

MEASURING OUTCOMES FOR RESIDENTIAL SUBSTANCE ABUSE TREATMENT

Institute for Court Management
Court Executive Development Program
2010-2011 Phase III Project
May 2011

Marci K. Jumisko
Director of Administrative Services
Nineteenth Judicial Circuit
Circuit Court of Lake County
Waukegan, Illinois

Acknowledgements

I would like to begin by thanking the Chief Judge of the Nineteenth Judicial Circuit, Victoria A. Rossetti, and the Executive Director, Robert A. Zastany, for the opportunity to participate in the Court Executive Development Program and for their support throughout this research project. Other staff that provided invaluable assistance included Winnie Webber and Roadjee Calara from the Division of Judicial Information Systems; Rose Gray, Kelli Quinn, and Tony Dicriscio from the Division of Adult Probation; Debbie Hoem and Diana Gonzalez from the Division of Psychological Services; and Robert Verborg, the Court's Research Analyst. I would also like to thank the probation officers and judges who participated in the stakeholder survey and interviews.

Several staff members from the National Center for State Courts have helped to enrich this experience. Gene Flango, my research advisor, provided valuable advice regarding the project design as well as support throughout the writing and editing process. I'd also like to thank Dan Straub, Joan Cochet, and Toni Grainer for their assistance and encouragement. My classmates from the CEDP Class of 2011 were very supportive throughout the year—I truly appreciated sharing the ups and downs of research via email.

I'd also like to thank my family for their support. My family has always had a lot of *sisu*, a Finnish word describing determination. This quote from Abraham Lincoln captures that sentiment and is an appropriate way to summarize both the research process and the treatment of addiction discussed in this study: "Always bear in mind that your own resolution to succeed is more important than any one thing."

Table of Contents

Acknowledgements.....	ii
Abstract.....	1
Introduction.....	2
Literature Review.....	4
Methods.....	12
Project Design	12
Stakeholder Outreach	14
Data Analysis	15
Findings.....	17
Stakeholder Feedback	18
Completion of Treatment	21
Completion of Probation.....	24
Recidivism.....	26
No new offenses.....	26
New offenses.....	28
New convictions.....	30
Conclusions and Recommendations	31
Appendix A: Action Plan Template.....	40

Appendix B: Stakeholder Input Questionnaire	46
Appendix C: Treatment Provider Correspondence.....	49
Appendix D: Summary of Responses from Probation Officers.....	52
Appendix E: Summary of Responses from Judges.....	59
Appendix F: Statistics	62
References.....	69

List of Figures

Figure 1: Treatment Completion Rates for the Research and Control Groups.....	22
Figure 2: Treatment Completion by Program.....	24
Figure 3: Successful Completion of Probation by Treatment Group	24
Figure 4: Success Rates, as Measured by No New Offenses, for the Treatment Groups	27
Figure 5: Recidivism Rates while on Probation for the Treatment Groups.....	28
Figure 6: Post-Supervision Recidivism Rates by Treatment Group	29

List of Tables

Table 1: Treatment Completion Rates by Gender and Age	23
Table 2: Completion of Probation by Gender and Age	25
Table 3: No New Offenses by Gender and Age	27
Table 4: Recidivism Rates after Successful Probation Completion by Gender and Age	30
Table 5: Conviction Rates.....	31
Table 6: Recommended Performance Measures and Benchmarks.....	37

List of Appendices

Appendix A: Action Plan Template.....	40
Appendix B: Stakeholder Input Questionnaire	46
Appendix C: Treatment Provider Correspondence.....	49
Appendix D: Summary of Responses from Probation Officers.....	52
Appendix E: Summary of Responses from Judges.....	59
Appendix F: Statistics	62

MEASURING OUTCOMES FOR RESIDENTIAL SUBSTANCE ABUSE TREATMENT

By Marci K. Jumisko

Abstract

The Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois, has placed a new emphasis on performance management in an effort to use its resources effectively in the current fiscal environment. Several performance measures have been developed for the general adult probation population, but current measures do not consider special populations such as those who receive substance abuse treatment. The purpose of this research project is to develop performance measures that can be used by the Nineteenth Judicial Circuit to track outcomes for adult probation clients who receive residential substance abuse treatment. A review of existing literature and input from stakeholders regarding their expectations for clients identified three performance measures: treatment completion, the successful completion of probation, and recidivism. Several recidivism measures were considered; the recommended measure is based on new arrests for those who successfully completed adult probation. The following goals were established for adult probation clients referred to residential treatment: a treatment completion rate of 60%, a successful completion of probation rate of 55%, and a recidivism rate of 33%. The findings also suggest that it would benefit the Court to establish agreements with more than one residential treatment provider and that there is a need for new strategies to address aftercare. Interestingly, a small group of individuals recommended for residential treatment actually completed another level of treatment and had higher success rates and lower recidivism rates than the residential treatment group; additional research is recommended to explore this finding in more detail and determine how this information might be used in the future.

Introduction

The Nineteenth Judicial Circuit, Circuit Court of Lake County is a general jurisdiction trial court located in Lake County, Illinois. The Circuit Court is a large suburban court with 37 judges hearing cases in five judicial divisions. Court operations are supported by 272 authorized staff positions in the areas of Administrative Services, Judicial Operations, Judicial Information Services, Adult Probation, Juvenile Probation and Detention Services, and Psychological Services. Like courts across the United States, the Nineteenth Judicial Circuit has had to make significant budget reductions over the last two years. Twenty-two positions are currently vacant and all hiring is delayed resulting in a staff of 250 at this time.

In order to prioritize its activities in this fiscal environment, the Court has placed a new emphasis on performance management “to ensure that Court activities are aligned with the Court’s strategic plan and that they are being conducted in an effective and efficient manner” (Nineteenth Judicial Circuit Court of Illinois, 2009a, p. i). This project represents the Court’s first effort to develop performance measures for services provided by external agencies. While the Court contracts with numerous providers including interpreters and attorneys, the majority of contracts are with psychologists, psychiatrists, and other social service agencies to provide psychological services.

The Nineteenth Judicial Circuit has recognized the importance of treatment for over twenty years as the Division of Psychological Services began in 1988 with an underlying philosophy of community-based corrective action (Nineteenth Judicial Circuit Court of Illinois, 1992, p. 1). From its earliest days, the division has been committed to providing “the highest quality of diagnostic and treatment services” (Nineteenth Judicial Circuit Court of Illinois, 1992, p. 2). While some evaluations and assessments are conducted in-house, most treatment is

outsourced. At this time, the Court budgets almost \$500,000 a year for contracts with 17 agencies to provide psychological services to indigent clients. Residential treatment for substance abuse accounts for 60% of the treatment budget. The focus of this paper, therefore, will be to examine outcomes for adult probation clients who were referred to residential substance abuse treatment.

Substance abuse contracts were selected ahead of contracts for sex offenses, domestic violence and other mental health issues for several reasons. Substance abuse is a significant problem within the Lake County criminal justice system. Lake County is a suburban county situated between Cook County, which includes the City of Chicago, and the Wisconsin state line. According to the U.S. Census Bureau (2010), Lake County's estimated population in 2009 was 712,567, a 10% increase over the 2000 census (See Illinois, Lake County). As the county's population has grown, so has its criminal activity. Between 1994 and 2003, arrests for total drug offenses rose from 1,776 to 3,238, an 82% increase (Illinois Criminal Justice Information Authority, 2004, p. 7). The drug arrest rate in 2003 was 12% higher in Lake County than in the five other counties that surround the Chicago area (Illinois Criminal Justice Information Authority, 2004, p. 8). Between 2001 and 2007, Lake County was one of only two counties in the 7-county northeast Illinois region to experience an increase in its drug arrest rate as its rate rose from 508.8 to 573.9 per 100,000 population, a 1.2% increase (Myrent & Rosenbaum, 2009, p. 24).

As drug arrests in Lake County increased, so too did the caseloads in adult probation. The active adult caseload increased from 3,627 in 2004 to 4,104 in 2009, a 13.2% increase. National research shows that about two-thirds of probationers are involved with alcohol or drug abuse in the time leading up to their offense (Mumola & Bonczar, 1998, p. 7). Half of those

involved with drugs or alcohol received substance abuse treatment as a condition of their sentence (Mumola & Bonczar, 1998, p. 11). A 2000 study of probation outcomes in Illinois found that substance abuse treatment was a condition of probation for about 45% of all adults included in the study (Adams & Olson, 2002). Locally, the Nineteenth Judicial Circuit's Division of Adult Probation reported that there were 1,180 referrals for substance abuse evaluations and/or treatment in 2009 (Nineteenth Judicial Circuit Court of Illinois, 2010, Section II, Tab C, Question 1a).

This research project will develop performance measures that can be used by the Nineteenth Judicial Circuit to track outcomes for adult probation clients who receive residential substance abuse treatment. A literature review will provide background information and identify the performance measures that are typically used for substance abuse treatment in the criminal justice field as well as any established benchmarks that can be used for comparison purposes. Additional research will include interviewing key members of the judiciary and staff to determine their expectations regarding substance abuse treatment. An analysis of local data will determine probationer success rates in completing their treatment programs and their probation sentences as well as post-supervision recidivism rates. It is anticipated that research findings will provide information about current outcomes as well as baseline data that will be used in the future.

Literature Review

The Nineteenth Judicial Circuit's performance management efforts, including the development of performance measures for substance abuse treatment providers, are linked to its strategic plan. The Court's strategic plan is based on the Trial Court Performance Standards of access to justice; expedition and timeliness; equality, fairness and integrity; independence and

accountability; and public trust and confidence (Commission on Trial Court Performance Standards, 1990). Strategies such as collaborating with stakeholders, improving external communications, containing the cost of litigation and continually improving court operations are consistent with the Court's desire to publicly account for its performance (Nineteenth Judicial Circuit Court of Illinois, 2009b, pp. 22-24).

The Court's performance management system is known as SMAART, an acronym that emphasizes the generation of data that is Specific, Measurable, Aggressive, Achievable, Relevant and Time-Sensitive (Nineteenth Judicial Circuit Court of Illinois, 2009a, p. i). As part of the SMAART effort, directors from all divisions of the Court have developed supportive statements and goals to link the Court's strategic plan to its performance management system. As the Director of Administrative Services, this author is committed to "providing leadership and support in the areas of human and financial management...in a manner that emphasizes the Court's responsible use of resources, while preserving the fairness and reasonableness of costs associated with public access..." (Nineteenth Judicial Circuit Court of Illinois, 2009a, p. 3). Division goals include the procurement of services that are consistent with the standards established by the Court and managing financial resources in a manner that enhances the delivery of services throughout the organization (Nineteenth Judicial Circuit Court of Illinois, 2009a, p. 3). Appendix A provides additional information about how this project fits into the Court's performance management efforts.

The SMAART framework also emphasizes the use of evidence-based practices in treating offenders. All four of Adult Probation's division goals reference evidence-based practices. Significantly, the division will "facilitate a continuum of evidence-based interventions, treatment programs and supervision techniques designed to alter probationers'

criminal behavior in order to reduce recidivism...” (Nineteenth Judicial Circuit Court of Illinois, 2009a, p. 4). This goal is consistent with research which suggests the evidence-based treatment components of a local program are an important indication of that program’s effectiveness (McLellan, 2008, p. 17).

The decision to develop substance abuse treatment performance measures as one of the first projects under the SMAART framework was precipitated by recent actions taken by the Court’s funding authorities. The Administrative Office of Illinois Courts (AOIC) began requesting detailed information on treatment and outcomes in its annual plan document. In the 2011 Annual Plan, the AOIC asked the Court to identify the number of referrals made to each treatment program, the percentage of completion by program, the recidivism rate of completers, and the technical violation rate of completers (Nineteenth Judicial Circuit Court of Illinois, 2010, Section II, Tab C, Questions 1a - c). The only information available for inclusion in the plan was the number of referrals.

Locally, the Lake County Board publishes performance measures in its annual budget. Among the Court’s measures are the completion of treatment and the successful completion of probation (Lake County, 2010, p. 75). In addition, the County Board’s most recent strategic plan includes a public safety goal with the following statement: “Enhance the safety of residents through an integrated criminal justice system, including law enforcement and other programs that reduce crime, recidivism, domestic violence and substance abuse” (Lake County, 2009, p. 8). The County’s recognition of substance abuse as an underlying problem is consistent with research that has found that the high percentage of offenders in need of treatment makes it unlikely to reduce recidivism rates without breaking the cycle of substance abuse and crime (Przybylski, 2008, p. 43).

With this paper's emphasis on the treatment of adult probation clients, the most relevant literature is that which focuses on substance abuse treatment in a criminal justice setting. Of particular interest is literature which suggests potential performance measures. Recent research in this area has increasingly focused on drug court programs. Although the Nineteenth Judicial Circuit's treatment programs are more inclusive in that they are available to both drug court participants and the general probation population, the drug court literature on performance measures is both useful and relevant to this project. The National Drug Court Institute convened a National Research Advisory Committee (NRAC) to develop uniform performance measures for drug courts that could be implemented at a local level. The NRAC recommended three primary measures of retention, sobriety, and recidivism and one secondary measure, units of service (Heck, 2006). Retention, recidivism and service measures will be considered in this research project. Sobriety proved too difficult to track through a manual review of records.

Retention is typically expressed as a percent and it is defined as the number of people who complete the program divided by the number who entered during a specific time, an entry cohort (Heck, 2006, p. 8). Since this research is not based on entry cohorts, treatment completion rates and the successful completion of probation will be used instead of program retention statistics as short-term outcome measures.

As Lake County has sought treatment for its offender population, some service providers have been hesitant to provide services to those required to seek assistance through the courts as they believe that this population will not be able to successfully complete treatment. Rempel and DeStefano specifically looked at the issue of individuals required to attend treatment as part of their court sentence. Their analysis of court-mandated treatment at the Brooklyn Treatment Court from 1996 to 2000 found that coercion increases the probability of treatment engagement

(Rempel & DeStefano, 2001, p. 101). Similarly, a Performance Audit Report published by the State of Iowa found that almost 80% of offenders mandated by the courts to receive treatment are involved in treatment compared to 49% of those on probation and 37% of those on parole (Iowa Department of Corrections, 2007, p. 7).

Other studies looked specifically at treatment completion. The 2000 study of probation outcomes in Illinois found that more than 60% of adults had either completed or were still enrolled in their court-ordered treatment when discharged from probation (Adams & Olson, 2002, p. 4). The rate is similar in Lake County as 61% of adult probation clients expected to complete any kind of treatment did so by the time their case was closed in 2009 (Lake County, 2010, p. 75).

In previous studies, the Nineteenth Judicial Circuit has defined the successful completion of probation very broadly, such as no revocation to the Illinois Department of Corrections, and very narrowly, such as no new convictions or petitions to revoke, no court action taken for a technical violation, and no closure on warrant status for a violation. The definition used most consistently, however, is the adult probation success rate used in the annual report and the performance measures submitted to the County Board. This rate is based on no revocations for new offenses or technical violations, no warrants issued, and no unsatisfactory terminations for any other reasons. The adult probation success rate in 2009 was 55% (Lake County, 2010, p. 75).

The second NRAC performance measure considered in this study is recidivism. In the context of treatment, recidivism measures are used to determine the effectiveness of programs. Did the treatment program reduce crime? Recidivism, however, can be measured in several ways. One of the most comprehensive studies of substance abuse treatment (and the first to

include offenders among the groups studied) was the National Treatment Improvement Evaluation Study (NTIES). This five-year study mandated by Congress used surveys and self-reported data to conclude that treatment has lasting benefits with significant reductions in drug use reported a full year after treatment (SAMHSA Center for Substance Abuse Treatment, 1997, p. 1). Individuals also reported decreases in criminal activity with the number of individuals selling drugs declining by 78% and a 64% reduction in arrests for any crime (SAMHSA Center for Substance Abuse Treatment, 1997, p. 3).

The Bureau of Justice Statistics provides a more formal definition of recidivism as “criminal acts that resulted in the rearrest, reconviction, or return to prison...during a three-year period following the prisoner’s release” (Bureau of Justice Statistics, 2011, About this Topic). A 1994 study of almost 300,000 former prisoners from 15 states found that 67.5% were rearrested within three years, 46.9% were reconvicted, and 25.4% were resentenced to prison (Bureau of Justice Statistics, 2011, Summary Findings). As this study indicates, recidivism rates differ based on the definition that is used.

The NRAC recommends that recidivism be defined as the rate at which program participants are rearrested, although it is also useful to look at conviction data (Heck, 2006, p. 10). A study by the National Center for State Courts found that most states are using convictions, with tracking periods ranging from one to five years (Rubio, Cheesman, & Federspiel, 2008, p. 9). This study will report both re-arrests and convictions.

Recidivism rates for probation clients provide some additional context. The 2000 study of probation outcomes in Illinois reported on new arrests that occurred while individuals were still on probation. The study found that more than 30% of adult probationers were arrested for another crime during their supervision periods (Adams & Olson, 2002, p. 3). A more recent

Lake County study tracked offenders who participated in a Cognitive Outreach Group (COG) for three years after their probation sentences ended. Recidivism rates based on new arrests were 43.8% for the COG participants and 71.8% for a comparison group. The rates based on new convictions were 29.5% and 60.2%, respectively (Verborg, 2008, pp. 15-16).

The final NRAC performance measure influencing this study is the unit of service measure, which should be used to capture both treatment and services provided to participants (Heck, 2006, p. 11). The Bureau of Justice Statistics found that probation departments utilize a variety of programs ranging from education and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous to outpatient programs and residential treatment. The most common type of drug treatment was outpatient care, while the most common type of alcohol treatment was a self-help group such as Alcoholics Anonymous (Mumola & Bonczar, 1998, pp. 9-10). The present study's primary focus is residential treatment, but outpatient treatment will also be considered for comparison purposes.

The unit of service measure can also be used to measure dosage, or the amount of treatment received. Research has shown that longer times in treatment are associated with better recidivism outcomes (Przybylski, 2008, p. 45). Peters, Haas, and Hunt (2001) found that the duration of time spent in a drug court program was significantly related to criminal justice outcomes (p. 68). In addition, while graduates had more success than non-graduates, "outcomes also tended to improve for non-graduates as the amount of time in treatment increased" (Peters, Haas, & Hunt, 2001, p. 70). Treatment duration is important to this study in that residential treatment is defined as at least a 28-day inpatient program; all other programs are grouped together for comparison purposes.

All performance measures in this study will be reported by age and gender. Age is included since it is not uncommon for individuals to “age-out” of the criminal justice system. Gender is included because the Nineteenth Judicial Circuit is very interested in gender-specific programming and this study could shed some light on females who receive substance abuse treatment. Previous research confirms that younger participants are at a higher risk of dropping out of drug court programs than older participants (Rempel & DeStefano, 2001, p. 112). Gender research is less conclusive. Although females were more likely to drop out in the Rempel and DeStefano (2001) study, this may have been related to a delay in being placed in treatment (p. 113).

Research will be based on exit cohorts per the National Center for State Courts recommendation, so successful completions will be disaggregated from those who did not complete treatment (Rubio, Cheesman, & Federspiel, 2008, p. 8). Several researchers, including Heck (2006), cautioned that program completers cannot be compared to program dropouts when looking at an outcome such as recidivism since those who completed may have been more motivated in the first place. However, comparing completers to dropouts can be useful when looking at treatment in order to identify and address potential problems to improve success rates (Heck, 2006, p. 8). This study will report on outcomes for those who completed residential treatment, those who completed other levels of treatment, those who did not complete treatment, and those who were never referred to treatment in an effort to establish baseline data for the Court’s performance management efforts.

Methods

The overall project design and the methods used in this research are described in this section. Research methods included literature review, stakeholder surveys and interviews, and the analysis of archival data.

Project Design

Once it was determined that this paper would focus on performance measures for substance abuse treatment, a meeting was held with staff from the Nineteenth Judicial Circuit's Psychological Services Division. The division consists of a director and three other psychologists, five therapists, three community resource liaisons and a clerk. The community resource liaisons manage the referrals and contracts with service providers. The two liaisons to the adult probation division provided general information about the types of treatment, the various providers, and the availability of data. A second meeting focused specifically on substance abuse treatment providers. At that time, the decision was made to focus on residential treatment as it would only be necessary to track referrals to three providers, there has been growing interest in residential treatment due to the belief that long-term treatment programs are the most successful, and residential treatment has the largest impact on the budget.

All research projects that utilize client data require the Chief Judge's approval. A meeting was scheduled to review the project plan and to seek input on the proposed methodology, particularly the stakeholder interviews. The project plan and the stakeholder questionnaire were approved. This questionnaire, which had previously been reviewed by the community resource liaisons, asks respondents to rate their agreement with eight statements using a five-point Likert scale ranging from "Disagree Strongly" to "Strongly Agree". The questionnaire also includes nine open-ended questions about the expectations that probation

officers have for both treatment providers and clients. The Chief Judge suggested that the open ended questions could be used in interviews with judges from the Felony Division. The stakeholder questionnaire is included in Appendix B.

After the meeting with the community resource liaisons, the psychological services referral database was used to identify individuals who were referred to residential treatment at one or more of the three primary providers used by staff in the 2006 to 2008 time period. These individuals were then matched with the probation database of cases that terminated in 2008 or 2009. These time periods were chosen because they provide a one to two year post-supervision period to track recidivism. This analysis identified 157 cases for further study.

Next, a meeting was held with the Adult Probation management team which consists of the director and five assistant directors. The management team was asked for input regarding the selection of the control group for this study. Ideally, individuals with similar diagnoses would be randomly assigned to different types of treatment to measure the effectiveness of the treatment programs. This is difficult in practice because probation officers must consider each client's needs as well as the opinions of advocates such as family members and lawyers when placing offenders in treatment. Another option would be to select a control group of individuals referred to residential treatment and willing to attend but unable to due to a waiting list. However, this would not yield a sufficient number since every effort is made to place willing clients in treatment in a timely manner. It was decided to look at clients with substance abuse issues who were not referred to residential treatment, even though they may have been referred to some level of outpatient treatment. The potential list was pulled from the database of individuals who were charged with a substance abuse offense and whose cases terminated in 2008 or 2009. This list

was three times larger than the research group of 157 cases, so every third case was selected for a control group that was also 157 cases.

Stakeholder Outreach

Stakeholders for this project include the treatment providers, the probation officers, and the judiciary. While the literature review provided valuable information about the performance measures that are used for substance abuse treatment in the criminal justice field, the three residential treatment providers used by the community resource liaisons were contacted about this study and asked for information regarding the performance measures used in their work. Appendix C contains the letter sent to the providers and a summary of the response that was received.

The Adult Probation management team was also asked about stakeholder input. A preliminary list of 15 probation officers that frequently make referrals to residential placement was compiled based on a review of the referral database. This list was discussed with the management team, and it was decided to add an additional officer and to send the officers the approved questionnaire via email instead of trying to meet with them individually or in groups. The questionnaire was emailed to 16 officers on November 11, 2010. Eleven officers responded as summarized in Appendix D.

Stakeholder input also included interviews with the judges that were recommended by the Chief Judge. The two judges that were contacted are assigned to the Felony Division and experienced in working with addicted offenders. All interviews took place in person in late December either in the researcher's office or the judge's chamber. A summary of feedback from the judges is included in Appendix E.

Data Analysis

A final meeting was held with the Adult Probation director to discuss the remaining data needs for this project. The referral database provided information about referrals, but not treatment completion. Similarly, reports from the probation database provided information about program completion and the completion of probation, but the name of the treatment program was not available. It was determined that it would be necessary to manually review the 314 cases included in this study in order to determine the type of treatment, the treatment provider, and the date(s) of treatment completion (if any). Arrangements were made with the Judicial Information Systems Division to provide this researcher with read-only access to the database of terminated probation cases for this review of individual case files.

The review of the case files revealed that some of the cases were pre-trial, meaning that some referrals were sought for individuals before their trials. Since these individuals were not sentenced to probation, it was decided to remove these cases from the study. In both groups, there were also a few incomplete files that prevented inclusion for further study. Finally, one individual in both the research and control groups died prior to receiving treatment. The final counts used for the remainder of this analysis were 134 cases identified in the residential treatment referral database (the research group) and 137 cases pulled from the probation database (the control group).

The research and control group case files were reviewed to calculate treatment completion rates. In this study, residential treatment was defined as 28 to 90 days of care in a treatment facility. All other treatment programs, which ranged from a one-week detoxification program to various levels of counseling up to 75 hours of intensive outpatient counseling, were grouped together for comparison purposes.

Since the primary purpose of this study is to develop performance measures for residential treatment, it was decided to group all the cases that had received residential treatment together for further analysis regardless of their origin in the research or control group. These cases were then compared to those that had been referred for residential treatment but completed some other level of treatment. Cases receiving other treatment that originated in the control group (those that were not referred to residential treatment) were tracked separately, as were those that did not receive treatment referrals. Among non-completers, those that did not complete were tracked separately from those that never started treatment in order to see if some treatment resulted in more positive outcomes than no treatment.

The supervision termination codes in the probation database were used to calculate probation completion rates for the six comparison groups. Three outcomes comprised this study's definition of successful completion of probation: early termination (ET), graduated TIM Court (GT), and scheduled termination (ST). The GT code refers to participants who completed the Nineteenth Judicial Circuit's drug court program known as the Therapeutic and Intensive Monitoring (TIM) Court. While these individuals experienced different services while on probation, there were only six graduates in the database and the decision was made to leave them in this study. As noted in the Literature Review, previous studies in the Nineteenth Judicial Circuit have used multiple definitions of successful termination; this definition most closely matches the adult probation success rate reported on annually.

Recidivism rates based on no new offenses, new offenses while on probation, and post-supervision arrests and convictions were then calculated for the six comparison groups. Information about new offenses while on probation was included in the probation database. Record checks were conducted to gather information about no new offenses and post-supervision

offenses and convictions. The Director of Adult Probation selected two probation officers with the appropriate certification to run post-supervision record checks for the individuals included in this study. Using name and date of birth as the identifier, the officers used Law Enforcement Agency Data Systems (LEADS) terminals to check the following records for new offenses:

- State of Illinois and local active terminals (LEADS)
- Nationwide active warrants (NCIC – National Crime Information Center).
- State of Illinois criminal records (BCI – Bureau of Criminal Identification).
- Illinois traffic arrests and convictions (SOS – Secretary of State), and
- Nationwide Criminal records (FBI – Federal Bureau of Identification).

In addition, Lake County's Court Records Information Management System (CRIMS) was used to check for new convictions within the 19th Judicial Circuit.

The use of the six comparison groups, instead of the two larger research and control groups that were originally identified, resulted in some sub-groups that were too small for a meaningful comparison of percentages. However, results were evaluated using a chi square test at the .05 significance level whenever feasible.

Findings

This section begins with a summary of the stakeholder input gathered through the survey of probation officers and interviews with members of the judiciary to provide context for the numeric findings. The data gleaned from the review of probation case files and subsequent record checks are then presented by the three proposed performance measures: completion of treatment, completion of probation, and recidivism.

Stakeholder Feedback

The survey of probation officers and the conversations with judges provided important context for the rest of the study. These stakeholders were asked about the treatment referral process, their expectations for treatment providers, the definition of success for their clients, and the overall benefit of residential treatment programs.

Three key players govern the treatment referral process: the judge hearing the case, the probation officer, and the community resource liaison. Judges have traditionally issued an open mandate for individuals who may benefit from treatment; that is, they do not specify the type of treatment or the provider, but rather, they authorize probation officers to require substance abuse evaluations and then to place offenders in the recommended program(s). The “open mandate” language used in the past is in the process of being replaced by more specific terminology. Probation officers will be asked to seek assessments per evidence-based practices to determine the services that will assist offenders in their rehabilitation.

Substance abuse evaluations are currently conducted by the same agencies that offer treatment programs. Probation officers review the evaluations, however, and identify the most appropriate treatment program(s). They then generally work with the community resource liaison to make the referral and facilitate the placement. Some officers handle the referrals themselves. The officers responding to the stakeholder survey stated that one of the most important considerations in placing clients is their motivation and their commitment to change. The priority placed on this consideration would seem to address provider concerns that court clients may not be motivated on their own. Other factors mentioned by the probation officers included the scope of the client’s issues, the client’s support system, and their willingness to leave the county. Lake County works with three primary residential treatment providers, but the

majority of referrals go to Haymarket, the provider located in Chicago. Of the two local programs, WRS is gender specific for female clients. The other local program, Gateway, is open to anyone, but is preferred by at least one officer for young men.

The fact that the majority of referrals go to Haymarket is attributed to this provider's accessibility. Probation officers stated that the most important factor influencing the selection of the provider is the ability to accept clients quickly without a waiting period. This, in turn, is related to the officers' emphasis on client motivation; they want to place their clients when they indicate they are ready for treatment. Affordability is linked to accessibility in that the local programs have two to three month waiting lists for clients that rely on public funding. Private-pay clients can generally be placed much quicker. Haymarket can accept both types of funding with no wait. While Lake County pays for some beds at Haymarket, many probation clients rely on programs such as Medicaid to pay for their treatment. Probation officers indicated that they were familiar with all three programs, and they would be willing to research other programs if needed in order to meet their clients' needs. They said the influence of the court is not very significant as the open mandate policy provides them with flexibility.

Probation officers' expectations of the providers included good communication, the use of evidence-based practices, and the use of individualized treatment plans. Several officers mentioned the importance of relapse prevention or aftercare plans as well as the ability to link clients to ongoing support groups. Several areas of concern emerged including the need for better communication and discharge planning and the problems associated with staff turnover at the providers' facilities.

Stakeholders defined client success in a variety of ways. A provider expects at least 30% of successful completions to transition to a stable environment and 20% of positive client

discharges to report abstinence at 30 days after leaving the program. Most judges and probation officers expect clients to refrain from substance use, complete the treatment program, and complete the requirements of the probation sentence with no new offenses or technical violations. Given the variety of success definitions, it is not surprising that stakeholders also provided a wide range of estimated success rates. The rates ranged from a low of 25% to a high of 90%. Several responses were in the 60% to 70% range, with the median estimate being 67%.

Probation officers also mentioned that they look for a change in the client's attitude. A judge mentioned that a client's frame of mind is a key component of measuring success. Both a probation officer and a judge commented that relapses will likely occur, but they hope the relapses are shorter and that the individual stays clean longer. Another officer commented that clients seem to succeed in residential treatment but not in recovery homes or other aftercare programs. A judge mentioned that it takes five years of sobriety to achieve true success.

The stakeholder survey concluded with a question about the costs versus the benefits of the residential treatment programs. While many officers stated they were not aware of the cost of the treatment programs, a majority felt that the benefits do justify the costs. Two officers felt that this was not the case, and two officers felt that programs for dual diagnosis clients should be prioritized. Both judges indicated that they would like to see more funding for services, although one judge would focus on treatment and another would focus on additional officers to hold offenders accountable for their actions. Both judges agreed that more judicial supervision resulting in more immediate consequences for violations would be beneficial.

The stakeholder survey and interviews, therefore, provided valuable information about the current residential treatment programs. Most officers are satisfied with the current providers, although the long waits for placements at Gateway and WRS have resulted in more referrals for

the Haymarket program in Chicago. The stakeholders' definitions of success suggest that potential performance measures could include the completion of treatment, the completion of the probation sentence, and recidivism measures that capture further criminal activity. These performance measures are consistent with those identified in the literature review; therefore, they were selected to provide structure for the presentation of the numeric findings from the review of case files.

Completion of Treatment

The first performance measure considered is treatment completion. Are probation clients completing the substance abuse treatment programs to which they are referred? Of the 134 individuals referred to residential treatment in the research group, 62 (46%) completed a residential program while on probation. An additional 18 (13%) completed other treatment programs. Other probationers failed to complete their treatment programs (28%) or never followed up on their treatment referrals (12%). Removing those that never pursued treatment and those that completed other treatment yields a residential completion rate of just over 61% and a dropout rate of 38%.

Treatment completion rates within the control group were higher than for the research group which is consistent with the control group's composition of offenders with substance abuse charges. Many of these offenders were likely first-time offenders and relatively low-risk, compared to the research group that was comprised of offenders with a variety of offenses and substance abuse issues serious enough to warrant residential treatment. Interestingly, 20% of the control group was not referred to any kind of substance abuse treatment. Of the remaining 110 cases, 61% completed some level of outpatient treatment. Seven individuals in the control group completed residential treatment even though they were not in the referral database used to select

the research group. Fifteen percent of the control group failed to complete a treatment program, while 17% did not follow up on their treatment referrals.

A chi square test of the null hypothesis that the research and control groups were independent resulted in a rejection of the null hypothesis and a finding that group assignment was related to the completion of treatment (see Appendix F).

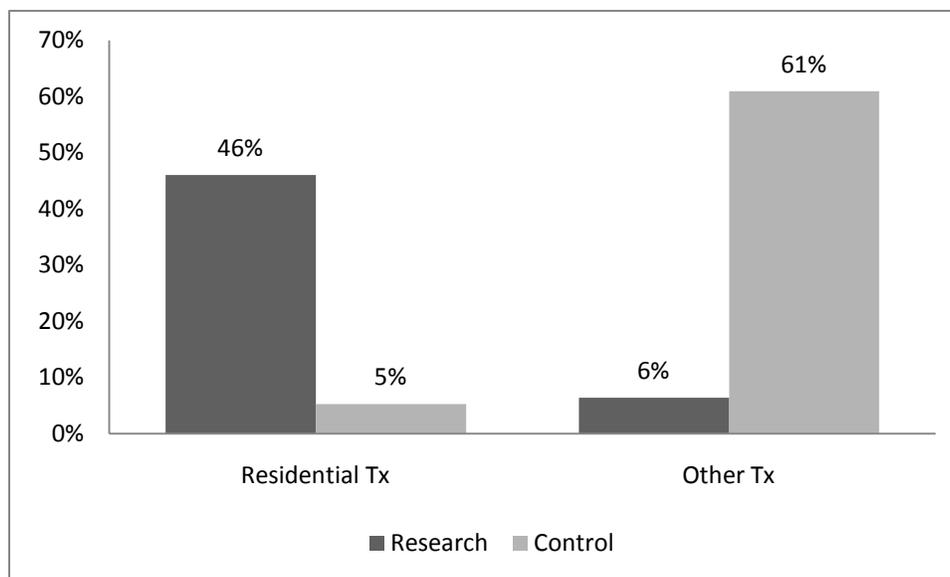


Figure 1. Treatment completion rates for the research and control groups.

An analysis of treatment completion rates by the demographic characteristics selected for this study yielded mixed results. As indicated in Table 1, 47% of both males and females in the research group completed residential treatment. Females were more successful than males, however, in completing other treatment programs. Within the control group, females were more successful in completing residential programs than males, although the number of females was very small. Males were more successful than females in completing other treatment programs. In terms of age, individuals over 35 within the research group had the highest success rates in completing residential treatment. Within the control group, individuals under 25 and over 44 had

the highest success rates in completing other types of substance abuse treatment. None of these results were statistically significant.

Table 1

Treatment Completion Rates by Gender and Age

	Research		Control	
<u>Males</u>	83		92	
Residential Tx	39	47%	5	5%
Other Tx	9	11%	58	63%
Sub-total	48	58%	63	68%
<u>Females</u>	51		18	
Residential Tx	24	47%	2	11%
Other Tx	9	18%	9	50%
Sub-total	33	65%	11	61%
<u>Age 17-24</u>	50		58	
Residential Tx	21	42%	3	5%
Other Tx	9	18%	38	66%
Sub-total	30	60%	41	71%
<u>Age 25-34</u>	35		32	
Residential Tx	13	37%	2	6%
Other Tx	4	11%	17	53%
Sub-total	17	49%	19	59%
<u>Age 35-44</u>	33		11	
Residential Tx	18	55%	1	9%
Other Tx	2	6%	5	45%
Sub-total	20	61%	6	55%
<u>Age 45 or older</u>	16		9	
Residential Tx	11	69%	1	11%
Other Tx	3	19%	7	78%
Sub-total	14	88%	8	89%

A total of 69 individuals from both the research and control groups completed residential treatment. Figure 2 presents completions by program. Over 60% of the completions occurred at Haymarket or Haymarket MISA (for dually diagnosed clients), confirming that this is the most used program. The next most popular program was Gateway. The WRS program only had four completions among the cases in this study.

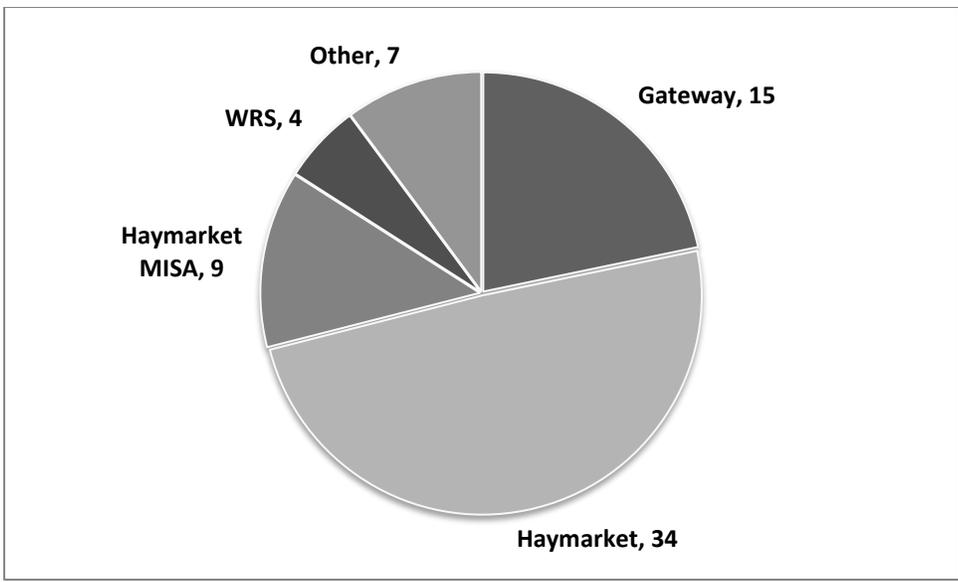


Figure 2. Treatment completion by program.

Completion of Probation

The second performance measure considered in this report is the successful completion of probation. Are individuals that complete treatment more likely to successfully complete their probation terms? Probation completion rates for four of the six comparison groups are summarized in Figure 3.

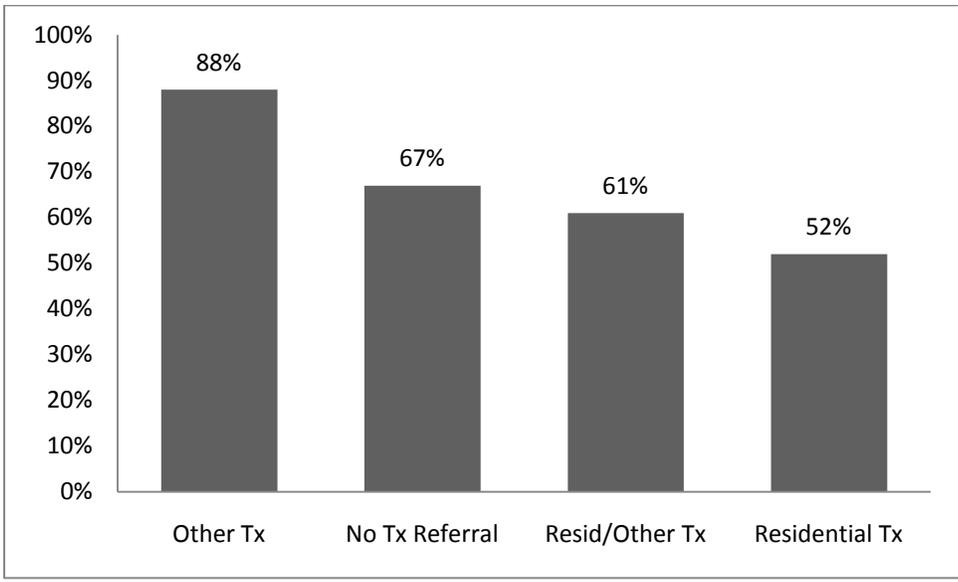


Figure 3. Successful completion of probation by treatment group.

The comparison groups derived from the control group of individuals with less severe addictions were more successful than the comparison groups derived from the residential referral database. Just over half of those that completed residential treatment went on to successfully complete probation, while the probation success rate for the other treatment group was 88%. A chi square test comparing the results for these two groups indicated that these differences were statistically significant (see Appendix F). It should be noted that only four individuals who did not complete treatment and three individuals who never pursued treatment successfully completed probation so these groups were excluded from the chart.

In looking at the completion of probation by gender and age within the treatment groups, a higher percentage of females than males who completed a treatment program also completed probation. The difference between genders in the residential treatment group was statistically significant. Within the three groups that received treatment, the residential treatment group also showed the greatest disparity in success rates among the age groups: 75% of those who were 45 or older went on to successfully complete probation, while only 42% of those under 25 did the same. This difference was not statistically significant.

Table 2

Completion of Probation by Gender and Age

	<u>Residential Tx</u>		<u>Resid/Other Tx</u>		<u>Other Tx</u>		<u>No Tx Referral</u>	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Males	18	41%	5	56%	51	88%	13	68%
Females	18	69%	6	67%	8	89%	5	63%
Age 17-24	10	42%	6	67%	32	84%	7	70%
Age 25-34	8	53%	2	50%	16	94%	5	63%
Age 35-44	9	47%	1	50%	5	100%	2	100%
Age 45 or older	9	75%	2	67%	6	86%	4	57%

Probation completion rates were also considered by residential treatment provider. While percentages were only used for the Haymarket (n=34) and Gateway (n=15) programs due to the small numbers in the other programs, 56% of Haymarket clients went on to successfully complete probation compared to 40% of Gateway clients. Four out of nine Haymarket MISA clients, two out of four WRS clients, and five out of seven clients from other programs also ended their probation terms as scheduled.

Recidivism

The final performance measure considered is recidivism. As this is the most complex measure, it was first examined in terms of success. Then, various recidivism measures based on new offenses and new convictions are considered.

No new offenses. What were the success rates for each group; that is, who did not re-offend? The comparison groups derived from the control group were once again the most successful. In fact, the difference between the group that completed other treatment (69% success rate) and the group that completed residential treatment (44% success rate) was statistically significant (see Appendix F). The residential referral group that completed other treatment also continued to succeed at a higher rate than the group that completed residential treatment. Surprisingly, the group with no treatment had a higher success rate, 20%, than the group that only completed some treatment, 16%. These results are summarized in Figure 4.

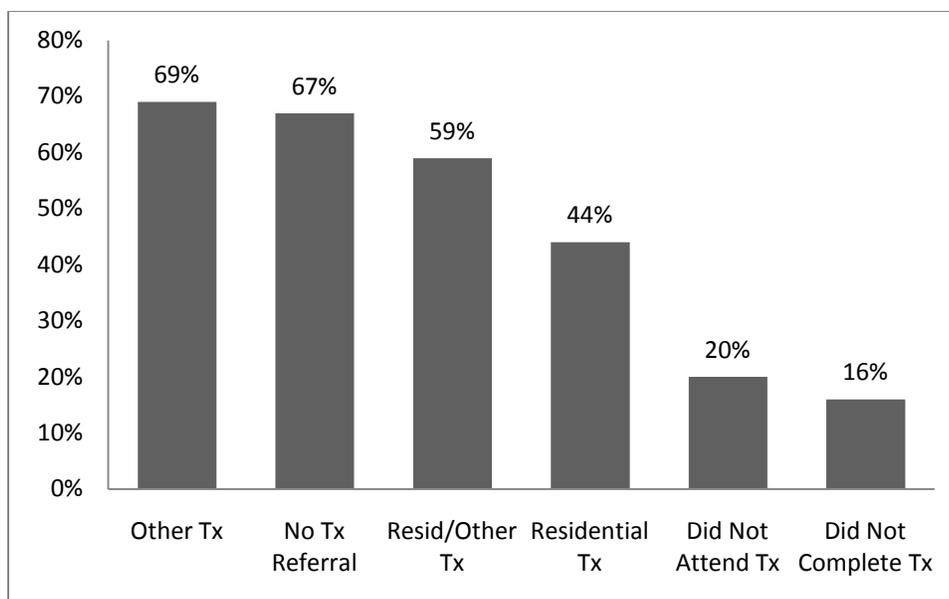


Figure 4. Success rates, as measured by no new offenses, for the treatment groups.

Data are presented by gender and age for the three treatment groups and the no treatment referral group in Table 3. The two groups that did not complete treatment had fewer than ten individuals that recorded no new offenses so they are excluded from this portion of the analysis. Females had higher success rates than males in both of the residential referral groups and the no referral group. Older offenders had considerably higher success rates in the residential treatment group and somewhat higher success rates in the other treatment group.

Table 3

No New Offenses by Gender and Age

	<u>Residential Tx</u>		<u>Resid/Other Tx</u>		<u>Other Tx</u>		<u>No Tx Referral</u>	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Males	15	36%	5	56%	40	69%	11	58%
Females	14	58%	5	63%	6	67%	7	88%
Age 17-24	7	32%	5	63%	26	68%	5	50%
Age 25-34	5	33%	2	50%	11	65%	7	88%
Age 35-44	10	56%	1	50%	4	80%	1	50%
Age 45 or older	7	64%	2	67%	5	71%	5	71%

For those that completed residential treatment, the success rate for Haymarket was once again higher than the success rate for Gateway as 59% of Haymarket clients recorded no new offenses compared to 47% of Gateway clients. Four of the Haymarket MISA clients, two of the WRS clients, and six of the clients from other programs also remained arrest free during this study.

New offenses. After considering the success rates above, the question remains as to who did recidivate or commit a new offense during this study? The first recidivism rate presented here is based on probation cases that were terminated due to a new offense. Between one and three individuals in each group committed a new offense while on probation. Although the numbers were consistently small, the results expressed as percentages, or recidivism rates, vary when taking the initial group sizes into account. These rates range from 1% to 9% and are presented in Figure 5.

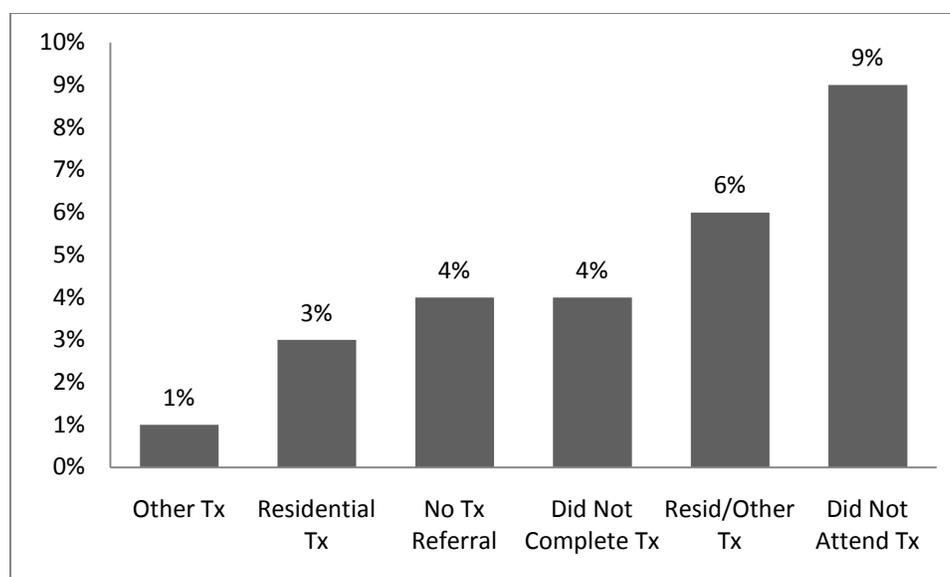


Figure 5. Recidivism rates while on probation for the treatment groups.

A second recidivism rate, based on post-supervision activity, can be calculated by dividing the cases with new offenses by an adjusted number of cases from each treatment group. This adjusted denominator was calculated by removing those offenders that re-offended while on probation, those that may have still been in jail or prison following an unsuccessful probation termination, and those that died after completing treatment. This recidivism rate was similar for the other treatment, no referral, and residential referral/other treatment groups, with rates ranging from 28% to 33%. Just over half of the residential treatment group committed a new offense after their probation ended. The difference between the other treatment group (28%) and the residential treatment group (51%) was statistically significant (see Appendix F). Those that did not attend or did not complete treatment had considerably higher rates, although the group that never attended did somewhat better than the group that did not complete.

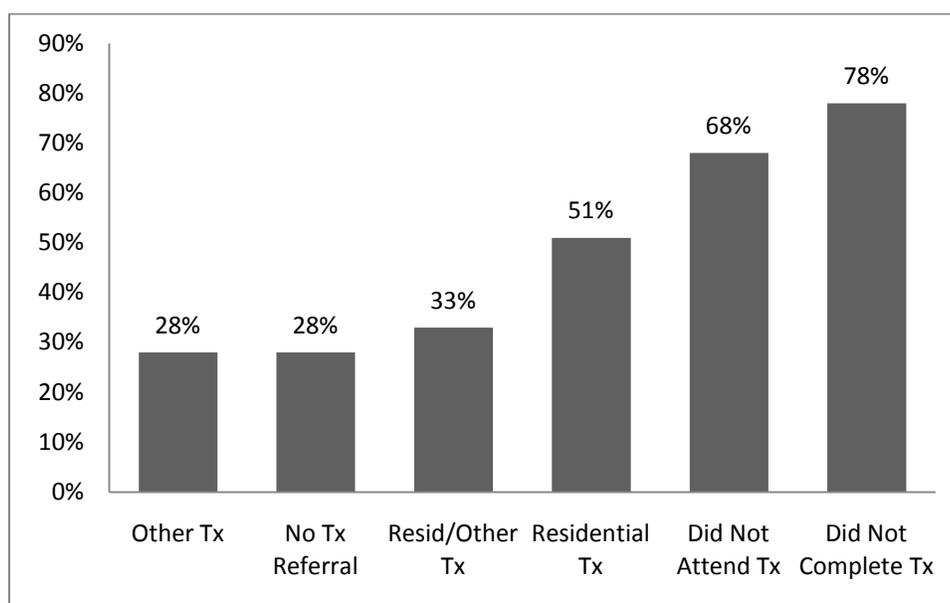


Figure 6. Post-supervision recidivism rates by treatment group.

A third recidivism rate, and the one examined in the most detail, was calculated based solely on the offenders who successfully completed their probation terms. Only two of the six

comparison groups had more than ten individuals who successfully completed probation: the residential treatment group and the other treatment group. The recidivism rates for these two groups after successful completion of probation were not significantly different: 29% for the other treatment group and 33% for the residential treatment group. These recidivism rates are presented by gender and age for both treatment groups in Table 4. Although the small numbers in these sub-groups make a comparison of percentages difficult, it would appear that males and younger offenders were more likely to commit new offenses in both treatment groups.

Table 4

Recidivism Rates after Successful Probation Completion by Gender and Age

	<u>Other Tx</u>		<u>Residential Tx</u>	
	Number	Percent	Number	Percent
Total	17	29%	12	33%
Males	15	26%	7	17%
Females	2	22%	5	21%
Age 17-24	10	26%	4	18%
Age 25-34	5	29%	4	27%
Age 35-44	1	20%	2	11%
Age 45 or older	1	14%	2	18%

The recidivism rates after successful probation completion by provider are also based on very small numbers, but the data are as follows. Eight Haymarket clients, representing 24% of the Haymarket clients in the residential treatment group, committed a new offense after their probation term ended as scheduled. Two Gateway clients, one Haymarket MISA client and one WRS client also committed new offenses. No new offenses were found for the clients from other programs.

New convictions. Recidivism can also be measured in terms of convictions instead of new offenses. Although conviction data was collected for all of the cases in this study, many of

the new offenses were still pending as of December, 2010. Therefore, it was decided to look at conviction rates for only the residential and other treatment groups. Fifty percent of all post-supervision arrests resulted in convictions for both groups. Among those who successfully completed probation, conviction rates were 67% for those who were in the residential treatment group and 47% for those in the other treatment group. Neither result is statistically significant, but that may be due to the small numbers in the sample. Conviction data are summarized in Table 5.

Table 5

Conviction Rates

	Residential Tx		Other Tx	
	Number	Percent	Number	Percent
All Post-Supervision	15	50%	9	50%
Successful Terms Only	8	67%	8	47%

Conclusions and Recommendations

The feedback from stakeholders and the analysis of case data considered in this study provided valuable information about substance abuse treatment within the Nineteenth Judicial Circuit's Division of Adult Probation.

Conclusion 1: There are a limited number of residential programs available to clients, with only one program accessible upon demand.

Over 62% of those that completed residential treatment in this study went to Haymarket. While stakeholders are satisfied with most aspects of the Haymarket programs, some expressed their frustration with the long waits at the two local programs, Gateway and WRS. The location of the Haymarket program in Chicago also presents challenges for probation officers to meet with program staff while clients are in the program and for ongoing support and aftercare when

clients leave the program. Local programs, especially Gateway, would be used more often if they were more accessible.

Recommendation 1: Review the Request for Proposals that led to the agreement with Haymarket to see if it can be structured to attract additional responders such as Gateway and WRS in the future.

The development of an agreement for services with one or more additional providers would address the accessibility issues that limit the number of referrals made to local providers at this time. While this study was based on referrals from 2006 to 2008, more recent data suggest that the gap between providers has widened as there were 148 referrals to Haymarket, 33 referrals to Gateway, and 13 referrals to WRS in 2009 (Nineteenth Judicial Circuit Court of Illinois, 2010, Section II, Tab C, Question 1a). While additional agreements could be difficult to implement with current funding constraints, it may be possible to re-allocate the treatment budget. In fact, multiple agreements could lead to better pricing with the current provider as well. Most importantly, additional agreements would provide clients with local residential treatment options. At least one probation officer indicated that the Gateway program would benefit young male clients in particular. Several officers acknowledged that they would like to use the WRS program for their female clients. Additional agreements, therefore, would benefit clients while maximizing the use of limited resources.

Conclusion 2: Aftercare is critical to sustain the progress made while in residential treatment.

As noted in the Literature Review, longer times in treatment are generally associated with better recidivism outcomes. Stakeholders reiterated this point as one judge commented that it takes 18 months of treatment and aftercare to address some addictions. Both officers and judges

referenced the importance of completing any follow up that is recommended after leaving treatment. Aftercare is especially important for those who receive residential treatment because while individuals may do well in a controlled environment, they will be returning to environments where relapse is likely (Przybylski, 2008, p. 45). Several probation officers indicated that while their clients do well in treatment, they do not succeed in recovery homes. One individual included in this study died of an overdose in a recovery home. Despite the importance of aftercare, funding for recovery homes has been cut in the fiscal year 2011 budget. New strategies are needed to address this critical component of treatment.

Recommendation 2.1: Seek new ways to hold offenders accountable while on probation.

Judges indicated that clients would be more likely to succeed if there were more immediate consequences for violations. One judge referenced a need for more surveillance officers, while another indicated that he imposes restrictions on clients similar to what they would receive in drug court. These comments were corroborated by the data for the residential treatment group in that clients that successfully completed probation were more successful than the group as a whole with post-supervision recidivism rates of 33% and 51%, respectively. While current funding constraints prohibit the hiring of additional probation officers, it seems prudent to explore possible reallocations of staff and judicial resources to work with individuals during the critical time between the residential portion of their treatment and the end of their probation terms.

Recommendation 2.2: Apply lessons learned from the new Recovery Coach program to the general population of offenders who receive residential treatment.

Lake County recently received an Adult Treatment Drug Court grant from the Substance Abuse and Mental Health Services Administration to enhance the Therapeutic and Intensive

Monitoring (TIM) Court through the implementation of recovery coaching and post-treatment follow-up activities. The Nineteenth Judicial Circuit will use the grant funds to contract with recovery coaches hired and trained by Haymarket. Intensive case management services provided by the coaches will include two evidence-based practices: motivational interviewing and contingency management. While these services will be available to TIM Court clients, it is anticipated that staff will benefit from exposure to this program. The lessons learned from the Recovery Coach program should be applied to any clients who would benefit from these aftercare services.

Conclusion 3: The three performance measures considered in this study, the treatment completion rate, the adult probation success rate, and recidivism rates, are appropriate outcome measures for clients receiving various levels of treatment.

The performance measures selected for this report were based on findings from the Literature Review and stakeholders' expectations regarding client success. Two of the measures included in this study, the treatment completion rate and the adult probation success rate, are included in the Nineteenth Judicial Circuit's performance measures reported in the Lake County Budget. The County Board's strategic plan seeks to reduce recidivism, and the Administrative Office of Illinois Courts now requests recidivism data as part of the Annual Plan submission. While these measures have all been used in some manner in the past, they have not been used in the context of substance abuse treatment. The findings from this study will fill that gap.

Recommendation 3: Integrate data from the treatment referral database into the probation database to track and report on these measures in the future.

Much of the work for this study relied on a manual review of case files because information about treatment providers and treatment completion dates was not available in the

probation database. Efforts have already begun to add these fields to the database in order to respond to requests from funding authorities. As the data become more accessible, it is recommended that the following measures be tracked on an ongoing basis.

As reported earlier, the treatment completion rate is one of the Nineteenth Judicial Circuit's performance measures reported in the Lake County Budget. The target treatment completion rate, encompassing any type of treatment, for the general probation population is 67%. Actual rates have varied between 61% and 66% over the last three years (Lake County, 2010, p. 75). In this study, 60% of the original research group completed either residential or another type of substance abuse treatment, while 67% of the control group completed some level of substance abuse treatment. Focusing on residential treatment, the rate was lower as 46% of the original research group completed residential treatment. However when the individuals that never started treatment or completed other types of treatment are removed, the residential completion rate is 61%. Since the cases referred for residential treatment have the most severe addiction problems, this lower rate is consistent with previous research such as the Iowa Department of Corrections study that found that as offender risk increases, the likelihood of an offender successfully completing substance abuse treatment decreases (Iowa Department of Corrections, 2007, p. 30). While the 67% treatment completion rate seems to be an accurate target for the general probation population, a 60% target may be more appropriate for those referred to residential treatment.

The Division of Adult Probation also uses a 67% target for the adult probation success rate which measures the successful completion of probation. The actual success rates over the last three years for the general probation population have ranged from 54% to 58% (Lake County, 2010, p. 75). In this study, success rates ranged from 52% for those completing

residential treatment to 88% for the lower risk cases completing other treatment. Residential referrals who completed other treatment had a success rate of 61%. With more attention to aftercare, a 55% target seems appropriate for individuals referred to residential treatment.

The recidivism rates calculated in this study varied by the definition of recidivism. While the success rate based on no new offenses presented these data in a more positive light, it will be confusing to report “no new offense” statistics and “new offense” statistics on an ongoing basis. The common usage of the word recidivism suggests that this measure should be based on new offenses. There is value in tracking new offenses while on probation, especially since that time period often includes the critical aftercare component of treatment. This study measured new offenses while on probation through the probation termination code representing new offenses. Recidivism rates based on this definition were less than 10% for all treatment groups. These rates were considerably less than the 30% statistic from the Illinois probation outcomes study cited in the Literature Review (Adams & Olson, 2002, p. 3). This suggests that the definition was too narrow; perhaps there were others who committed new offenses whose cases ended on a warrant status or with the unsatisfactory termination code. These definitions will need to be clarified before developing a benchmark and reporting this statistic on an ongoing basis.

The calculations of the post-supervision recidivism rates were more straightforward. These rates ranged from 28% for those who received other treatment to 78% for those who did not complete treatment. The individuals completing residential treatment had a recidivism rate of 51%. This was considerably better than those who did not complete treatment, but it was also higher than the rate for those completing other treatment. The relatively higher rate could once again be because the residential treatment group had more severe addictions than the other treatment group.

The post-supervision recidivism rate for all cases is valuable, but the rate based on those that successfully completed probation is a better measure. Although the calculations in this study were based on small numbers, the result was encouraging in that the rate for those that completed residential treatment was 33% and the rate for those completing other treatment was 29%. The statistic based on probation completions presents the residential treatment programs in the most positive light. More importantly, however, it is the recidivism rate requested by the Administrative Office of Illinois Courts (Nineteenth Judicial Circuit Court of Illinois, 2010, Section II, Tab C, Question 1b). Therefore, it is recommended that the recidivism rate based on those that successfully completed probation be reported on an ongoing basis with a target rate of 33%.

The recommended performance measures and benchmarks are summarized in Table 6. The correlation coefficient of these three measures for the residential treatment and other treatment groups is 0.89, indicating a fairly strong positive correlation between the completion of treatment, the successful completion of probation and recidivism.

Table 6

Recommended Performance Measures and Benchmarks

<u>Performance Measure</u>	<u>Recommended Target</u>
Completion of Residential Treatment	60%
Successful Completion of Probation	55%
Post-Supervision Recidivism for those who Completed Probation	33%

Conclusion 4: Matching clients with the appropriate level of care is a challenge.

While most stakeholders indicated that the benefits of the residential treatment programs justify the costs, there were some who acknowledged that many individuals who receive

treatment do not succeed. This study was not meant to evaluate the effectiveness of various types of treatment, but at least one result warrants further examination. Individuals referred to residential treatment who completed other levels of treatment achieved more successful outcomes than those that completed residential treatment. The successful completion of probation rates for these two groups were 61% and 52%, respectively, while the success rates as measured by no new offenses were 59% and 44%, respectively.

Recommendation 4: Examine outcomes for individuals referred to residential treatment who completed some other level of treatment in more detail.

Although there were only 18 individuals in this group, this finding should be explored further as it could represent an opportunity to divert individuals to less expensive forms of treatment. How did these individuals end up in other programs? Did they have stronger support systems? Were their addictions less severe? One variable that should be added to any future studies that would help address these issues is each case's level of risk.

The results of this study should be shared with the judges, probation officers, and treatment providers previously identified as stakeholders as well as the court management team, attorneys, and other social service agencies interested in this topic. In addition, this study should be replicated to examine other special populations such as those who receive sex offender treatment or domestic violence treatment. A similar study should also be conducted within the juvenile population. Although the original intent of this research project was to develop performance measures for substance abuse treatment providers, the providers are ultimately one partner in a broader system that includes the judges, the probation officers, the community resource liaisons, and the clients themselves. It is impossible to measure the performance of any one component of this system. All of these individuals work together on a daily basis to achieve

outcomes which may be measured by treatment completion rates, probation success rates and recidivism rates. It is important to remember, however, that these outcomes are much more than statistics; they represent a better life for a client and a safer society for the public.

Appendix A: Action Plan Template



Action Plan Template For Developing, Implementing, and Aligning Actions to the Strategic Plan

Vision Statement of the Nineteenth Judicial Circuit

The vision of the Circuit Court of Lake County is to be one truly independent and empowered branch of government providing a fair and responsive system of justice to lead Lake County into the 21st Century. This includes an effectively managed Judiciary and Judicial System that fully utilizes technological advancement and alternative dispute resolution to best serve the public, while seeking the highest possible understanding, trust and confidence.

Mission Statement of the Nineteenth Judicial Circuit

The mission of the Circuit Court of Lake County is to serve the public. It accomplishes this mission by providing a fair and efficient system of justice, committed to excellence, fostering public trust, understanding and confidence.

Division of: _____ **Start Date:** _____ **Projected Completion Date:** _____

Action or Project:

Strategy Area – Check affected area(s)

- | | | |
|---|--|---|
| <input type="checkbox"/> A. Need and Quality of Judicial Facilities | <input type="checkbox"/> F. Increase and Enhance Quality Training | <input type="checkbox"/> K. Communications with Stakeholders and Justice Partners |
| <input type="checkbox"/> B. Enhance Website Functionality | <input type="checkbox"/> G. Improve Caseflow Management | <input type="checkbox"/> L. Contain and Reduce Cost of Litigation |
| <input type="checkbox"/> C. Expansion of Services in Branch Courts | <input type="checkbox"/> H. Increase Services to Self-represented Litigants | <input type="checkbox"/> M. Improve Court Operations and Service Delivery |
| <input type="checkbox"/> D. Enhance Accessibility in Court Facilities | <input type="checkbox"/> I. Improve Court Forms & Procedures | |
| <input type="checkbox"/> E. Increase Effective Judicial Technology | <input type="checkbox"/> J. Collaboration with Stakeholders and Justice Partners | |

Division Goal:

System Focus: Access to Justice Expedition & Timeliness Equality, Fairness & Integrity Independence & Accountability

Division of:		Action or Plan:		
WORK PLAN				
Start Date: _____				
Projected Completion Date: _____				
Tasks / Action Steps	Responsibilities	Resources	Timeline	
<i>What will be done?</i>	<i>Who will do it?</i>	<i>(Funding / Time / People / Materials)</i>	<i>Start Date</i>	<i>Completion</i>
Step 1:				
Step 2:				
Step 3:				
Step 4:				
Step 5:				
Step 6:				
Step 7:				
Intended Outcome(s) for PROJECT MANAGEMENT <input type="checkbox"/> Not Applicable <input type="checkbox"/> Improve program outcomes <input type="checkbox"/> Improve client / customer satisfaction <input type="checkbox"/> Improve access to services and programs <input type="checkbox"/> Improve case processing <input type="checkbox"/> Improve public awareness of program and services				
Intended Outcome(s) for FINANCIAL MANAGEMENT <input type="checkbox"/> Not Applicable <input type="checkbox"/> Reduce cost to County / Court Organization <input type="checkbox"/> Secure grant funding <input type="checkbox"/> Reduce cost to client / customer <input type="checkbox"/> Achieve project budget <input type="checkbox"/> Financial compliance with Court orders / service costs				
Intended Outcome(s) for INTERNAL PROCESSES AND CONTROLS <input type="checkbox"/> Not Applicable <input type="checkbox"/> Improve collaboration with internal & external partners <input type="checkbox"/> Compliance with ethical & professional standards <input type="checkbox"/> Improve internal efficiency of program/service delivery <input type="checkbox"/> Compliance with existing policies and procedures <input type="checkbox"/> Enhance internal & external communication				
Intended Outcome(s) for ORGANIZATIONAL DEVELOPMENT AND INNOVATION <input type="checkbox"/> Not Applicable <input type="checkbox"/> Improve utilization of new & existing technology <input type="checkbox"/> Development of new solutions & techniques <input type="checkbox"/> Enhance employee job knowledge & skills <input type="checkbox"/> Increase Organizational Commitment <input type="checkbox"/> Improve responsiveness to emergent conditions/events				
Evidence of Success (How will you know you are making progress? What are your Targets or Benchmarks?)				
Evaluation Process (How will you determine that your target has been reached? What is your method of measurement?)				

Division of:		Action or Plan:	
SWOT Analysis Worksheet			
Elements <u>HELPFUL</u> towards achieving our goals		Elements <u>HARMFUL</u> towards achieving our goals	
STRENGTHS: <i>Attributes of the organization, division, or team that help performance</i>		WEAKNESSES: <i>Attributes of the organization, division, or team that harm performance</i>	
Internal Elements			
OPPORTUNITIES: <i>External conditions or factors that do or could enhance performance</i>		THREATS: <i>External conditions or factors that do or could damage performance</i>	
External Elements			

Division of:				Action or Plan:											
Balanced Scorecard														Start Date: _____	
														Projected Completion Date: _____	
Perspective	Is Perspective Measured?	Goal	Is the Goal Measured?	Method of Measurement										Target	Result
<i>What is being measured?</i>	<i>Mark <input type="checkbox"/> if Yes</i>	<i>Intended Outcome</i>	<i>Mark, X if Yes</i>	<i>Statistical Report</i>	<i>Record Review</i>	<i>Survey</i>	<i>Focus Group</i>	<i>Cost / Benefit</i>	<i>Test / Re-Test</i>	<i>Time-Series</i>	<i>Trend Analysis</i>	<i>Internal Audit</i>	<i>Other</i>	<i>Standard or Benchmark</i>	<i>Score, Cost, or Measurement</i>
Project Management	<input type="checkbox"/>	Improve access to services and programs	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Improve program outcomes	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Improve case processing	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Improve client / customer satisfaction	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Improve public awareness of program and services	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
Financial Management	<input type="checkbox"/>	Reduce cost to client / customer	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Reduce cost to County / Court Organization	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Achieve project budget	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Secure grant funding	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Financial compliance with Court orders / service costs	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
Internal Processes & Controls	<input type="checkbox"/>	Improve internal efficiency of program/service delivery	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Improve collaboration with internal & external partners	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Compliance with existing policies and procedures	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Compliance with ethical & professional standards	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Enhance internal & external communication	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
Organizational Development & Innovation	<input type="checkbox"/>	Enhance employee job knowledge & skills	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Improve utilization of new & existing technology	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Increase Organizational Commitment	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Development of new solutions & techniques	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		
	<input type="checkbox"/>	Improve responsiveness to emergent conditions/events	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10		

Division of:	<i>Action or Plan:</i>
---------------------	------------------------

WORK PLAN

Start Date: _____

(Continued from Page 2, if needed)

Projected Completion Date: _____

Tasks / Action Steps	Responsibilities	Resources	Timeline	
<i>What will be done?</i>	<i>Who will do it?</i>	<i>(Funding / Time / People / Materials)</i>	<i>Start Date</i>	<i>Completion</i>
Step 8:				
Step 9:				
Step 10:				
Step 11:				
Step 12:				
Step 13:				
Step 14:				
Step 15:				
Step 16:				
Step 17:				
Step 18:				
Step 19:				
Step 20:				

Appendix B: Stakeholder Input Questionnaire

Developing Performance Measures for Treatment Providers Stakeholder Input						
The Division of Administrative Services is working with the Division of Psychological Services to develop performance measures for inpatient substance abuse treatment providers. Please take a few minutes to share your opinions regarding the current providers. Please complete a separate survey for each provider.						
Name of Provider:	Haymarket	Gateway	WRS	(please circle one)		
For each statement below, fill in the oval that best fits your level of agreement on the issue.						
Statements Use the <i>Scale of Agreement</i> to match your opinion.	Scale of Agreement					
	Disagree Strongly	Disagree	Neutral	Agree	Strongly Agree	N/A
1. I frequently refer clients to this substance abuse treatment provider.	<input type="radio"/>					
2. Overall, I am satisfied with the internal coordination of the referral process.	<input type="radio"/>					
3. I am satisfied with how quickly my clients are placed into this provider's programs.	<input type="radio"/>					
4. I receive adequate communication from this substance abuse treatment provider regarding an individual's progress.	<input type="radio"/>					
5. I receive accurate progress reports from this substance abuse treatment provider.	<input type="radio"/>					
6. I receive timely progress reports from this substance abuse treatment provider.	<input type="radio"/>					
7. Overall, I am satisfied with the treatment that my clients receive from this provider.	<input type="radio"/>					
8. If fiscal constraints result in fewer treatment referrals in the future, I would recommend keeping this provider.	<input type="radio"/>					

Your input regarding the following questions will also be very useful. Please take a few minutes to answer each question.

1. Rehabilitation and a reduction in recidivism are ideal outcomes. In the context of substance abuse treatment, are there certain characteristics that you've identified that suggest an offender or client is a good candidate for treatment?
2. How do you determine the appropriate type of treatment for an individual? What characteristics do you take into consideration?

3. How do each of the following influence your referrals?
 - a. Access to local treatment program in terms of capacity (timely placement)
 - b. Access in terms of affordability
 - c. Familiarity with provider
 - d. Influence of Court
 - e. Other influences
4. What are your expectations of the treatment provider?
5. Are you more satisfied with some treatment components than others?
6. How do you define success for an individual offender or client?
7. In your estimation, what percent of offenders/clients achieve the success measure(s) identified?
8. Are there any aspects of the current treatment program that you would change?
9. Do you think the benefits of the treatment services that are currently provided justify the costs?

Appendix C: Treatment Provider Correspondence



ADMINISTRATIVE OFFICE OF THE NINETEENTH JUDICIAL CIRCUIT

Division of Administrative Services

Lake County, Illinois

MARCI K. JUMISKO
Director

18 North County Street
Waukegan, IL 60085-4359
TDD: 847.360.2975
Fax: 847.984.5613
Phone: 847.377.3809

VICTORIA A. ROSSETTI
Chief Judge

ROBERT A. ZASTANY
Executive Director

October 29, 2010

Dear Provider:

The Nineteenth Judicial Circuit's Division of Administrative Services is working with the Division of Psychological Services to research outcomes associated with substance abuse treatment provided to individuals on probation. As a current provider of such services, your input into this project is critical for its success.

As part of a broader performance management effort, the court seeks to develop performance measures for inpatient treatment programs working with Adult Probation. I am interested in any feedback you can provide regarding performance measures you currently use in your work. Have any efforts been made to compare outcomes for the court's clients to those of a more general population? What do you consider realistic expectations for clients on probation?

While this project does not impact your current working relationship with Adult Probation in any way, it is important that we work together to develop measures that will be useful in improving outcomes for probation clients. I would appreciate any input you can provide either electronically, via telephone, or in person. I would be more than happy to schedule a meeting at your facility to discuss these issues in more detail. Please contact me at 847.377.3809 or at mjumisko@lakecountyil.gov at your earliest convenience.

Thank you,

Marci K. Jumisko

Summary of Response from Provider

Current Performance Measures

	Working towards the improvement of client functioning.	Median length of stay for all admissions would be 45 days.
	Increase client's ability to maintain recovery efforts.	A minimum of 30% of successful completions will transition to a stable environment.
	Reduction of relapse potential.	20% of all positive client discharges will report abstinence at 30 days post-discharge.

In addition for Title XX clients we have measured:

- Clients will be successfully engaged in the treatment process.
- Clients will be taught skills and coping mechanisms to reduce life stressors that may be aspects of substance abuse relapse and thus daily functioning will improve.
- Clients will participate in developing a plan to attain a drug-free residence.

Client Expectations

- We attempt to address the clients' expectations as identified through the "What I Want From Treatment".
- The State mandates a minimum of 25 hours of group therapy weekly at this level of care so this is an expectation of the client.
- We also expect no major rule infractions, continuing to meet the criteria for this level of care, full participation in all treatment activities including attending recovery meetings in the community to build a positive support network, and participation in continuing care planning.

Appendix D: Summary of Responses from Probation Officers

Summary of Responses from Probation Officers

Developing Performance Measures for Treatment Providers Stakeholder Input						
The Division of Administrative Services is working with the Division of Psychological Services to develop performance measures for inpatient substance abuse treatment providers. Please take a few minutes to share your opinions regarding the current providers. Please complete a separate survey for each provider.						
Name of Provider: Haymarket						
For each statement below, fill in the oval that best fits your level of agreement on the issue.						
Statements Use the <i>Scale of Agreement</i> to match your opinion.	Scale of Agreement					
	Disagree Strongly	Disagree	Neutral	Agree	Strongly Agree	N/A
1. I frequently refer clients to this substance abuse treatment provider.	0	0	2	4	5	0
2. Overall, I am satisfied with the internal coordination of the referral process.	0	0	1	5	5	0
3. I am satisfied with how quickly my clients are placed into this provider's programs.	0	0	1	5	5	0
4. I receive adequate communication from this substance abuse treatment provider regarding an individual's progress.	0	4	3	1	3	0
5. I receive accurate progress reports from this substance abuse treatment provider.	0	3	1	5	2	0
6. I receive timely progress reports from this substance abuse treatment provider.	0	5	2	2	2	0
7. Overall, I am satisfied with the treatment that my clients receive from this provider.	0	1	1	6	3	0
8. If fiscal constraints result in fewer treatment referrals in the future, I would recommend keeping this provider.	0	0	1	4	6	0

Developing Performance Measures for Treatment Providers Stakeholder Input						
The Division of Administrative Services is working with the Division of Psychological Services to develop performance measures for inpatient substance abuse treatment providers. Please take a few minutes to share your opinions regarding the current providers. Please complete a separate survey for each provider.						
Name of Provider: Gateway						
For each statement below, fill in the oval that best fits your level of agreement on the issue.						
Statements Use the <i>Scale of Agreement</i> to match your opinion.	Scale of Agreement					
	Disagree Strongly	Disagree	Neutral	Agree	Strongly Agree	N/A
1. I frequently refer clients to this substance abuse treatment provider.	1	2	3	3	0	0
2. Overall, I am satisfied with the internal coordination of the referral process.	0	0	2	5	1	1
3. I am satisfied with how quickly my clients are placed into this provider's programs.	1	4	0	4	0	0
4. I receive adequate communication from this substance abuse treatment provider regarding an individual's progress.	0	1	0	5	2	1
5. I receive accurate progress reports from this substance abuse treatment provider.	0	0	1	7	1	0
6. I receive timely progress reports from this substance abuse treatment provider.	0	1	1	5	1	1
7. Overall, I am satisfied with the treatment that my clients receive from this provider.	0	0	0	5	3	1
8. If fiscal constraints result in fewer treatment referrals in the future, I would recommend keeping this provider.	0	0	0	6	3	0

Developing Performance Measures for Treatment Providers Stakeholder Input						
The Division of Administrative Services is working with the Division of Psychological Services to develop performance measures for inpatient substance abuse treatment providers. Please take a few minutes to share your opinions regarding the current providers. Please complete a separate survey for each provider.						
Name of Provider: WRS						
For each statement below, fill in the oval that best fits your level of agreement on the issue.						
Statements Use the <u>Scale of Agreement</u> to match your opinion.	Scale of Agreement					
	Disagree Strongly	Disagree	Neutral	Agree	Strongly Agree	N/A
1. I frequently refer clients to this substance abuse treatment provider.	3	1	1	1	1	0
2. Overall, I am satisfied with the internal coordination of the referral process.	0	0	1	3	1	2
3. I am satisfied with how quickly my clients are placed into this provider's programs.	1	2	0	2	1	1
4. I receive adequate communication from this substance abuse treatment provider regarding an individual's progress.	0	0	3	1	1	2
5. I receive accurate progress reports from this substance abuse treatment provider.	0	0	0	4	1	2
6. I receive timely progress reports from this substance abuse treatment provider.	0	0	2	2	1	2
7. Overall, I am satisfied with the treatment that my clients receive from this provider.	0	0	1	2	2	2
8. If fiscal constraints result in fewer treatment referrals in the future, I would recommend keeping this provider.	0	0	0	3	2	2

Summary of Short Answer Responses

Your input regarding the following questions will also be very useful. Please take a few minutes to answer each question.

1. Rehabilitation and a reduction in recidivism are ideal outcomes. In the context of substance abuse treatment, are there certain characteristics that you've identified that suggest an offender or client is a good candidate for treatment?

The overwhelming response was the client's commitment, motivation, and will to change.

Other responses included the scope of the client's issues and his or her support system at home.

Considerations unique to Gateway and WRS included gender and age; Gateway is preferred by at least one officer for young males and WRS is a women's program, with at least one officer stating it is best for older females.

2. How do you determine the appropriate type of treatment for an individual? What characteristics do you take into consideration?

Probation officers rely on substance abuse evaluations. Other characteristics included client motivation, age, gender, type and severity of addiction, past treatment history, cost, and geographic location. Several officers mentioned the presence of mental health issues or a dual diagnosis.

Some officers deemed WRS most appropriate for women in need of a nurturing environment.

3. How do each of the following influence your referrals?
 - a. Access to local treatment program in terms of capacity (timely placement)

Most significant influence. Some officers stated they would use Gateway and WRS if clients could get in right away; instead they use Haymarket. Accessibility is related to affordability as private pay clients have more immediate access to Gateway than those that rely on public funding.

- b. Access in terms of affordability

About half of the officers cited cost; the other half stated that their clients rely on state or county funding so cost is not a significant influence as long as the provider has openings.

- c. Familiarity with provider

The officers were familiar with all three programs; some stated that they will research other available programs when needed. Officers stated that Gateway and WRS have a good location, it is easier to attend meetings with clients because they are local.

d. Influence of Court

Not a major influence unless there is a court order for a specific program. Open mandates are more typical. Court's influence can be used to convince clients to attend treatment programs.

e. Other influences

Client commitment, family or other support, the use of evidence-based practices

WRS is good at addressing women's issues that may contribute to addiction.

4. What are your expectations of the treatment provider?

The most common response was good communication. Others mentioned timely placement, the use of evidence-based practices, and following through and offering the services identified or agreed to at the time of placement. It is also helpful if the provider develops a relapse prevention plan or refers client to support groups after treatment.

5. Are you more satisfied with some treatment components than others?

For Haymarket, the MISA program for dual diagnosis issues and the availability of additional services such as at the hospital and recovery homes were positive responses. Concerns included the way in which clients are transferred from one program to another and staff turnover.

In the Gateway responses, a major concern was the need for better discharge planning.

In the WRS responses, a major concern was the need for more aftercare support.

6. How do you define success for an individual offender or client?

The most common responses: refraining from substance use, no new offenses or technical violations, completing the program, a change in client's attitude. Others referenced following through on aftercare and the ability to stay clean longer and have shorter relapses when they occur.

7. In your estimation, what percent of offenders/clients achieve the success measure(s) identified?

Responses were as low as 25% and as high as 90%. The average was about 67%. One officer commented that clients seem to complete residential treatment but then they drop out of the recovery home program.

8. Are there any aspects of the current treatment program that you would change?

For Haymarket, a majority of the officers listed better communication with the provider. More followup after treatment was also mentioned, although this program's location (Chicago) makes that a challenge.

For Gateway, officers listed better communication and more experience in dealing with client medications and mental health issues. One officer also thought the program could be more challenging.

For WRS, officers listed a shorter wait time to place clients and better aftercare with linkages to support groups.

9. Do you think the benefits of the treatment services that are currently provided justify the costs?

A majority of officers responded yes, although there were two negative responses and two individuals that indicated support for the MISA program at Haymarket over other programs.

Appendix E: Summary of Responses from Judges

Summary of Responses from Judges

1. Rehabilitation and a reduction in recidivism are ideal outcomes. In the context of substance abuse treatment, are there certain characteristics that you've identified that suggest an offender or client is a good candidate for treatment?

Rely on assessments or evaluations.

Offender must be ready; must be tired of chasing the high; this is frequently the case with older offenders.

2. How do you determine the appropriate type of treatment for an individual? What characteristics do you take into consideration?

Look at other issues relevant to the case.

Prefer long-term treatment whenever possible. This would be six to eighteen months of treatment and aftercare. Not using is not the same as not addicted.

Consider gender differences, how this plays out in other criminal activity.

3. How do each of the following influence your referrals?
 - a. Access to local treatment program in terms of capacity (timely placement)

A bed must be available when the offender is ready for treatment.

- b. Access in terms of affordability

Funding impacts the availability of programs; treatment programs have been shortened in the past during funding crises.

Addictions impact people at all economic levels...addicts will want as much as they can afford regardless of income level.

4. Are you more satisfied with some treatment components than others?

Outpatient is appropriate for some individuals; depends on the offender's history and the type of drug.

Aftercare, NA groups, and sponsors are important.

It is important to impose restrictions on offenders, similar to drug court, if the offender doesn't qualify for drug court.

5. How do you define success for an individual offender or client?

No new crimes, substantially complete the requirements of the sentence, compliance with treatment, including follow-up.

Relapses happen; each one should be a learning experience. The time between relapses should be longer.

A change in the client frame of mind is key.

Five years of sobriety would be true success.

6. In your estimation, what percent of offenders/clients achieve the success measure(s) identified?

About 60%.

People in the system a long time probably have higher success rates.

7. Are there any aspects of the current treatment program that you would change?

More funding for treatment to reduce the demand for drugs.

More funding for surveillance officers and probation officers to increase compliance.

More judicial supervision to provide more immediate consequences for violations.

8. Do you think the benefits of the treatment services that are currently provided justify the costs?

Yes. Consider requests for treatment, however. Drug dealers probably aren't addicted or they have less severe addictions if they can still deal the product; treatment dollars should not be used on those cases.

Appendix F: Statistics

Chi Square Tests					
Completion of Treatment					
	Resid		Other		
	O	E	O	E	
research	62.00	35.84	18.00	44.16	80.00
control	7.00	33.16	67.00	40.84	74.00
	69.00		85.00		154.00
	O	E	O-E	square	sq/E
1	62.00	36.00	26.00	676.00	18.78
2	18.00	44.00	(26.00)	676.00	15.36
3	7.00	33.00	(26.00)	676.00	20.48
4	67.00	41.00	26.00	676.00	16.49
					71.11
df=1, level of sig .05 = 3.84					
Treatment completion is related to group assignment					
Research Group by Gender					
	Resid		Other		
	O	E	O	E	
male	39.00	37.33	9.00	10.67	48.00
female	24.00	25.67	9.00	7.33	33.00
	63.00		18.00		81.00
	O	E	O-E	square	sq/E
1	39	37	1.67	2.78	0.07
2	9	11	(1.67)	2.78	0.26
3	24	26	(1.67)	2.78	0.11
4	9	7	1.67	2.78	0.38
					0.82
df=1, level of sig .05 = 3.84					
Control Group by Gender					
	Resid		Other		
	O	E	O	E	
male	5.00	5.96	58.00	57.04	63.00
female	2.00	1.04	9.00	9.96	11.00
	7.00		67.00		74.00
	O	E	O-E	square	sq/E
1	5.00	5.96	(0.96)	0.92	0.15
2	58.00	57.04	0.96	0.92	0.02
3	2.00	1.04	0.96	0.92	0.88
4	9.00	9.96	(0.96)	0.92	0.09
					1.15
df=1, level of sig .05 = 3.84					
Treatment completion is not related to gender in the research or control group					

Completion of Treatment by Age						
Research Group						
	Resid		Other			
	O	E	O	E		
17-24	21	23	9	7	30	
25-34	13	13	4	4	17	
35-44	18	16	2	4	20	
45+	11	11	3	3	14	
	63		18		81	
	O	E	O-E	square	sq/E	
1	21	23	-2.333333	5.444444	0.23	
2	9	7	2.333333	5.444444	0.82	
3	13	13	-0.222222	0.049383	0.00	
4	4	4	0.222222	0.049383	0.01	
5	18	16	2.444444	5.975309	0.38	
6	2	4	-2.444444	5.975309	1.34	
7	11	11	0.111111	0.012346	0.00	
8	3	3	-0.111111	0.012346	0.00	
					2.80	
df=3, level of sig .05 = 7.82						
Control Group						
	Resid		Other			
	O	E	O	E		
17-24	3	4	38	37	41	
25-34	2	2	17	17	19	
35-44	1	1	5	5	6	
45+	1	1	7	7	8	
	7		67		74	
	O	E	O-E	square	sq/E	
1	3	4	-0.878378	0.771549	0.20	
2	38	37	0.878378	0.771549	0.02	
3	2	2	0.202703	0.041088	0.02	
4	17	17	-0.202703	0.041088	0.00	
5	1	1	0.432432	0.186998	0.33	
6	5	5	-0.432432	0.186998	0.03	
7	1	1	0.243243	0.059167	0.08	
8	7	7	-0.243243	0.059167	0.01	
					0.70	
df=3, level of sig .05 = 7.82						
Treatment completion is not related to age in the research or control group						

Completion of Probation					
	Successful		Unsuccessful		
	O	E	O	E	
Residential	36.00	48.20	33.00	20.80	69.00
Other	59.00	46.80	8.00	20.20	67.00
	95.00		41.00		136.00
	O	E	O-E	square	sq/E
1	36.00	48.20	(12.20)	148.80	3.09
2	33.00	20.80	12.20	148.80	7.15
3	59.00	46.80	12.20	148.80	3.18
4	8.00	20.20	(12.20)	148.80	7.37
					20.79
df=1, level of sig .05 = 3.84					
The completion of probation is related to treatment					
Completion of Probation by Gender					
<i>Residential Treatment Only</i>					
	Successful		Not Successful		
	O	E	O	E	
male	18.00	22.43	25.00	20.57	43.00
female	18.00	13.57	8.00	12.43	26.00
	36.00		33.00		69.00
	O	E	O-E	square	sq/E
1	18.00	22.43	(4.43)	19.67	0.88
2	25.00	20.57	4.43	19.67	0.96
3	18.00	13.57	4.43	19.67	1.45
4	8.00	12.43	(4.43)	19.67	1.58
					4.86
df=1, level of sig .05 = 3.84					
<i>Other Treatment Only</i>					
	Successful		Not Successful		
	O	E	O	E	
male	51.00	51.07	7.00	6.93	58.00
female	8.00	7.93	1.00	1.07	9.00
	59.00		8.00		67.00
	O	E	O-E	square	sq/E
1	51.00	51.07	(0.07)	0.01	0.00
2	7.00	6.93	0.07	0.01	0.00
3	8.00	7.93	0.07	0.01	0.00
4	1.00	1.07	(0.07)	0.01	0.01
					0.01
df=1, level of sig .05 = 3.84					
The completion of probation is related to gender in the residential tx group only					

Completion of Probation by Age					
Residential Treatment Only					
	Successful		Not Successful		
	O	E	O	E	
17-24	10.00	12.00	13.00	11.00	23.00
25-34	8.00	7.83	7.00	7.17	15.00
35-44	9.00	9.91	10.00	9.09	19.00
45+	9.00	6.26	3.00	5.74	12.00
	36.00		33.00		69.00
	O	E	O-E	square	sq/E
1	10.00	12.00	(2.00)	4.00	0.33
2	13.00	11.00	2.00	4.00	0.36
3	8.00	7.83	0.17	0.03	0.00
4	7.00	7.17	(0.17)	0.03	0.00
5	9.00	9.91	(0.91)	0.83	0.08
6	10.00	9.09	0.91	0.83	0.09
7	9.00	6.26	2.74	7.50	1.20
8	3.00	5.74	(2.74)	7.50	1.31
					3.39
df=3, level of sig .05 = 7.82					
Other Treatment Only					
	Successful		Not Successful		
	O	E	O	E	
17-24	32.00	33.46	6.00	4.54	38.00
25-34	16.00	14.97	1.00	2.03	17.00
35-44	5.00	4.40	-	0.60	5.00
45+	6.00	6.16	1.00	0.84	7.00
	59.00		8.00		67.00
	O	E	O-E	square	sq/E
1	32.00	33.46	(1.46)	2.14	0.06
2	6.00	4.54	1.46	2.14	0.47
3	16.00	14.97	1.03	1.06	0.07
4	1.00	2.03	(1.03)	1.06	0.52
5	5.00	4.40	0.60	0.36	0.08
6	-	0.60	(0.60)	0.36	0.60
7	6.00	6.16	(0.16)	0.03	0.00
8	1.00	0.84	0.16	0.03	0.03
					1.84
df=3, level of sig .05 = 7.82					
The completion of probation is not related to age					

No New Offenses						
	No Offenses		Offenses			
	O	E	O	E		
Residential	29.00	37.22	37.00	28.78	66.00	
Other	46.00	37.78	21.00	29.22	67.00	
	75.00		58.00		133.00	
	O	E	O-E	square	sq/E	
1	29.00	37.22	(8.22)	67.54	1.81	
2	37.00	28.78	8.22	67.54	2.35	
3	46.00	37.78	8.22	67.54	1.79	
4	21.00	29.22	(8.22)	67.54	2.31	
					8.26	
df=1, level of sig .05 = 3.84						
Any Post-Supervision Offenses						
	New Offenses		No New Offenses			
	O	E	O	E		
Residential	30.00	23.02	29.00	35.98	59.00	
Other	18.00	24.98	46.00	39.02	64.00	
	48.00		75.00		123.00	
	O	E	O-E	square	sq/E	
1	30.00	23.02	6.98	48.66	2.11	
2	29.00	35.98	(6.98)	48.66	1.35	
3	18.00	24.98	(6.98)	48.66	1.95	
4	46.00	39.02	6.98	48.66	1.25	
					6.66	
df=1, level of sig .05 = 3.84						
No new offenses and post-supervision offenses are related to treatment						
New Offenses after Successful Completion of Probation						
	New Arrest		No New Arrest			
	O	E	O	E		
Resid	12.00	10.99	24.00	25.01	36.00	
Other	17.00	18.01	42.00	40.99	59.00	
	29.00		66.00		95.00	
	O	E	O-E	square	sq/E	
1	12.00	10.99	1.01	1.02	0.09	
2	24.00	25.01	(1.01)	1.02	0.04	
3	17.00	18.01	(1.01)	1.02	0.06	
4	42.00	40.99	1.01	1.02	0.02	
					0.22	
df=1, level of sig .05 = 3.84						
Recidivism after successful completion of probation is not related to treatment						

Convictions for all Post-Supervision Offenses					
	New Conviction		No New Conviction		
	O	E	O	E	
Resid	15.00	15.00	15.00	15.00	30.00
Other	9.00	9.00	9.00	9.00	18.00
	24.00		24.00		48.00
	O	E	O-E	square	sq/E
1	15.00	15.00	-	-	-
2	15.00	15.00	-	-	-
3	9.00	9.00	-	-	-
4	9.00	9.00	-	-	-
					-
df=1, level of sig .05 = 3.84					
Convictions after Successful Completion of Probation					
	New Conviction		No New Conviction		
	O	E	O	E	
Resid	8.00	6.62	4.00	5.38	12.00
Other	8.00	9.38	9.00	7.62	17.00
	16.00		13.00		29.00
	O	E	O-E	square	sq/E
1	8.00	6.62	1.38	1.90	0.29
2	4.00	5.38	(1.38)	1.90	0.35
3	8.00	9.38	(1.38)	1.90	0.20
4	9.00	7.62	1.38	1.90	0.25
					1.09
df=1, level of sig .05 = 3.84					
Convictions are not related to treatment					
Correlation Among Outcome Measures					
	tx comp	prob comp	Recid		
Resid	69	36	12		
Other	67	59	17		
	X	Xsq	Y	Ysq	XY
tx comp	69	4761	67	4489	4623
prob comp	36	1296	59	3481	2124
Recid	12	144	17	289	204
	117	6201	143	8259	6951
num	4122				
den1	4914	70.1			
den2	4328	65.79			
r	0.893779				

References

- Adams, S., & Olson, D. (2002). *Results of the 2000 Illinois adult probation outcome study*. Chicago, IL: Illinois Criminal Justice Information Authority.
- Bureau of Justice Statistics. (2011). *Recidivism*. Retrieved February 2, 2011, from Bureau of Justice Statistics: <http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=17>
- Commission on Trial Court Performance Standards. (1990). *Trial Court Performance Standards with Commentary*. Williamsburg, VA: National Center for State Courts and the Bureau of Justice Assistance, United States Department of Justice.
- Heck, C. (2006). *Local drug court research: Navigating performance measures and process evaluations (Monograph Series 6)*. Alexandria, VA: National Drug Court Institute.
- Illinois Criminal Justice Information Authority. (2004). *A profile of the Lake County criminal and juvenile justice systems*. Chicago, IL: Author.
- Iowa Department of Corrections. (2007). *Community-based corrections substance abuse treatment for the higher risk offender*. Des Moines, IA: State of Iowa.
- Lake County. (2010). *Lake County 2011 budget: Strategies for challenging times*. Waukegan, IL: Author.
- Lake County. (2009). *Lake County strategic plan*. Waukegan, IL: Author.
- McLellan, A. T. (2008). Evaluating the effectiveness of addiction treatment: What should a drug court team look for in a referral site? In C. Hardin, & J. N. Kushner (Eds.), *Quality improvement for drug courts: Evidence-based practices* (pp. 13-22). Alexandria, VA: National Drug Court Institute.

Mumola, C. J., & Bonczar, T. P. (1998). *Substance abuse and treatment of adults on probation, 1995 (NCJ No.166611)*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Myrent, M., & Rosenbaum, D. P. (2009). *Final report of the Go to 2040 Crime and Justice Planning Initiative*. Chicago, IL: Illinois Criminal Justice Information Authority.

Nineteenth Judicial Circuit Court of Illinois. (2010). *Administrative Office of Illinois Courts 2011 annual plan*. Waukegan, IL: Author.

Nineteenth Judicial Circuit Court of Illinois. (2008). *Annual Reports of the Nineteenth Judicial Circuit*. Retrieved August 10, 2010, from <http://19thcircuitcourt.state.il.us/annual/2008/default.aspx>

Nineteenth Judicial Circuit Court of Illinois. (1992). *Psychological services history*. Waukegan, IL: Unpublished document of the Author.

Nineteenth Judicial Circuit Court of Illinois. (2009a). *SMAART, A plan for performance management*. Waukegan, IL: Author.

Nineteenth Judicial Circuit Court of Illinois. (2009b). *Strategic plan of the Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois*. Waukegan, IL: Author.

Peters, R. H., Haas, A. L., & Hunt, W. M. (2001). Treatment "dosage" effects in drug court programs. In J. J. Hennessy, & N. J. Pallone (Eds.), *Drug courts in operation: Current research* (pp. 63-72). New York: The Haworth Press, Inc.

Przybylski, R. (2008). *What works: Effective recidivism reduction and risk-focused prevention programs*. Prepared for the Colorado Division of Criminal Justice. Lakewood, CO: RKC Group.

Rempel, M., & DeStefano, C. D. (2001). Predictors of engagement in court-mandated treatment: Findings at the Brooklyn Treatment Court, 1996-2000. In J. J. Hennessy, & N. J. Pallone (Eds.), *Drug courts in operation: Current research* (pp. 87-124). New York: The Haworth Press, Inc.

Rubio, D. M., Cheesman, F., & Federspiel, W. (2008). *Performance measurement of drug courts: The state of the art*. Williamsburg, VA: National Center for State Courts.

SAMHSA Center for Substance Abuse Treatment. (1997). *NCADI Fact Sheet: The National Treatment Improvement Evaluation Study*. Retrieved January 27, 2011, from National Criminal Justice Reference Service: <http://www.ncjrs.gov/nties97/nties97f.htm>

U.S. Census Bureau. (2010). Retrieved August 10, 2010, from Population Estimates: <http://www.census.gov/popest/counties/CO-EST2009-01.html>

Verborg, R. (2008). *Preliminary Findings of the Lake County Adult Probation Department's Cognitive Outreach Groups (COG) Program*. Waukegan, IL: Nineteenth Judicial Circuit Court of Illinois.