

**Integrated Re-Entry in Illinois**

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Illinois TASC, Inc.

System Transformation in an Era of Recovery-Oriented Services

July 13, 2008

Treatment Alternatives for Safe Communities

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**Session Objectives**

- History of the system
- Illinois' Reentry initiatives
- Current program outcomes
- What's next—organizing the system and services around durable recovery

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**The Issues**

- 27 Adult Institutions over 46,000 inmates
- 54% recidivism rate
- 36,000 Adults on parole
- Over half will return to prison within 3 years of release
- Over 80% returning to ten areas of the state

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**The Governor's Plan**

- Governor Rod Blagojevich convened the Community Safety and Reentry Commission.
- The executive committee formed five subcommittees.
- Subcommittees held public hearings and reviewed national best practices and model programs.

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**Subcommittee Focus**

1. Public safety
2. Public health and behavioral health care (substance abuse and mental health)
3. Employment, education, and training
4. Housing
5. Faith, family, and community.

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**Study the impact on the following**

The executive committee met monthly to review subcommittee topic reports on as they pertained to four key areas of systems change:

1. reception and classification
2. prison-based reentry preparation
3. post-release reentry management
4. community-capacity building and sustainability.

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**Primary Objective**

The ultimate goal of both the commission and the working groups was to create an integrated "system" of change for the inmates, beginning with prison reception and screening, continuing in prison, and following through to post-release case management and community supports and capacity.

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**We began with one simple question:**

*Should Sheridan be...*

*A prison that operates a drug program?*

Or

*A Therapeutic Community that operates in a prison?*

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**A prison with a drug program...**

- IDOC facility run like other institutions
- Treatment emphasis is "time in group", not the entire experience at Sheridan
- The whole is the sum of all parts

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**A TC operating in a prison...**

- The *entire* Sheridan experience *is* the treatment process
- Vendors/departments conceptualize their functions within the tri-phasic therapeutic community methodology
- Whole *greater than* the “sum of its parts”

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**IDOC CLIENT FLOWCHART**

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graph LR
  1[1... R&C] --> 2[2... Orientation]
  2 --> 3[3.. Intense Treatment]
  3 --> 4[4.. Community]
  
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1. R & C – Reception and Classification
2. Orientation about the program and facility
3. Intense Therapeutic Treatment Services
4. Community Reentry

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**What have we accomplished?**

**Lower likelihood of recidivism: -**

Sheridan parolees in the community for 12 months were 15% less likely to be rearrested for a new crime.

The same Sheridan parolees were 40% less likely to return to prison for a new crime or technical violation.

Outcomes outlined above compare Sheridan parolees (n=1,904) released between program inception (July 2004) and December 31, 2006 with a matched comparison group of Illinois parolees.

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**What have we accomplished?**

**Successful post-release treatment further reduces likelihood of rearrest and return to prison: -**

Sheridan parolees in the community for 12 months were 40% less likely to be rearrested if they completed post-release treatment. -

The same Sheridan parolees were 85% less likely to return to prison if they completed post-release treatment

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**What have we accomplished?**

**Overall system accomplishments**

Lowest conviction rates for parolees in Illinois history—decreased by 18% from 2004 to 2007

Illinois Prison population increased by slowest rate since 2002—increased 4.5%

Estimated cost savings of \$64 million

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**Are we really integrated?**

- Change agents ask “are we really integrated?”
- New agency leadership
- How do we go from good to great outcomes?

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*Network Management*

## Two Levels of Improvement

- 1) **Service Integration**  
Getting all providers to deliver complementary and mutually reinforcing interventions
- 2) **System Integration**  
Ensuring that all members of the system move together and improve together on an ongoing basis to reduce recidivism

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Current client service structure is characterized by gaps in services.

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Proposed Network Management Structure:

### Service Integration

Partners share accountability for durable recovery and productive citizenship.

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*Integrating services and systems around these:*

### Core Concepts

- Addressing criminal behavior
- Recovery management that builds client's recovery capital

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### Stopping Criminal Behavior: What Works

- Know the criminal risk factors – static and dynamic
- Address dynamic risk factors (e.g., drug treatment, housing, education, counseling, etc.)
- Respond

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### Recovery: What Works

- **Recovery Management**  
Clinical framework that recognizes that recovery is a lifelong process
- **Recovery Capital**  
Strengths and assets that can help a client achieve and maintain durable recovery

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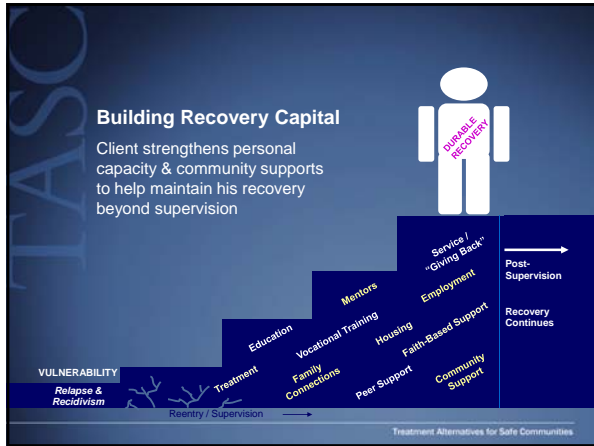
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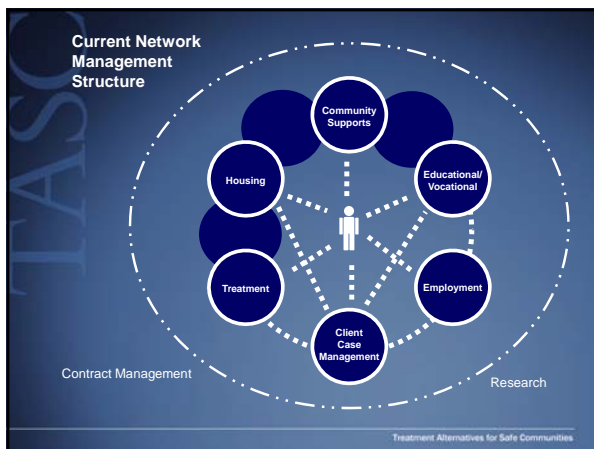
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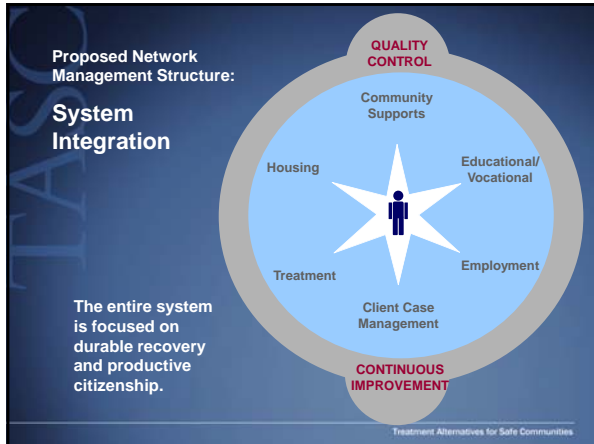
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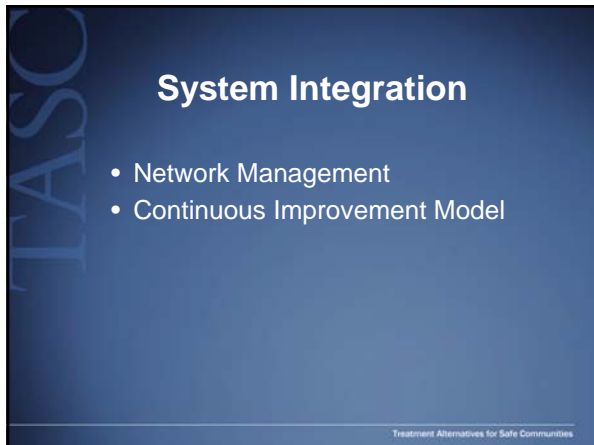
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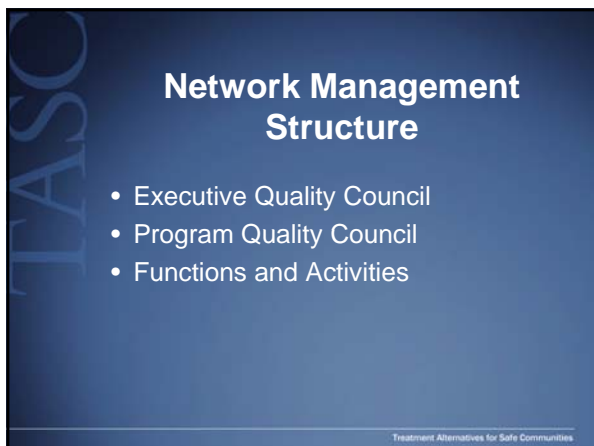
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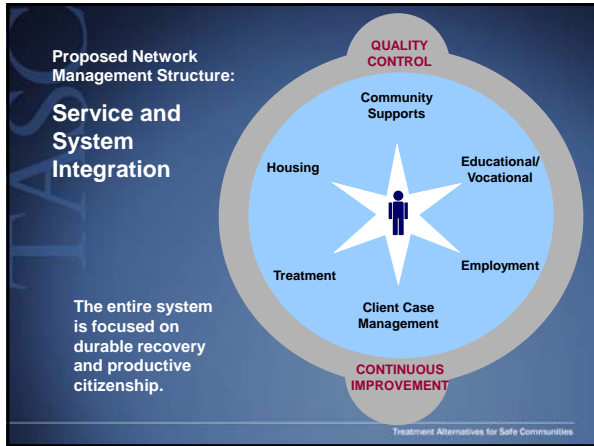
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