



A Process and Impact Evaluation of the Southwestern Illinois Correctional Center Therapeutic Community Program During Fiscal Years 2007 through 2010

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EXECUTIVE SUMMARY

In response to increases in Illinois' prison population during the late 1980s and early 1990s, low rates of access to substance abuse treatment services while in prison, and high rates of recidivism, in August 1995, the Illinois Department of Corrections opened the Southwestern Illinois Correctional Center (SWICC) as a dedicated substance abuse treatment facility operating under a modified therapeutic community philosophy. The 600-bed minimum security facility for incarcerated adult male inmates operated since 1995 as a prison-based drug treatment program, and was modified and enhanced beginning in October 2006 to include more extensive vocational training, a specialized methamphetamine treatment unit, more sophisticated pre-release planning and mandatory post-release aftercare. This evaluation examines the implementation of these enhanced services and the impact of this new enhanced treatment model at SWICC on recidivism since July 2006, and is the result of a collaborative effort between researchers from Loyola University Chicago, the Illinois Department of Corrections, the Illinois Criminal Justice Information Authority, Treatment Accountability for Safe Communities (TASC), the Safer Foundation, and Community Education Centers (CEC). After four years of operation, covering the period from July 1, 2006 through the end of State Fiscal Year 2010 (June 30, 2010), the evaluation has found the following:

- The pre-operational target population identified for the program is being served, with those admitted to SWICC having extensive criminal and substance abuse histories, and a substantial unmet need for treatment, vocational and educational programming;
- As a result of strong support from IDOC executive staff, the SWICC program has been allowed to evolve and be implemented in a manner that has ensured the clinical integrity of the program and the availability of sufficient resources for needed services;
- During the past four years, the following significant accomplishments and improvements to the operation of the Southwestern Illinois Correctional Center have been experienced:
 - A consistently low rate of inmates being referred to SWICC who are subsequently determined to not meet the eligibility criteria, and quicker identification and removal of these inmates from SWICC. Overall, less than 5 percent of all inmates admitted to SWICC during the period examined were determined to not meet the eligibility criteria.
 - A consistently low rate of inmates being removed from SWICC due to disciplinary reasons, despite the serious criminal histories of the population. For every SWICC inmate removed for disciplinary reasons, more than 4 inmates successfully complete the prison-phase of the program;
 - During the course of program participation, inmates at the Southwestern Illinois Correctional Center improved their levels of psychological and social functioning, and reduced their criminal thinking patterns; and,
 - The implementation of enhanced pre-release planning for SWICC releasees, including the involvement of a multidisciplinary case staffing team representing the institutional staff, parole and aftercare staff and the inmate.

- In addition to these enhancements at the Southwestern Illinois Correctional Center, significant accomplishments, enhancements and improvements to the post-release phase of the program have also been evident during the four years of program operation examined in this report, including:
 - A pattern of aftercare referrals consistent with the pre-operational expectations, with nearly all SWICC releasees receiving referrals to either outpatient or residential treatment services;
 - A high rate of successful treatment admission among the SWICC releasees, fewer releasees failing to show up for aftercare referrals, and a short length of time between an inmate's release and placement into aftercare treatment; and,
 - A high, and increasing rate of successful aftercare treatment completion among the SWICC releasees. Between SFY 2007 and 2010, the proportion of SWICC releasees successfully completing aftercare increased from roughly 58 percent to 71 percent.

- As a result of the successful implementation of the prison-phase of the Southwestern Illinois Correctional Center, coupled with the post-release aftercare component, the SWICC program has produced the following outcomes:
 - The earned good conduct credits many of the inmates received at SWICC for their participation in treatment during the first four state fiscal years of operation (SFY 2007-2010) translates into a savings of 376 years of incarceration, which equates to \$8.8 million, or \$2.2 million per year, in reduced incarceration costs;
 - As a result of the treatment services and aftercare received, those inmates released from SWICC had a 15 percent lower likelihood of being returned to prison after two years in the community than a statistically similar comparison group of inmates released from Illinois' other prisons during the same time period.
 - The largest reductions in recidivism were evident among those SWICC releasees who successfully completed aftercare treatment. Those SWICC graduates who also completed aftercare had a 48 percent lower likelihood of being returned to prison after two years in the community than a statistically similar comparison group.

I. INTRODUCTION

The Context

In 1995, the Illinois Department of Corrections (IDOC) opened the Southwestern Illinois Correctional Center, or SWICC, as a fully-dedicated, modified therapeutic community for incarcerated adult male inmates. The opening of SWICC came as a result of recommendations by the 1992 Illinois Governor's Task Force on Crime and Corrections, which recommended the opening of the facility in response to the significant crowding conditions evident at the time. SWICC operated as a prison-based TC for minimum security inmates, however, it was not until state fiscal year (SFY) 2007 that SWICC began offering more vocational programming, as well as pre- and post-release employment readiness and referral services through the Safer Foundation and post-release aftercare referrals and case management services through TASC. In addition, during the fall of 2006 (the first half of SFY 2007) a specialized treatment unit at SWICC was created for those inmates diagnosed with a methamphetamine abuse problem. It is this four-year time period—from the beginning of SFY 2007 (July 2006) through the end of SFY 2010 (June 30, 2010)—that is the focus of the process and outcome evaluation presented in this report.

The Impetus for SWICC

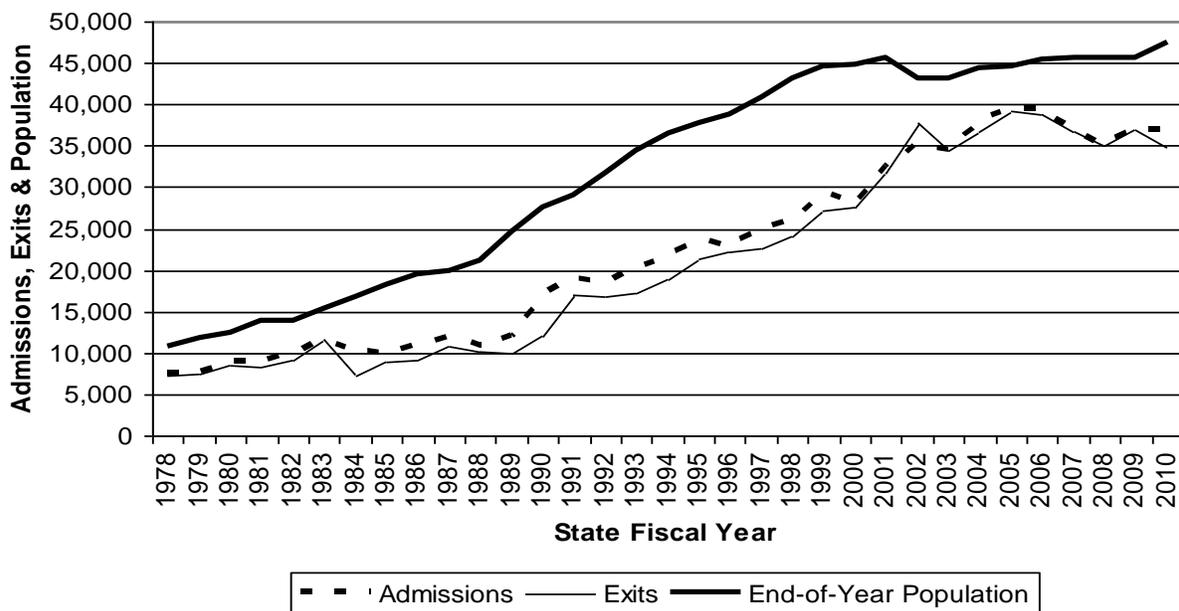
The Southwestern Illinois Correctional Center (SWICC) was opened in August 1995, as a prison that was fully-dedicated to providing adult male prison inmates with substance abuse treatment services and other rehabilitative programming through a modified therapeutic community (TC) design. Every inmate admitted to SWICC has been identified as in need of substance abuse treatment, and is required to fully participate in a wide array of treatment, vocational and educational programming while at the facility and, since SFY 2007, aftercare services following their release back into community. The impetus to open SWICC, and have it focus specifically on the substance abuse treatment needs of inmates was fueled by a dramatic increase in the state's prison population during the late 1980s and early 1990s, along with high rates of recidivism and relatively low rates of access to substance abuse treatment services by inmates

within Illinois' prison system. Currently, SWICC is one of 27 adult prisons (referred to as Correctional Centers) operated in Illinois by the Illinois Department of Corrections (IDOC).

During the late 1980s and early 1990s, Illinois' adult prison population grew at an unprecedented rate, steadily climbing from fewer than 20,000 inmates prior to 1987 to more than 35,000 by the end of calendar year 1994 (Figure 1). During this time period, Governor Jim Edgar formed a Crime and Corrections Task Force, chaired by Anton Valukas, which produced a number of recommendations to address the prison crowding fueled by increased admissions of drug-law violators, and the high recidivism rates of inmates released from prison. Among the recommendations was the conversion of the vacant Assumption High School in East St. Louis to a minimum security correctional center. This occurred, and in August 1995, the Southwestern Correctional Center was opened. Another adopted recommendation of the Crime and Corrections Task Force as it relates to SWICC, and other substance abuse treatment programs operated by IDOC, was the Earned Good Conduct Credit provision, which allows inmates participating in vocational, treatment, and prison industry programs to earn additional credit towards their sentence for each day they participate in these activities.

Figure 1

Admissions, Exits and End-of-Year Population of Illinois' Adult Prison System



Prior research in Illinois has also documented high rates of prior substance abuse histories and treatment need among those admitted to prison, regardless of their conviction offense, and drug-use and involvement in illegal drug activity also had a significant role in the high recidivism rate of inmates released from the Illinois Department of Corrections (IDOC). For example, during 1994, it was estimated that roughly 50 percent of adults admitted to IDOC were substance abusers in need of treatment (Cho, Johnson, Kelly-Wilson and Pickup, 2002), which is consistent with 2004 national estimates that have placed the prevalence of drug dependence or abuse at 53 percent among the nation's prison population (Mumola & Karberg, 2006). Despite this pattern, the availability of substance abuse treatment programs and services within IDOC, and nationally for that matter, during the 1990s and into the early 2000s was quite limited, and it is estimated that less than 20 percent of adult male inmates released from prison in Illinois who were in need of treatment were actually able to access it while incarcerated (Olson, 2005). Although there had been substance abuse treatment services provided to inmates within Illinois' prison system prior to SWICC, oftentimes the programs were very small and served only a fraction of those in need of these services. For example, during 2004, it is estimated that there were fewer than 2,000 substance abuse treatment "beds" available throughout IDOC facilities for adult males, and roughly one-third of these were within the Southwestern Illinois Correctional Center (SWICC). All of the other treatment beds were distributed across different correctional centers in Illinois, most often operating as relatively small, specific treatment housing units within a larger, "traditional" prison. In 2004, the Sheridan Correctional Center was reopened, and became the second prison, after SWICC, in Illinois to be focused and fully-dedicated to the provision of substance abuse treatment. Further, the gap between treatment need and access is not only clearly evident *within* IDOC facilities, but it also extends to the communities Illinois' prison inmates are released back into, with relatively few able to access the needed services upon their release. Based on research conducted by the Urban Institute through their assessment of the needs of formerly incarcerated inmates returning to Chicago neighborhoods (LaVigne, 2004), it was determined that less than 10 percent had participated in substance abuse treatment programs within eight months following their release from prison.

Finally, Illinois, like most other states in the U.S., has experienced considerably high rates of recidivism (measured as return to prison) among those released. Leading up to the

implementation of the SWICC program in the mid-1990s, and the enhancements made in 2006, IDOC's 3-year recidivism rate (defined as return to prison) averaged around 50 percent, meaning that within three years of their release from prison, one-half of inmates released were returned to prison either as a result of a violation of their Mandatory Supervised Release (MSR, or "parole") or as a result of a new conviction and prison sentence. This recidivism rate peaked at 54.6 percent during 2004. Other research in Illinois published in 2004 found that the recidivism rate of inmates was even higher—nearly 66 percent-- when based on *rearrests* for a new crime within three years (i.e., regardless of whether it resulted in their subsequent return to prison) (Olson, Dooley, and Kane, 2004).

It was in response to these three factors: 1) large numbers of inmates being admitted to IDOC who were in need of substance abuse treatment, 2) relatively little substance abuse treatment services available within Illinois' prisons, and 3) a desire to reduce admissions to prison in Illinois by cutting the recidivism rate through effective treatment and rehabilitation programs, that the SWICC Correctional Center was developed and opened as a fully-dedicated therapeutic community in 1995, and was modified to include enhanced vocational programming and comprehensive post-release services during SFY 2007. Now, after four years of operation and more than 1,800 successful graduates having matriculated through the prison-phase of the program, the evaluation team, which includes researchers from Loyola University Chicago, the Illinois Criminal Justice Information Authority, the Illinois Department of Corrections, and all the service providers involved with SWICC, has examined in detail the program's operations, the extent and nature of services provided to the program participants and the impact on post-prison recidivism. This evaluation provides a detailed description of the major findings from the process and impact evaluation of SWICC after four years of operating with the newly enhanced program design.

What is the Southwestern Illinois Correctional Center Therapeutic Community?

The Southwestern Illinois Correctional Center is a minimum security prison¹ housing adult male inmates who have been convicted of a felony offense and sentenced to the Illinois Department of Corrections by a judge. The prison is located about 10 miles east of St. Louis Missouri, in East St. Louis Illinois,² and when it was opened in 1995, was rated to house 600 inmates. The facility consists of four separate dormitory style housing units of varying size and design, and each of these units is further separated into distinct Therapeutic Community (or TC) “families” or groups, consisting of roughly 20 to 25 inmates. As a minimum security facility, inmates live in dormitory settings and thus few inmates have “cells.” Each group of inmates reside together, engage in group treatment together, and support each other using the TC components of peer influence, including activities and interventions designed to learn and adopt social norms as well as personal and social responsibility.

In general, TCs are “residential [programs] that use a hierarchical model with treatment strategies that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills” (National Institute on Drug Abuse, 2002). At SWICC, this is accomplished through the provision of individual and group treatment delivered by a contractual service provider. Since SWICC opened in 1995, a number of different treatment providers have been contracted with to provide the substance abuse treatment programming at SWICC, including Cornell Interventions, CiviGenics, and, since SFY 2007, Community Education Centers, or CEC.³ In addition, inmates receive a variety of ancillary services, including educational programming, job training, vocational training, anger

¹ In Illinois, prison security ratings range from Level 1 to Level 8, with Level 1 facilities being “Maximum Security,” Level 7 being “Low Security,” and Level 8 being “Transitional Living” (i.e., “Half-way” houses/Adult Transition Centers or ATCs). The Southwestern Illinois Correctional Center is classified as a Level 6 (Minimum Security) facility, and it also has a 67-bed, Level 7 (Low Minimum Security) work camp on site. All inmates at SWICC—both the Minimum and Low Minimum Security—participate in the drug treatment program.

² The City of East St. Louis is relatively small, with a 2009 Census resident population (i.e., excluding inmates in the prison) of fewer than 30,000. East St. Louis has been an economically depressed area for more than three decades, with high rates of violent crime.

³ CiviGenics merged with CEC, thus there has been consistency in terms of the treatment provider prior for a number of years.

management classes, parenting skills, etc. (A more detailed description of the substance abuse treatment and other services provided to the inmates is described in Section IV).

Because Therapeutic Communities are one of the most common and widely studied drug treatment modalities for prison inmates (Lurigio, 2000), there is now a substantial body of empirical evidence that has shown how prison-based treatment programs operating under a TC design can generate substantial reductions in post-release recidivism patterns and drug use. The literature includes evaluations of specific prison-based TC programs, such as the Amity program operating in California (Wexler et. al., 1999), those operating in Texas prisons (Knight et. al., 1999; Knight et. al., 2004) and the Key-CREST program in Delaware (Inciardi et. al., 1997), as well as a number of meta-analyses of prison-based drug treatment interventions (Lipton, 1995; MacKenzie, 1997; Pearson & Lipton, 1999; Pearson et. al., 2002; and Mitchell, Wilson & MacKenzie, 2006). The Mitchell et al (2006) review is one of the most comprehensive, rigorous and recent meta-analyses published on the effectiveness of incarceration-based drug treatment.

In general, most of the research on prison-based TCs has documented reductions in recidivism, although the magnitude of the reduction varied depending on the length of stay, the population served, and the inclusion of educational and vocational programming. For example, in the review by Mitchell et al (2006; 31), it was noted that among the TCs examined most (15 of the 24 studies) were programs serving “non-violent” offenders, and that those programs serving “mixed” types of offenders (i.e., violent and non-violent) tended to produce lower, albeit still significant, improvements in outcomes. Further, Mitchell et al (2006;30-31) also concluded that corrections-based TCs that served large proportions of non-white offenders (where 70 percent or more of the sample was non-white), programs serving exclusively male offenders, and those institution-based TCs that did not required post-release aftercare all had smaller reductions in recidivism than did their counterparts. However, despite the apparent benefits of prison-based treatment and aftercare, a number of barriers to effectively implementing these strategies have been identified (Mears et al., 2003), including restrictions on the criminal backgrounds of program participants (Farabee et al. 1999), staff retention (Inciardi et al. 1992), prison crowding and limited bed-space (Office of National Drug Control Policy, 1999), and conflicting goals between the criminal justice and treatment personnel (Farabee at al. 1999; Morrissey, Steadman, and Kilburn, 1983; and Inciardi et al., 1992).

The literature on the effectiveness of prison-based drug treatment also appears to have reached the consensus that the benefits of in-prison treatment are magnified and sustained when offenders participate in aftercare services following their release from prison (Inciardi, et. al., 2004), although it should be noted that some (Welsh, 2007) have found reductions in recidivism associated with prison-based TCs that do not include aftercare. Thus, most have argued that in order to ensure long-term benefits of prison-based treatment, institutional treatment must be followed by aftercare or continued treatment in the community (Cullen & Gendreau, 2000; Gaes et al., 1999). Indeed, this recognition of the importance of aftercare for prison-based drug treatment was the primary reason the federal Residential Substance Abuse Treatment (RSAT) program had encouraged that participants in these federally funded prison-based treatment programs also receive aftercare services (Bureau of Justice Assistance, 2007). However, despite this encouragement, Harrison & Martin (2000) found that few sites receiving RSAT funds for prison-based treatment provided post-release aftercare, and Lipton, Pearson & Wexler (2000) specifically found that less than one-half of RSAT-funded programs placed participants in some type of aftercare. Further, it has generally been concluded that “inmates who complete treatment frequently are transitioned directly into society without any type of reentry planning or development of plans for maintaining continuity of care” (Mears et al., 2003;6-8). It is for this reason that the SWICC program was modified in SFY 2007 to ensure that all inmates released from the facility upon the completion of their sentence and participation in the prison-phase of the treatment receive aftercare services. During the first half of SFY 2007 (July to December of 2006), changes were made to the SWICC program, including a new set of eligibility criteria, the development of a specialized methamphetamine treatment unit, changes in visitation policy (only on weekends), and the development of contractual agreements with TASC and Safer to provide both in-prison and post-release services to inmates participating in the SWICC program. TASC formally began to provide the enhanced services to SWICC participants in February of 2007, and Safer began to provide services within SWICC in July 2007 (SFY 2008).

The SWICC TC program is staffed by a combination of employees from the Illinois Department of Corrections and staff employed by contractual service providers, including CEC, the Safer Foundation, Treatment Accountability for Safe Communities (TASC), and Lake Land College. Based on information published in the Illinois State Budget Book for fiscal years 2007 through

2010, the total number of IDOC staff employed at SWICC, including the security, counseling, educational and administrative staff, totaled 241 during state fiscal year (SFY) 2007, 228 during SFY 2008, 223 during SFY 2009, and the SFY 2010 budget called for a total of 214 IDOC employees. During SFY 2010, additional, non-IDOC staff, included staff from CEC, primarily substance abuse counselors; staff from the Safer Foundation, a non-profit organization that provides job preparedness classes and programming at SWICC, as well as job placement support once inmates are released; and staff from TASC, which screens inmates for SWICC eligibility at the IDOC Reception and Classification Centers in Illinois, and also provides clinical case management and treatment referrals for inmates after they are released from SWICC. Finally, there are also staff at SWICC who are employed by Lake Land College and provide vocational training and education.

The overall budget for SWICC, which includes IDOC staff, all of the contractual service providers, and contractual arrangements for all the post-release aftercare treatment and ancillary services, has totaled between \$21.9 million and \$31.1 million annually during the four full state fiscal years it has been in operation using the current design.⁴ On an annual basis, the proportion of SWICC's overall budget designated for contractual services, which is primarily for the services provided by CEC, TASC, Safer, and Lake Land College, ranged from 14 percent in SFY 2007, when the enhancements were being planned and just beginning, to 36 percent by SFY 2009 when all of the enhancements had been implemented. Thus, most of the increase in appropriations between SFY 2007 and 2010 were associated with the increased vocational, educational, and aftercare services being provided to SWICC participants as part of the program redesign. SWICC's total operational budget comes from state general revenue funding, and does not include any federal funding. Although the published per-inmate costs of operating the Southwestern Illinois Correctional Center during SFY 2009 was roughly \$44,968 (Illinois Department of Corrections, 2009), one of the difficulties in attempting to measure the "per-participant" cost of the SWICC program is that there are incarceration costs incurred while the inmate is housed at SWICC, which include the costs associated with the security and treatment

⁴ The enacted appropriation for SFY 2007 was \$21.9 million, in SFY 2008 it was \$27.2 million, in SFY 2009 it was \$31.1 million, and in SFY 2010 it was \$29.0 million. The increase between SFY 2007 and 2008 was associated with the increased vocational, job training and placement, and aftercare services added to the program during SFY 2007 and 2008.

services provided at SWICC, as well as post-release costs incurred during the participant's post-release supervision, including clinical case management, additional aftercare treatment, employment referrals and placements, and housing-related referrals and placements. Thus, the average daily population (ADP) of inmates *at SWICC* during SFY 2009 was 674 (which was used to calculate the per-inmate cost of \$44,968), but there were also more than 540 SWICC inmates released to MSR during SFY 2009, and on June 30, 2009, more than 600 SWICC releasees were on active parole supervision in the community.⁵ Thus, the expenditures for SWICC in SFY 2009 served more than 1,300 SWICC participants on any given day (the ADP of 674 plus the 650 SWICC releasees on MSR on any given day), which would translate into a cost of roughly \$22,500 per person that year.⁶

When the SWICC program is discussed in this report, the two primary components of the program—the institutional component and the post-release component--will be described separately. The institutional component includes the time spent and services inmates receive while in prison, whereas the post-release component includes the period following release from SWICC during mandatory supervised release (MSR), and the services they receive in the community. This post-release component of the program, which requires inmates released from the Southwestern Illinois Correctional Center to participate in clinically determined aftercare treatment services, has been emphasized as critical to long-term success (i.e., reductions in recidivism and subsequent drug use) in both the research literature described previously as well as federal regulations when states utilize Residential Substance Abuse Treatment (RSAT) grant funds to support in-prison treatment programs.

⁵ On June 30, 2009, there were 659 SWICC participants who were released from the program under the new enhanced design and were still on Mandatory Supervised Release in the community.

⁶ The average daily population of SWICC during SFY 2009 was 674 plus the 659 SWICC releasees still on active MSR at the end of SFY 2009, which totals 1,333. This can be interpreted as the average number of participants being served by the SWICC program (and supported through the SWICC budget) on any given day. Taking the SFY 2009 expenditures for SWICC of \$30 million and dividing it by this average of 1,333 produces an annual per-participant cost of \$22,505.

Assessment for SWICC Eligibility & Recruitment

When an adult male inmate is sentenced to prison in Illinois, they are initially admitted into one of three Reception and Classification Centers (R&Cs)—the R&C at the Stateville Correctional Center which serves northern Illinois, the R&C at the Graham Correctional Center in central Illinois and the R&C at the Menard Correctional Center in southern Illinois-- where they undergo a variety of interviews and assessments to gauge their needs and security risks. It is during this R&C process that inmates are screened to make security classifications and to identify specific types of service needs an inmate may have. Following a brief period of time at the R&C, which can range anywhere from one to two weeks to a month, inmates are then transferred to their “parent” institution, which is selected based on a combination of factors, including available bed space, security classification, and the programmatic needs of the inmate. For example, inmates in need of specialized sex offender treatment may be transferred and housed at the Big Muddy Correctional Center, which has these types of services available. Similarly, inmates suffering from severe mental illness may be transferred and housed at the Dixon Correctional Center where they will be given specialized services. At the other end of the continuum, inmates sentenced to death or life in prison, or those who have attacked staff in the past or have extensive histories of violence and attempted escape, will be transferred to one of the state’s maximum security prisons based on the high security risk that such inmates may pose.

During the R&C process, one of the dimensions of need that is assessed is the extent and nature of their substance abuse history and their need for treatment. Prior to the implementation of the Sheridan Correctional Center TC in 2004, there was no formal, system-wide mechanism to determine an inmate’s substance abuse history or need for substance abuse treatment within IDOC. As a result of the Sheridan program, and the need to objectively identify inmates in need of the treatment services being implemented within IDOC, the Illinois Department of Corrections contracted with a community-based organization, Treatment Accountability for Safe Communities (TASC), to screen *every* inmate admitted to each of the Reception and Classification Centers for drug abuse and treatment need. To achieve this, TASC staff adopted the Texas Christian University Drug Screen II (TCUDS-II) instrument to triage those inmates who demonstrated a need for substance abuse treatment. The validity and reliability of the

TCUDS II has been tested and determined to accurately and efficiently identify those in need of treatment (Peters et al., 2000). Although the use of the TCUDS-II has been in place at the Stateville Correctional Center R&C since January 2004, its use was not fully implemented in the other two R&Cs until April 2004.

Further, it was not until the end of 2006 that the information obtained through the TCUDS-II was fully incorporated into IDOC's system-wide computerized information system, referred to as the Offender Tracking System, or OTS. As a result of the system-wide use of the TCUDS-II, and its incorporation into IDOC's OTS, IDOC now has the capability to track inmate need for substance abuse treatment throughout all of their institutions. In addition, IDOC is also now able to maintain a system-wide waiting list of inmates identified as in need of substance abuse treatment. Inmates placed on the waiting list may not have been eligible for SWICC (or any of the other substance abuse treatment programs within IDOC) when they were admitted, such as when their time to serve was too long, or there were no treatment slots open at SWICC. For other inmates, their initial security classification may have prevented them from initially being housed in a facility that may have offered treatment programming, but over time this may change, making them eligible for placement in a lower-security level facility. As will be seen later in this report, this treatment waiting list is now being used to identify inmates for SWICC.

Eligibility for SWICC

Relative to other prison-based TCs in the United States, which often limit eligibility to only those convicted of a drug-law violation or DUI, or are only used to serve probation or parole violators, the current eligibility criteria for inmates to participate in SWICC is quite inclusive. Prior to the enhancements made to SWICC in SFY 2007 (i.e., the fall of 2006), the eligibility criteria restricted participation to adult male inmates under the age of 36. When the enhancements were made in SFY 2007, this age restriction was eliminated. In addition, inmates sentenced to IDOC for murder or sex offenses, or with these offenses in their criminal background, are still restricted from participating in the program at SWICC. Because SWICC is a minimum security facility (i.e., a Level 6 facility), participants must also meet the criteria for this security classification.

The following criteria were ultimately developed and adopted to identify the eligibility pool for inmates to participate in SWICC:

- 1) Identified as in need of treatment based on a brief drug-screen (the TCUDS-II described above) at the Reception and Classification Center and a subsequent comprehensive drug assessment (the Addiction Severity Index, or ASI) performed at SWICC;
- 2) Projected to serve between 6 and 36 months in prison at SWICC. In order to ensure between 6 and 36 months of participation in the prison-phase of the program, inmates who are technical parole violators or who have outstanding warrants/detainers are excluded from participating because their length of stay in IDOC cannot be accurately determined and it could limit their ability to access or receive aftercare services;
- 3) Not serving a sentence for murder or a sex offense, and do not have murder or sex offenses in their criminal background;
- 4) Appropriate for placement in a minimum security facility and do not have current mental or medical health issues so severe that they cannot be addressed/managed at SWICC;
- 5) Volunteer for the program; and,
- 6) Had not participated in the SWICC program since October 2006 (i.e., since the aftercare and reentry components have been added).

From IDOC's experiences implementing the Sheridan Correctional Center program, some of these eligibility criteria proved difficult to fully assess or gauge during the Reception and Classification phase of processing, and again, prompted some changes to the R&C process and specifically how potential Sheridan- and SWICC-eligible inmates were identified and screened. For example, during the period of R&C processing when inmates are assessed for their substance abuse treatment need by TASC staff, oftentimes the estimated projected length of time to serve has not been fully determined or calculated. Inmates admitted to prison in Illinois may or may not have been given credit for time served in a county jail while waiting for the disposition of their case, may or may not be required to serve 85 percent of their sentence based on Illinois' Truth-in-Sentencing laws, and may or may not be eligible for day-for-day good conduct credit (GCC), meritorious good conduct credit (MGCC), supplemental meritorious good conduct credit (SMGCC), or Earned Good Conduct Credit (EGCC) for their participation in substance abuse treatment, vocational and educational programming.⁷ Thus, out of all those inmates admitted to

⁷ Unless prohibited by Illinois' Truth-in-Sentencing law, which limits the amount of good conduct credit that can be earned by those convicted of specific offenses, inmates sentenced to prison in Illinois are able to reduce their length of stay by 1 day for every day that they are compliant with IDOC's rules, which essentially reduces their length of stay to ½ of their sentence. In addition, most inmates are also eligible to receive an additional 90 days good conduct credit for meritorious service (meritorious good conduct credit), and another 90 days of supplemental meritorious good conduct credit for inmates who were not convicted of specific violent crimes.

prison in Illinois with, for example, a 4 year sentence, the exact amount of time they will actually spend in prison can range from less than 6 months to 3 ½ years, depending on jail credits and eligibility for various good conduct credits. As a result, TASC staff now attempt to make rough estimates of projected time to serve in IDOC before they actively recruit inmates who may be in need of treatment and could potentially be eligible for SWICC. Finally, in response to growing concern over methamphetamine use and production in Illinois, a specialized treatment unit at SWICC specifically for those identified as having abused methamphetamine was created and began operating in October 2006.

II. ANALYSIS OF SWICC POPULATION FLOW

Admissions & End of Month Populations

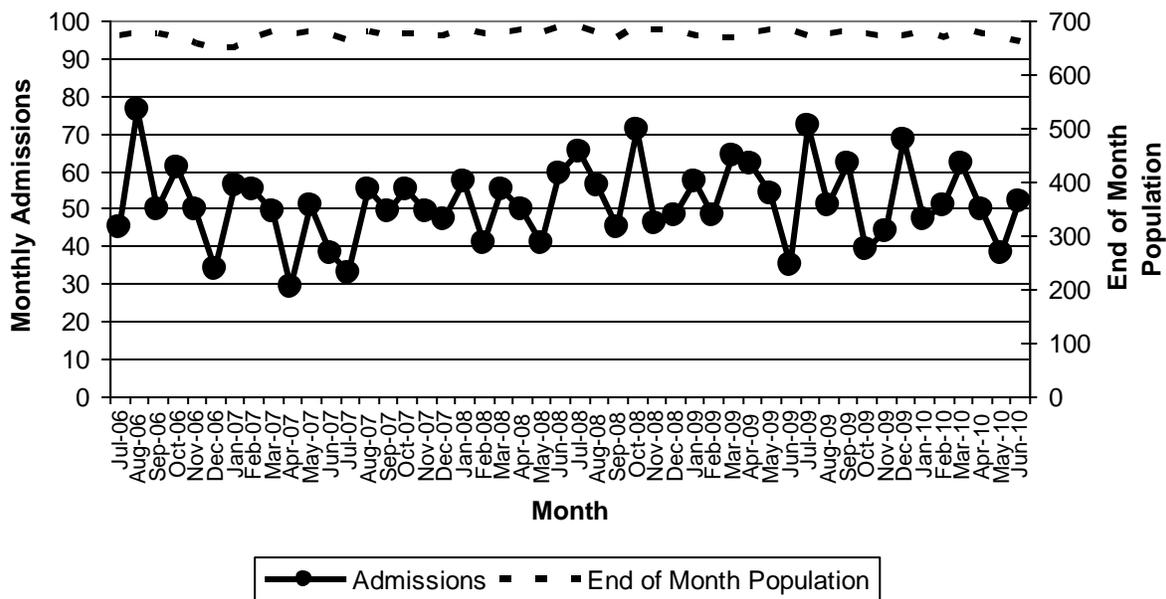
Although some of the change to the SWICC program did not occur until October 2006 (i.e., the establishment of the specialized methamphetamine treatment unit) or January of 2007 (the implementation of the post-release aftercare referral processes), it is helpful to examine the population flow at SWICC during the entire fiscal year when these changes were being made. During the four years of program operation described in this report (July 1, 2006 through June 30, 2010), a total of 2,472 inmates were admitted to SWICC, with monthly admissions averaging 52 per month, and ranging from 70 or more per month to fewer than 35 per month (Figure 2).⁸ In addition to these 2,472 admissions to SWICC from SFY 2007 through 2010, there were also 673 inmates already at SWICC on July 1, 2006—the beginning of SFY 2007.

Because SWICC had been operating for more than a decade before changes were made to the eligibility criteria, and prison-based and post-release services were enhanced, the admissions and population during the period examined in this report was relatively similar to the period before July 2006. Given that SWICC has been operating at or close to capacity throughout the period examined, admissions to the facility are only possible when exits or transfers occur and open up a slot in the program: as inmates were discharged or removed from SWICC, and beds became available, new admissions were made to the facility. During the four years of operation examined in this report, the average end of the month population at SWICC was 673, and ranged between a low of 649 in January 2007 and high of 687 inmates during October 2008 (the dashed line in Figure 2). As seen in Figure 2 (solid line), admissions to SWICC during the four year period examined in this report averaged 52 per month.

⁸ Among the admissions to SWICC during the time period examined, combined with those already at SWICC as of July 1, 2006, a total of 35 inmates were admitted to SWICC twice.

Figure 2

Monthly Admissions & Population of the Southwestern Correctional Center



Patterns of Exits & Removals from SWICC

There are essentially 3 different mechanisms through which an inmate can exit SWICC. First, are those inmates who successfully complete the prison-based component of SWICC and are subsequently released back to the community under Mandatory Supervised Release (MSR), or “parole.” Second, are those inmates who violate the rules at SWICC and are subsequently removed due to disciplinary reasons and transferred to another prison in Illinois. Depending on the nature of the disciplinary infraction, inmates can be transferred to higher-level security facilities, including being placed in one of the state’s maximum security facilities. Lastly, are those inmates who, after being transferred to SWICC, are determined to not meet the eligibility criteria for SWICC (e.g., their time to serve is too long or short, they have severe mental health or physical health issues that cannot be addressed at SWICC, etc). Again, these inmates are removed from SWICC and transferred to another facility, although usually not to a higher-level security facility, but rather, to one that can better serve their needs (i.e., medical, mental health).

Examining the population flow into and out of SWICC in aggregate also provides a picture of the effectiveness of the screening process and the capacity to matriculate participants through the program successfully. Summarized in Table 1 are the total numbers of inmates admitted to, and discharged from, the facility during the entire four year period of operation examined in this evaluation (July 2006 through June 2010). As seen in Table 1, out of all those admitted to SWICC during the four year period (2,472 plus the 673 that were already there on 7/1/2006), a total of 1,860 inmates (75 percent of all exits) had successfully completed the prison component of the program and were released to Mandatory Supervised Release (MSR or “parole”)⁹ or an Adult Transition Center (ATC).¹⁰ On the other hand, 464 inmates were removed from SWICC for disciplinary reasons, accounting for 18.7 percent of all those exiting SWICC during the four year period. Finally, 145 inmates were removed from SWICC due to non-disciplinary reasons or 5.9 percent of all those who exited SWICC and less than 6 percent of those admitted to SWICC during the four year period. A more detailed description of the characteristics of those admitted to SWICC, and the characteristics and reasons for disciplinary and non-disciplinary removals, follows. The post-discharge experiences and outcomes of those participants who successfully completed the institutional phase of SWICC are discussed later in this report in Section VI.

⁹ Illinois operates under determinate sentencing, meaning that an inmate’s release from prison is not based on the decision of a parole board, but rather the completion of the sentence imposed by the court. However, inmates released from prison are required to be supervised for a period of time. How long a released inmate serves on “mandatory supervised release,” or MSR, is set by Illinois statute based on the felony class of the crime for which the inmate had been sentenced to prison. Specifically, those sentenced to prison for murder or a Class X felony must be on MSR for a period of 3 years, Class 1 or 2 felonies a period of 2 years, and Class 3 or 4 felonies a 1 year period of MSR. If an inmate violates the conditions of their release, they can be returned to prison and can be required to serve the remainder of their MSR back in prison.

¹⁰ Out of all those who successfully completed the prison-phase of the SWICC program and released, 64 of the 1,860 were released to an Adult Transition Center, a minimum-security, community-based residential setting operated by either the IDOC or a contractual provider. ATCs allow inmates to leave this residence to work or attend treatment or other vocational programming, but they must return and reside there during non-working or non-treatment hours.

Table 1
SWICC TC Admissions, Exits & Existing Population, July 2006 – June 2010

	Number	Percent of Total Admissions ¹	Percent of Total Exits ¹
Total Admissions	2,472 + 673 ²	100.0%	
Currently At SWICC (6/30/2010)	668	26.7%	
Exits *	2,477	73.3%	100.0%
Successful Graduates/Exits **	1,860		75.1%
Disciplinary Removals	464		18.7%
Non-Disciplinary Removals	145		5.9%

¹ Percentages may not add up to 100% due to rounding.

² There were 673 participants already at SWICC on 7/1/2006, and these are included among the exits.

* Included in the total exits, but not within the specific sub-categories, are 8 inmates who had their sentences vacated and were therefore released. Includes inmates admitted to SWICC prior to July 2006.

** Includes 1,796 discharged to Mandatory Supervised Release and 64 released to an IDOC Adult Transition Center (ATC).

Non-Disciplinary Removals

The number and rate of inmates initially admitted to SWICC and subsequently removed for non-disciplinary reasons—primarily because it was determined that they did not meet the eligibility criteria-- was initially quite high, as a relatively large number of inmates who were admitted to SWICC before July 2006 were deemed to not meet the new eligibility requirements or no longer wanted to participate in the program given the new aftercare requirements. As a result, during the first six months of operation under the new program design, a total of 73 inmates were removed from SWICC for non-disciplinary reasons (Table 2). Since that initial removal of a large number of inmates, the annual number and rate of non-disciplinary removals from SWICC has remained relatively low. During the entire period from July 2006 to June 2010, only 145 of those admitted to SWICC, or about 6 percent of all admissions to SWICC (Table 2), were removed due to non-disciplinary reasons and were subsequently transferred to another IDOC facility. Excluding the first six months, when the new program design was implemented, during the period from January 2007 to June 2010, only 72, or 3.3 percent of all admissions during that period, were removed for non-disciplinary reasons. The most frequent reasons for non-disciplinary transfers included:

- 1) Transfer requests as a result of the changes to the program requirements accounted for 72, or 50 percent of all non-disciplinary transfers, and almost all of these occurred within the first four months of SFY 2007;
- 2) Outstanding warrants or detainers that were going to require the inmate to appear in court frequently, and therefore resulted in their not being able to

- participate fully in the program, or would result in the inmate being sentenced to prison again or deported following their release from prison, accounting for 35, or 24 percent of all non-disciplinary transfers;
- 3) Mental health issues that interfered with the inmates' ability to participate in the program, accounting for only 8, or 5 percent of all non-disciplinary transfers;
 - 4) Inmates who were initially admitted to SWICC but were later determined to have either too much or too little time to serve to meet program eligibility requirements, or who had a criminal history that prohibited their participation in SWICC, accounting for only 3 non-disciplinary transfers;
 - 5) The remaining 27, or 18 percent of the non-disciplinary transfers, included inmates with a variety of issues that prohibited their participation at SWICC, including serious medical conditions, safety concerns related to being housed with specific inmates, or staff "familiarity concerns" (i.e., the inmate was somehow related to, or knew, staff prior to their incarceration).

Although the overall rate of "inappropriate" inmates being referred to SWICC is low, and has been relatively stable over the four years of operation examined in this evaluation (Table 2) following the initial changes in program eligibility and requirements, it does illustrate the difficulty of being able to determine or access certain types of information or records during the relatively brief (2 weeks) period of screening at an R&C. For example, during calendar year 2007, the 22 non-disciplinary removals accounted for less than 4 percent of all the admissions to SWICC that year, a rate that was consistent during calendar years 2008, 2009 and the first half of calendar year 2010 (Table 2).

Table 2
Number and Rate of Non-Disciplinary Removals from SWICC, by Year

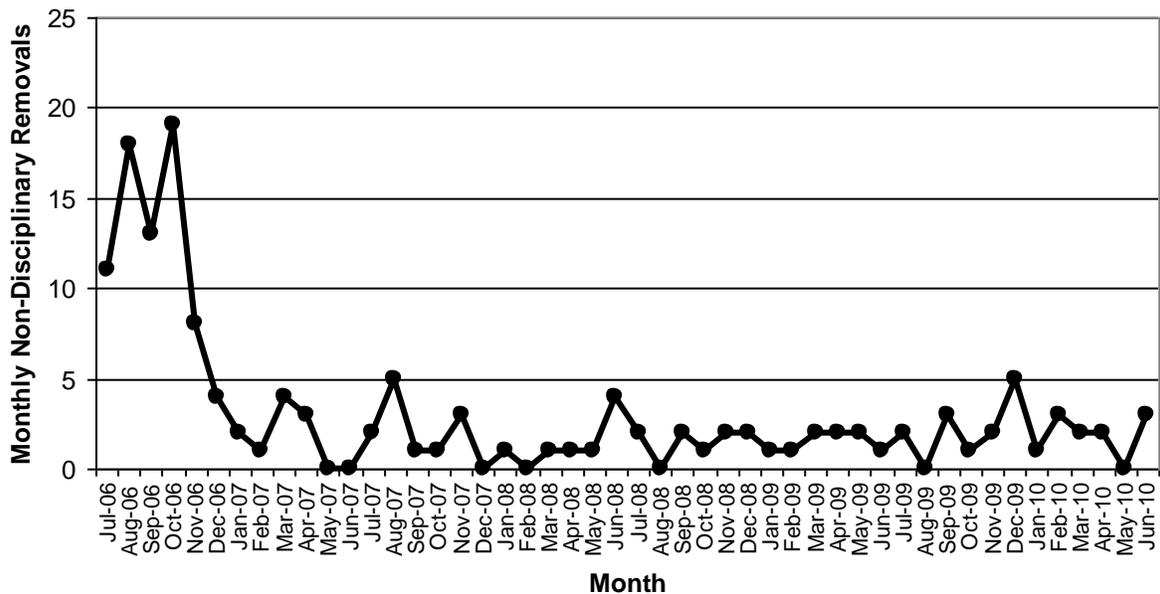
Calendar Year	Non-Disciplinary Removals	Total Admissions to SWICC	Non-Disciplinary Removals as a Percent of Admissions
2006*	73	316	23.1%
2007	22	566	3.9%
2008	17	634	2.7%
2009	22	656	3.4%
2010**	11	300	3.7%
Total Period (July 2006-June 2010)	145	2,472	5.9%
Only December 2007 to June 2010 Period	72	2,156	3.3%

* From July to December 2006; ** From January 2010 to June 2010

When examined on a monthly basis, as seen in Figure 3, during the initial months of the new program at SWICC (new requirements and new eligibility criteria), there were a large number of non-disciplinary removals from SWICC—between 11 and 19 per month from July to October 2006. However, since this initial removal of participants, the number of monthly non-disciplinary removals has been relatively low, with five or fewer per month through June 2010, or an average of just under 2 per month (Figure 3).

Figure 3

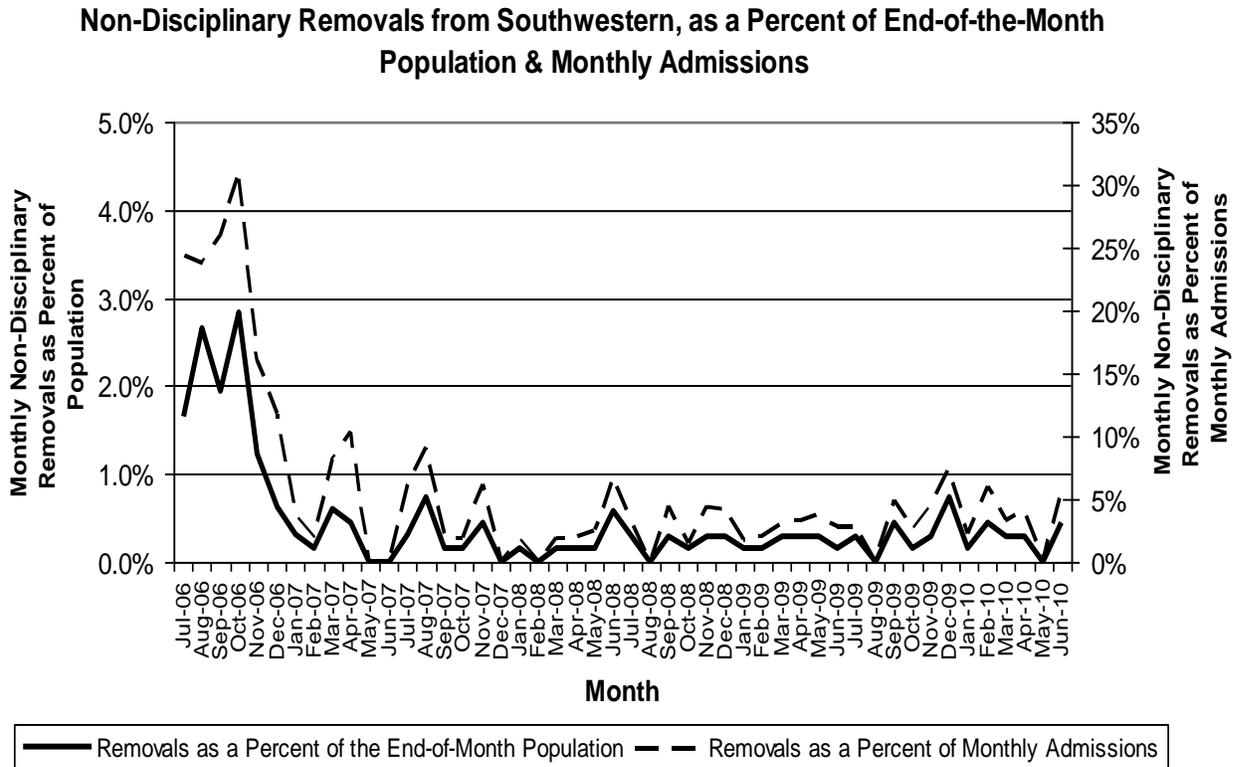
Non-Disciplinary Removals from Southwestern, Actual Number by Month



Similarly, the *rate* of non-disciplinary removals (both as a percent of the end of the month SWICC population and as a percent of the monthly admissions into SWICC) varied slightly from month to month. As seen in Figure 4, following the initial removals of participants who no longer met the new eligibility criteria, the non-disciplinary removal rate calculated by comparing removals to the overall population at SWICC is relatively low, generally less than 1 percent per month during the four year period, with some slight month-to-month fluctuation. When the rate was calculated based on the number of *admissions per month*, as opposed to the end of the month

population, it was still very low, ranging from more than 1.5 percent in some months to 0 percent in others, but slightly higher than the other rate since there are fewer admissions per month than the end of the month population.

Figure 4

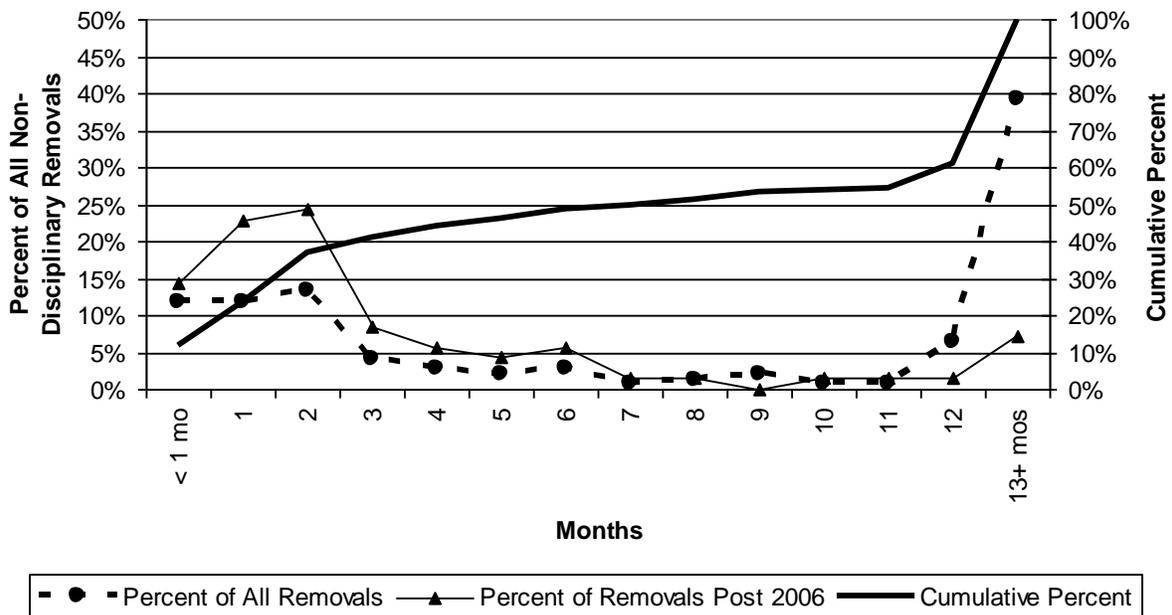


Another dimension to the issue regarding those admitted to SWICC and subsequently transferred for non-disciplinary reasons is the length of time they spend at SWICC before they are actually transferred. The median length of time spent at SWICC among all those removed during the period examined for non-disciplinary reasons was 243 days, or just under eight months, meaning that one-half of the non-disciplinary removals left within 243 days of their admission to SWICC and the other half spent more than 243 days at SWICC prior to their removal. However, this relatively high length of time served before removal for non-disciplinary reasons is primarily due to a large number of participants removed during the July to December 2006 period as a result of the new eligibility criteria, many of whom had been at SWICC for some time. For example,

among those removed for non-disciplinary reasons during the period from July to December of 2006, their median length of time at SWICC before removal was 413 days. By comparison, among those removed for non-disciplinary reasons from January 2009 to June 2010, the median length of time at SWICC was dramatically shorter, at 56 days. Figure 5 illustrates in greater detail the length of time between admission to, and exit from, SWICC among the non-disciplinary removals, and reveals that among those removed after the July to December 2006 transfers, more than one-third (37 percent) of the non-disciplinary removals spent less than two months at SWICC, roughly another third spent 2 to 3 months at SWICC before removal, and only 30 percent spent 4 or more months at SWICC. This provides further evidence of the improved screening and identification of inmates not appropriate for SWICC as the program has been implemented and evolved over the first four years of operation.

Figure 5

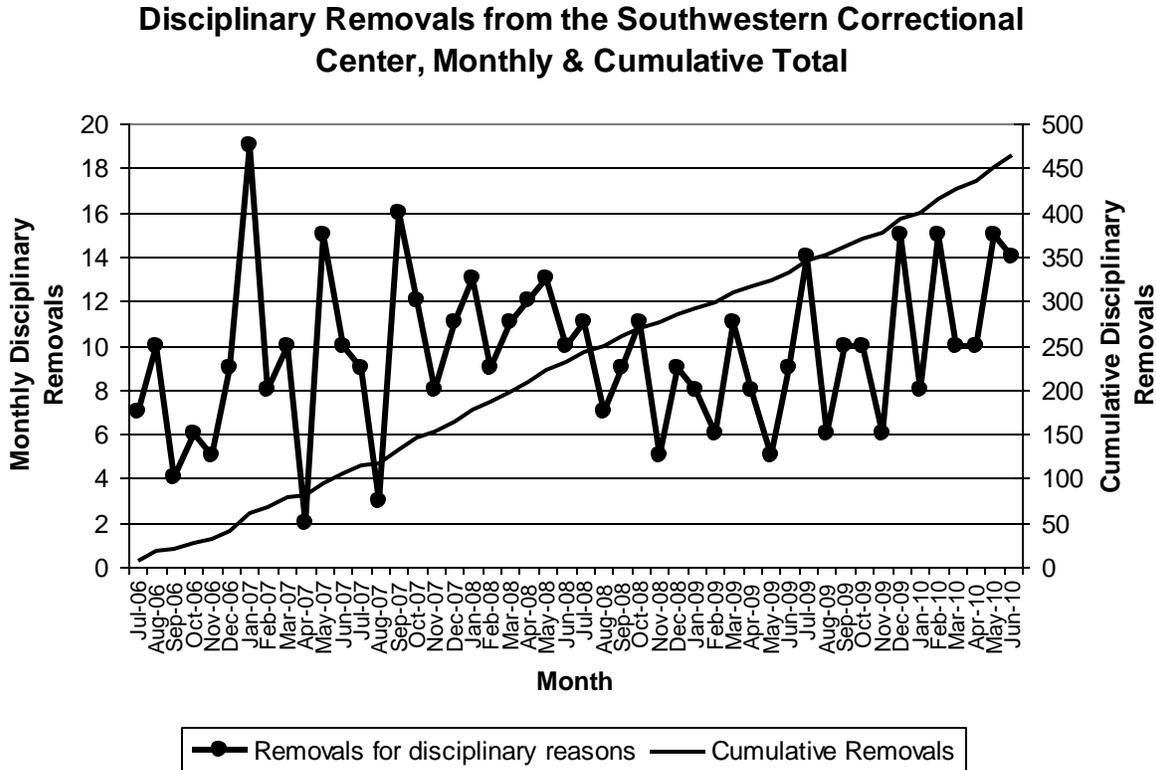
Length of Stay at the Southwestern Correctional Center Among Non-Disciplinary Removals



Disciplinary Removals

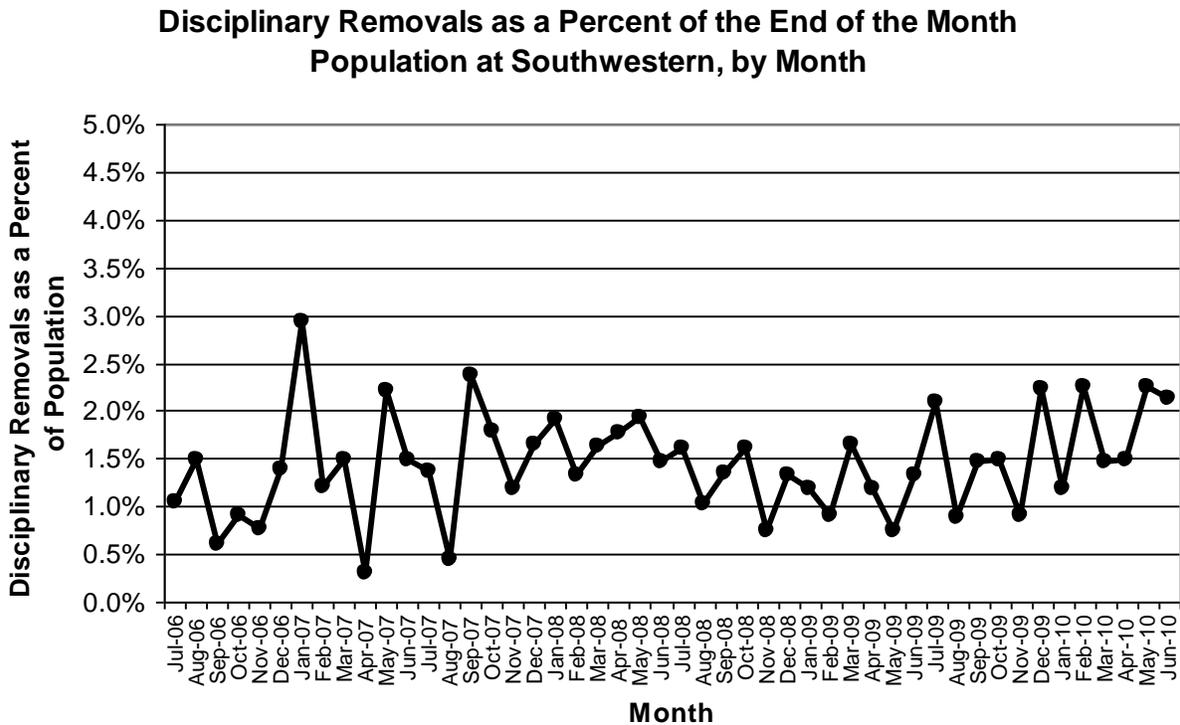
During the four year period, there were 464 inmates who were removed from the program for disciplinary reasons, including the violation of “general” institutional/IDOC rules and/or refusing to participate in treatment. Again, relative to the overall number of inmates admitted to and/or discharged from SWICC, these 464 removals for disciplinary reasons account for a relatively small proportion—18.7 percent—of the 2,477 exits from the facility (Table 2). Looked at another way, the ratio of successful graduates to disciplinary removals during the four year period was 4:1; for every disciplinary removal (unsuccessful completion) from SWICC there were 4 successful graduates. Thus, excluding non-disciplinary transfers, 80 percent of those who left the facility did so successfully. Looking at the number of the SWICC participants removed for disciplinary reasons by month (Figure 6), reveals a relatively wide variation from month to month, from a high of 19 during December of 2006, to 2 during April 2007.

Figure 6



Similarly, disciplinary removals as a *proportion* of the population at SWICC also varied from month to month, from a high of 3 percent during January 2007 (19 removals out of an end of the month population of 649) to under 1 percent during a number of other months (Figure 7).

Figure 7

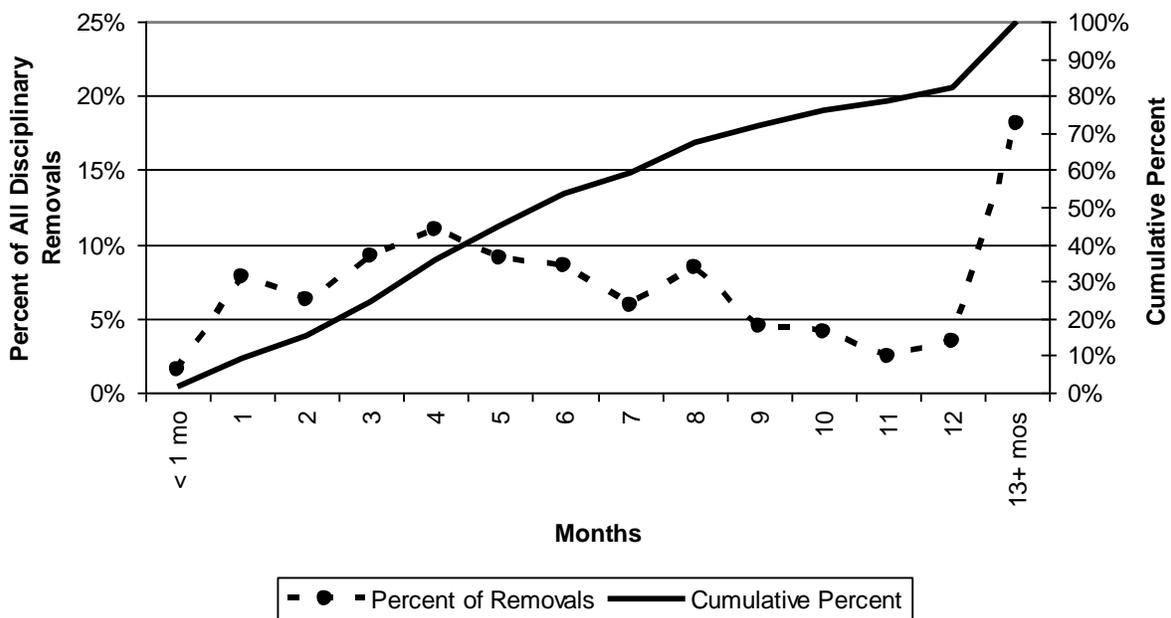


Looking at the length of time inmates who were ultimately removed for disciplinary reasons actually spent at SWICC reveals that, on average, those removed for disciplinary reasons spent 235 days (or roughly 8 months) before they were transferred to another facility. However, this average is skewed towards a longer length of time due to a number of inmates who spent more than a year at SWICC before they were removed for disciplinary reasons. Thus, the median length of time would be a more appropriate measure to assess the length of time at SWICC for these inmates. Doing so reveals a median length of time of 182 days, indicating that one-half of those removed from SWICC for disciplinary reasons spent less than 6 months at the facility, whereas one-half spent 6 months or more at SWICC prior to their removal for disciplinary reasons. In general, these mean and median lengths of time at SWICC among those removed for

disciplinary reasons has not changed much over the four years examined in this report. Figure 8 illustrates in greater detail the length of time between admission to and exit from SWICC among the disciplinary removals, and reveals that while more than one-third (36 percent) of the disciplinary removals spent 4 months or less at SWICC, while 21 percent spent 12 or more months at SWICC before removal.

Figure 8

Length of Stay at the Southwestern Correctional Center Among Disciplinary Removals



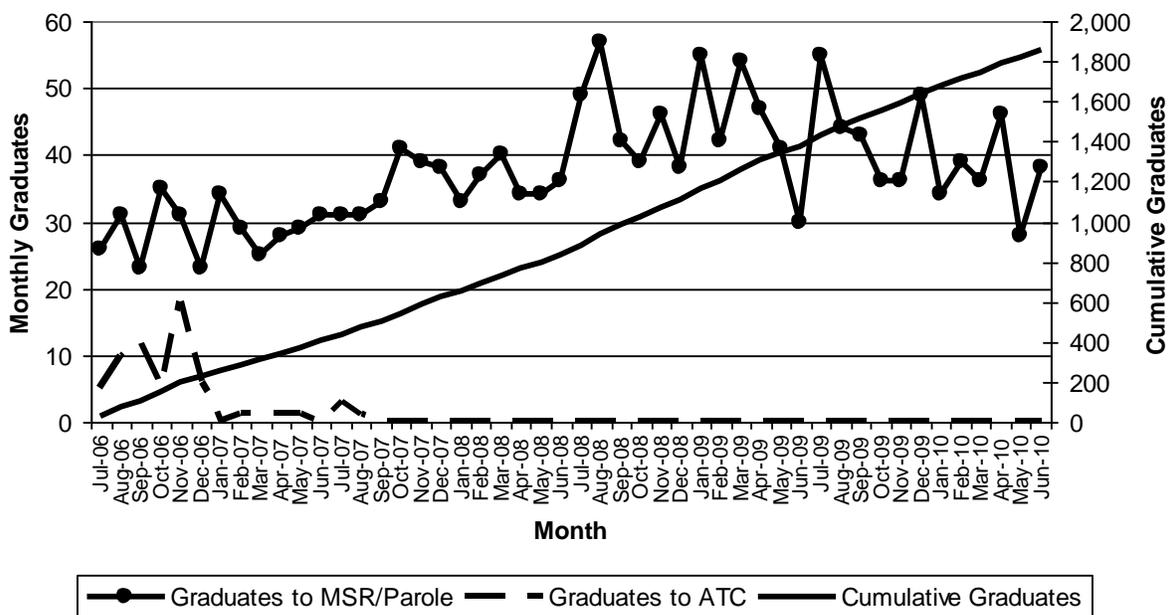
Graduates/Successful Releases

As seen in Figure 9, during the four years of operation examined in this evaluation, the number of graduates from the prison-phase of the SWICC program has fluctuated from month to month, but generally followed a pattern of growth between July 2006 and August 2008 before leveling off. During the period from July 2006 to June 2007 (SFY 2007), the total number of graduates from SWICC, including those released to MSR and those released to an Adult Transition Center (ATC), averaged 34 per month (29 to MSR and 5 to an ATC). During the most recent SFY (SFY

2010, from July 2009 to June 2010), graduates from SWICC averaged 40 per month, and all were exits to MSR (Figure 10). Part of the changes to the SWICC program that were implemented in SFY 2007 was the requirement that inmates who graduate be released directly onto MSR with required aftercare services as opposed to being released to an ATC.

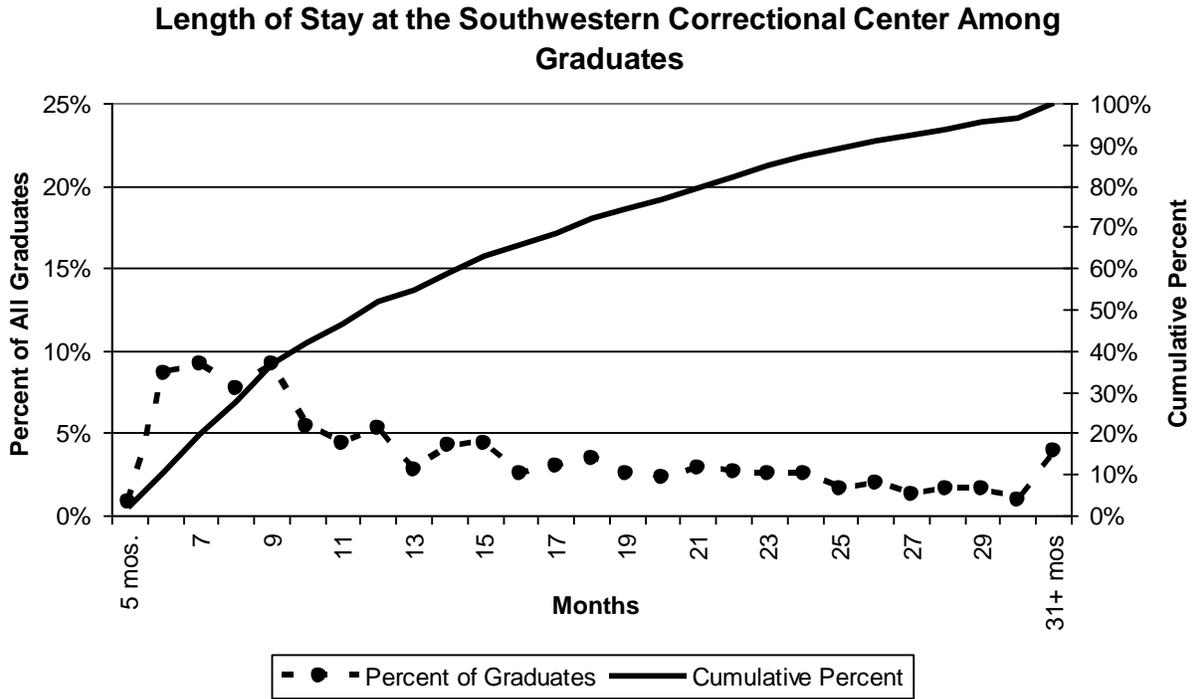
Figure 9

Graduates from the Southwestern Correctional Center, Monthly & Cumulative Total



Among program participants who successfully completed the in-prison phase of the SWICC program during the first four years (N=1,860), analyses of their actual time spent at SWICC reveals that the average length of stay at SWICC was 443 days, or roughly 14 ½ months. Closer analyses of the length of time at SWICC shows that 27 percent spent less than 9 months at SWICC, 24 percent spent between 9 and 12 months at SWICC, 35 percent spent between 13 and 24 months at SWICC, and 13 percent spent more than 24 months at SWICC (Figure 10).

Figure 10



In order to ensure that program participants are exposed to a sufficient “dose” or “duration” of treatment at SWICC, the initial criteria for admission to SWICC was that inmates had to have a projected length of time in prison of between 6 and 36 months. Because the majority of inmates admitted to prison in Illinois received credit for time served in jail prior to their conviction, are eligible for good conduct credit and meritorious good conduct credit, and some may also be eligible for Earned Good Conduct Credit (EGCC), it is necessary when inmates are being screened for program eligibility that these factors are taken into consideration when examining the sentence lengths of those sentenced to IDOC. This process of effectively estimating the projected length of time to serve during the R&C process has been successful and only 1 out of the more than 2,472 admissions to SWICC was removed from SWICC after their admission because they ended up having too short (i.e., less than 6 months) of a projected length of time to serve.

What Impacts Length of Time Served at SWICC?

In general, the length of the sentence imposed on those convicted and sent to prison is considerably longer than the actual amount of time served in prison for most offenders. Unless an inmate has been sentenced for a crime subject to truth-in-sentencing,¹¹ which includes offenses such as murder and criminal sexual assault (these inmates are not eligible to participate at SWICC) or other violent crimes that involve great bodily harm, they are eligible to earn day-for-day good conduct credits (which reduces the sentence by 1 day for every day the inmate does not violate institutional rules), plus meritorious good conduct credit and supplemental meritorious good conduct credit, which allows for the granting of an additional 90 to 180 days of credit towards one's sentence.¹² Finally, any time inmates spent incarcerated in a county jail waiting for the disposition of their case can also be granted by the judge as credit towards the time they must serve in prison. Among those inmates who were admitted to SWICC, all but four had received credit for jail time served. For example, during SFY 2009, those inmates who were released from SWICC received, on average, a 61 month sentence to IDOC (roughly 5 years) (Table 3). Among these inmates, the average amount of time spent in jail waiting for the disposition of their case prior to being sentenced to IDOC was 4.3 months, for which they received credit by the sentencing judge (Table 4). In addition, the average amount of meritorious good conduct credit (MGCC) received among those released from SWICC during SFY 2009 was 90 days (3 months), plus an additional 3 months of supplemental meritorious good conduct credit (SMGCC), and finally an average of 2.9 months of earned good conduct credit, primarily for their participation in substance abuse treatment. Combined, all of these sentence and good

¹¹ The number of inmates admitted to SWICC that had been convicted of a crime subject to truth-in-sentencing has been relatively low. During the entire 4 years period of operation examined in this report, only 58 out of the 3,145 (or less than 2 percent) inmates admitted, or at SWICC as of July 2006, were convicted of truth-in-sentencing offenses. Most of these offenses were armed robberies or aggravated discharge of a firearm. Under Illinois law, these offenders must serve 85 percent of the court imposed sentence. However, despite this, they were still eligible for SWICC because they were projected to serve between 6 and 36 months (after credit for jail time was factored in).

¹² The granting of Meritorious and Supplemental Meritorious Good Time (MGT & SMGT) credit is discretionary, and in December 2009, the Illinois Department of Corrections suspended the granting of MGT and SMGT until a revised policy regarding how this credit is awarded to inmates is developed. This only applied to inmates who had not yet been awarded the MGT and SMGT credit, which only impacted inmates admitted to prison since December 2009.

conduct credits resulted in an average length of time served in IDOC (primarily at SWICC) of 20.5 months among those released during SFY 2009.

Table 3
Summary of the Sentence Lengths, Sentence Credits & Actual Time Served at SWICC
Among Those Successfully Discharged During SFY 2009

	Months (Mean)
Sentence Length	61.2
Jail Credits	4.3
Average Day-for-Day Good Conduct Credits	27.5
Average MGCC	3.0
Average SMGCC	3.0
Average EGCC – Substance Abuse Treatment & Others	2.9
Average Actual Time Served in IDOC/SWICC	20.5

III. SWICC PARTICIPANT CHARACTERISTICS

Introduction

The number of inmates admitted to SWICC over the past four years has remained relatively consistent, and the general characteristics—demographic, socio-economic, substance abuse pattern and history, prior criminal history, conviction offense, region of Illinois they are from, etc. -- of those admitted to SWICC has also remained quite stable and consistent, and is reflective of adult male prison admissions in Illinois. As has been the case during the entire four year period, most of those admitted to SWICC (and the entire Illinois prison system for that matter) were African-American, with an average age of 32 years old, and primarily sentenced to prison from urban counties throughout the state for drug and property crimes. The description that follows, and Tables 5 through 9, provides a more detailed summary of the characteristics and backgrounds of those admitted to SWICC during the four year period from July 1, 2006 through June 30, 2010.

Committing Counties/Geographic Distribution of SWICC Admissions

As indicated previously, when an adult male is sentenced and admitted (i.e., committed) to prison in Illinois, they are initially admitted to one of IDOC's three Reception and Classification Centers, which serve northern, central and southern Illinois. Although inmates admitted to any one of the three R&Cs can be transferred to SWICC, provided they meet the eligibility criteria, examination of the county of commitment, and which R&C the inmates were processed through, reveals that the majority of inmates at SWICC came from northern Illinois (Table on page 41), in particular Cook County (which includes Chicago) and the suburban counties that surround Cook (referred to as the "Collar County Region"). Specifically, of the 2,472 admissions into SWICC, 67.9 percent (1,678 of the 2,472) were admitted through the R&C at Stateville, which serves northern Illinois,¹³ while only 528 (21.4 percent) were admitted through Graham (which serves central Illinois) and only 265 (10.7 percent) were admitted through the R&C that serves southern

¹³ Included in these admissions were 1,671 admitted into the R&C at Stateville plus an additional 7 inmates identified as having been admitted through the R&C at the Joliet Correctional Center, which is now closed but previously operated as the R&C that served northern Illinois.

Illinois (Menard). The most likely explanation for this pattern is that the Stateville R&C handles the largest volume of admissions into Illinois' prison system, and because of this, the recruitment process for SWICC and the screening for substance abuse treatment need was implemented at this R&C before it was fully in place at the other R&Cs.

By far the county that accounted for the single largest number of admissions to SWICC was Cook County, which is the county where Chicago is located. Cook County not only accounts for the largest number of admissions to prison in Illinois *in general*, but accounted for 33% of the 2,472 admitted to SWICC during the four year period examined in this report. After Cook County, the next largest group of inmates admitted to SWICC was sentenced to prison from Madison County (adjacent to the county where SWICC operates), followed by St. Clair County (which is the county where SWICC operates). All told, inmates admitted to SWICC during the four year period examined in this report were committed to prison from 92 of Illinois' 102 counties. Table 4, below and on the following page, summarizes the number of admissions to SWICC during SFYs 2007 through 2010 across each of Illinois' 102 counties.

Table 4
County of Commitment Among SWICC Admissions, July 2006 through June 2010, Sorted from Highest to Lowest in Number

	Number of Admissions	Percent of Total Admissions¹
Cook	829	33.5%
Madison	169	6.8%
St. Clair	103	4.2%
Champaign	94	3.8%
Winnebago	93	3.8%
Peoria	82	3.3%
Vermilion	61	2.5%
Will	61	2.5%
McLean	58	2.3%
DuPage	54	2.2%
Sangamon	50	2.0%
Kane	48	1.9%
Lake	40	1.6%
Kankakee	39	1.6%
Marion	31	1.3%

Table 4 (Continued)
County of Commitment Among SWICC Admissions, July 2006 through June 2010, Sorted
from Highest to Lowest in Number

	Number of Admissions	Percent of Total Admissions¹
Marion	31	1.3%
Tazewell	30	1.2%
Franklin	24	1.0%
Adams	23	0.9%
Henry	23	0.9%
Knox	23	0.9%
Macon	22	0.9%
Williamson	20	0.8%
Saline	19	0.8%
White	19	0.8%
Jackson	18	0.7%
LaSalle	18	0.7%
Rock Island	18	0.7%
Jefferson	17	0.7%
Stephenson	16	0.6%
Coles	15	0.6%
Lawrence	15	0.6%
Hamilton	14	0.6%
Richland	13	0.5%
Wayne	13	0.5%
Edgar	12	0.5%
Montgomery	12	0.5%
Randolph	12	0.5%
Kendall	11	0.4%
Whiteside	11	0.4%
Pike	10	0.4%
Christian	9	0.4%
Jersey	9	0.4%
Lee	9	0.4%
Union	9	0.4%
DeKalb	8	0.3%
Effingham	8	0.3%
Fayette	8	0.3%
Wabash	8	0.3%
Clinton	7	0.3%
Crawford	7	0.3%
Mason	7	0.3%
Massac	7	0.3%

Table 4 (Continued)
County of Commitment Among SWICC Admissions, July 2006 through June 2010, Sorted
from Highest to Lowest in Number

	Number of Admissions	Percent of Total Admissions¹
Morgan	7	0.3%
Shelby	7	0.3%
Clark	6	0.2%
Greene	6	0.2%
Iroquois	6	0.2%
Livingston	6	0.2%
McHenry	6	0.2%
Alexander	5	0.2%
Bond	5	0.2%
Edwards	5	0.2%
Fulton	5	0.2%
Grundy	5	0.2%
Johnson	5	0.2%
Boone, Carroll, Gallatin, Jasper, McDonough, Macoupin and Woodford	4 from each county	Less than 0.2% from each county
Hardin, Logan, Monroe, Warren, and Washington	3 from each county	Less than 0.1% from each county
Bureau, Cass, Perry and Pope	2 from each county	Less than 0.1% from each county
Clay, DeWitt, Hancock, Henderson, Jo Daviess, Marshall, Mercer, Moultrie, Ogle, Pulaski, and Stark	1 from each county	Less than 0.1% from each county
Total	2,472	100.0%

¹ Percentages may not add up to 100% due to rounding.

Demographics & Socio-Economic Characteristics

The majority of those admitted to SWICC during the four years of operation examined in this report were African-American (54 percent) and the average age of participants during this period was 32 years old (Table 5). Although most (84 percent) of the SWICC participants were single, and had never before been married, the majority (66 percent) of participants at SWICC did have children. Of those inmates at SWICC that did have children, the average number was 2.5, and 61

percent had 2 or more children. At the time of their admission to SWICC, roughly one-half (52 percent) were high-school graduates or had received their GED. Based on information from the assessment done by CEC, a relatively small proportion (35 percent) were employed full-time prior to their current incarceration, thus most SWICC inmates were unemployed or underemployed prior to their current incarceration. Even more illustrative of the limited formal employment experiences among those admitted to SWICC is the fact that 43 percent had never previously held a job for more than 2 years, despite an average age of 32 years old. However, what is also important to note regarding the characteristics of those admitted to the SWICC TC program is that they are nearly identical to the characteristics of most adult male inmates admitted to Illinois' prison system that meet the general eligibility criteria for SWICC (i.e., not convicted of murder or a sex offense, projected to serve between 6 and 36 months, and appropriate for placement in a minimum security facility).

Table 5
Characteristics of SWICC Admissions, July 2006 to June 2010

	SWICC Admissions ¹
Average Age	32.3 years
Race	
African-American	53.8%
White	40.4%
Hispanic	5.4%
Total	100.0%
Marital Status	
Married	15.2%
Single	84.8%
Total	100.0%
Children	
None	33.8%
One or More	66.2%
Total	100.0%
Education Level	
No High-School Diploma or GED	47.4%
At Least a High-School Diploma/GED	52.6%
Total	100.0%
Gang Member	
No	68.1%
Yes	31.9%
Total	100.0%

¹ Percentages may not add up to 100% due to rounding.

Table 5 (Continued)
Characteristics of SWICC Admissions, July 2006 to June 2010

	SWICC Admissions ¹
Committing County/Region of Illinois	
Cook County/Chicago	33.5%
Rest of Illinois	66.6%
Total	100.0%
Prior Prison Sentences	
None	40.3%
One	26.7%
2 or More	33.0%
Total	100.0%
Current Conviction Offense	
Violent	20.5%
Property	33.0%
Drug-Law Violation (Including DUI)	45.8%
Total	100.0%
Current Offense Felony Class	
Class X Felony	9.2%
Class 1-2 Felony	65.7%
Class 3-4 Felony	25.0%
Total	100.0%

¹ Percentages may not add up to 100% due to rounding.

Criminal & Substance Abuse History

Although traditional community-based TCs have had a long history of operation and positive impact on participants, the evolution of TCs within the prison system poses a number of challenges to the general TC model and prior rates of success. One of the most significant is the fact that those admitted to prison are generally those with the most extensive and serious criminal and substance abuse histories, and thus represent a population that has been involved in a lifestyle of drug abuse and crime for relatively long periods of time. The extant research literature on the effectiveness of substance abuse treatment has generally concluded that participants require between 3 and 9 months of treatment for long-term beneficial effects to be evident. However, much of this literature evolved from programs that were community based, and/or involved participants with less extensive patterns of drug use and criminal behavior than those housed in most state prison systems. Analyses of the current conviction offense, and prior criminal history of those admitted to the SWICC program reveals that the population being

served has very extensive and serious substance abuse and criminal histories, but relatively low prior rates of treatment participation.

Among those participants admitted to SWICC, there is clear evidence of an extensive prior history of involvement in criminal behavior and in the justice system, and also a criminal background that is quite varied in terms of the nature of crimes. Illustrative of this is the fact that those exiting SWICC had, on average (mean),¹⁴ almost 18 prior arrest charges (Table 6), including drug-law violations, property crimes, and crimes of violence, such as robbery, battery and assault, and 84 percent of those at SWICC had 5 or more prior arrests.

Table 6
Summary of Prior Criminal History of Those Exiting SWICC During SFY 2007

	Mean / Median	Percent with 5 or More
Total Prior Arrests	17.6 / 15.0	94.1%
Prior Arrests for Drug-Possession Violations	3.5 / 1.0	14.0%
Prior Arrests for Violent Crimes	3.0 / 2.0	15.0%
Prior Prison Sentences	1.5 / 1.0	4.8%

Although sex offenders and murderers are excluded from SWICC eligibility, more than three-quarters (84 percent) of those exiting SWICC during SFY 2007 had at least one prior arrest for some other crime of violence. In fact, the average number of arrests for prior violent crimes was 3 per participant, and one in seven (15 percent) of the participants admitted to SWICC had 5 or more prior arrests for crimes of violence.

As a result of these extensive prior criminal histories, it is not necessarily surprising that most of those admitted to SWICC had also previously been sentenced to prison in Illinois. Of all those admitted to SWICC during this four year period, 60 percent had previously been sentenced to the

¹⁴ Because the average, or mean, can increase due to a small number of cases with extremely high values, the median prior arrests and prison sentences are also presented. The median represents the value which separates the distribution of priors in half—one half of the participants had priors above the value for the median and one-half had priors below the median. These data only include those released from SWICC during SFY 2007 and were derived from a separate study of offender recidivism in Illinois.

Illinois Department of Corrections (Table 5), the average number of prior prison sentences was 1.5, and nearly 5 percent of those admitted to SWICC had been sentenced to prison 5 or more times previously.

Similarly, the extent and nature of the participants' substance abuse history is also quite lengthy and varied, although prior exposure to substance abuse treatment is relatively limited despite the extensive prior involvement in the criminal justice system. At the time of admission to SWICC, 39 percent of the participants had never before participated in substance abuse treatment (Table 8), despite, as described previously, being arrested and incarcerated multiple times and despite the fact that, on average, the participants admitted to SWICC reported using drugs an average of 18 years. Among those who had previously participated in substance abuse treatment, the time since they were last in treatment averaged 56 months (Table 7), but varied considerably. For example, one-half of those participants who had previously participated in substance abuse treatment had done so within the 18 months prior to their admission into SWICC, whereas one-third of those who had previously been in treatment completed or were discharged from that prior treatment episode more than 5 years prior to their admission to SWICC. The length of time the SWICC participants were enrolled in their last treatment episode averaged 145 days, with a median of 90 days.

Just as the nature of the participants' criminal history are quite varied, so too are their primary substances of abuse, with roughly 28 reporting alcohol as their primary substance of abuse, 26 percent reporting marijuana as their primary drug of abuse, 13 percent reporting heroin/opiates as their primary substance of abuse, and 13 percent indicating amphetamine/methamphetamine was their primary substance of abuse (Table 7). Overall, 13 percent of all SWICC participants reported previous intravenous drug use. The specialized methamphetamine treatment unit was created in response to the growing concern regarding methamphetamine production and use in Illinois, particularly in Illinois' more rural communities (Bauer, 2006).

Table 7
Extent and Nature of the Substance Abuse Histories of
Those Admitted to SWICC, July 2006 to June 2010

	Percent of SWICC Admissions¹
Primary Substance of Abuse	
Alcohol (Alone or in combination)	28.2% ²
Marijuana	26.7%
Cocaine	11.5%
Heroin/Opiates	13.9%
Amphetamine/Methamphetamine	13.4%
Other	6.3%
Total	100.0%
Age at First Drug or Alcohol Use	
Under 15	57.2%
15-16	21.9%
17 or Older	19.7%
Total	100.0%
Prior Treatment Exposure	
No Prior Treatment	39.2%
One to Two Prior Treatment Admissions	40.0%
More than Two Prior Treatment Admissions	20.9%
Total	100.0%
Months Since Last Treatment (Among those with Prior TX)	56 months (Mean) 36 months (Median)
Days in Prior Treatment (Among those with Prior TX)	145 days (Mean) 90 days (Median)
Discharge Status of Last TX (Among those with Prior TX)	
Successful	67.4%
Unsuccessful	32.6%
Total	100.0%

¹ Percentages may not add up to 100% due to rounding.

Other Medical Issues

Beyond the extensive prior substance abuse history, the majority (59 percent) of SWICC participants had also been previously hospitalized for other medical problems, and one-third (35 percent) of all SWICC participants had been hospitalized multiple times. The average number of

prior hospitalizations (excluding drug overdoses or drug detoxification) among all SWICC admissions during the four year period was 2.0. Another characteristic that illustrates the environment and exposure to violence experienced by the participants at SWICC is the fact that 8 percent of those admitted to SWICC had been previously hospitalized specifically as a result of gun-shot wounds, and another 2 percent for stab wounds.

Current Conviction Offense & Sentence

Although many prison-based TCs in the U.S. target only those convicted of specific drug-law violations, most often drug possession, when SWICC was being planned it was recognized by those involved in the development of the eligibility criteria that only considering an inmate's current conviction offense would miss a substantial portion of people in need of treatment. Further, as a result of plea bargaining and charge reduction, oftentimes what an individual was *convicted* and sentenced to prison for was not necessarily what they were originally *arrested or charged* with. Thus, the only restrictions in terms of conviction offense for SWICC eligibility were making those sentenced to IDOC for murder and sex offenses, or those with these offenses in their criminal background, ineligible for admittance to SWICC. As a result, the specific crimes those at SWICC were convicted of and sentenced to prison for have included, for example, felony-level Driving Under the Influence (DUI)¹⁵ of drugs or alcohol, drug sale and possession, burglary, robbery and battery (Table 9). In aggregate, the largest single offense category among admissions to SWICC was for drug-law violations (45.8 percent of all admissions), followed by property crimes (33 percent of all admissions) and then violent offenses (20.5 percent of all admissions).¹⁶ Also summarized in Table 8 are the four most frequent specific conviction offenses within each of these general crime categories, along with the proportion of total admissions to SWICC these specific offenses accounted for and the proportion of the crime category they comprised.

¹⁵ For example, in Illinois, a 3rd or subsequent DUI conviction elevates the crime to a felony-level offense.

¹⁶ Violent offenses included assault, battery, home invasion, robbery, and felon in possession of a firearm.

Table 8
Current Conviction Offense¹ Among Those Admitted² to SWICC and Top 4 *Specific*
Offenses within Each Category, July 2006 to June 2010

	Number	Percent of Total ²	Percent within Category²
Drug Law Violations	1,133	45.8%	100.0%
Sale/Delivery of a Controlled Substance	654	26.4%	57.7%
Possession of a Controlled Substance	337	13.6%	29.7%
Driving Under the Influence	94	3.8%	8.3%
Sale/Delivery/Production of Cannabis	40	1.7%	3.9%
Other	8	0.3%	0.7%
Property Crimes	815	33.0%	100.0%
Burglary	472	19.1%	57.9%
Theft	163	6.6%	20.0%
Motor Vehicle Theft	88	3.6%	10.8%
Forgery/Deception/Fraud	36	1.5%	4.4%
Other	56	2.2%	6.9%
Violent Crimes	507	20.5%	100.0%
Weapon Offenses (Primarily Firearm Possession by Convicted Felon)	133	5.4%	26.2%
Robbery	129	5.2%	25.4%
Assault/Battery	128	5.2%	25.2%
Armed Robbery	78	3.2%	15.4%
Other	39	1.6%	7.7%
Other	17	0.7%	100.0%
Total	2,472	100.0%	

¹ In cases where inmates were convicted and sentenced to prison for multiple offenses, the most serious offense, or that which carries the longest sentence, is counted as their “holding” offense or current sentence offense.

² Percentages may not add up to 100% due to rounding.

Interestingly, although the modal conviction offense category among those admitted to SWICC was a drug-law violation, most of these individuals were convicted of a drug *sale/delivery* offense. Specifically, more than one-quarter *of all those* admitted to SWICC were convicted of drug sale/delivery (26.4 percent for sale/delivery of a drugs under Illinois’ Controlled Substances Act and 1.7 percent for sale/delivery under the Cannabis Control Act) and these offenders accounted for more than nearly two-thirds (61.6 percent) of those at SWICC convicted of a drug-law violation (Table 9). Still, however, it must be noted that all of these inmates convicted of drug sale/delivery were also identified during the reception and classification process, and then later through the Addiction Severity Index (ASI) at SWICC, as in need of substance abuse

treatment, which illustrates the importance of not relying exclusively on conviction offenses to identify those in need of treatment, and also the importance of having a thorough substance abuse assessment as part of program screening.¹⁷ Thus, despite being convicted of drug selling, those incarcerated at SWICC for these offenses were also determined through an objective, comprehensive assessment to be substance abusers in need of treatment. Very few of those at SWICC, or in IDOC in general, are convicted of *drug-law violations* that involve marijuana, as most of these crimes are misdemeanors and therefore cannot result in a sentence to prison. This is also interesting to note, since, when the primary substance of abuse among those admitted to SWICC was examined, marijuana was one of the largest categories when it came to drugs of abuse among the population at SWICC. The second most frequent specific conviction offense among those at SWICC was burglary (accounting for 19.1 percent of all those admitted to SWICC), followed by possession of a controlled substance (13.6 percent), theft (6.6 percent), weapon offenses (5.4 percent), robbery without a weapon (5.2 percent), assault/battery (5.2 percent), and armed robbery (3.2 percent). No other individual crime accounted for more than 4 percent of the total admissions to SWICC during the four year period examined in this report.

It is also important to consider the class of the felony offense that resulted in the prison sentence, as this determines, by law in Illinois, the length of time those released from prison in Illinois are required to be supervised under Mandatory Supervised Release (MSR). In Illinois, felony offenses are grouped legislatively into one of 6 categories or levels: Murder is considered its own class of crime, followed by Class X felonies (generally the most serious offenses and those for which probation is not allowable),¹⁸ and then (in order of severity and allowable sentence lengths), Class 1 through 4 felonies. Class 4 felonies are the least serious felony offenses in Illinois, and carry possible sentences of either probation (up to 30 months) or prison sentences of up to 3 years.¹⁹

¹⁷ Upon further analyses of the characteristics of those at SWICC serving a sentence for a drug-sale versus possession offenses, it appeared that the two groups were very similar and the likely reason for their being *convicted* of different offenses are differences in the extent and nature of plea bargaining across different regions of Illinois.

¹⁸ Examples of a Class X felony include the sale/delivery of 15 grams or more of cocaine or heroin, robbery with a firearm, and aggravated criminal sexual assault (an offense for which inmates are not eligible to participate at SWICC). Illinois law requires that those convicted of a Class X felony be sentenced to prison for a minimum of 6 years up to a maximum of 30 years.

¹⁹ Examples of a Class 4 felony include possession of less than 15 grams of cocaine or heroin and a 3rd DUI conviction.

Among those admitted to SWICC during the four years examined in this report, almost one in ten (9.2 percent) were convicted of a Class X felony (Table 9), and the conviction offense for these individuals was primarily accounted for by those sentenced to prison for drug sale/delivery offenses involving relatively large quantities of drugs (53.9 percent of those admitted to SWICC for a Class X felony) or armed robbery (30.7 percent of those admitted to SWICC for a Class X felony). Those sentenced to prison for a Class X felony are required under Illinois law to be supervised following their release from prison for 3 years. Illinois law specifies that those released from prison after serving a sentence for a Class 1 or 2 felony, the next most serious felony offense classes after Class X, must be supervised on MSR for 2 years, and 65.7 percent of those admitted to SWICC fell into these two felony classes combined (Table 9). Finally, 25 percent of SWICC admissions were convicted of the lowest level felony-offense classes in Illinois (Class 3 & 4 felonies combined), and these inmates, once released, are required to have 1 year of MSR (Table 10).

Table 9
Conviction Offense Felony Class, Sentence Length & Projected Time to Serve Among July 2006 to June 2009 SWICC Admissions/Graduates ¹

	Percent of SWICC Admissions	Statutory Prison Sentencing Range PLUS Mandatory Supervised Release (Months)	Average Sentence Imposed Among SWICC Admissions	Average Time Served in IDOC¹ Among Graduates	Average Time Served at SWICC Among Graduates
Class X	9.2%	72-360 PLUS 36 MSR	95.9 mos.	38.2 mos.	20.3 mos.
Class 1	29.9%	48-180 PLUS 24 MSR	72.2	21.8	14.7
Class 2	35.8%	36- 84 PLUS 24 MSR	57.1	17.2	12.4
Class 3	13.2%	24- 60 PLUS 12 MSR	45.3	13.2	10.4
Class 4	11.8%	12- 36 PLUS 12 MSR	36.6	11.9	9.7
Total	100.0%		61.1	13.9	13.0

¹ *Does not* include incarceration time spent in jail credited towards prison sentence. Percentages may not add up to 100% due to rounding.

The fact that the majority—roughly three-quarters-- of those *admitted* to SWICC will be on mandatory supervised release (MSR) for 2 or more years because of the felony class of their conviction offenses has some significant implications for their post-SWICC supervision period. First, given that individuals on MSR can be required to comply with a wide range of conditions

of release, including urinalysis, participation in treatment, etc., a large number of those released from SWICC can be required to participate in an array of aftercare services for a fairly long period of time, which has been found in prior TCs to improve long-term outcomes. Specifically, 77.1 percent of those *released* from SWICC during the four years of operation examined in this evaluation, from July 2006 to June 2010, will have 2 years or more of Mandatory Supervised Release because they were convicted of a Class X, Class 1 or Class 2 felony, which could potentially improve outcomes due to the fact that they will be able, or required, to access aftercare and other support services for a relatively long period of time. On the other hand, longer periods of supervision can oftentimes translate into longer periods of scrutiny and potential detection of technical violations of MSR, resulting in revocations of MSR and return to prison. Thus, these longer periods of post-prison supervision may potentially have an adverse impact on some outcome measures due to the longer period of supervision and scrutiny by parole officers. The fact that three-quarters of those at SWICC will be on MSR for two years or more may have both therapeutic benefits (i.e., longer period during which aftercare can be required) but also will lead to an increased length of time during which relapse or other violations, such as rearrests, could be detected and result in revocation and reincarceration.

Another aspect of the current sentence that is important when gauging the operation and impact of SWICC, and also potentially useful for the larger discussion of correctional policy and practice in Illinois, is the fact that just under one-half (45.9 percent) of those admitted to SWICC during the four years examined in this report were eligible for Earned Good Conduct Credit,²⁰ which allows them to receive additional time off of their sentence by participating in this program (above and beyond the traditional day-for-day good conduct credits for which almost all inmates at SWICC are eligible). This is important for a number of reasons, including the fact that those who were receiving EGCC for participating at SWICC tended to have higher successful institutional-phase completion rates than did those not eligible for this time credit (after other factors were statistically controlled for), and also that this EGCC reduced the length of incarceration, thereby freeing up bed-space more quickly. Among those who graduated from SWICC during the four fiscal years of operation examined in this report (SFY 2007 through

²⁰ Under Illinois law, inmates with 2 or more prior prison sentences, or those who have previously received Earned Good Conduct Credit (EGCC) are ineligible to receive EGCC again. Further, inmates subject to Illinois' Truth-in-Sentencing law are also prohibited from receiving EGCC.

2010), more than 137,343 days of EGCC for Substance Abuse Treatment programming were earned, or 34,355 per year. This EGCC time is equivalent to 94 years of reduced incarceration *per fiscal year*,²¹ and given the average annual cost of \$23,394 to house an inmate in IDOC for 1 year, the reduced incarceration resulting from EGCC for Substance Abuse Treatment programming is *valued at \$2.2 million annually, or \$8.8 million* during the four full state fiscal years examined in this report.²² In addition to the EGCC for participation in substance abuse treatment, 11,239 days of EGCC were also earned for participation in educational and vocational programming, saving the equivalent of more than \$720,000 in reduced incarceration costs during the time period examined in this evaluation.

Comparison of Methamphetamine Treatment Unit vs. General Treatment Unit Inmates

As described previously, in October 2006 the implementation of a specialized methamphetamine treatment unit started at SWICC to address the growing problem of methamphetamine abuse in Illinois, particularly in Illinois' more rural counties in southern Illinois. Generally, the methamphetamine treatment unit participants were slightly younger than those inmates in the general treatment program at SWICC, *more likely* to be white than those in the general treatment unit (84 percent versus 23 percent, respectively), *less likely* to be gang members (19 percent and 39 percent, respectively) and *less likely* to have been sentenced to prison from Cook County (7 percent versus 29 percent, respectively) (Table 10 on following page). Those inmates admitted to the methamphetamine treatment unit were also more likely than inmates in the general treatment unit at SWICC to be first-time prison inmates (47 percent versus 36 percent, respectively) and more likely to be serving a prison sentence specifically for a drug-law violation. On the other hand, the two groups—the methamphetamine treatment unit and the general SWICC population—were generally similar in terms of their marital status, being a parent, education level, and the felony class of the crime that resulted in their current conviction and sentence to prison.

²¹ Determined by taking the 34,355 days earned per year, divided by 365 days, or 94 years.

²² Annual cost per inmate is for SFY 2008, and came from the Fiscal Impact Statement provided by IDOC to the Clerk of the Circuit Court pursuant to ICLS 5/3-2-9.

Table 10
Comparison of SWICC General Treatment and Methamphetamine Treatment Unit
Admissions, October 2006 to June 2010

	SWICC General Treatment Admissions ¹	SWICC Methamphetamine Treatment Unit
Average Age	32.8 years	31.1 years
Race		
African-American	70.6%	12.5%
White	23.0%	84.2%
Hispanic	6.0%	3.0%
Total	100.0%	100.0%
Marital Status		
Married	14.5%	16.7%
Single	85.5%	83.3%
Total	100.0%	100.0%
Children		
None	31.6%	36.3%
One or More	68.4%	63.7%
Total	100.0%	100.0%
Education Level		
No High-School Diploma or GED	55.7%	54.8%
At Least a High-School Diploma/GED	44.3%	45.2%
Total	100.0%	100.0%
Gang Member		
No	60.8%	80.7%
Yes	39.2%	19.3%
Total	100.0%	100.0%
Committing County/Region of Illinois		
Cook County/Chicago	46.2%	6.9%
Rest of Illinois	53.8%	93.1%
Total	100.0%	100.0%
Prior Prison Sentences		
None	36.0%	47.0%
One	24.2%	31.4%
2 or More	39.8%	21.6%
Total	100.0%	100.0%
Current Conviction Offense		
Violent	23.9%	13.2%
Property	32.7%	27.4%
Drug-Law Violation (Including DUI)	42.8%	58.3%
Total	100.0%	100.0%
Current Offense Felony Class		
Class X Felony	12.5%	12.3%
Class 1-2 Felony	65.5%	66.7%
Class 3-4 Felony	21.9%	21.0%
Total	100.0%	100.0%

¹ Percentages may not add up to 100% due to rounding.

When admissions to the specialized methamphetamine treatment unit at SWICC were examined by the county of commitment, a somewhat similar pattern emerged—with the counties of Madison and Cook accounting for the top two counties in terms of volume, followed by a number of less populous counties from central and southern Illinois, such as Vermilion and Marion counties (Table 11). Further illustrative of the geographic differences in the counties of commitment for those admitted to the specialized methamphetamine treatment unit at SWICC is the fact that 45 percent of those admitted to the methamphetamine treatment unit were processed through the Graham Reception and Classification Center (R&C), which serves central Illinois, and an additional 17.3 percent were admitted through the Menard R&C, which serves southern Illinois. During the four years examined in this report, inmates admitted to SWICC’s specialized methamphetamine treatment unit were committed from 75 of Illinois’ 102 counties (Table 11).

Table 11
County of Commitment Among SWICC Methamphetamine Treatment Unit Admissions,
October 2006 through June, 30, 2010
Sorted by County Name (Percentages may not add up to 100% due to rounding)

	Methamphetamine Treatment Unit Admissions	Percent of Total Methamphetamine Treatment Unit Admissions
Madison	68	12.4%
Cook	39	7.1%
Vermilion	26	4.7%
Marion	19	3.5%
Champaign	18	3.3%
Tazewell	17	3.1%
Knox	15	2.7%
Peoria	13	2.4%
Williamson	13	2.4%
Adams	12	2.2%
Franklin	12	2.2%
Lawrence	12	2.2%
Coles	11	2.0%

Table 11 (Continued)
County of Commitment Among SWICC Methamphetamine Treatment Unit Admissions,
October 2006 through June, 30, 2010

Sorted by County Name (Percentages may not add up to 100% due to rounding)

	Methamphetamine Treatment Unit Admissions	Percent of Total Methamphetamine Treatment Unit Admissions
Henry	11	2.0%
Saline	11	2.0%
White	11	2.0%
Edgar	10	1.8%
Richland	10	1.8%
Sangamon	10	1.8%
St. Clair	9	1.6%
Winnebago	9	1.6%
Hamilton	8	1.5%
Montgomery	8	1.5%
Union	8	1.5%
Christian	7	1.3%
Kane	7	1.3%
Wabash	7	1.3%
Fayette	6	1.1%
Stephenson	6	1.1%
Wayne	6	1.1%
Will	6	1.1%
Effingham	5	0.9%
McLean	5	0.9%
Macon	5	0.9%
Mason	5	0.9%
Morgan	5	0.9%
Pike	5	0.9%
Shelby	5	0.9%
Clark, Clinton, Crawford, DuPage, Gallatin, Greene, Jasper, Jersey, Massac, Randolph, Rock Island	4 from each county	.7% or less from each county
Bond, Jefferson, Kankakee & Lake	3 from each county	.5% or less from each county
Alexander, Edwards, Fulton, Jackson, Johnson, Lee, Livingston, Monroe, Warren, & Whiteside	2 from each county	.4% or less from each county
Cass, Grundy, Hardin, Henderson, Iroquois, LaSalle, Logan, McHenry, Macoupin, Mercer, Moultrie, & Perry	1 from each county	.2% or less from each county
Total	548	100.0%

IV. SWICC PROGRAM STAGES & COMPONENTS

There are a number of components to the SWICC programs, ranging from those that have been implemented “system-wide” by IDOC as a result of the experience of implementing the TC programs at the Sheridan Correctional Center and SWICC, to those specifically designed at SWICC for the inmates housed there and released back to the community from the prison. Described below are the various stages or phases through which SWICC participants progress while incarcerated at the facility. Section V describes the process and services received by SWICC releasees once they are discharged to MSR in the community. There are five general phases to the program—with the first four phases occurring within the institution and the fifth, final phase being the reentry back into the community.

Recruitment & Screening for Eligibility (1-2 Weeks Following Admission to IDOC)

One of the first things that needed to be put into place when the Sheridan TC was being implemented, and that benefitted SWICC’s enhanced program, was the utilization of an objective screening mechanism to identify and screen eligible inmates at the point where individuals were being admitted into the Illinois Department of Corrections. Within Illinois, there are 3 Reception and Classification Centers (R&C), regionally located in northern, central and southern Illinois, where adult male inmates sentenced to prison are initially transported to by local Sheriff’s offices on scheduled weekdays. On the day they are admitted to the R&C, inmates go through a variety of interviews and assessments to gauge and assess risks and needs. After this day of interviews and assessments, inmates are then housed at the R&C until a determination is made as to which specific institutional placement is appropriate. Depending on the crowding at the R&C and speed with which institutional placements can be made, newly admitted inmates will spend anywhere from a week to a month at the R&C prior to being transferred to their “parent” institution. However, given the limited amount of substance abuse treatment programming prior to 2004, screening for substance abuse treatment need during the R&C process was not a priority, the methods used to assess treatment need were not clinically based, and the results generally were not used to determine an inmate’s institutional placement. Thus, when the Sheridan program was being designed and implemented, it became necessary to implement a consistent, objective

process to screen for treatment need and also to recruit inmates interested in participating in the SWICC program.

As a result of this need, TASC received a contract to screen all inmates admitted into IDOC for substance abuse/treatment need using the Texas Christian University (TCU) Drug Screen II. During the initial phase, this screening process was first put into place at the Stateville R&C, which, as described earlier, serves as the reception and classification center for northern Illinois. The Stateville R&C processes adult male prison admissions from Cook County (Chicago), the counties that comprise the suburbs of Chicago, and some of Illinois' other large urban population centers in northern Illinois. In general, the majority of all prison admissions in Illinois—74 percent in state fiscal year 2007--come through the Stateville R&C, so it was a necessity to focus on getting the screening and recruitment for SWICC established there first. By April 2004, screening for substance abuse and treatment need was in place at all 3 of the R&Cs, and, for the first time, there was a mechanism in place to determine overall treatment needs within IDOC. The majority (68 percent) of the inmates admitted to SWICC—and prison in general in Illinois--during the first four years of the program were recruited from the Stateville R&C.

On the day the inmate is admitted to one of the IDOC's R&Cs, they are screened by TASC, and if determined to be in need of treatment and if they appear appropriate for SWICC, TASC staff explain to the newly admitted inmate the SWICC program, the benefits of the program, and determine, from information available at that point in time in the R&C process, if the inmate meets the other eligibility criteria (i.e., excluded offenses, projected length of time to serve, etc). For those inmates who are identified as in need of treatment (a score of at least "3" on the TCUDSII), appear to meet eligibility criteria, and volunteer to participate in the program by signing a form ("contract") indicating their desire to be transferred to SWICC, TASC makes a recommendation that they be admitted to SWICC. All of this generally takes place on the day the inmate is admitted into the R&C. Following the R&C process of interviews and assessments, and the collation of all the information obtained during the R&C process, IDOC's Transfer Coordinator's Office (TCO), located in Springfield, Illinois (the state capital and IDOC headquarters) reviews all of the information and makes an institutional assignment for each inmate within a week or two. During the time the TCO is reviewing an inmate's information to

determine the appropriate placement, the inmates stay within the Reception and Classification Center. During this stay TASC staff may re-interview inmates or meet with inmates who were identified for possible SWICC placement to provide additional information about the program. Despite being recommended by TASC for SWICC, it is possible that the Transfer Coordinator's Office will not give that institutional assignment of SWICC due to information that became available or clarified subsequent to TASC's initial screening, such as an outstanding warrant, determination that the inmate must be placed in a medium or maximum security facility, or if there are no beds available at SWICC. Based on the data regarding admissions to SWICC, it does not appear that recruitment and ultimate referral of a sufficient number of eligible inmates to SWICC has been a problem.

Among those admitted to SWICC during the four year period examined in this report, the average number of days between admission to IDOC and transfer into the SWICC program was 158 days. However, this average is not necessarily a good representation of how long it takes inmates to be transferred into SWICC. For example, 50 percent of inmates admitted to SWICC during the four year period were admitted within 29 days (i.e., the median) of being admitted into IDOC, whereas 10 percent of the admissions during the time period examined were in IDOC for more than 480 days before being admitted into SWICC. Part of the reason for these differences is that some inmates are transferred into SWICC immediately from the Reception and Classification Center, whereas others spend time in other IDOC facilities before they meet the time-to-serve or security classification criteria for SWICC.

Transfer & Admission into SWICC/Development of Treatment Plan (1 to 2 Weeks Following Admission to IDOC)

After inmates are transferred to SWICC, they go through a much more extensive substance abuse assessment conducted by the treatment provider at SWICC (CEC) using the Addiction Severity Index (ASI). At that point in time, much more detailed information regarding the inmate's substance abuse problem is obtained, along with a variety of other information that is used to develop the inmate's treatment plan. In general, the more comprehensive assessment takes place within one week of the inmate's transfer to SWICC. It is during this more comprehensive assessment that some specific issues might be identified that would result in the inmate being

determined as not appropriate for the program. For example, during this more comprehensive assessment at SWICC, there have been instances where previously undetermined mental or physical health issues have come to light and determined to be such that participation in the program would not be appropriate. In addition to an assessment by the substance abuse treatment provider, newly admitted inmates also go through a variety of other assessments, including one to gauge their level of academic ability (the Test of Adult Basic Education, or TABE), the Client Evaluation of Self and Treatment (or CEST, developed by TCU, which includes an assessment of their readiness and motivation for treatment), and an assessment by a career counselor/job coach to determine their vocational and employment skills and experience.

Orientation (First Month At SWICC) (Phase 1)

In addition to various assessments and the development of a comprehensive, multidisciplinary treatment plan, inmates at SWICC also go through an orientation phase during their first month at the facility. During orientation, inmates are provided with some basic drug education, discussion and learning about the TC philosophy and program rules, and other motivational activities and exercises to get them prepared for their treatment and participation in the program. During this phase, inmates will also begin to get involved in educational and vocational programming, as well as assume various job responsibilities within their individual housing unit or “family” along with more general /traditional institutional job assignments.

Group & Individual Treatment (Months 2 to 36 at SWICC) (Phases 2 through 4)

Following successful completion of their orientation phase, which requires inmates to pass an exam showing that they understand the TC philosophy and basic issues regarding their drug abuse, inmates are moved from the orientation house and into “families,” where they begin their regimen of intensive, daily substance abuse treatment. Each inmate at SWICC is required to participate in group treatment five days per week for a minimum of 15 hours per week. This programming includes didactic groups, process groups, encounter groups, cognitive restructuring program groups, aggression management and domestic violence groups, behavior management, TC structures and responsibilities, and support groups. Inmates are identified as being in either

AM (8:00-10:00 a.m.), Mid-day (12:45-2:45 p.m.), or PM (5:45-7:45 p.m.) groups, meaning that one-third of the inmates at SWICC are participating in intensive drug treatment while the other two-thirds are involved in various educational, vocational, or job assignments. Lunch for all inmates is provided in shifts between 10:45 a.m. and 12:00 p.m., after which the groups rotate and go to either their treatment, educational, vocational, or job assignments. The beginning and end of each day involves “family” meetings, and inmates are also provided with time in the evening to participate in recreational programming and complete school assignments or “homework” related to their treatment programming. This schedule is generally the same every day from Monday through Friday. Visitation with friends and family members is only allowed on the weekends, so there are generally less structured activities on Saturdays and Sundays.

The amount of treatment received obviously varies depending on how long the inmate is at SWICC, and also follows a graduated schedule depending on each individual’s status with respect to their treatment and recovery. For inmates who have successfully moved through the stages of intensive treatment, particularly those who are at SWICC for 11 months or more, the intensity of the treatment regimen is reduced, and the focus on educational and vocational programming is enhanced (Phase 4). However, despite this “graduation” within the program, these inmates do still participate in treatment sessions and often serve as mentors within the “families” and housing units with newer participants. Further, given that the entire prison is operated as a TC, “treatment” does not end after a group or individual counseling session, but rather, is reinforced throughout the entire day by all the staff and participants in the program.

Changes in Participant Psychological and Social Functioning and Criminal Thinking Patterns While at SWICC

The primary goal of the SWICC TC is to reduce offender substance abuse and involvement in criminal activity through the provision of treatment that improves the psychological and social functioning of participants, reduces their criminal thinking patterns, and provides them with educational and vocational programming and experiences that will improve their chances of success once released from prison. In order to gauge the degree to which SWICC participants changed their ways of thinking about their criminal activity, and how their psychological and social functioning changed during the course of program participation, inmates at SWICC

complete a series of self-administered surveys at each program phase changes.²³ These surveys, developed by Texas Christian University's (TCU) Institute for Behavioral Research (IBR), have been used extensively in treatment programs serving criminal populations for both program evaluation purposes as well as for clinicians to monitor client progress and needs.²⁴ These forms include: 1) Treatment Needs and Motivation,²⁵ 2) Psychological Functioning, 3) Social Functioning, 4) Treatment Engagement and Process,²⁶ and 5) the Criminal Thinking Scales.

Since 2007, these TCU forms are administered to all SWICC participants at each phase change by CEC staff. For purposes of the evaluation, the data collected through these forms were analyzed to determine if participants improved over the course of program participation in terms of their psychological functioning, social functioning and criminal thinking. In addition, participant views of their treatment (captured through the Treatment Engagement and Process form) were also examined and are presented below.

Changes in Psychological Functioning

TCU's Psychological Functioning form asks respondents to indicate how strongly they agree or disagree with 33 different statements. Combining specific combinations of the responses to these statements produces a quantitative measure, or scale, of five different dimensions of psychological functioning, including: self-esteem (having a favorable impression of oneself), depression (feeling depressed, sad, lonely or hopeless), anxiety (feeling nervous, tense, sleepless or fearful), decision making (having difficulty making decisions, considering consequences, or planning ahead), and expectancy (likelihood of refraining from drug use). Scores on each of these dimensions can range from a low of 10 to a high of 50, with a score above 30 indicating agreement or strong agreement with the statements that comprise the scale. For the scales

²³ The surveys are administered by CEC's research staff in group settings within the housing units. To address potential issues of illiteracy, the questions are read aloud and the inmate's complete the surveys.

²⁴ For a more complete description of the forms developed by TCU's IBR, as well as the scoring of these forms, see <http://www.ibr.tcu.edu/pubs/datacoll/datacoll.html>. See <http://www.ibr.tcu.edu/pubs/datacoll/cjforms.html> for a detailed description of each scale.

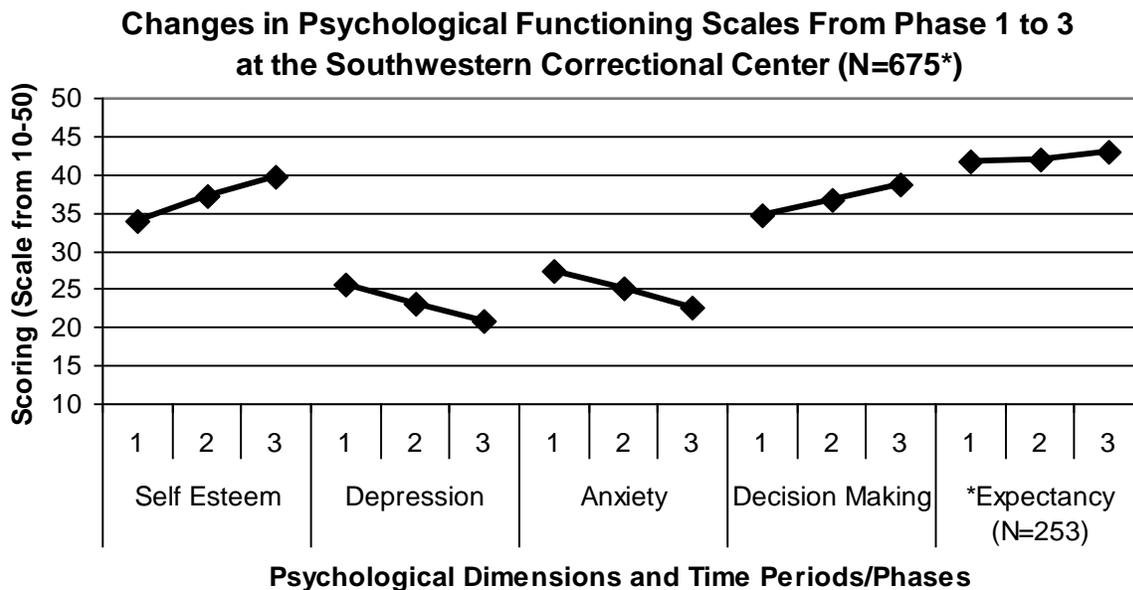
²⁵ Results from the Treatment Needs and Motivation form are useful to describe the degree to which participants recognize their need for substance abuse treatment and how motivated they are to participate in treatment.

²⁶ The Treatment Engagement and Process form is not administered to participants at the completion of Phase 1, since Phase 1 is the treatment orientation phase, but is administered at the completion of the other program phases.

measuring self-esteem, decision making and expectancy, a higher score indicates a more positive level of functioning. For the scales gauging levels of depression and anxiety, lower scores indicate lower (i.e., better) levels of these psychological states.

Figure 11 presents the average score on each of these five dimensions of psychological functioning across three different time periods of administration—at admission into Phase 1, Phase 2 and Phase 3 of the program. As seen in Figure 11, as participants matriculated from Phase 1 (orientation) to Phase 3 (completion of intensive treatment within the facility) of the SWICC program, the measures of self-esteem, decision making and expectancy all improved, and levels of depression and anxiety decreased.²⁷ For example, the scale measuring depression decreased from an average of 25 at the end of Phase 1 to 20 at the end of Phase 3. Thus, sustained participation in the SWICC program improved the level of psychological functioning of the program participants.

Figure 11



²⁷ Results are presented for the 675 participants who completed the Psychological Functioning form at each of the three phase changes and who also answered the question included as an accuracy check correctly. Not all SWICC participants are in the program long enough to complete Phase 3, and thus the number of cases included in the analyses represents those who remained in the program for a substantial period of time. All of the differences between the Phase 1 and Phase 3 averages presented in Figure 11 are statistically significant at the $p < .001$ level based on a matched samples t-test. Identical analyses were performed comparing the results at Phase 1 to Phase 2, which included nearly 1,000 matched cases, and again, statistically significant improvements were evident across each of the five dimensions.

Changes in Social Functioning

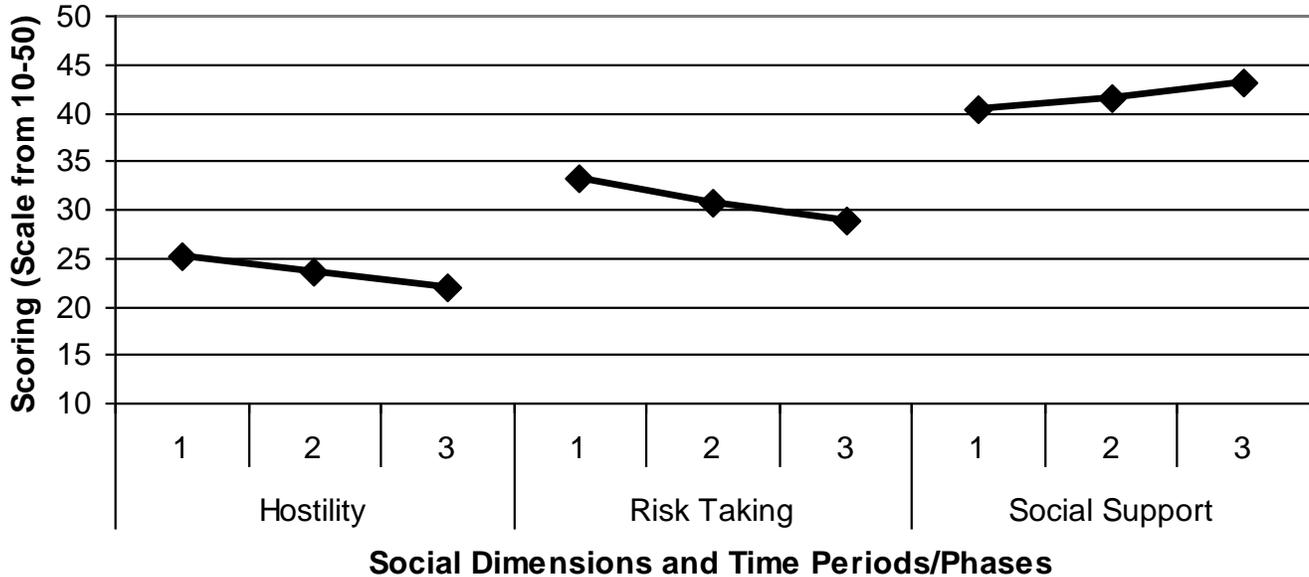
The Social Functioning form asks respondents to indicate how strongly they agree or disagree with 36 different statements. Using specific combinations of the responses to these statements produces quantitative assessments of three different dimensions of social functioning, including: hostility (having a bad temper or tendency to intimidate others), risk taking (enjoys taking chances and being dangerous), and social support (having external support of family and friends). Scores on each of these dimensions can range from a low of 10 to a high of 50. For the scales measuring hostility and risk taking, a lower score indicates a lower level of these feelings, whereas higher scores for social support are indicative of a more positive level of this functioning.

Figure 12 presents the average score on each of these three dimensions of social functioning across three different time period of administration—at the completion of Phase 1, Phase 2 and Phase 3 of the program. As seen in Figure 12, as participants matriculated from Phase 1 to Phase 3 of the SWICC program, the measures of hostility and risk taking were both reduced (improved), and the level of social support increased (also an improvement).²⁸ Thus, over time, participation in the SWICC program improved the social functioning of inmates.

²⁸ Results are presented for the 675 participants who completed the Social Functioning form at each of the three phase changes and who also answered the question included as an accuracy check correctly. Not all SWICC participants are in the program long enough to complete Phase 3, and thus the number of cases included in the analyses represents those who remained in the program for a substantial period of time. All of the differences between the Phase 1 and Phase 3 averages presented in Figure 12 are statistically significant at the $p < .001$ level based on a matched samples t-test. Identical analyses were performed comparing the results at Phase 1 to Phase 2, which included nearly 1,000 matched cases, and again, statistically significant improvements were evident across each of the three dimensions.

Figure 12

Changes in Social Functioning Scales From Phase 1 to 3 at the Southwestern Correctional Center (N=675)



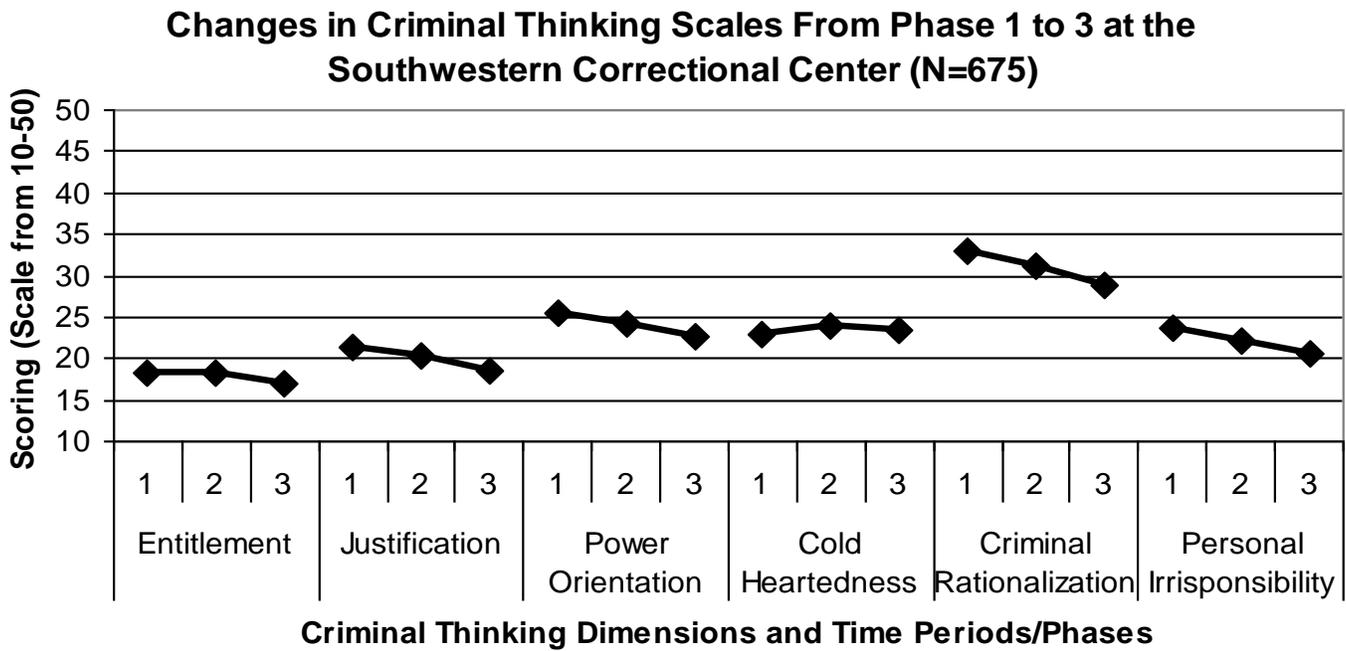
Changes in Criminal Thinking

The Criminal Thinking Scale (CTS) asks respondents to indicate how strongly they agree or disagree with 36 different statements. Using specific combinations of the responses to these statements produces quantitative assessments of six different dimensions of criminal thinking, including: entitlement (sense of ownership and privilege, misidentifying wants as needs), justification (justify actions based on external circumstances or actions of others), power orientation (need for power, control and retribution), cold heartedness (callousness and lack of emotional involvement in relationships), criminal rationalization (negative attitude toward the law and authority figures), and personal irresponsibility (unwillingness to accept ownership for criminal actions). Scores on each of these dimensions can range from a low of 10 to a high of 50, with higher scores indicting problematic criminal thinking patterns.

Figure 13 presents the average score on each of these six dimensions of criminal thinking across three different time period of administration—at the completion of Phase 1, Phase 2 and Phase 3

of the program. As seen in Figure 13, as participants matriculated from Phase 1 to Phase 3 of the SWICC program, the measures on five of the six indicators of criminal thinking were reduced (improved).²⁹ Thus, over time, participation in the SWICC program reduced the criminal thinking patterns of the inmates enrolled in the program across all dimensions except “cold heartedness.”

Figure 13



In addition to examining changes in the psychological and social functioning, and criminal thinking patterns of inmates at SWICC as they moved through the program, information collected from participants also assessed dimensions of treatment engagement from their perspective. Specifically, through the Treatment Engagement Process form, which asks respondents to indicate how strongly they agree or disagree with 36 different statements, it is possible to construct measures of treatment participation, treatment satisfaction, counseling

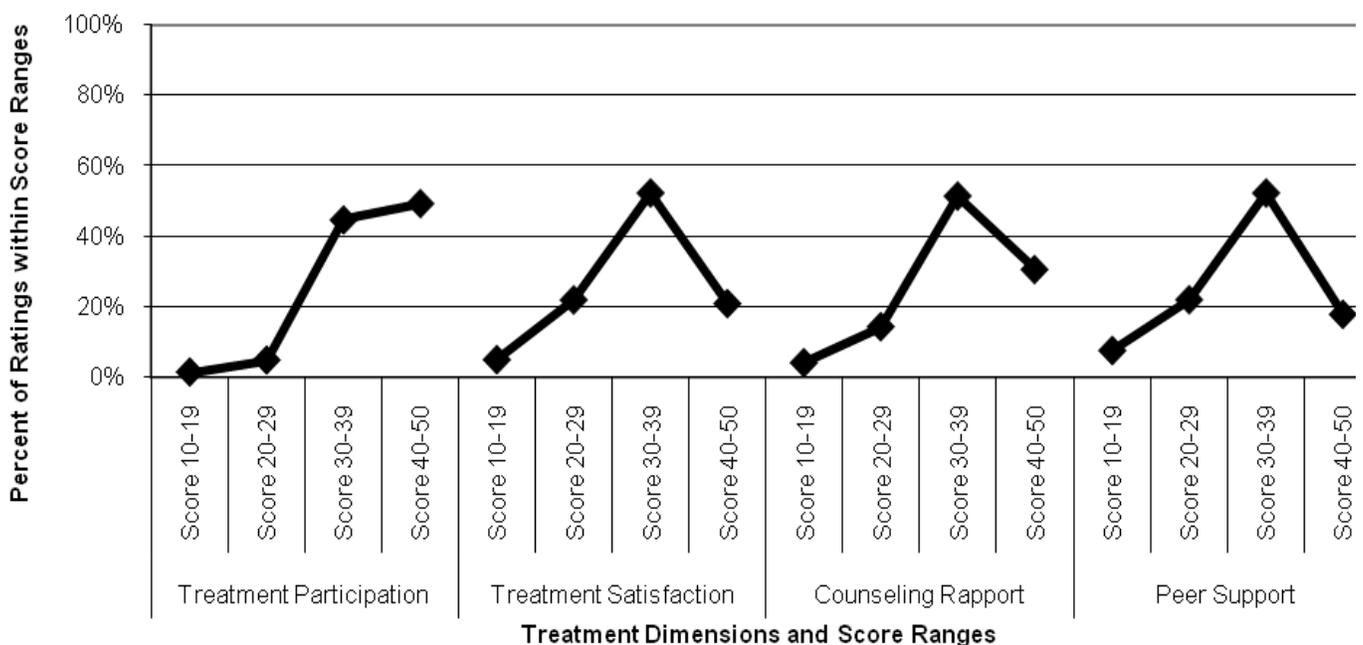
²⁹ Results are presented for the 470 participants who completed the Criminal Thinking Scale form at each of the three phase changes. The CTS did not include as an accuracy check question. Not all SWICC participants are in the program long enough to complete Phase 3, and thus the number of cases included in the analyses represents those who remained in the program for a substantial period of time. All of the differences between the Phase 1 and Phase 3 averages presented in Figure 13 are statistically significant at the $p < .001$ level based on a matched samples t-test. Identical analyses were performed comparing the results at Phase 1 to Phase 2, which included 1,086 matched cases, and again, statistically significant improvements were evident across each of the six dimensions.

rapport (having a therapeutic and trusting relationship with counselor/staff), and peer support (having supportive relationships with other clients in the program). Because clients in the orientation phase of the program (i.e., phase 1) are not yet receiving treatment, this form is not administered until the conclusion of the latter phases of the program (i.e., phases 2 and beyond).

Summarized in Figure 14 is distribution of responses across each of these four dimensions of treatment engagement and satisfaction, with the scores grouped into 4 ranges—10 to 19, 20 to 29, 30 to 39 and 40 to 50. The higher the score, the better the client’s perception of each of these areas of their treatment, and scores below 30 indicate less positive views. As seen in Figure 14, the majority of participants who completed Phase 2 had very positive views of their treatment participation, treatment satisfaction, counselor rapport, and peer support. For example, 45 percent of participants who completed Phase 2 had a score of 30 to 39 on the treatment satisfaction scale, and an additional 49 percent had a score of 40 to 50. The mean score on the treatment satisfaction scale at the completion of Phase 2 was 33.3. Similarly, 82 percent of Phase 2 completers scored counselor rapport at 30 or higher, with a mean score on this scale of 34.8.

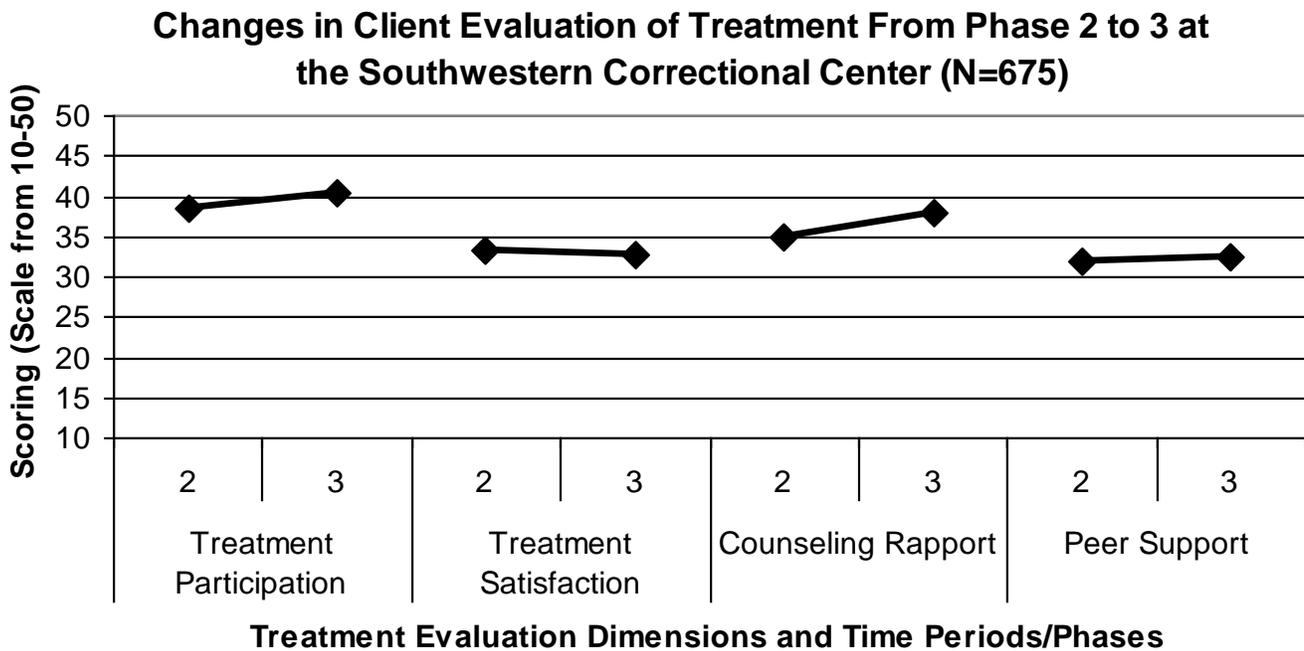
Figure 14

Client Evaluation of Treatment at Phase 2, Southwestern Correctional Center (N=675)



It is also apparent that as participants continue in the program, and move through additional phases of the SWICC program, their already high ratings of treatment participation, treatment satisfaction, counseling rapport and peer support improved. As see in Figure 15, which compares the mean scores across each of these four components of treatment engagement and satisfaction at the completion of Phase 2 and Phase 3, improvements were seen across each of these areas. For example, the mean score for the scale measuring counselor rapport increased almost 10 percent, from an average of 35 at the end of Phase 2 to an average of 38 at the end of Phase 3.

Figure 15



Thus, based on self-reported information from the inmates participating in the SWICC Correctional Center program, it is apparent that over the course of program participation improvements were seen in the psychological and social functioning of participants, there were lower levels of criminal thinking patterns, and very favorable views of the overall treatment services provided, as well as the rapport and support from both counseling staff as well as program peers.

Education

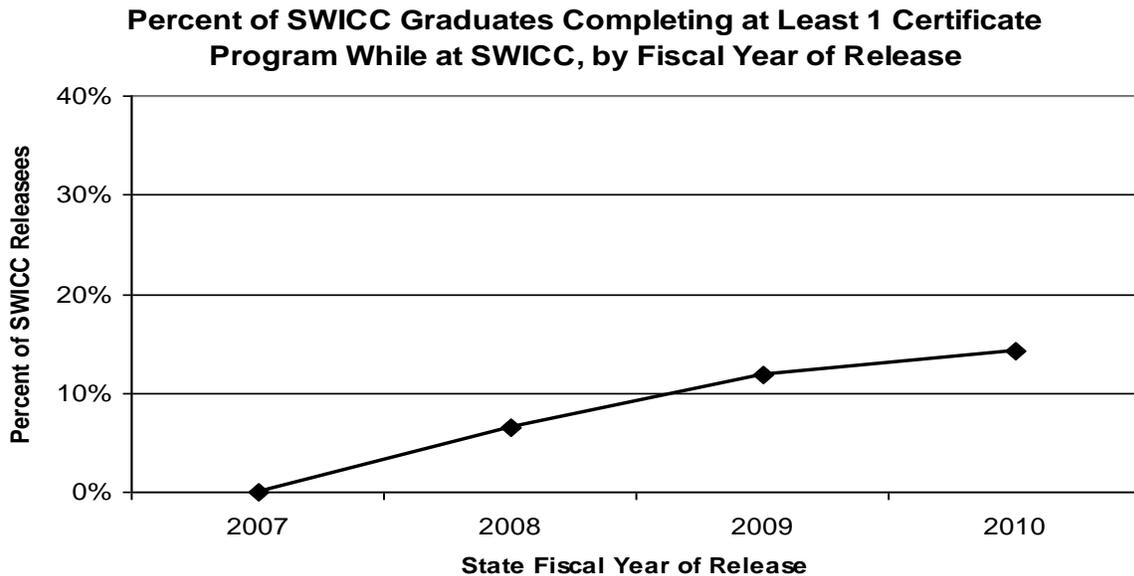
In addition to their formal participation in group and individual substance abuse treatment, inmates at SWICC receive and participate in educational instruction through the IDOC School District. IDOC policy states that any inmate, at SWICC or any other facility, that does not score at least a 6 on the TABE test must attend school for at least 90 days. However, given the nature of the SWICC program, all inmates are encouraged to participate in educational programming, including classes to prepare them to take the GED exam. As described earlier, 47 percent of those admitted to SWICC entered prison without a high-school diploma or GED, which translates to more than 1,200 inmates during the four years examined. During these four years, a total of 360 inmates at SWICC took the GED exam, and 74 percent of the inmates who took the GED passed the test.

Vocational Training/Certificates

While at SWICC, participants also receive a variety of services designed to enhance their vocational skills, work experience, and better prepare them to seek and obtain employment upon their release from prison. For example, inmates at SWICC can earn certification in a number of fields, including certified associate addiction professional, computer technology, commercial custodian, construction, food service and sanitation, horticulture and landscaping, and warehousing. During the time period examined in this report (July 2006 through June 2010), 9 percent of the inmates who graduated from SWICC (163 of the 1,860 graduates) completed at least one certification program. The most popular certificate programs that SWICC participants completed were Certified Associate Addiction Professional (CAAP) (accounting for 41, or 25 percent of the participants that earned certificates), followed by warehouse operations (28, or 17 percent of the certificate earners), commercial custodian (26, or 16 percent) and construction (26, or 16 percent). Participants can earn more than one certificate, which is why the percentages add up to more than 100 percent. In fact, of the 163 SWICC graduates that earned a vocational certificate, 77, or 47 percent, earned more than one certificate while at SWICC. As seen in Figure 16, the proportion of SWICC graduates completing at least one certificate program increased considerably during the early years of program implementation—from less than 7

percent of the inmates released in SFY 2007 and 2008 to 14 percent among the SFY 2010 graduates.

Figure 16



Completion of the Institutional-Phase of the SWICC Program

The length of time an inmate spends at SWICC is determined exclusively by the length of the prison sentence imposed by the court that resulted in the inmate’s incarceration, minus any jail credits, good conduct credits and any other statutorily defined/dictated credits towards the inmate’s prison sentence. As such, an inmate can successfully complete the institutional phase of SWICC (i.e., their prison sentence was served), even if from a *clinical* perspective their treatment has not been completed. However, because every inmate released from SWICC after having completed their prison sentence is required to be on Mandatory Supervised Release (MSR) for a statutorily proscribed length of time, which, as described earlier, is based on the felony class of the crime for which they are in prison, those released from SWICC can be required to continue their treatment in the community if it is determined from a clinical perspective that this is necessary. Indeed, given that everyone exiting from SWICC is essentially in a highly structured, “residential” therapeutic community, every inmate released from SWICC

has some type of aftercare or continued treatment recommendation—which as will be seen later in this report, most often involves their participation in outpatient treatment.

Prior to an inmate's release from SWICC, an aftercare plan is developed by a multi-disciplinary team during two pre-release case staffings, one at 120 days and again at 30 days pre-release, where specific aftercare requirements are identified and discussed. Initially, inmates were not allowed to participate in the 120 day staffing, but this was later changed to increase the participants' understanding and compliance with aftercare requirements. The pre-release case staffing involves a number of different staff, which can include the inmate's substance abuse treatment counselor at SWICC, their IDOC counselor at SWICC, their community-based parole agent, their community-based TASC clinical case manager, and institutional/community-based Safer staff. Depending on the individual inmate's clinical, housing, employment and personal needs, these conditions include additional treatment after release (which can range from residential treatment for those who were at SWICC for a relatively short period of time to outpatient treatment), not residing in specific neighborhoods or with specific individuals, random urinalysis, enrollment in educational or vocational training, and any other conditions deemed important for that person's post-release success. These conditions are in addition to the standard conditions of MSR that everyone released from IDOC must abide by, including meeting with their parole agent on a regular basis, not getting arrested, etc.

These post-release aftercare services are coordinated by clinical case managers from TASC, a community-based agency that provides substance abuse assessments, referrals to treatment, and clinical case management services. The referrals to aftercare are made to ensure that they are appropriate for the inmates' particular needs and are also geographically accessible given the location where the releasee will be living. All inmates released from SWICC are required to participate in some form of aftercare, ranging from outpatient treatment to continued residential treatment in the community. The intake assessments for these community-based aftercare referrals are ideally scheduled prior to the inmate's release, and usually take place within the first week or two following the inmate's release from SWICC.

V. POST-RELEASE SERVICES & PROGRAMMING

Introduction

One of the factors prior research has consistently found to enhance positive outcomes of prison-based (or other intensive, residential) substance abuse treatment programs is aftercare, including additional outpatient treatment, participation in support groups, and relapse prevention programs. Given this, *all* inmates released from SWICC are required as a condition of their Mandatory Supervised Release (MSR) to participate in some type of aftercare treatment, which, as described above, is determined from a clinical standpoint by the multidisciplinary team that meets prior to the release of each inmate from SWICC. Prior to release, these needed services are identified, and the inmate is referred by TASC to a program that is appropriate for the inmates' particular needs and accessible from the geographic location where the releasee will be residing. The intake assessments for these community-based referrals are ideally scheduled prior to the inmate's release, and are usually scheduled to take place within the first week or two following the inmate's release from SWICC. The information presented in this section of the evaluation summarizes the types of post-SWICC treatment/aftercare referrals given to the SWICC participants, the timing of these referrals, and the extent to which the SWICC releasees entered and completed these aftercare services.

To examine the SWICC releasees' access to post-release treatment, their compliance and completion of this aftercare, and the impact this aftercare compliance had on post-release recidivism rates, data were obtained from TASC and examined to answer the following specific questions:

- 1) What is the range of treatment programs and services those released from SWICC are being *referred* to?
- 2) What is the timing of these referrals relative to release from SWICC and supervision in the community?
- 3) To what degree are those released from SWICC "showing up" to treatment referrals, are they being accepted/admitted into those programs, and if not, why?
- 4) Of those released from SWICC that do access post-release treatment services, how long are they in treatment and what proportion are successfully completing those treatment programs?
- 5) And, finally, what impact did the success or failure in post-release treatment have on subsequent recidivism patterns (discussed in Section VI)?

Given the “fluid” nature of the data being analyzed and the fact that the many of those that have been released from SWICC during the period examined in this report (January 2007 to June 2010) were still under active supervision when data analyses were being performed, some of the patterns and findings from the analyses of treatment referral, entry and completion can change as those who are still in the program enter and complete (or fail in) their aftercare referrals. This potential issue is most significant and likely when examining the post-release treatment experiences of those released from SWICC during SFY 2010, since many may not yet have had sufficient time to enter or successfully complete their aftercare. The extent to which these issues potentially influence the interpretation of the data presented below will be pointed out within each section.

Post-SWICC Treatment Recommendations

As indicated earlier, every inmate released from SWICC has some type of aftercare requirement and referral, ranging from the least intensive (regular outpatient counseling), to intensive outpatient treatment, to a variety of housing and residential settings, such as a half-way house, a recovery home, or the most intensive type of post-release referral, additional residential treatment. In addition, inmates released from SWICC can be referred to different levels of care at different points during their post-release supervision period. For example, an inmate may be released and referred to a traditional outpatient program, but could be referred to residential treatment if at some point during their Mandatory Supervised Release it is determined that they need a higher level of care. Similarly, inmates released from SWICC to a residential program can be referred to outpatient services once they complete the residential program. Thus, the first referrals are made immediately following an inmate’s release from SWICC, and subsequent, additional referrals to various aftercare services can take place months (or years depending on the length of MSR) after their release. During the four years of operation (July 1, 2007 to June 30, 2010), data from IDOC indicate that 1,860 inmates successfully completed the institutional phase of SWICC and were released to either Mandatory Supervised Release (i.e., “parole”) or an Adult Transition Center (ATC) in the community. However, because contracts for the provision of aftercare services were not in place until February 2007, analyses of aftercare referrals and placements only included the 1,593 SWICC graduates released onto MSR between February 1,

2007 and June 30, 2010.³⁰ TASC does not provide post-release clinical case management to those inmates discharged to an ATC, so the total number of SWICC releasees eligible for post-release services through June 30, 2009, excluded the 8 released to an ATC.

As summarized in Table 12, of the 1,593 releasees to MSR during the period examined, all but 54 participants--1,539--had at least one referral to some type of aftercare service. Intensive outpatient treatment accounted for the single largest category of referrals among those released from SWICC during the first four years of operation, with 785 of the 1,593 (49.3 percent) releasees being referred to this treatment modality, followed by traditional outpatient, recovery home, half-way house, residential treatment, and detoxification programs. As illustrated in Table 12, releasees can have multiple referrals within the same modality as well as across the different aftercare services.

Table 12
Modality of Treatment Recommendations/Referrals & Admissions Among SWICC
Releasees, February 1, 2007 to June 30, 2010 (N=1,593 released to MSR)

	Number of Clients Referred	Number of Referrals²	Percent of Clients w/ at Least 1 Referral²
Any Outpatient¹	1,412	1,910	88.6%
Intensive Outpatient	785	954	49.3%
Traditional Outpatient	771	956	48.4%
Residential Treatment	98	119	6.2%
Any Half-Way House or Recovery Home	544	656	34.1%
Half-Way House	210	223	13.2%
Recovery Home	358	433	22.5%
Methadone Maintenance	1	2	0.1%
Detoxification	40	44	2.5%
Total SWICC Participants Released to MSR⁴	1,593		96.6%

¹ A total of 144 clients that were referred to *both* intensive outpatient treatment and regular outpatient treatment.

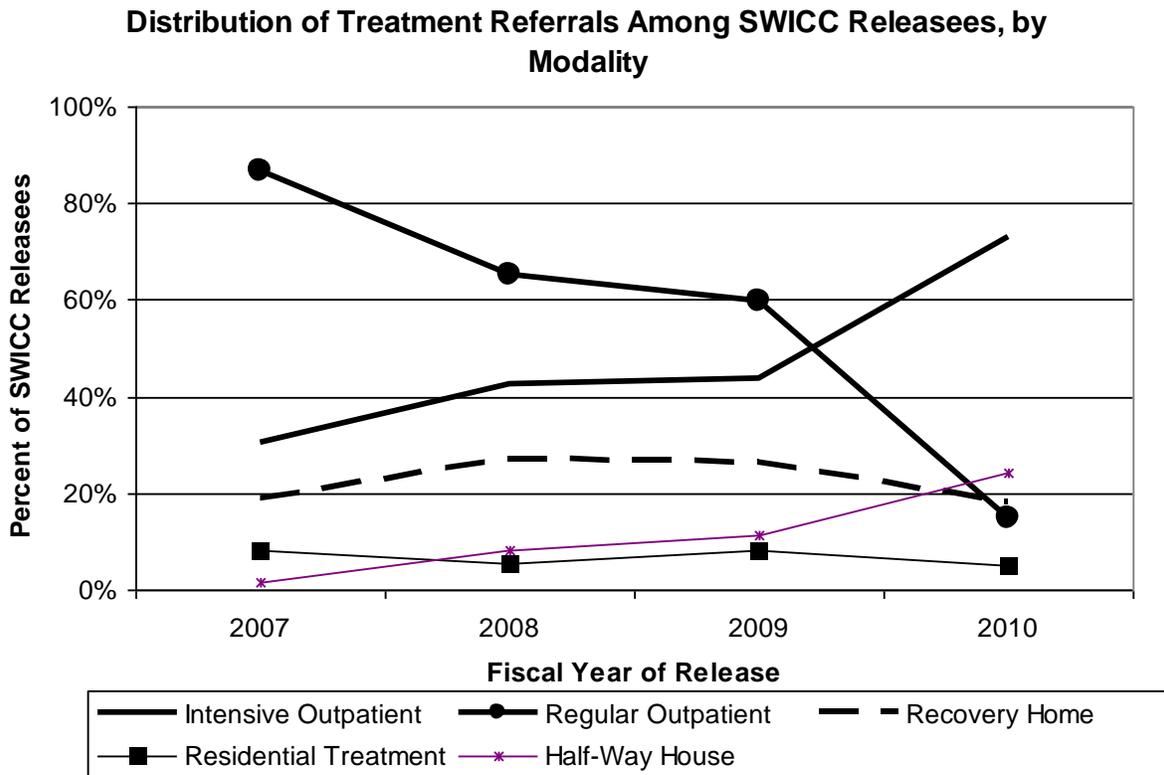
² Individuals can receive multiple referrals and have multiple admissions to treatment modalities so the number of referrals & admissions exceeds the number of SWICC releasees, and the total percent exceeds 100 percent.

⁴ During the time period examined, there were 1,593 inmates released from SWICC that did not go to an ATC. TASC data indicated referrals for 1,539 clients, thus, 54 SWICC releasees had no referrals.

³⁰ There were a total of 1,601 inmates released from SWICC after having completed the institutional-phase of the program between February 2007 and June 2010, including 1,593 released directly to MSR and 8 released to an Adult Transition Center—ATC. Those inmates released to an ATC are generally not provided with aftercare referral services from TASC since they receive these through the ATC.

As seen in Figure 17, the distribution of the types of outpatient treatment referrals given to those released from SWICC has changed dramatically during the four years of program operations examined in this report, and some slight changes in the proportion of clients referred to other post-released aftercare modalities (i.e., half-way house and recover homes) also occurred. For example, during SFYs 2007 through 2009, more than 60 percent of all releases from SWICC were referred to *regular* outpatient treatment, but by SFY 2010, that proportion dropped to less than 20 percent, while referrals to *intensive* outpatient increased from less than 40 percent of SFY 2007 releases to nearly 80 percent among the SFY 2010 releases from SWICC. The proportion of releases referred to a recovery home during the period examined in this report has been somewhat stable, ranging between 20 and 30. On the other hand, the proportion referred to a half-way house increased from less than 10 percent to more than 20 percent between SFY 2007 and 2010.

Figure 17



Referrals for Outpatient Treatment

Of the 1,593 SWICC participants released to Mandatory Supervised Release, the majority-- 1,412, or 88.6 percent of all releasees—had at least one referral for outpatient treatment services (Table 12). The data presented in Table 12 also illustrates that individual SWICC releasees may have multiple referrals to the same type of treatment modality, particularly when the releasee does not enter the initial referral due to failing to show up for their intake appointment or being rejected by the original treatment provider, or in instances where readmission may be required due to relapse or failure in a placement. For example, among the 1,412 releasees with a referral to outpatient treatment there were a total of 1,910 separate outpatient referrals, or an average of roughly 1.4 outpatient referrals each. Similarly, in the case of outpatient treatment referrals, when participants complete intensive outpatient they may then be referred to regular outpatient treatment.

Referrals to Recovery Homes

The type of post-release referral that accounted for the second largest proportion of all referrals, involving 358, or almost 23 percent, of the releasees from SWICC through the end of June 2010, were referrals to residential recovery homes, which are substantively different from residential substance abuse treatment programs and half-way houses in terms of the nature of aftercare services provided. Specifically, residential treatment is focused on the provision of substance abuse treatment services within a residential setting, whereas recovery homes provide the resident with a sober living environment and may have self-help group meetings, however, outpatient services are not provided and these services are accessed through other community-based providers. Half-way houses provide outpatient types of treatment within a setting where residents are able to leave for work or educational programming. Over the time period examined in this report (SFY 2007 through SFY 2010), the proportion of SWICC releasees referred to a recovery home has been between 20 and 30 percent (Figure 17).

Since inmates released to recovery homes may receive outpatient services through another community-based provider, it is important to examine the extent to which these releasees were referred to and accessed outpatient treatment. Based on analyses of the TASC data obtained for

the evaluation of SWICC, the extent to which releasees who were referred to a recovery home were also being referred to outpatient treatment services were examined. Specifically, we examined the proportion of those referred to a recovery home that also had a referral to an outpatient treatment program, and examined how this changed over time. As a result of these analyses, we found that during the entire four year period examined in this report, 96 percent of those referred to a recovery home also had a referral to some type of outpatient treatment program (i.e., regular or intensive outpatient), a level that remained consistent during the entire period examined.

Referrals to Residential Treatment & Half-way Houses

Unlike the volume of referrals for outpatient treatment and recovery homes, a smaller number and proportion—98 inmates, or just 6.5 percent of all the SWICC participants released through June 2010--were referred to a residential treatment program following their release from SWICC (Table 12). Of those 98 referred to residential treatment, the average number of residential treatment referrals was 1.2. Further, between SFY 2007 and 2010, the proportion of SWICC releasees being referred to a residential treatment program remained low—below 10 percent (Figure 17). On the other hand, about 13 percent of SWICC releasees were referred to a half-way house placement, which provides for a sober living environment, on-site outpatient treatment, and also allows for the resident to leave the housing to work or engage in educational or vocational programs in the community. Over the time period examined in this report, the proportion of SWICC releasees referred to a half-way house increased from less than 10 percent in SFY 2007 and 2008 to more than 20 percent among the SFY 2010 releasees.

Looking specifically at the proportion of SWICC releasees referred to some type of residential setting (including residential treatment, half-way house or recovery home combined) over time reveals some changes, with the overall proportion of referrals to residential settings increasing from 21.2 percent among the SFY 2007 exits, to 35.6 percent among the SFY 2008 exits and 40 percent among the SFY 2009 and 2010 exits.

Referrals to Detoxification

The least frequent post-release treatment referral for those released from SWICC was for detoxification services, accounting for less than 5 percent of all those released from SWICC through June 2010. Also, when referrals to detoxification programs were made for SWICC releasees, they tended to occur fairly far into the releasee's period of Mandatory Supervised Release.

Overall Post-SWICC Treatment Intakes & Admissions

In addition to examining the types of *referrals* made, it is also important to examine whether or not the SWICC releasees actually show up for their scheduled intake interviews, if they were accepted into the program, and if they did get accepted, did they enter treatment. During the entire four years of program operations examined in this report, 89.5 percent of the inmates released from SWICC who were referred to treatment actually entered treatment, whereas the remaining 10.5 percent did not enter any post-release treatment program. Again, every inmate released from SWICC has some type of post-release treatment referral. Also, it appears that the percent of SWICC releasees entering treatment has improved over time. For example, among the first cohort released from SWICC in 2007, 80 percent entered treatment, compared to a 92 percent treatment admission rate among the cohort released during SFY 2009 and 90 percent of those released in SFY 2010. It is important to note that among those released in SFY 2010 are a number of SWICC releasees who are still being referred to and can still be placed in aftercare, so this rate for SFY 2010 releasees will likely improve further over time.

Negative Outcomes of Treatment Referrals

Although the majority of SWICC releasees entered aftercare treatment following their release, a large proportion experienced negative outcomes from referrals, which ultimately influence whether or not they were able to enter aftercare. In order to get a sense of what happens following an inmate's release from SWICC and subsequent referral to aftercare, we examined the prevalence of negative outcomes of the referrals made for SWICC releasees. As can be seen

in Table 13, one-fifth (21 percent) of all SWICC releasees had at least 1 negative intake outcome, although, as noted before, only 10.5 percent of all SWICC releasees referred to aftercare failed to enter any aftercare. Of those that experienced a negative intake outcome, the most frequent reason was that they did not show up for either their initial intake assessment or for their initial treatment session (Table 13). Specifically, 18 percent of SWICC releasees failed to show up for at least one of their intake assessments. On the other hand, a smaller proportion (13 percent) of *referrals* (as opposed to individual releasees) resulted in no-shows by the SWICC releasee. The second most frequent reason for a SWICC releasee experiencing a negative intake outcome was that the treatment provider rejected the client following the intake assessment, followed by the released inmate refusing services at the point of referral/intake.

Table 13
Negative Outcomes of Pre-Treatment Referrals/Intake Assessments,
February 2007 to June 2010

	<u>Clients</u> with Specific Negative Referral/Intake Outcomes Number & (Percent) ¹	<u>Referrals</u> with Negative Referral/Intake Outcomes Number & (Percent) ²
Client Did Not Show Up for Intake	287 (18.6%)	366 (12.8%)
Treatment Provider Rejected Client	58 (3.8%)	62 (2.2%)
Client Refused Services	46 (2.9%)	49 (1.7%)
Any Negative Outcome	334 (21.7%)	477 (16.7%)

¹ Percent based on a total of 1,539 SWICC releasees referred to aftercare services.

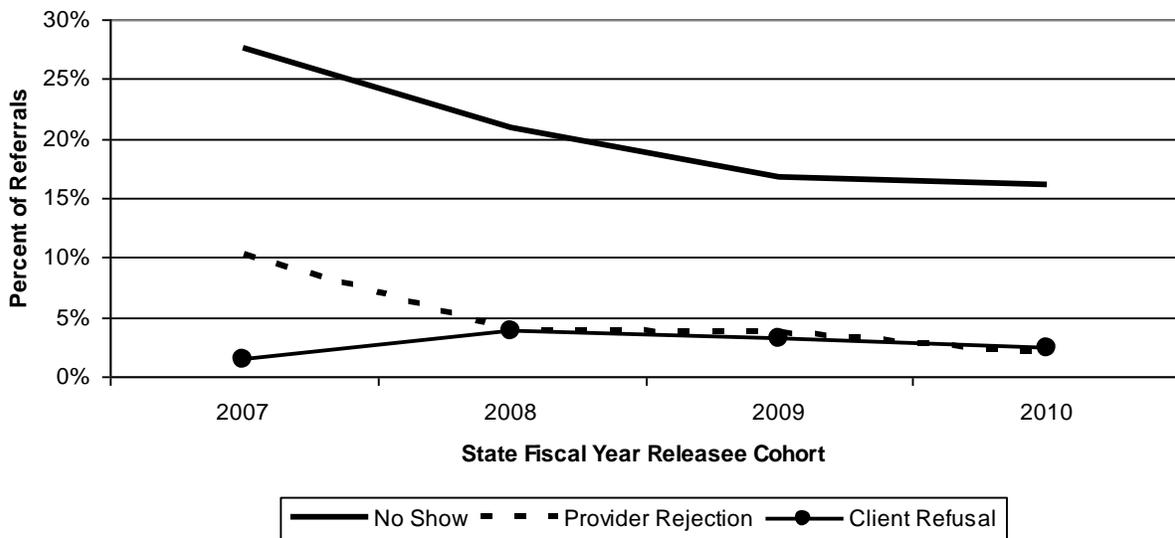
² Percent based on a total of more than 2,858 individual aftercare referrals.

It is also apparent from the analyses of post-release treatment data collected by TASC that if a SWICC releasee did not show up for their initial appointment/intake interview or if they were rejected by the provider, efforts were made to make another referral and placement. For example, of the 549 SWICC releasees who did not show up for their first intake appointment, 57 percent were ultimately accepted and placed in aftercare treatment at some point following this first unsuccessful intake. Similarly, 72 percent of those SWICC releasees who refused their first placement were ultimately placed in an aftercare program. In most instances, a successful placement for those that had a negative outcome of their first intake was made on the second intake attempt.

Examining the trends in these negative outcomes over time, however, reveals that the proportion of SWICC releasees experiencing any of these negative intake assessment outcomes had decreased dramatically as the program has evolved (Figure 18). Specifically, during the early stages of the program—SFY 2007—a large proportion of releasees, more than one-quarter (27 percent), failed to show up to *at least one* their treatment referrals, and another 10 percent of the releasees were refused service by the provider. Over time, the proportion of SWICC releasees failing to show up for at least one of their treatment placements, or being rejected for placement by the treatment provider, has decreased dramatically. By SFY 2009 and 2010, only 16 percent of those SWICC releasees discharged during that time period failed to show up for *at least one* of their treatment referrals. Similarly, among those released in SFY 2009 and 2010, less than 5 percent refused treatment or were rejected by the treatment provider.

Figure 18

Reasons for Negative Outcomes of Treatment Referrals Among SWICC Releasees, by Releasee Cohort



Ultimately, of those who did not enter post-release treatment/aftercare, more than one-half (55 percent) were considered “no-shows” and an additional 6 percent did show up for their intake assessment but refused services. Thus, among those SWICC releasees who did not enter treatment, roughly two-thirds did not enter post-release treatment because they either failed to

show up for their intake or they refused to accept the treatment program. A portion of those that did not enter post-release treatment—16 percent of those that didn't enter treatment—were rejected for services by the treatment provider.

Treatment Admission Rates Across Modality & Time

As indicated previously, 90 percent of all the inmates released from SWICC and *referred* to aftercare were accepted into an aftercare treatment program. Examining treatment admission rates over time, with releasees grouped into different cohorts based on the year they were released from SWICC, also revealed an improvement in the rate of treatment entry over time. For example, among the first cohort released from SWICC in 2007, 80 percent entered treatment, compared to a 92 percent treatment admission rate among the SFY 2009 releasee cohort and 90 percent among those released in SFY 2010 (through June 2010). As this last cohort of inmates—those released during SFY 2010--continues to receive subsequent referrals and go through intake processes with community-based providers, this treatment admission rate will improve.

In addition to changing over time, this rate of successful admission also varied by the treatment modality of the referrals, with those referred to some type of residential program (including both residential treatment and residential settings like half-way houses) being more likely to enter treatment than were those referred to outpatient (Table 14). For example, roughly 84 percent of those clients referred to outpatient treatment were successfully admitted, and almost 75 percent of all those released from SWICC were placed into this type of aftercare program (Table 14). By comparison, almost 94 percent of those referred to residential treatment were admitted, although a relatively small proportion, just under 6 percent, of all SWICC releasees had this type of aftercare referral. Similarly, referrals to half-way houses and recovery homes had admission rates near 90 percent, and these high rates of admission were consistent over time. Part of this can be explained by the fact that many of the inmates discharged from SWICC with a residential treatment, half-way house or recovery home referral were actually picked up at SWICC by the treatment provider and brought directly to the residential treatment facility. Further evidence of this is the fact that nearly 90 percent of those referred to residential treatment from SWICC entered the residential program within 7 days following their release.

Table 14
Treatment Admission Number and Rate, by Modality of Treatment
Recommendations/Referrals, February 1, 2007 to June 30, 2010 (N=1,593 released to MSR)

	Number of Clients Referred	Number of Clients Admitted	Percent of Clients Referred with an Admission	Percent of Releasees w/at Least 1 Placement ²
Any Outpatient ¹	1,412	1,190	84.3%	74.7%
Intensive Outpatient	785	619	78.9%	38.9%
Traditional Outpatient	771	634	82.2%	39.8%
Residential Treatment	98	92	93.9%	5.8%
Half-Way House, Transitional Living or Recover Home	544	487	89.5%	30.6%
Half-Way House	210	186	88.6%	11.7%
Recovery Home	358	312	87.2%	19.6%
Methadone Maintenance	1	1	100.0%	0.1%
Detoxification	40	35	87.5%	2.2%
Any Treatment/Aftercare	1,539	1,378	89.5%	86.5%

¹ Clients can be admitted to both intensive and traditional outpatient, therefore the numbers included in Table 14 for “Any Outpatient” is less than the sum of “Intensive Outpatient” and “Traditional Outpatient.”

² The total number of SWICC participants released to MSR during time period examined was 1,593, which is the number used to calculate the percent of releasees with at least 1 placement.

³ SWICC releasees admitted to Transitional Living programs are generally admitted directly to these programs without a referral.

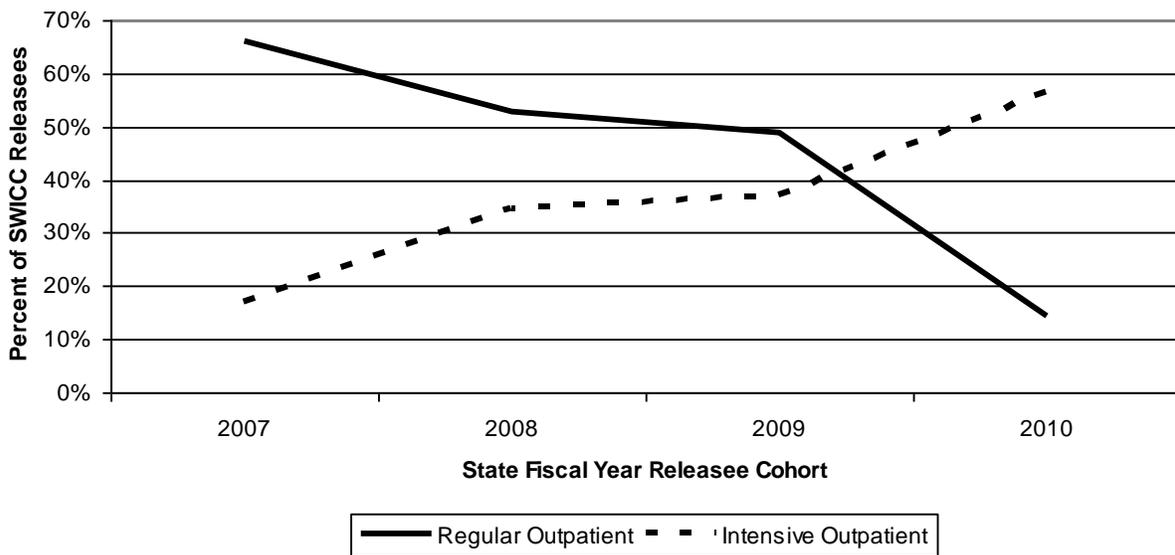
Changes in Treatment Placement Modalities Over Time

In addition to the improved treatment admission rates over the course of program implementation, there have also been some fairly substantive changes in the treatment modalities that participants were admitted to during the four years examined in this evaluation. As seen in Table 14, the largest proportion of SWICC releasees were referred and admitted to outpatient treatment, and in particular intensive outpatient treatment, aftercare services. Examining the percent of SWICC releasees admitted to these two different types of outpatient treatment—regular and intensive—over time reveals a dramatic change between those released in SFY 2007 and those released in SFYs 2008, 2009 and 2010. As seen in Figure 19, the proportion of SWICC releasees admitted to regular outpatient aftercare treatment decreased, from more than roughly two-thirds in SFY 2007 to 50 percent by SFY 2009 and less than 20 percent among the SFY

2010 releasee cohort. On the other hand, the proportion of SWICC participants admitted to intensive outpatient treatment following their release increased substantially, from less than 20 percent in 2007 to almost 60 percent by SFY 2010.

Figure 19

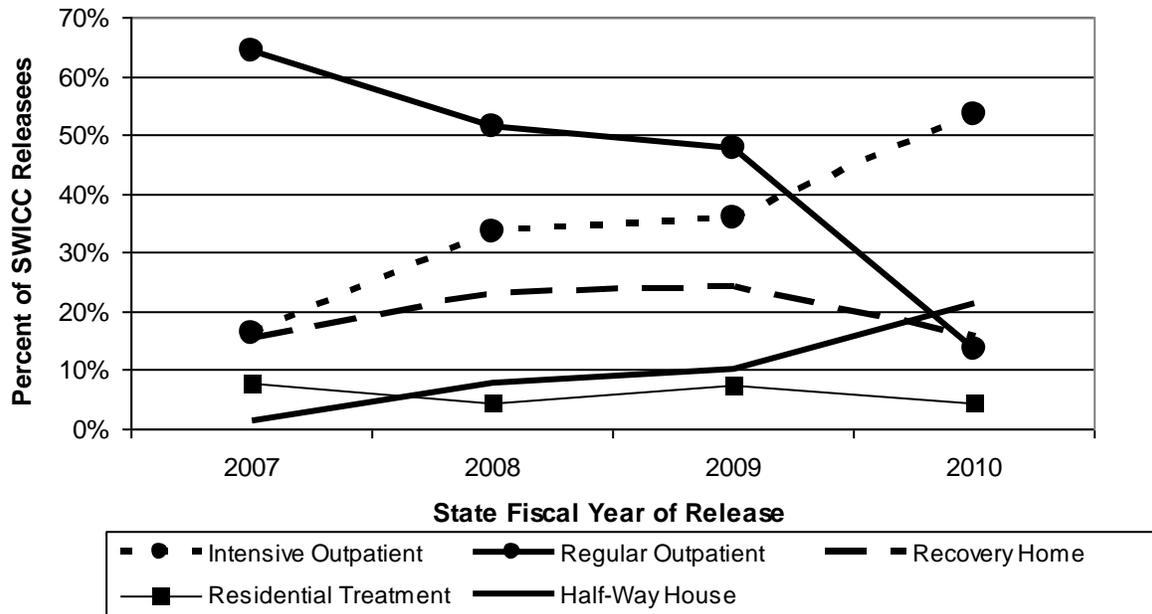
Distribution of Outpatient Treatment Placements--Regular versus Intensive Outpatient--Among SWICC Releasees, by Releasee Cohort,



Over the time period examined there were also some shifts and changes in the nature of admissions into residential-type settings for SWICC releasees (Figure 20). In terms of admissions into traditional residential drug treatment, less than 10 percent of SWICC releasees were admitted into this form of aftercare over the four year period and the trend was relatively stable. Similarly, over the four state fiscal years examined, the proportion of releases admitted to a recovery home was relatively stable, with between 15 percent and 23 percent of SWICC releasees being placed in a recovery home during the four year period. On the other hand, there was a substantial increase in the proportion of SWICC releasees admitted into half-way houses, from 8 percent of releasees in SFY 2007 to 21 percent of SFY 2010 SWICC releasees. By SFY 2010, 37 percent of those completing the institutional-phase of the SWICC program were admitted into some type of residential setting following their release, compared to 19 percent among those released in SFY 2007.

Figure 20

Distribution of Treatment Placements Among SWICC Releaseses, by Placement Modality



Post-Release Treatment Outcomes

In order to examine the post-release treatment outcomes of SWICC participants, treatment outcomes were grouped into two categories: 1) successful completion/still enrolled, which included those SWICC releasees who entered treatment and were successfully discharged from at least one program by the treatment provider as well as those who entered treatment and were still enrolled in the program as of June 30, 2010, and 2) unsatisfactory termination, which included those SWICC releasees who entered treatment but were unsatisfactorily terminated from the program by the treatment provider. The reasons for unsatisfactory termination from aftercare included non-compliance by the client, clients requesting a change in aftercare provider, the client getting arrested or incarcerated, or medical/psychiatric issues limiting the ability of the client to participate in the aftercare program. The most frequent reason cited by

providers for unsatisfactory termination from aftercare was non-compliance by the client, followed by the client requesting a change in provider.³¹

Also, when considering the outcome of the aftercare services (i.e., successful completion/still enrolled versus unsatisfactory termination) there are two different ways that this can be examined. First is the proportion of all those who were *referred* to an aftercare service that successfully completed or were still enrolled, and the second is the proportion of those who *actually entered* an aftercare program that successfully completed or were still enrolled. Although the first measure will produce a lower overall rate of aftercare completion (since it will, by definition, include SWICC releasees who did not enter the aftercare they were referred to and therefore would not be able to complete the aftercare), it is an important measure to consider when examining the overall compliance and success rates of program participants. This first rate of aftercare completion (that which includes all those referred to aftercare) revealed that since the SWICC program's implementation, 67 percent of those *released* from SWICC successfully completed or were still enrolled *in at least one* aftercare program, and 33 percent did not successfully complete any recommended aftercare. When only those SWICC releasees who *actually entered* one of their recommended aftercare programs were included in the analyses (overall, roughly 88 percent of the SWICC releasees), three-quarters (75 percent) successfully completed or were still enrolled in at least one aftercare program and one-quarter (25 percent) were unsatisfactorily terminated from the treatment program.

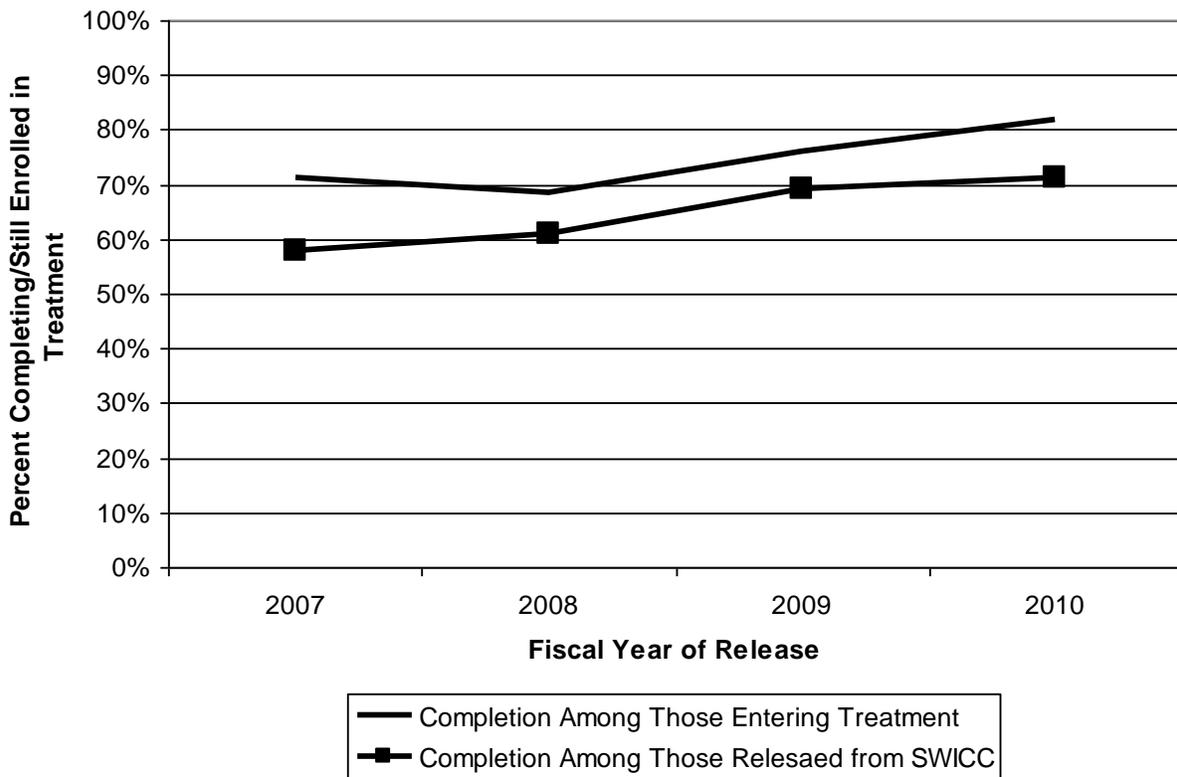
Regardless of which rate is used to examine the likelihood of successful aftercare completion/discharge, it is also clear from the analyses that the rate of successful completion has increased over time. As seen in Figure 21 (which presents both rates), the overall proportion of inmates released from SWICC that completed or were still enrolled in at least one of their aftercare treatment programs has steadily improved over time. For example, among those inmates released from SWICC in SFY 2007, approximately 58 percent completed or were still

³¹ For example, among those unsatisfactorily terminated from their first aftercare placement, 72 percent were terminated due to non-compliance and another 17 percent of clients requested a change in provider. Only about 6 percent of clients unsatisfactorily terminated from their first aftercare placement were removed due to a new arrest or being incarcerated, and only 1 percent of those unsatisfactorily terminated were removed due to medical or psychiatric issues.

enrolled in aftercare, and among those who did enter aftercare, roughly 71 percent completed or were still enrolled. On the other hand, among those released from SWICC in SFY 2010, 70 to 80 percent completed or were still enrolled in aftercare.

Figure 21

Rates of Treatment Completion/Still Enrolled Among All Southwestern CC Releasees and Those Entering Aftercare



However, some caution should be noted with the interpretation of the rates for the most recent time period (SFY 2010) since this includes many inmates who were still enrolled in their aftercare but who could potentially be unsatisfactorily terminated, which will thus reduce the treatment outcome success rate among this cohort to some degree.

When treatment completion rates were examined specifically by the type of treatment modality the SWICC releasee was admitted into, fairly consistent completion rates were evident (Table

15). Across the entire time period examined and each individual aftercare modality, roughly 75 percent of SWICC releasees admitted to aftercare successfully completed or were still enrolled satisfactorily in the aftercare program. A higher rate of successful discharges was evident among those admitted to half-way houses (80 percent), while rates of successful completion among the other aftercare modalities were around 70 percent.

Table 15
Treatment Referral, Admission and Completion Number and Rate,
by Treatment Modality, February 1, 2007 to June 30, 2010 (N=1,593 released to MSR)

	Number of Clients Referred	Number of Clients Admitted	Number of Clients Completing/Still Enrolled	Percent of Admitted Clients Completing/Still Enrolled
Any Outpatient ¹	1,412	1,190	841	70.7%
Intensive Outpatient	785	619	424	68.5%
Traditional Outpatient	771	634	438	69.1%
Residential Treatment	98	92	62	67.4%
Half-Way House, Transitional Living or Recover Home	544	487	360	73.9%
Half-Way House	210	186	149	80.1%
Recovery Home	358	312	216	69.2%
Detoxification	40	35	28	80.0%
Any Treatment/Aftercare	1,539	1,406	1,060	75.4%

¹ Clients can be admitted to both intensive and traditional outpatient, therefore the numbers included in Table 14 for “Any Outpatient” is less than the sum of “Intensive Outpatient” and “Traditional Outpatient.”

Time Between Release from SWICC and Entry Into Aftercare Treatment

From the analyses performed for the current evaluation time period, it is also apparent that the intake interviews for post-release treatment are being scheduled and, when the inmate shows up, performed shortly after release. For example, roughly 88 percent of those released from SWICC had their intake interview for their post-release treatment *scheduled* to take place either before or within 1 week of their release, and of those that showed up, 80 percent were actually interviewed within that timeframe. Only a small proportion—4 percent-- of SWICC releasees had their post-release aftercare intake interview *scheduled* for 2 or more weeks after their release from SWICC,

and only 10 percent had their actual intake interview date take place 2 or more weeks after their release.

Finally, having an aftercare intake interview scheduled and completed shortly after release does not necessarily mean aftercare treatment services are being immediately accessed. Of those SWICC releasees who did show up for their intake interview and were accepted into treatment, the majority—two thirds—*entered* treatment within a week following their release. On the other hand, 17 percent of SWICC releasees accepted into treatment did not actually enter treatment (i.e., begin receiving services) for **2 or more weeks** following their release from prison. Clearly, the faster admission into treatment was evident among those referred to residential, recovery home, half-way home and transitional living placements, many of whom had their intake interview conducted while they were still at SWICC and were admitted to treatment the day of their release from prison. For example, 93 percent of the SWICC releasees admitted into a half-way house entered those facilities the day they were released from SWICC.

Those referred to outpatient treatment, which accounted for the majority of SWICC releasees, experienced slightly longer times between release and entry into aftercare, but those times have improved (been reduced) substantially as the program and referral processes have matured. When just the admission into outpatient treatment was examined, which accounted for the majority of treatment admissions, the average number of days between release from SWICC and entry into treatment was 13.8 days, or almost two weeks, whereas the median number of days from release to treatment entry was one week (7 days).³² During the individual four fiscal years examined in this report, the average length of time between release and admission into outpatient treatment among the SWICC releasees remained relatively stable, averaging between 11.2 among the SFY 2010 exits and 15.7 days among the SFY 2009 exits.

³² When the mean—average—is larger than the median, it indicates relatively high values or outliers “pulling up” the average. The median is the value at which 50 percent of the cases are above that value and 50 percent of the cases are below that value.

Thus, over the course of the four years of program operation examined in this report, high rates of access and completion of aftercare services for those released from SWICC have been achieved and maintained. It should be noted that a considerable amount of experience, and the development of post-release referral mechanisms and processes utilized at SWICC, was developed and improved during the implementation of the Sheridan Correctional Center's TC program, which developed a substantial aftercare referral and placement process in 2004. Thus, one of the reasons for the high levels of post-release aftercare admissions and completion among the SWICC participants was the learning and developmental activities that took place with the implementation of the Sheridan program.

VI. PROGRAM OUTCOMES: POST-RELEASE RECIDIVISM

Introduction

Evaluating the impact of any program as large and complex as SWICC is oftentimes difficult and likely to lead to a variety of conclusions. In the field of criminal justice, the most frequently used measure to gauge the impact and effectiveness of rehabilitative programs is the reduction in recidivism, or reduced involvement in criminal behavior, by those who participate in the rehabilitative program. However, accurately measuring an individual's involvement in crime is very difficult since many crimes never come to the attention of law enforcement. Thus, measuring subsequent involvement in crime in criminal justice research usually involves analyses of official criminal history information, including rearrests for new crimes or return to prison. Using these two different measures of recidivism is advantageous because they examine program impact from different perspectives. For example, rearrests for new crimes can illustrate behavior detected by police agencies that at least meet the legal threshold of probable cause necessary for police to initiate an arrest, regardless of whether or not the arrest results in prosecution or conviction.

While many might argue that *conviction* for a crime would be a better measure of recidivism (since there would have been proof beyond a reasonable doubt that a crime was committed), the limitation with this measure is that when an offender is on active parole (or MSR), the decision as to whether or not the State's Attorney's Office will actually file charges and seek a conviction would be influenced by both the seriousness of the offense and the response to the new arrest by parole agents and the Prisoner Review Board (PRB). For example, a rearrest for drug possession while on mandatory supervised release can result in a revocation of MSR and the offender being returned to prison to serve the remainder of their MSR in prison. In this case, a prosecutor may not file charges, and therefore not seek a conviction, because the response by the parole agent and PRB achieved the goal of punishment or incarceration. On the other hand, if the crime was more serious, or the response by the parole officer and/or PRB was not viewed by the prosecutor as sufficient, charges may be filed and a conviction sought. Thus, some arrests of parolees will result in prosecution being sought, and potentially a conviction being obtained, whereas other

cases will not result in additional formal processing. Also, if there is a differential response to how arrests while on parole are handled between SWICC releasees versus inmates released from other facilities, this would introduce a substantial bias in the interpretation of conviction rates between the SWICC releasees and the comparison group. Indeed, this is a strong potential since inmates released from SWICC have a much wider array of community-based responses available for parolees who may violate the conditions of their release, including referral to various modes of substance abuse treatment and residential settings.

Return to prison is another measure of recidivism that is often used in research examining prison releasees, and can be influenced by both rearrests as well as violations of parole conditions. As described above, inmates rearrested for a new crime while on MSR in Illinois can be returned to prison because of this new arrest, and are considered to be “technical violations” as opposed to a return to prison for a new crime. Inmates returned to prison for violating the conditions of MSR other than a new arrest can be viewed as “purely” technical violators, and can include reasons such as failure to report to their parole agent, not complying with treatment requirements, testing positive for drugs during urinalysis, etc. If an inmate released from prison is rearrested, convicted and re-sentenced to IDOC as a result of this new conviction within 3 years following release, they are considered by IDOC to be “new offense recidivists.”

Selecting Comparison Groups

In order to assess the impact of the SWICC program on post-release recidivism (operationalized as return to prison), the performance of the first 1,593 SWICC graduates (all those who completed the institutional phase of the program from February 2007 through June 2010, minus those transferred to an ATC) were compared to a sample of inmates with similar characteristics and backgrounds released from other prisons in Illinois during the same time period.

Specifically, in order to identify an appropriate comparison group, the sampling pool was limited to adult male inmates released from medium or minimum security-level prisons between 2007 and June 2010, and excluded those inmates released from the Sheridan Correctional Center (the other drug treatment prison in Illinois). Further, to ensure the comparison group had similar lengths of time served in prison, and similar criminal backgrounds, the comparison group sample

was stratified to match the SWICC graduates on their lengths of time served in prison (i.e., 6 to 11 months, 12 to 24 months, or 25 to 36 months) and prior numbers of prison sentences (i.e., 0, 1 or 2 or more). As a result of this selection process, a comparison group consisting of 2,802 inmates was selected. In general, this sampling technique produced a comparison group with characteristics very similar to those of the SWICC graduates, although due to the relatively large sample size there were statistical, albeit not substantive, differences between the two groups (See Tables 16 and 17, which summarize the characteristics of the SWICC and comparison group).

As seen in Table 16, both the SWICC graduates and the comparison group averaged roughly 34 years old when they were released from prison, the majority of both groups was non-white, single and did not have a high-school diploma or GED. Similarly, about one-third of both groups of prison releasees did not have any children, and more than 40 percent of both groups had 2 or more children. A slightly smaller proportion of SWICC releasees were gang members than the comparison group (32 percent versus 37 percent, respectively), and a slightly higher proportion of SWICC releasees were from outside of Chicago/Cook County than were those releasees in the comparison group (roughly 63 percent versus 56 percent, respectively). In terms of prior arrests and prior prison sentences, the SWICC releasees were very similar to the comparison group, with both groups having serious and extensive criminal histories. The nearly identical distribution of prior prison sentences between the two groups was achieved because this variable was specifically used to stratify the selection of the comparison group sample.

Table 16
Comparison of Demographic, Socio-Economic and Criminal History Characteristics
Among SWICC Graduates and Comparison Group

	SWICC N=1,593	Comparison Group N=2,802	Total 4,395
Age (Mean, Years) F=4.0, p=.04	34.4	33.7	33.9
Race	X ² =28.2, 3df, p<.001, Phi=.08, p<.001		
White	38.5%	34.0%	35.7%
African-American	55.3%	55.3%	55.3%
Hispanic	6.2%	10.7%	9.0%
Total	100.0%	100.0%	100.0%
Marital Status	X ² =2.1, 1df, p=.35, Phi=.02, p=.35		
Married (including Common Law)	16.1%	17.3%	16.9%
Single	83.2%	81.8%	82.3%
Total	100.0%	100.0%	100.0%
Education Level	X ² =4.3, 1df, p=.11, Phi=.03, p=.11		
HS Diploma or GED	44.7%	45.1%	45.0%
No HS Diploma or GED	54.5%	53.4%	53.8%
Total	100.0%	100.0%	100.0%
Children	X ² =12.6, 2df, p<.001, Phi=.04, p<.01		
None	31.9%	36.6%	34.9%
1	21.5%	22.0%	21.8%
2 or more	46.5%	41.4%	43.3%
Total	100.0%	100.0%	100.0%
Gang Member	X ² =11.7, 1df, p<.001, Phi=.05, p<.001		
No	68.2%	63.2%	66.4%
Yes	31.8%	36.8%	33.6%
Total	100.0%	100.0%	100.0%
Region of Illinois	X ² =21.6, 1df, p<.001, Phi=.07, p<.001		
Cook County/Chicago	36.9%	44.0%	58.6%
Rest of Illinois	63.1%	56.0%	41.4%
Total	100.0%	100.0%	100.0%
Prior Prison Sentences	X ² =0.5, 2df, p=.74, Cramer's V=.01, p=.74		
None	42.2%	43.3%	42.9%
One	27.3%	27.1%	27.2%
2 or More	30.6%	29.7%	30.0%
Total	100.0%	100.0%	100%

When the current conviction offense and length of stay in prison was examined for the SWICC releasees and the comparison group, again, some slight differences were noted (Table 17). For example, a slightly larger proportion of the SWICC releasees were sentenced to prison for a drug-law violation than were those in the comparison group (49 versus 39 percent, respectively), whereas a slightly larger proportion of the comparison group releasees had served time for a property or violent offense than the SWICC releasees (Table 17). When the current offense felony class between the two groups was compared, differences were noted, with a higher proportion of the SWICC releasees incarcerated for a Class 1-2 felony than the comparison group (65 versus 57 percent, respectively). On the other hand, a larger proportion of the comparison group had a current offense that was within the Class 3-4 felony range than the SWICC releasees (30 versus 24 percent, respectively). Finally, those released from SWICC spent an average of 20 days less in prison, on average, than did the comparison group—an average of 629 days versus 648 days, respectively.

Table 17
Comparison of Current Conviction Offense & Length of Stay in Prison Among SWICC Graduates and Comparison Group

	SWICC N=1,593	Comparison Group N=2,802	Total 4,395
Current Offense Type	$X^2=59.9, 3df, p<.001, \text{Cramer's } V=.11, p<.001$		
Violent	20.7%	28.9%	25.9%
Property	29.2%	31.3%	30.5%
Drug-Law Violation (Including DUI)	49.4%	38.5%	43.5%
Other	0.7%	1.3%	1.1%
Total	100.0%	100.0%	100.0%
Current Offense Felony Class	$X^2=30.6, 1df, p<.001, \text{Phi}=.08, p<.001$		
Class X Felony	10.3%	10.3%	12.0%
Class 1-2 Felony	65.5%	57.0%	60.1%
Class 3-4 Felony	24.2%	30.0%	27.9%
Total	100.0%	100.0%	100.0%
Length of Stay in Prison (Mean, Days) $F= 1.7, p=.19$	629 days	648 days	641 days

Following this identification of the SWICC graduates and comparison group, prison admission records were then examined to determine if the releasees in each group had been returned to

prison as of June 2010. With the data that were available, it was possible to examine recidivism rates (return to prison) at different points in time following release as well as among different cohorts of releasees. Most of the literature on recidivism, including that done previously in Illinois (Olson, Dooley & Kane, 2004), has found the first 9 to 12 months following release from prison to be the time period when recidivism is most likely to occur. Because the SWICC graduates and inmates included in the comparison group were not exactly identical, it was necessary to perform multivariate statistical analyses in order to statistically control for the influence these differences between the two groups of inmates may have on their overall recidivism rates.³³ For a more detailed and technical description of the statistical analyses used to measure the impact of the SWICC program on recidivism, see Olson and Rozhon, 2011.

Recidivism Findings

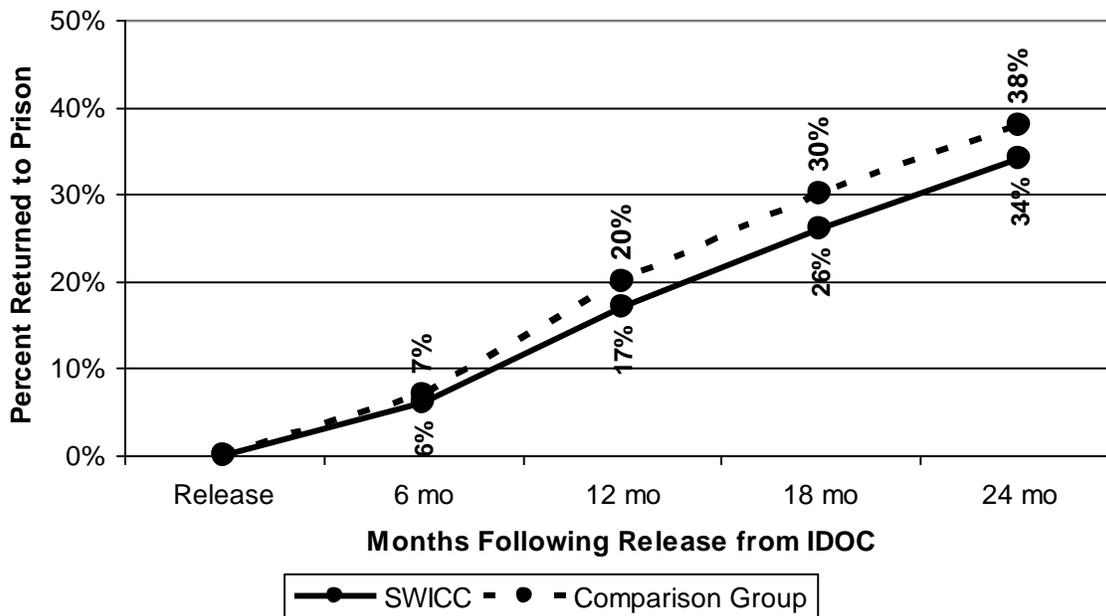
In general, the recidivism analyses found that SWICC graduates had a lower likelihood of recidivism than did the comparison group. Overall, those inmates released from SWICC had a 15 percent lower likelihood of being returned to prison for a new offense or a technical violation of their MSR than the comparison group. As seen in Figure 22, after statistically controlling for the characteristics of those released from SWICC and the comparison group, at 24 months following their release from prison, 34 percent of the SWICC releasees had been *returned to prison*, compared to 38 percent of the comparison group.³⁴

³³ Standardized rates represent the recidivism rates for the groups after statistically controlling for any differences between the groups in terms of offender age, race, marital status, education level, having children, gang membership, prior prison sentences, current conviction offense, current offense felony class, length of time served in prison, and the jurisdiction the inmate was released to. The technique used to make these statistical controls was Cox Regression (multivariate survival analyses), which not only accounts for the slight differences between the groups in terms of their characteristics but also to account for the fact that there were substantial differences in the time at risk for recidivism among the individuals included in the analyses.

³⁴ The unstandardized recidivism rates (i.e., without making statistical adjustments to account for the slight differences in the characteristics of the SWICC and comparison group) using survival analyses/life tables were 42 percent for the comparison group at 24 months and 36 percent for the SWICC graduates at 24 months.

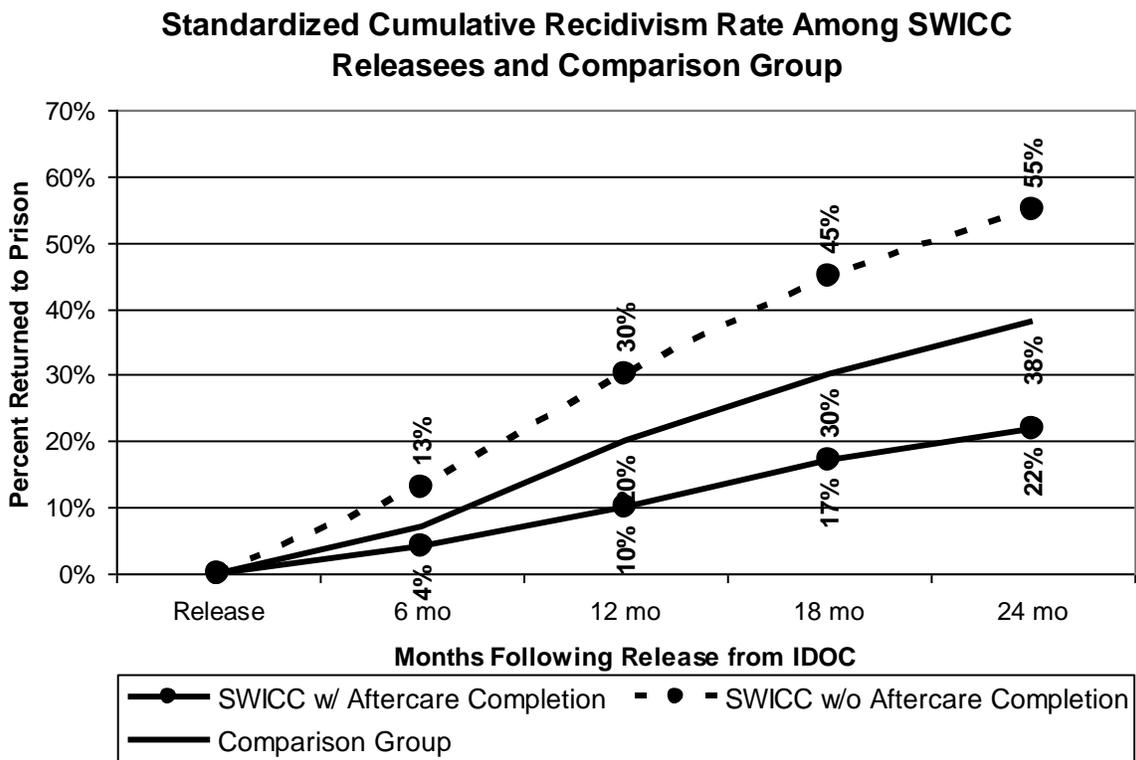
Figure 22

Standardized Cumulative Recidivism Rate Among SWICC Releases and Comparison Group



Further, when the SWICC graduates were separated into those who had completed/were still enrolled in aftercare and those that did not complete aftercare, the reduction in recidivism relative to the comparison group was even more substantial. Specifically, those SWICC participants who had completed/were still enrolled in aftercare had a recidivism rate that was 48 percent lower (i.e., almost one-half) than that of the comparison group. Again, at 24 months post-release, 22 percent of SWICC releasees who completed/were still enrolled in aftercare had been ***returned to prison***, compared to 38 percent among the comparison group (Figure 23). On the other hand, those SWICC releasees who ***did not*** complete aftercare were 63 percent ***more likely*** to be returned to prison than the comparison group: among SWICC releasees who did not complete aftercare, 55 percent were returned to prison within 24 months. This latter pattern is primarily due to the fact that failure to comply with aftercare among the SWICC releasees is considered a technical violation of their MSR, and therefore increases the likelihood of return to prison relative to the comparison group, which generally does not have any mandatory treatment requirements as part of their MSR.

Figure 23



The fact that those released from SWICC who did not complete aftercare had a higher rate of return to prison than the comparison group illustrates how rigorously monitored and how strictly these conditions of release are enforced among the SWICC releasees. As was described earlier, all inmates who participate in the SWICC program are required, upon release to MSR, to participate in aftercare treatment. Most often this aftercare is in the form of intensive outpatient treatment, which includes frequent urinalysis as well as frequent appointments to participate in group and individual treatment sessions. By comparison, most inmates released from prison (i.e., the comparison group) in Illinois are not required as a condition of their MSR to participate in intensive outpatient treatment, and as a result, have fewer conditions of MSR which they can violate. Further, if a *non*-SWICC inmate is released to MSR with a requirement of substance abuse treatment in the community, oftentimes there are wait-lists or treatment services are not readily available, and thus, through no fault of their own, the releasee cannot comply with these requirements and therefore will not be considered in violation of their MSR. On the other hand,

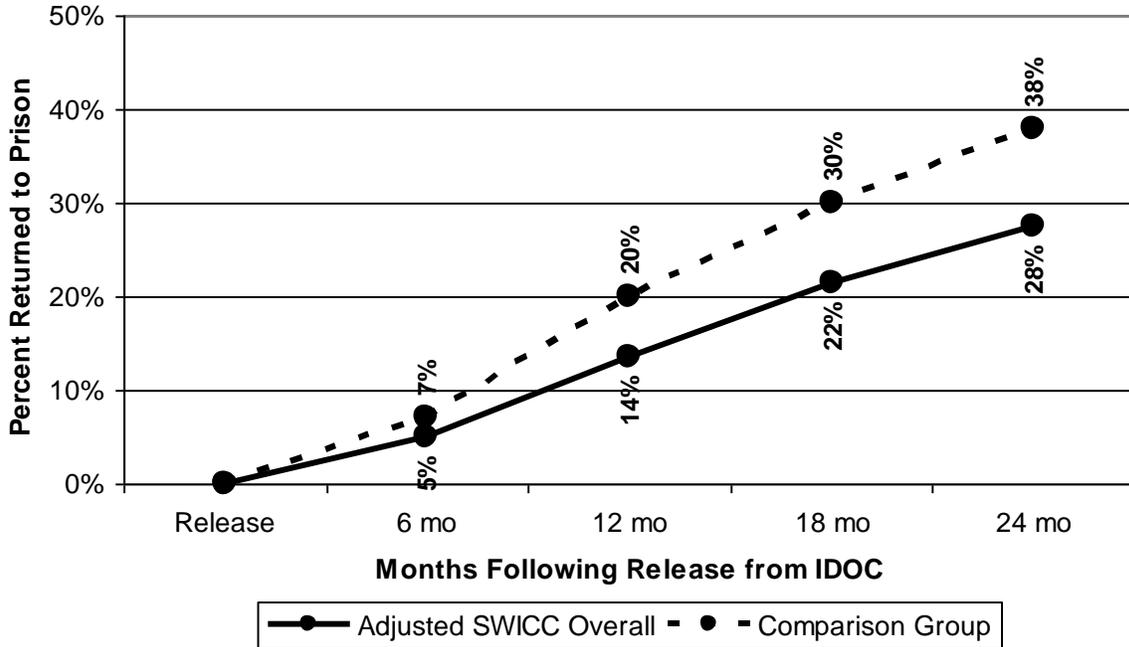
inmates released from SWICC are referred to community-based programs that have dedicated contracts with IDOC to serve SWICC releasees. As a result, a SWICC releasee failing to comply with aftercare is viewed more seriously because the services were made available to them. Thus, the higher likelihood of return to prison appears to be primarily related to their failure to comply with the aftercare requirements, and the higher level of supervision and monitoring of MSR conditions.

The data presented in Figure 24 attempts to account for this difference, and provides an *estimate* of what the overall recidivism rate for the SWICC releasees *would* look like if those who failed in aftercare were subject to the same risk of returning to prison as the comparison group.³⁵ Thus, had those released from SWICC who failed in aftercare had the same likelihood of being returned to prison as the comparison group (i.e., those inmates without the extensive MSR requirements SWICC releasees were subject to), the overall recidivism rate for SWICC releasees at 24 months post-release would have been 28 percent, compared to the 38 percent for the comparison group.

³⁵ This estimate for the SWICC releasees was calculated by weighting the recidivism rate in terms of what proportion completed aftercare and what proportion did not complete aftercare. In the cohort of releasees examined in this report—those released through June 30, 2010—roughly 65 percent completed aftercare and 35 percent did not. Thus, the recidivism rate for the comparison group at each point in time was multiplied by .35 (the weight for those that did not complete aftercare and what their recidivism rate would have been had they not been subjected to a higher likelihood of recidivism than the comparison group) and the recidivism rate for the SWICC aftercare completers was multiplied by .65 (the weight for those that did complete aftercare). Combining these two rates produced the estimates presented in Figure 24.

Figure 24

Estimated Standardized Cumulative Recidivism Rate Among SWICC Releasees & Comparison Group, Adjusted/ Estimated to Account for Higher Return of Aftercare Non-Completers



Reasons for Return to Prison

In addition to examining whether or not SWICC releasees and those in the comparison group were returned to prison, the reasons for their return to prison were also examined and compared. From those analyses it was evident that among those returned to prison, regardless of the group, the most frequent reason was a violation or a new arrest that occurred while the releasee was still on Mandatory Supervised Release. As seen in Table 18, *among those SWICC releasees who were returned to prison during the follow-up period, just under one-half (47.7 percent) were returned as a result of a new conviction and sentence to prison, whereas just over one-half (51.6 percent) were returned as a result of a violation of their MSR (which can include new arrests, but not new convictions).* Among the group of SWICC releasees who successfully completed their aftercare requirements, which as seen before had a much lower overall recidivism rate, *but were returned to prison, the most frequent reason—accounting for 55.7 percent of those in this group*

that were returned to prison--was a technical violation of their MSR. Similarly, among those SWICC releasees who failed to complete their required aftercare and were returned to prison, more than one-half (58.1 percent) were returned to prison due to violations of their MSR, which in most instances included not only their failure to complete aftercare but other violations as well, such as arrests for new crimes. Among releasees in the comparison group who were returned to prison, technical violations of their MSR accounted for almost two-thirds (63.3 percent) of returns.

Table 18
Nature of First Return to IDOC Among SWICC and
Comparison Group Recidivists

	Overall SWICC	SWICC w/Aftercare Completion	SWICC w/o Aftercare Completion	Comparison Group
Total New Conviction & Sentence to IDOC	47.7%	33.9%	41.0%	36.0%
New Conviction & Sentence to IDOC After Discharge from MSR	16.4%	14.9%	8.3%	6.6%
New Conviction & Sentence to IDOC While on MSR	31.3%	29.0%	32.7%	29.4%
Technical violation of MSR (including new arrests)	51.6%	55.7%	58.1%	63.3%
Other	0.6%	0.5%	1.0%	0.7%
Total	100.0%	100.0%	100.0%	100.0%

Finally, when those returned to prison specifically because of a new conviction and sentence to prison were examined to determine what crime they had been convicted of and sentenced to prison for, it was evident that among both those SWICC releasees and those in the comparison group the majority of conviction offenses were non-violent, and the majority were either drug-law violations or property-related crimes. For example, among those released from SWICC who ended up coming back to prison as a result of a new conviction and sentence, 14 percent had been convicted of a crime of violence, compared to 12 percent of those in the comparison group who were re-sentenced to prison. On the other hand, among those convicted and resentenced to prison, drug-law violations accounted for a higher proportion of the crimes SWICC releasees

who came back to prison than the comparison group (46 percent versus 36 percent, respectively). There were also some differences noted in the types of reconviction offenses that resulted in those being returned to prison between those SWICC releasees who completed aftercare and those that did not. Specifically, among those SWICC releasees who completed aftercare but were still reconvicted and sentenced to prison for a new crime, only 13 percent had been convicted of a crime of violence, compared to 16 percent of those who did not complete aftercare and were resentenced to prison. Finally, 43 percent of those who completed aftercare but were subsequently reconvicted and resentenced to prison were convicted of drug-law violations, compared to 51 percent of those who did not complete aftercare and were resentenced to prison.

Thus, the recidivism analyses found that overall the SWICC releasees had better post-release outcomes than did the comparison group of inmates who were similar to those at SWICC but that did not receive services. Further, those SWICC releasees who completed their aftercare requirements had a recidivism rate that was roughly one-half that of the comparison group, whereas those released from SWICC who did not complete aftercare actually did worse than the comparison group. This is most likely due to the fact that SWICC releasees have more MSR conditions than the comparison group. Finally, when those in either the SWICC group or the comparison group were returned to prison as a result of a new conviction, the likelihood that the new offense was violent in nature was relatively low for all groups examined, but was lower for the SWICC releasees as a whole and those from SWICC who completed aftercare, and most often involved drug-law violations or property-related crimes.

VII. CONCLUSIONS

Although SWICC opened as a fully-dedicated substance abuse treatment prison in the mid-1990s, the enhancements to the SWICC Correctional Center Therapeutic Community in 2007 was part of a substantial change in the Illinois Department of Corrections' response to the rehabilitative and reentry needs of those offenders committed to the state's prison system that began in 2004 when the Sheridan Correctional Center was opened. Prior to the opening of Sheridan, and the enhancements to SWICC, there was no process in Illinois to assess all inmates for substance abuse treatment need, no substance abuse treatment wait list to prioritize access to treatment services, and no coordinated process to refer released inmates to needed services in the community or contract for those services. Many of these glaring deficiencies were evident during the planning phase for the Sheridan program in 2003, including an inability to accurately determine how many of those admitted to Illinois' prison system were in need of treatment or would volunteer to participate in treatment if it were available. As a result of the changes prompted by Sheridan and SWICC, IDOC now assesses every inmate admitted to prison using the Texas Christian University (TCU) Drug Screen II, and maintains a system-wide treatment wait list so that those inmates identified as in need of treatment during the Reception and Classification (R&C) process but for whom treatment may not be immediately available or appropriate can potentially access services prior to being released from prison. Evidence of these improvements can be seen by the fact that as this process was implemented for Sheridan, the SWICC program benefitted through having a larger proportion of inmates admitted to SWICC coming from the treatment wait list as opposed to exclusively from IDOC's R&C Centers. Similarly, because of the need to coordinate aftercare services for the SWICC releasees, including additional substance abuse treatment, transitional living arrangements, and employment referrals, across the entire state and across multiple service providers the role of the Placement Resource Unit has expanded considerably.

In terms of the operation of SWICC over the past four years, the evaluation found that the program is serving the intended population and has implemented processes so that inmates who do not meet the eligibility criteria are generally not referred to SWICC, and in instances when they are inappropriately admitted, they are transferred quickly. The program has also been

successful at matriculating a high proportion of admitted participants through the entire institutional phase of the SWICC Therapeutic Community. From the data presented in this report, the SWICC program is clearly serving a population with very extensive substance abuse and criminal histories, and a high, previously unmet need, for the kind of intensive, comprehensive treatment being provided at SWICC.

The SWICC Correctional Center Therapeutic Community has clearly benefitted from the political and organizational support needed to ensure that a new program as large and complex as SWICC was implemented as intended. During the course of program implementation and the first four years of operation using the enhanced model, there was also widespread political support for inmate reentry programming and providing substance abuse treatment to those in prison. Because of the high recidivism rate in Illinois, crowding within the state's prison system, and the widespread recognition that substance abuse treatment delivered through a Therapeutic Community with aftercare can reduce recidivism, it was the convergence of a number of factors that allowed for this bold break from the traditional way Illinois' prison system responded to inmates in need of rehabilitative services and treatment.

The implementation and development of the SWICC Correctional Center Therapeutic Community has also enhanced the capacity of IDOC as well as community-based substance abuse treatment providers to respond to the reentry needs of Illinois' prison population. Prior to Sheridan and SWICC, the number of inmates leaving IDOC with dedicated access to aftercare treatment services for substance abuse, as well as the ancillary services needed to enhance successful reentry (i.e., transitional living or recover homes), was essentially non-existent. As a result of Sheridan and SWICC being implemented with an eye towards evidence-based practices, and the consistent finding in research that prison-based treatment must be followed up with aftercare services upon an inmate's release, all SWICC releasees were given referrals to aftercare services, and through the efforts of IDOC's Parole Division and Placement Resource Unit, and TASC, a network of community-based providers able to serve this population has been identified and supported in their efforts through funding as well as immersion training at SWICC.

Ultimately, in order for these efforts to be supported and continued they must show that they have an ultimate impact on the rate at which prison releasees return to prison—the recidivism rate. The evaluation has shown that the SWICC program has been successful in this respect: overall, inmates released from SWICC have a lower rate of return-to-prison than a statistically similar group of prison releasees (i.e., the comparison group), despite having a much more extensive and rigorously monitored set of requirements for their MSR. Further, among those SWICC releasees who are effectively matriculated through the aftercare component of the program and complete their aftercare, the recidivism rate is one-half that of the comparison group. As the program has evolved, and the aftercare network in the community, and referral process by TASC and Parole, has matured and become more standardized, the likelihood that SWICC releasees complete their aftercare has also improved.

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