationship built between staff and residents:

The residents have this sense of . . . they don't want to disappoint staff, right? Whether it's the manager of the dietary department or the accountant or their role-modeled security officer . . . And I always tell them, this is about you. You don't want to disappoint yourself . . . I mean, I appreciate that you don't want to disappoint you know [the counselor], but you come first.

Relationship with Employers

Some ATC staff, such as case managers and counselors, maintain regular contact with employers. One staff member shared having a decades-long relationship with one employer, stating, "Employers have very favorable opinions of our employees, of our residents."

However, some interviewees noted that not all companies will hire the formerly or currently incarcerated. One IDOC stakeholder shared:

I think it's going to be that stigma just because they are technically an incarcerated person. And so, I think some companies and agencies still may have some hesitancy towards that . . . I think that we need to do, again, a better job at communicating to say, hey . . . we have this wonderful population of very skilled individuals.

Program Challenges

We asked interviewees for their opinions on ATCs' weaknesses and areas for improvement. Here, we also include comments shared in response to other questions oriented around the challenges of ATC programming. We first present an outlier comment shared by an IDOC interviewee.

One IDOC administrator, who admittedly was overall less knowledgeable of the operations of ATCs, expressed their belief that a disconnect exists between what is said to occur at ATCs and what incarcerated individuals are experiencing:

Based on what I've seen in my role, I feel like the ATC[s] are marketed as providing, you know, kind of like a reentry center or some sort of community integration. But what I have seen, and it's been limited, but what I've seen is, in some cases, it appears that these ATCs are a little more than a flop house. That they don't actually provide what is marketed in terms of the programming and support to help the individuals reintegrate back into their community.

After a follow-up question from the researcher asking for examples of things they would want to occur, the interviewee had this to say:

I have not seen anything related to, like, soft skills to help with employability, or just again, reentry back into their community. Also, things like partnering with education or medical. [These are] two very obviously vital important characteristics to help reduce recidivism. I've not seen a strong commitment from . . . either of those two areas.

ATC Provision of Clinical Services

Although interviewees pointed to the supportive counseling and linkages to treatment provided by the ATCs as a strength, the availability of services was an obstacle in their views. As mentioned, Safer Foundation is contracted to operate two of four ATCs in Illinois. We were told that this capacity affords residents at Crossroads and North Lawndale ATCs some access to services, such as licensed counseling and substance use treatment through other Safer Foundation programs. However, IDOC-operated ATCs do not have this option. All four ATCs utilize external providers for some, if not all, health services. For instance, interviewees from the Peoria and Fox Valley facilities explained the dynamic of in-house and external services this way:

[When asked to speak on the counseling services available to residents] Yes there are . . . there's, there's four counselors on [the] ground plus the clinical assessment specialist. We're supposed to have a social worker, which would be nice to have, but we don't at this time. If [residents] need additional counseling services, they can coordinate through their counselor or through the clinical assessment or their doctor even and get the appointment scheduled for anything outside the facility.

Well, yeah, we have community providers. They offer individual counseling, addiction services, mental health and behavioral health. We have a provider that's trauma focused, which we started working with not too long ago . . . And then there's a lot of the CBT groups, the cognitive behavioral therapy groups. But the trauma focused one . . . I was really excited about when I found out. Because a lot of these guys have been through . . . have different traumas in their life . . . If they've been [incarcerated], you know, 10, 20, 30, 40 years, there's a lot of trauma that's happened in that timeframe. And so, we can kind of help guide them through that.

One ATC staff mentioned waiting lists for community resources, which were exacerbated by the COVID-19 pandemic, as an issue residents face. Additionally, two ATC staff, one from a Safer Foundation ATC and one from an IDOC ATC (one being a manager and one a social worker), agreed and pointed out a need for an on-site mental health professional for ATC residents. One said, “I would really love to have more in-house counseling services that are provided . . . But I would love for that to be part of a contract; that each ATC has the ability and the funding to have an in-house counseling department.”

The other shared:

I would really like it . . . if maybe we had a mental health professional here. Technically, I’m licensed but, in my job capacity, I can’t work in that aspect. And so if we had somebody that even, just one full-time mental health professional that was here during the day, and maybe one medical staff on our end . . . we utilize the community as much as possible . . . that wouldn’t necessarily need somebody to go out into the community to see their doctor.

Length of Stay

Regarding program challenges, ATC staff shared that they believe longer stays at the ATCs would benefit residents. In the words of three ATC staff members:

So, I really think that we need more time for them. So, instead of them having that 24 months or less—just because I’ll put them in there [the ATC], they’ll get a year cut off, and then they, you know, they’ll have a year or less in the ATC to benefit from services . . . I think that if we could push it back to either 36 or 48 months . . . I would absolutely love to have someone in there for two years to be able to program them, to get them employed.

Well, first of all, I would like to see a minimum amount of time that a person has to fulfill in the ATC. I would love for there to be nothing less than six months for them to be here because we kind of see that that becomes a real . . . after that point, we kind of see more consistent behavior . . . and now they’re more readily engaged.

Because of the day-per-day credits that are being allotted, there’s a much shorter time of engagement with the facility and our staff and our programming, which means that many of the skills and things that are learned over time aren’t, you know, aren’t really given the opportunity to evolve and to develop, like, we know that they need to. Um, [the shortened amount of time] also puts a huge pressure on our staff because one, the guys are kind of coming in looking forward to leaving. And a lot of their focus is now on going home versus, you know, developing the things the program is designed for . . . We received gentlemen who may have, sometimes 30 days or less to come into the program. Which means that really the services they receive are, they are nowhere near what they could be in order to be provisional, so that they can really have some real assistance and become

grounded . . . In fact, we've had some people come in on a Friday and then leave on Monday. So, you know, you think about services, that's almost none.

One IDOC interviewee also shared opinions on shorter lengths of stay, and their view of the effects, stating:

I think it's going to pose a challenge. And I've voiced this many times, just because they're not going to be able to fully embrace and benefit from the services that the ATC is designed to have. Just because of that short term. The ATC is usually, and this may have to change with this population, but usually they're in there for [a] 30-day orientation period, [and] they get used to being outside the prison life; they're getting acclimated. And then they go out and they get that job in, you know, do things of that nature. So that might have to change a little bit. They may have to have an expedited orientation period to try to get them, you know, out into the community and employed prior to that time expiring and them going on parole.

Although staff disagreed on the exact duration of program participation to extend or mandate, six interviewees from both ATCs and IDOC expressed that some residents' length of stay was too short, from their professional viewpoint, to allow for significant behavioral change or beneficial program treatment.

Program Expansion

Interviewees were asked about their thoughts on expanding ATC services—both in terms of additional ATC facilities throughout the state and increased capacity. Also, individuals mentioned expanding ATCs when asked about changes or improvements in operations. Overall, 14 of the 16 participants interviewed stated ATC operations should be expanded. For instance, an IDOC administrator and an ATC supervisor expressed a particular need in central and downstate Illinois, respectively:

I think we also need to look at different regions . . . I think we need an additional one [ATC] for the females in the central area, central Illinois . . . I believe we would benefit to have one in southern Illinois for the men again—we used to. That closed. And then I think we would also have a benefit to have one in Metro East—there's a lot of business, there's a lot of industry and ability to get jobs. And we have significant pockets of individuals coming from the East St. Louis area.

I mean, we could probably use at least 15 of these places. Especially downstate, because the guys we get are from downstate, and when they go back home, a lot of times, there's, you know, it's a challenge for them. Of course, we have a lot of them that, you know, when they get ready for parole, 60 days before they parole, we allow them to go out and get their own apartment if they don't have a host site. And so, a lot of guys that lived downstate will move to Chicago or move somewhere closer to wherever they're working because they don't want to give up that particular job. And they'll just relocate the family even.

Three interviewees, two from ATCs and one from IDOC, specifically mentioned the need to expand ATCs for women, as there is currently only one ATC facility for this population. ATC and IDOC interviewees mentioned that many ATCs in Illinois have closed over time, although they did not elaborate on the reasons for these closures. Interviewees also noted that discussions about expanding beyond the four currently operating ATCs were halted due to COVID-19. Also, one IDOC administrator and an ATC Supervisor mentioned the need for evaluation and more data to inform decision-making before expanding ATC facilities.

Cost-Effectiveness

Fifteen of 16 interviewees shared their views on the cost-effectiveness of ATCs. Eleven ATC staff and IDOC administration interviewees believed ATCs were cost-effective but gave different reasons. For example, some pointed to how participants contribute portions of their pay for their room and board at ATCs. In contrast, others connected a perceived improvement of post-release success (i.e., reduction in recidivism) as a way that ATCs reduce costs. Comments generally addressed the notion that ATCs are a better use of Illinois resources and more cost-effective than traditional incarceration. For example, one ATC supervisor said this:

Because we're such low security, we're able to do all these things because in a regular institution, the guy can't go to the doctor out in the community unless they have, you know, maybe two officers with them. And then they've got overtime, and all these other things going on, and the transport and medical stuff involved. Whereas here, the guy has a doctor's appointment, all right, we approve the appointment, and he takes the bus or walks there. So, I think that it's just extremely cost-effective . . . we can do a lot with a little.

Not all interviewees shared the perception that ATCs are cost-effective. Three were unsure or said they "didn't know." One did not believe ATCs were cost-effective and reiterated comments similar to their views of program expansion and the need to "prove," or in other words, measure effectiveness, before considering it true.

Data and Performance Measures

As mentioned, one IDOC administrator suggested the need for more oversight and reporting on performance measures before forming an opinion on the cost-effectiveness or expansion of ATCs in Illinois:

Until we have the metrics on the current vendor contracts, I will not say that I think that they are cost-effective. I think that if we were to do a grant, or we would use something else where there was at least more metrics and accountability and reporting, then perhaps we could say that it is cost-effective on that side of it. For the state, I think that they would be cost-effective if we were to place more individuals there, and more, again, moderate-risk individuals, and then concur the recidivism rate. But until we're, until we can prove those two things, I don't think that they are cost-effective.

Two interviewees emphasized the need for a data-driven approach to ATCs. They suggested that before expanding ATCs, research should identify which programs are most effective for residents and assess their impact on recidivism.

Discussion

From the perspectives of most of those interviewed, Illinois ATCs serve a vital role in the lives of returning citizens and their families. ATC staff said ATCs foster positive relationships with residents through respect, trust, and positive expectations. Overall, stakeholders perceived benefits of ATCs that are not found in traditional prison environments. However, perceived challenges included views on shorter lengths of stay and limited access to supportive services or behavioral health services. They also included the absence of ATC programs collecting data and measuring resident outcomes after release. Below, we discuss relevant literature and some implications of our findings.

Support Positive Staff and Resident Relationships

Overall, Illinois ATC staff from our sample believed ATCs positively impacted participants and expressed that their relationships with residents were a strength of ATC programming. ATC staff believed that high expectations for residents led to a reciprocal respect for staff, which motivated residents and contributed to their success in the program. Staff also liaised between the different parties, such as IDOC administrators, residents, and employers.

Research supports healthy relationships between correctional staff and incarcerated persons to improve reentry outcomes.¹⁸ For instance, correctional program staff and setting influence participant responsivity, a principal in the risk-need-responsivity model, and offender rehabilitation more broadly.¹⁹ Programming can reduce recidivism when prison staff communicate well, build motivation, and offer mutual respect.²⁰ Further, facilitating a rehabilitative culture and having staff demonstrate care, trust, and sensitivity towards participants within correctional facilities are necessary to maximize and reinforce program benefits.²¹ In this way, staff complement the program's overarching goals and can be essential in participant rehabilitation.²²

Our findings suggest that the reported positive culture and pro-social actions of ATC staff can be vital components to the success of ATCs at an organizational level and to residents at an individual level. As such, IDOC administration and ATC management should ensure this culture and these actions occur consistently and equitably throughout sites and among staff. One interviewee explicitly mentioned training to ensure all staff (including security) share in the mission of ATCs and approach their duties accordingly. Research shows that the characteristics of both correctional staff and populations influence the actions, experiences, and outcomes of correctional programming.²³ Therefore, IDOC should continue to employ and train skilled case managers to promote the longevity and effectiveness of Illinois ATCs. Considering that the majority of our sample did not indicate a need for additional training, this should occur in conjunction with future research into ATCs to corroborate claims and perceived benefits shared by our sample. Future research on ATCs could gather feedback from ATC residents and partnering employers or include in-person observations.

Link Residents to Behavioral Health Treatment

In 2022, 48.7 million Americans had a substance use disorder (SUD), and 15.4 million had a severe mental illness (SMI).²⁴ It is estimated that rates of substance use and mental health issues for incarcerated persons are higher than for the general population.²⁵ Interviewees perceived benefits for residents who received behavioral health services while under their supervision. However, connecting individuals with appropriate services was challenging, according to ATC staff interviewed. Research highlights this behavioral health challenge, particularly in less populated or rural areas with reduced access to appropriate services.²⁶

ATC staff suggested employing in-house licensed professionals to overcome waitlists for behavioral health services. With adequate resources available, ATCs could employ SUD treatment and licensed or clinical mental health staff. Research shows that this treatment can reduce recidivism.²⁷ IDOC in-prison treatment programs for those with SUDs²⁸ and co-occurring mental health and SUDs²⁹ are effective. ATCs also prepare individuals for reentry; therefore, preparing individuals to maintain health services after release should occur. As integral components of prison reentry initiatives, carceral facilities, and parole personnel staff should provide guidance and training to individuals to engage in self-care and harm minimization.³⁰ This guidance and training can include discussing comprehensive healthcare planning, strategizing, and facilitating connections with community support services that can extend post-prison.³¹

Examine Length of Stay

State legislation from 2021 allows persons in prison who participate in programming, like an ATC, to earn sentencing credits to reduce the time remaining on their sentence. Specifically, they earn one day of credit for each day of participation. Six interviewees believed that, as a result, residents may have less time at ATCs to finish programming or training for specific careers adequately. To meet this challenge, interviewees suggested altering IDOC eligibility requirements, such as increasing the time remaining on a person's prison sentence to be eligible for ATC participation from 30 months to 48 months or instituting a minimum stay of 6 months.

There is limited research on the duration of work release participation or its effects on outcomes.³² However, one study found that individuals with longer involvement and those who engage in programming closer to the end of their release had better recidivism outcomes.³³ Another work release program study shows that additional days in work release increased post-release earnings and employment, but only for the first year.³⁴ Prior research on Illinois' ATCs finds better outcomes for those with longer participation durations.³⁵ Outcomes included higher rates of employment post-release, increased total earnings for those working post-release, and reduced rearrest or reincarceration. Therefore, current research suggests that longer program duration is more effective; however, more research is needed to determine the optimum dosage of ATC participation. In addition, reentry groups in the community could offer employment support to continue gains from briefer ATC participation.³⁶

Support Data Collection and Evaluation

Interviewees viewed ongoing evaluation of the ATCs as essential. However, some staff found collecting and sharing information across data systems challenging and noted a lack of reporting on long-term recidivism outcomes for residents. Similarly, one participant expressed concern that ATCs may not be sufficiently implementing additional programming (e.g., GED, family planning, CBT). Interviewees emphasized the importance of evaluating the newer addition of higher-risk individuals to the ATCs, as they might benefit more from individualized programming than lower-risk individuals. This approach aligns with the well-researched risk-need-responsivity model, which matches individuals with services based on their risks and needs.³⁷ More research can help guide prisons in using their resources to most effectively accomplish their missions.

Consider Program Expansion

Most Illinois ATC staff and stakeholders favored expanding ATC coverage across the state to serve more participants, filling in gaps both geographically and by gender. They cited the many benefits and privileges allotted to residents at ATCs not found in traditional prison settings. In addition, they believed ATCs are cost-effective by reducing recidivism and incarceration costs. However, interview participants were aware that contractual or funding obligations may be barriers to expansion and understood there are data limitations to verify their views.

Evaluations and research into prison work release programs do report cost savings for states compared to traditional prison settings. They also report positive outcomes for returning citizens, such as better employment rates, higher wages, and reduced reoffending.³⁸ Additionally, an ICJIA study of post-prison employment finds that ATC participants were more likely to have longer employment and higher wages post-release than non-ATC participants.³⁹ Given the benefits, the State could consider the viability of ATC expansion.

Study Limitations

The viewpoints shared in this article include a sample of ATC staff and IDOC administrators at one point in time; therefore, the sample may not include the full range of experiences and perspectives within the population. Also, the study's reliance on self-reported data may introduce bias, such as socially desirable responses or withholding negative feedback due to confidentiality concerns or fear of repercussions. Further, ICJIA has not performed additional methods (e.g., in-person observations and data analysis) to validate staff claims regarding information shared on policies, procedures, or other service delivery data. There is also a temporal limitation insofar as the data collection occurred from April to December 2022, and subsequent changes to all relevant factors may influence the applicability of current findings. As noted, four of 16, or 25%, did not consent to audio recordings, thereby resulting in some subjects relaying more information that could be directly quotable than others. This introduced a stronger reliance on field notes, which can introduce a bias from broader interpretation from the researcher who does not have access to exact transcripts.⁴⁰ Additionally, the variability in implementation across the four ATCs could affect the consistency and comparability of findings, potentially obscuring the identification of best practices.

Conclusion

Illinois ATCs link incarcerated people to employment, health, educational opportunities, and services tailored to their needs, abilities, and interests. In this study, we asked 16 IDOC and ATC personnel to describe ATC operations and share their opinions on the program's strengths and weaknesses. From these semi-structured interviews, we learned that most ATC program staff believe their work is meaningful and impactful on residents' lives. They saw the benefits of ATCs not found in a traditional correctional environment. Staff felt they had built strong connections with residents and employers and most favored ATC program expansion.

In addition, salient comments shared during the interviews that were supported by other literature were discussed. These topics included the potential for ATC staff and resident relationships to foster participant success, suggestions for improving health services for ATC residents, and an evident sentiment from interviewees that short lengths of stay in ATC may not allow for the participants to benefit fully from ATC participation. Manicuring post-release services regarding health or employment could be beneficial and prevent the stoppage of needed services. Further, providing continued evaluation to garner feedback from residents (including those who did not successfully complete the program), employers, outcomes, and additional ATC staff could mitigate the limitations presented in this research.

ATCs should continue collecting data on residents and reporting on treatment, housing, and recidivism outcomes. Matching data across systems and tracking residents after ATC programming will be important for learning long-term ATC outcomes. At present, ICJIA staff are exploring the perspectives of employers of ATC residents⁴¹ as well as participant outcomes attributable to ATC treatment,⁴² which will help inform future decisions about ATCs.

SUGGESTED CITATION

Maranville, R., Green, E. & Reichert, J. (2024). *Illinois work release centers: Perspectives of prison administration and program staff*. Illinois Criminal Justice Information Authority.

FUNDING ACKNOWLEDGEMENT

This evaluation was supported by Grant #2018-DJ-BX-0761, #19-DJ-BX-0055, and #20-DJ-BX-0017 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Authority, or the U.S. Department of Justice.

¹ Jung, H., & LaLonde, R. J. (2019). Prison work-release programs and incarcerated women's labor market outcomes. *The Prison Journal*, 99(5), 1-24. <https://doi.org/10.1177/0032885519875009>

² Daly, K., Brooks, T., & Leon, C. (2009). Working paper: Work release as economic stimulus: Overview of current and potential usage in the 50 states. SSN, 1-18. <https://dx.doi.org/10.2139/ssrn.1458551>

³ Bales, W. D., Clark, C., Scaggs, S., Ensley, D., Coltharp, P., Singer, A., & Blomberg, T. G. (2016). *An assessment of the effectiveness of prison work release programs on post-release recidivism and*

employment. The Florida Department of Corrections and Florida State University College of Criminology and Criminal Justice. <https://www.ojp.gov/pdffiles1/nij/grants/249845.pdf>; Bohmert, M., & Duwe, G. (2012). Minnesota's Affordable Homes Program: Evaluating the effects of prison work program on recidivism, employment, and cost avoidance. *Criminal Justice Policy Review*, 23(3), 327-351. <https://doi.org/10.1177/0887403411411911>; Duwe, G. (2015). An outcome evaluation of a prison work release program: Estimating its effects on recidivism, employment, and cost avoidance. *Criminal Justice Policy Review*, 26(5), 531-554. <https://doi.org/10.1177/0887403414524590>; Jung, H. (2014). Do prison work-release programs improve subsequent labor market outcomes? Evidence from the Adult Transition Centers in Illinois. *Journal of Offender Rehabilitation*, 53(5), 384-402. <https://doi.org/10.1080/10509674.2014.922158>

⁴ Apel, R. (2011). Transitional jobs program putting employment-based reentry programs into context. *Criminology and Public Policy*, 10(4), 939-942. <http://doi.org/10.1111/j.1745-9133.2011.00781.x>; Bales, W. D., Clark, C., Scaggs, S., Ensley, D., Coltharp, P., Singer, A., & Blomberg, T. G. (2016). *An assessment of the effectiveness of prison work release programs on post-release recidivism and employment*. The Florida Department of Corrections and Florida State University College of Criminology and Criminal Justice. <https://www.ojp.gov/pdffiles1/nij/grants/249845.pdf>; Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington state. *Victims and Offenders*, 4(2), 170-196. <https://doi.org/10.1080/15564880802612615>; Kansas Department of Corrections. (2009). *Offender programs evaluation, Volume VIII*. <https://www.doc.ks.gov/publications/CFS/evaluation/offender-programs-evaluation-volume-viii-april-2009/view>; Routh, D., & Hamilton, Z. (2015). Work release as a transition: Positioning success via the halfway house. *Journal of Offender Rehabilitation*, 54(4), 239-255. <https://doi.org/10.1080/10509674.2015.1024909>

⁵ Bohmert, M., & Duwe, G. (2012). Minnesota's Affordable Homes Program: Evaluating the effects of prison work program on recidivism, employment, and cost avoidance. *Criminal Justice Policy Review*, 23(3), 327-351. <https://doi.org/10.1177/0887403411411911>; Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington state. *Victims and Offenders*, 4(2), 170-196. <https://doi.org/10.1080/15564880802612615>; Duwe, G. (2015). An outcome evaluation of a prison work release program: Estimating its effects on recidivism, employment, and cost avoidance. *Criminal Justice Policy Review*, 26(5), 531-554. <https://doi.org/10.1177/0887403414524590>; Washington State Institute for Public Policy. (2007). *Does participation in Washington's work release facilities reduce recidivism?* https://www.wsipp.wa.gov/ReportFile/998/Wsipp_Does-Participation-in-Washingtons-Work-Release-Facilities-Reduce-Recidivism_Full-Report.pdf

⁶ Reichert, J., Maranville, R., & Ott Hill, E. (2023). *Employment of individuals after release from Illinois prisons: Employee characteristics, occupations, and wages*. Illinois Criminal Justice Information Authority. <https://icjia.illinois.gov/researchhub/articles/employment-of-individuals-after-release-from-illinois-prisons--employee-characteristics-occupations-and-wages/>

⁷ Bales, W. D., Clark, C., Scaggs, S., Ensley, D., Coltharp, P., Singer, A., & Blomberg, T. G. (2016). *An assessment of the effectiveness of prison work release programs on post-release recidivism and employment*. The Florida Department of Corrections and Florida State University College of Criminology and Criminal Justice. <https://www.ojp.gov/pdffiles1/nij/grants/249845.pdf>

⁸ Duwe, G., & Henry-Nickie, M. (2021). Training and employment for correctional populations. *Contexts*, 20(4), 40-45. <https://doi.org/10.1177/15365042211058124>

⁹ Bouffard, J. A., Taxman, F. S., & Silverman, R. (2003). Improving process evaluations of correctional programs by using a comprehensive evaluation methodology. *Evaluation and Program Planning*, 26(2), 149-161. [https://doi.org/10.1016/S0149-7189\(03\)00010-7](https://doi.org/10.1016/S0149-7189(03)00010-7); Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2003). *Evaluation: A systematic approach*. Sage publications.

¹⁰ Reichert, J., Maranville, R., & Ott Hill, E. (2023). *Differences in recidivism outcomes of Illinois prison work release centers by participant characteristics*. Illinois Criminal Justice Information Authority. <https://icjia.illinois.gov/researchhub/articles/differences-in-recidivism-outcomes-of-illinois-prison-work->

-
- [release-centers-by-participant-characteristics/](#); Reichert, J., Maranville, R., & Ott Hill, E. (2023). *Employment of individuals after release from Illinois prisons: Employee characteristics, occupations, and wages*. Illinois Criminal Justice Information Authority.
<https://icjia.illinois.gov/researchhub/articles/employment-of-individuals-after-release-from-illinois-prisons--employee-characteristics-occupations-and-wages/>
- ¹¹ Krippendorff, K. (2011). Agreement and information in the reliability of coding. *Communication Methods and Measures*, 5(2), 93-112. <https://doi.org/10.1080/19312458.2011.568376>
- ¹² Krippendorff, K. (2011). Agreement and information in the reliability of coding. *Communication Methods and Measures*, 5(2), 93-112. <https://doi.org/10.1080/19312458.2011.568376>
- ¹³ Ward, J. K., Comer, U. & Stone, S. (2018). On qualifying qualitative research: Emerging perspectives and the “Deer” (Descriptive, Exploratory, Evolutionary, Repeat) paradigm. *Interchange*, 49, 133-146. <https://link.springer.com/article/10.1007/s10780-018-9313-x>
- ¹⁴ Saunders, B., Kitinger, J., & Kitinger, C. (2015). Anonymizing interview data: Challenges and compromises in practice. *Qualitative Research: QR*, 15(5), 616-632. <https://doi.org/10.1177/1468794114550439>
- ¹⁵ Illinois Department of Corrections. (n.d.). *Adult Transition Centers*. <https://idoc.illinois.gov/facilities/adulttransitioncenters.html>
- ¹⁶ Illinois Department of Corrections. (n.d.). *Facilities*. <https://idoc.illinois.gov/facilities.html>
- ¹⁷ Illinois Department of Corrections. (n.d.). *Adult Transition Centers*. <https://idoc.illinois.gov/facilities/adulttransitioncenters.html>
- ¹⁸ Haas, S. M., & Spence, D. H. (2016). Use of core correctional practice and inmate preparedness for release. *International Journal of Offender Therapy and Comparative Criminology*, 61(13), 1-24. <https://doi.org/10.1177/0306624X15625992>
- ¹⁹ Birgden, A. (2006). Therapeutic jurisprudence and responsivity: Finding the will and the way in offender rehabilitation. *Psychology, Crime & Law*, 10(3), 283-295. <https://doi.org/10.1080/10683160410001662771>
- ²⁰ Cullen, F. T. (2017). Correctional rehabilitation. In E. Luna (Ed.), *Reforming criminal justice* Vol. 4. The Academy for Justice, 235-260. <https://academyforjustice.asu.edu/project/reforming-criminal-justice/>
- ²¹ Birgden, A. (2006). Therapeutic jurisprudence and responsivity: Finding the will and the way in offender rehabilitation. *Psychology, Crime & Law*, 10(3), 283-295. <https://doi.org/10.1080/10683160410001662771>
- ²² Burton, A. L., Lux, J. L., Cullen, F. T., Miller, W. T., & Burton, V. S. (2018). Creating a model correctional officer training academy: Implications from a national survey. *Federal Probation*, 82(1), 26–36. <https://www.uscourts.gov/file/24403/download>
- ²³ Antonio, M. E., & Price, S. R. (2023). Beyond correctional officers and prison guards: Understanding inmates’ perceptions, experiences, and interactions with correctional counselors. *Corrections* (2377-4657), 8(1), 39–56. <https://doi.org/10.1080/23774657.2020.1810173>; Beijersbergen, K. A., Dirkzwager, A. J. E., Molleman, T., Van Der Laan, P. H., & Nieuwbeerta, P. (2015). Procedural justice in prison: The importance of staff characteristics. *International Journal of Offender Therapy and Comparative Criminology*, 59(4), 337-358. <https://doi.org/10.1177/0306624X13512767>; Goodrum, S., Staton, M., Leukefeld, C., Webster, J. M., & Purvis, R. T. (2003). Perceptions of a prison-based substance abuse treatment program among some staff and participants. *Journal of Offender Rehabilitation*, 37(3–4), 27–46. https://doi.org/10.1300/J076v37n03_02; Opsal, T., & Luxton, I. (2023). Gender-responsive programming for women in the community corrections context: A scoping review. *Corrections*, 1–17. <https://doi.org/10.1080/23774657.2023.2278192>
- ²⁴ Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

- ²⁵ Bronson, J., & Berzofsky, M. (2017). *Indicators of mental health problems reported by prisoners and jail inmates, 2011-2012*. Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>; Bronson, J. Stroop, J., Zimmer, S., & Berzofsky, M. (2020). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009*. Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>
- ²⁶ Wodahl, E. J. (2006). The challenges of prisoner reentry from a rural perspective. *Western Criminology Review*, 7(2), 32-47.
- ²⁷ Wallace, D., & Wang, X. (2020). Does in-prison physical and mental health impact recidivism?. *SSM-Population Health*, 11, 100569. <https://doi.org/10.1016/j.ssmph.2020.100569>
- ²⁸ Olson, D., & Rozhon, J. (2011). *A process and impact evaluation of the Sheridan Correctional Center Therapeutic Community Program during fiscal years 2004 through 2010*. Illinois Criminal Justice Information Authority. https://archive.icjia-api.cloud/files/icjia/pdf/ResearchReports/Sheridan_6_year_eval_report_01_2011.pdf
- ²⁹ Reichert, J., Gatens, A., Adams, S., Gleicher, L., Weisner, L., & Head, C. (2018). *Co-occurring mental health and substance use disorders of women in prison: An evaluation of the WestCare Foundation's Dual Diagnosis Program*. Illinois Criminal Justice Information Authority. <https://icjia.illinois.gov/researchhub/articles/co-occurring-mental-health-and-substance-use-disorders-of-women-in-prison-an-evaluation-of-the-westcare-foundation-s-dual-diagnosis-program-in-illinois>
- ³⁰ Jannetta, J., Dorn, S., Kurs, E., Reginal, T., Marks, J., Serafi, K., Guyer, G., & Cantrell, C. (2018). *Strategies for connecting justice-involved populations to health coverage and care*. https://www.urban.org/sites/default/files/publication/97041/strategies_for_connecting_justice-involved_populations_to_health_coverage_and_care.pdf
- ³¹ Hamilton, L., & Belenko, S. (2016). Effects of pre-release services on access to behavioral health treatment after release from prison. *Justice Quarterly*, 33(6), 1080-1102. <https://doi.org/10.1080/07418825.2015.1073771>
- ³² Bales, W. D., Clark, C., Scaggs, S., Ensley, D., Coltharp, P., Singer, A., & Blomberg, T. G. (2016). *An assessment of the effectiveness of prison work release programs on post-release recidivism and employment*. The Florida Department of Corrections and Florida State University College of Criminology and Criminal Justice. <https://www.ojp.gov/pdffiles1/nij/grants/249845.pdf>; Duwe, G. (2015). An outcome evaluation of a prison work release program: Estimating its effects on recidivism, employment, and cost avoidance. *Criminal Justice Policy Review*, 26(5), 531-554. <https://doi.org/10.1177/0887403414524590>; Kansas Department of Corrections. (2009). *Offender programs evaluation, Volume VIII*. <https://www.doc.ks.gov/publications/CFS/evaluation/offender-programs-evaluation-volume-viii-april-2009/view>; Washington State Institute for Public Policy. (2007). *Does participation in Washington's work release facilities reduce recidivism?* https://www.wsipp.wa.gov/ReportFile/998/Wsipp_Does-Participation-in-Washingtons-Work-Release-Facilities-Reduce-Recidivism_Full-Report.pdf
- ³³ Duwe, G. (2018). The effects of timing and dosage of correctional programming on recidivism. *Journal of Offender Rehabilitation*, 57(3-4), 256-271. <https://doi.org/10.1080/10509674.2017.1401025>
- ³⁴ Berk, J. (2008). *Does work release work?* [Unpublished manuscript]. Brown University. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=ec5f557cc5b792681ce8c7f21ed50e7c249b4107>
- ³⁵ Jung, H., & LaLonde, R. J. (2019). Prison work-release programs and incarcerated women's labor market outcomes. *Prison Journal: An International Forum on Incarceration and Alternative Sanctions*, 99(5), 535-558. <https://doi.org/10.1177/0032885519875009>; Reichert, J., Maranville, R., & Ott Hill, E. (2023). *Differences in recidivism outcomes of Illinois prison work release centers by participant characteristics*. Illinois Criminal Justice Information Authority. <https://icjia.illinois.gov/researchhub/articles/differences-in-recidivism-outcomes-of-illinois-prison-work-release-centers-by-participant-characteristics/>
- ³⁶ Cook, P. J., Kang, S., Braga, A. A., Ludwig, J., & O'Brien, M. E. (2015). An experimental evaluation of a comprehensive employment-oriented prison re-entry program. *Journal of Quantitative Criminology*, 31, 355-382. <https://doi.org/10.1007/s10940-014-9242-5>

-
- ³⁷ Bonta, J., & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation*. Her Majesty the Queen in Right of Canada. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf> ; Gleicher, L., & Green, E. (2020). *Effective strategies in community supervision: Core correctional practices and motivational interviewing*. Illinois Criminal Justice Information Authority. <https://icjia.illinois.gov/researchhub/articles/effective-strategies-in-community-supervision-core-correctional-practices-and-motivational-interviewing>
- ³⁸ Bales, W. D., Clark, C., Scaggs, S., Ensley, D., Coltharp, P., Singer, A., & Blomberg, T. G. (2016). *An assessment of the effectiveness of prison work release programs on post-release recidivism and employment*. The Florida Department of Corrections and Florida State University College of Criminology and Criminal Justice. <https://www.ojp.gov/pdffiles1/nij/grants/249845.pdf>; Bohmert, M., & Duwe, G. (2012). Minnesota's Affordable Homes Program: Evaluating the effects of prison work program on recidivism, employment, and cost avoidance. *Criminal Justice Policy Review*, 23(3), 327-351. <https://doi.org/10.1177/0887403411411911>; Duwe, G. (2015). An outcome evaluation of a prison work release program: Estimating its effects on recidivism, employment, and cost avoidance. *Criminal Justice Policy Review*, 26(5), 531-554. <https://doi.org/10.1177/0887403414524590>; Jung, H. (2014). Do prison work-release programs improve subsequent labor market outcomes? Evidence from the Adult Transition Centers in Illinois. *Journal of Offender Rehabilitation*, 53(5), 384-402. <https://doi.org/10.1080/10509674.2014.922158>; Washington State Institute for Public Policy. (2007). *Does participation in Washington's work release facilities reduce recidivism?* https://www.wsipp.wa.gov/ReportFile/998/Wsipp_Does-Participation-in-Washingtons-Work-Release-Facilities-Reduce-Recidivism_Full-Report.pdf
- ³⁹ Reichert, J., Maranville, R., & Ott Hill, E. (2023). *Employment of individuals after release from Illinois prisons: Employee characteristics, occupations, and wages*. Illinois Criminal Justice Information Authority. <https://icjia.illinois.gov/researchhub/articles/employment-of-individuals-after-release-from-illinois-prisons--employee-characteristics-occupations-and-wages/>
- ⁴⁰ Rutakumwa, R., Mugisha, J. O., Bernays, S., Kabunga, E., Tumwekwase, G., Mbonye, M., & Seeley, J. (2020). Conducting in-depth interviews with and without voice recorders: A comparative analysis. *Qualitative Research: QR*, 20(5), 565-581. <https://doi.org/10.1177/1468794119884806>
- ⁴¹ Borgstrom, E., Maranville, R., & Reichert, J. (2024). *Illinois work release centers: Perspectives of ATC participant employers*. Illinois Criminal Justice Information Authority. [Manuscript submitted for publication]
- ⁴² Reichert, J. Wang, J., Maranville, R., Ott Hill, E., & Gruschow, K. (2024). *Recidivism outcomes of Illinois prison work release program participants*. Illinois Criminal Justice Information Authority. [Manuscript submitted for publication].

Appendix A

STAFF & STAKEHOLDER INTERVIEWS: IDOC ATC

Interviewer initials: _____
Date of interview: ____/____/____
Location of interview: _____
Time interview started ____:____ AM/PM

DEMOGRAPHICS

Thank you for agreeing to talk with me today. We are really interested in your opinion and experience and any information you can give will be extremely helpful. Do you have any questions before we start?

1. Current age? _____
2. Are you Spanish/Hispanic/Latino?
☐ No
☐ Yes
3. What is your race?
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Some other race, Provide name of your race: _____
4. What is your highest level of education attained?
5. Do you hold any licenses?
☐ Yes
☐ No⇒ Go to Q.6
- 5a. What license(s)?

YOUR WORK WITH ATC

6. How long have you worked in your current field (courts, law, treatment)?
_____ years
7. What is your current job title? _____
8. How long have you worked with ATC?
_____ years _____ months

9. Did you receive any additional training for your role in ATC?

☐ Yes

☐ No

9a. Please describe.

10. What are your current training needs related to ATC?

POLICIES & PROCEDURES OF ATC

11. Please explain the process to identify residents and determine eligibility for ATC.

12. How are participants made aware of ATC rules and requirements?

13. Please explain a typical week for someone in ATC.

14. How is ATC similar to a traditional prison?

15. How is ATC different from a traditional prison?

16. How are residents' risks and needs determined?

17. How are residents' skills for the work assignment determined?

18. What types of employment opportunities do residents have?

19. What types of training opportunities are offered to residents?

20. What types of educational or vocational opportunities are offered to residents?

21. What types of public service programming are residents involved in?

22. What is the relationship between ATC prison staff/stakeholders and employers?

23. Please explain how staff supports individual program contract development for each resident.

PROBE: How is programming (e.g. employment, education, public service, vocational education) determined? How are goals and objectives determined? How much input does the participant have?

24. Please explain how staff supports release plan development for each resident.

PROBE: How are goals determined? How much input does the participant have?

25. How, if at all, are the four ATCs different from each other?

26. How will the SAFE-T Act provisions affect ATCs?

COMPLIANCE MONITORING FOR ATC

- 27. How were incentives and compliance criteria for ATC determined?
- 28. What are your thoughts on the incentives in ATC?
- 29. What are your thoughts on the compliance criteria that ATC uses?
- 30. How is it handled when a resident does not engage in programming?
- 31. How is it handled if residents miss work or other programming requirements?
- 32. Under what circumstances can a resident be removed from ATC?

IMPLEMENTATION & ADAPTATION

- 33. In your own words, please explain the purpose of ATC.
- 34. How does the programming offered reach the initially intended goal of ATC?
- 35. In what ways is ATC being implemented as planned?
- 36. What, if any, changes or adaptations have there been to ATC?
- 37. What challenges have impacted the implementation of ATC?
 - 37a. How have you addressed these challenges?
- 38. If you could implement ATC differently, what would you do?

YOUR VIEWS ON ATC

- 39. How would you define a successful completion of ATC?
- 40. Based on your experience, how would you describe residents in ATC?
- 41. What services/assistance do you think ATC residents need?
- 42. How well does ATC meet the service needs of participants?
- 43. What do you think of the orientation phase of ATC?
- 44. What do you think of level systems of ATC?
- 45. What do you think of the privileges offered to residents at each level in ATC?

46. What do you think of the counseling services (when required by the Chief Administrative Officer) for residents?
47. What do you think of the employment programming?
48. What do you think of the training programs?
49. What do you think of the educational and vocational programming?
50. What do you think of the public service programming?
51. What are the strongest parts of ATC?
52. What are the weakest parts of ATC?
53. How have you built relationships with residents?
54. How do you perceive residents' satisfaction with the services and programming offered in ATC?
55. Do you have any other comments?

***Thank you for answering the questions during this interview.
Your participation is very helpful to us and greatly appreciated.***