**Adult Redeploy Illinois (ARI)**

**SFY26 Continuation Form**

**NOFO # 2115-0323**

**Program Name:**

**Request Amount:**

**Total Agency Budget:**

**Funding Source:** **SFY26 state appropriation**

**Request Type:** **Renewal funding**

Renewal awards will depend on the availability of funds, Adult Redeploy Illinois Oversight Board approval, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with award terms and conditions.

**Summary of the Program**

*Provide a brief overview of the jurisdiction’s plan to use ARI funding to reduce IDOC commitments of people with probation-eligible offenses. The program summary should provide a clear and concise description of how the jurisdiction will employ evidence-based and promising practices to divert individuals from prison while holding them accountable and addressing their needs to achieve more cost-effective outcomes. At a minimum, the summary must include the following (more detail will be provided in below sections):*

* *Description of target population for diversion, estimated number in target population, 25% reduction/diversion goal based on target population, and proposed number served (service goal).*
* *ARI program model and evidence-based target intervention(s) to provide supervision and services for the target population.*
* *Key partners and community stakeholders for the program.*
* *Proposed total program budget and estimated cost per person served (total budget divided by service goal).*

**Statement of the Problem – Unmet Needs**

*Describe gaps in the current local justice system and health and human services capacity (such as in personnel, technology, human services programs or partners, or other issues related specifically to the jurisdiction) that need to be filled to be able to safely divert people with probation-eligible offenses from prison.*

**Review of Progress Made – SFY25**

*Demonstrate progress toward the goals and objectives from the current funding cycle by completing the following table with expected and estimated actual numbers.*

**Goal:** Reduce the number of individuals committed to prison from the identified target population by 25% based on the average number of commitments in the prior three years.

|  |  |  |
| --- | --- | --- |
|  | **SFY25 Expected** | **SFY25** **Actual (est.)** |
| 1. Number in total eligible population (2020-22)
 |       |  |
| 1. Number in target population (define:      )
 |       |  |
| 1. Baseline 25% reduction/diversion goal (target pop. x 25%)
 |       |  |
| 1. Number of new participants enrolled/diverted
 |       |       |
| 1. Number of participants served
 |       |       |

*Discuss in detail the progress and any barriers you have experienced in meeting your goals and objectives during the current funding cycle.*

**Program Activities – SFY26**

*Describe the specific activities that funding will support in the next year, highlighting any major changes (additions/deletions) from the prior year, if applicable*.

**Key Partners**

*List the key program partners and stakeholders, such those in a multi-disciplinary team (MDT) in charge of oversight and/or staffing, using the following table. List titles only; no specific names. Briefly describe the roles of each partner in ensuring the success of the program. Add lines as necessary.*

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| **Roles and Responsibilities of Key Partners for the Program** |
| **Title and department/agency/office** | **Description of role** |
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**Project Implementation – Description of the ARI Program Model***Use this section to fully explain how the program model will operate, including identifying the target population, conducting intake and assessments, developing and implementing client service plans, expanding system capacity, engaging the community, and measuring performance.*

* *Target population. Define the criteria that will be used to accept individuals into the program, and clearly describe how the site will ensure that the program serves prison-bound individuals.*
* *Intake and assessment process. Describe referral pathways and the use of validated assessment tools of individuals’ risks, assets, and needs, such as the Illinois Adult Risk Assessment (IL-ARA).*
* *Target interventions. List types of evidence-informed practices and curriculum used to fulfill and support client service plans based on assessment information.*
* *Capacity-building. Describe efforts to enhance the current criminal legal system and health and human services capacity to safely supervise and rehabilitate the individual in the community, and leverage other services, programs, and funding sources in support of clients, such as Medicaid.*
* *Community involvement. Describe ways that the community is engaged to build awareness and support of the ARI program and aid in participant reintegration, including restorative justice practices, such as community restorative boards; community service projects with local civic and business organizations; mentoring programs; and faith-based organizations.*
* *Performance measurement. Explain how the program will collect data and meet reporting requirements to measure the impact of state investments in local alternatives to incarceration that lead to better client outcomes.*

**Implementation (Performance) Plan**

*Define each step in program implementation and operation with the staff position responsible for each task and a target date for completion; list deliverables (products) and milestones (events). Add lines as necessary. This will be used as a guide for internal and external monitoring of implementation progress.*

|  |  |  |
| --- | --- | --- |
| **Task** | **Staff Responsible** | **Date Completed or Frequency** |
| *Ex: Convene meetings* | *Coordinator* | *Ongoing* |
| *Ex: Hire program staff* | *Coordinator* | *Month 2* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| (Required) Attend All-Sites Summit |  | Spring (date TBD) |
| (Required) Attend ARI Regional Training |  | Date TBD |
| (Required) Submit quarterly data report to ICJIA/ARI |  | 15th of the month following the end of the quarter |
| (Required) Submit monthly fiscal reports to ICJIA/ARI |  | 15th of the following month  |
| (Required) Submit close-out report and documentation to ICJIA/ARI |  | July 2026 |

**Goals and Performance Metrics**

*Complete the tables below with objectives that are specific, measurable, achievable, results-oriented, and time-bound (SMART) and which describe effective program implementation in pursuit of ARI’s mission to build local service capacity and reduce reliance on state prisons.*

Note: ARI eligibility tables have been updated for the calculation of target populations of 25% reduction goals for the continuation funding process. Please use the eligibility tables for SFY2022-2024, available at the Grants tab on the [ARI website](https://icjia.illinois.gov/adultredeploy/grants).

|  |
| --- |
| **Goal:** Reduce the number of individuals committed to prison on probation-eligible offenses from the defined target population by 25% based on the average number of commitments in the prior 3 years.1. Provide the number in the total eligible population (2022-24 average):
2. Define the target population (risk level, needs profile, offense class, offense type):
3. Provide the number in the target population (2022-24 average):
4. Calculate the 25% reduction/diversion goal for the grant period (target population x 25%):
5. Estimate the number of new enrollments in the grant period (enrollment goal, should be equal to or greater than diversion goal):
6. Estimate the average length of time in the program (months):
7. Estimate the number of clients to be served in the grant period (service goal):
8. Estimate the number of program slots at any given time (program capacity):
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|  |  |
| --- | --- |
| **Process Objectives** | **Performance Measures** |
| Hold collaborative or multi-disciplinary team (MDT) meetings or staffing on a basis to guide program implementation  | * Types of disciplines and roles on team
* Number of meetings held per quarter
* Number of meetings with majority attendance
 |
| Provide hours of training for staff and team members in evidence-informed practices, reporting and data submission | * Number of training hours
* Types of training
* Number of staff trained
 |
| Identify, assess and enroll appropriate target population assuring that at least **80%** of those enrolled are moderate to high risk | * Number of participants referred
* Number of participants assessed
* Number of participants enrolled in the program
* Number of participants accepted into the program at each risk level: high, medium, low
 |
| Based on assessed risk and needs, develop individualized service plans for **100%** of participants and connect participants to appropriate services and supervision levels according to evidence-informed practices | * Number of participants with completed assessments
* Number of participants with written service plans
* Number of participants receiving evidence-informed services according to assessed need
* Number of participants engaged in cognitive-behavioral therapy
* Number of participants completing cognitive-behavioral therapy
* Number of participants engaged in substance use disorder treatment
* Number of participants completing substance use disorder treatment
* Number of participants engaged in mental health treatment
* Number of participants completing mental health treatment
 |
| Monitor participant compliance and progress * + - * face-to-face meetings per month
			* ratio of incentives to sanctions
			* Other: \_\_\_\_\_
 | * Average number of monthly face-to-face participant and probation officer meetings
* Number of sanctions for negative behavior
* Number of incentives for positive behavior
* Number of participants at each level or phase
* Average monthly caseload of program staff
 |
| Meaningfully engage the community times per  | * Number of meetings with community members
* Number of presentations in the community
 |
| Maintain capacity to collect and submit performance measurement data * At least **.25** FTE staff dedicated to program and data coordination
* % on-time, complete and accurate submissions
 | * Number of times data submitted on time
* Number of times data submitted are complete
* Number of times data submitted are accurate
* Number of times data submitted contain all mandatory data elements
 |
| Other process measures (optional):* + - *
 | Other performance measures:*
 |
| **Outcome Objectives**  | **Performance Measures** |
| At least **25%** of individuals from the target population will be diverted from prison | * Number enrolled
* Number active
* Number completed program requirements
* Number revoked to jail
* Number revoked to IDOC
* Number revoked to other
* Number of other outcomes (transfers, deaths)
 |
| % of program participants will make restitution for crimes committed and harm done to victims and their communities | * Number ordered to complete a restorative justice process
* Number completing a restorative justice process
* Number of community service hours
* Number ordered to pay restitution
* Average amount of restitution ordered
* Number who paid restitution
* Average proportion of restitution paid
 |
| Other statutory metrics (include if ARI funding used to provide services for these objectives):* + - * Employment objectives:
			* Education objectives:
 | * Number of participants employed (beginning and end of program)
* Number of job referrals
* Number of job placements
* Number of participants achieving educational advancement
 |
| Other outcome metrics (include if ARI funding used to provide services for these objectives):* + - * Housing objectives:
			*
 | * Number of housing referrals
* Number of housing placements
* Number of participants reporting stable housing
 |

Note: Funded programs must agree to participate in any required external evaluation(s) being conducted to determine the effectiveness of program operations. Funded programs will be required to adhere to data collection policies and procedures that allow ICJIA and the ARI Oversight Board to assess outcome objectives as deemed appropriate based on program design. Programs will be required to securely submit quarterly electronic data files, and progress reports reflecting progress toward each objective.

*Describe the coordination and supervision infrastructure, including a required at least .25 full-time equivalent (FTE) ARI coordinator position, to ensure the program is able to meet stringent requirements of evidence-informed implementation with fidelity, data collection, and reporting.*

**Cost Effectiveness and Certification**

*Calculate the cost per person served and cost per person diverted demonstrating cost-effectiveness and the potential for state savings from local alternatives to incarceration.*

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| **Cost-Effectiveness – SFY26 Proposed** |
| **Cost per person served** Total budget divided by service goal  |  |

*Problem Solving Court Certification – If operating a problem-solving court (drug, mental health, veterans, etc.), indicate efforts to attain Administrative Office of Illinois Courts certification:*

\_\_\_Certification received (date received:      ). Please provide documentation.

\_\_\_ Certification in process (date expected:      ). Describe any relevant factors:

\_\_\_ Certification denied (date denied:      ). If denied, describe next steps:

**Budget Detail**

*Insert general information in the table below; no detailed line items required. Estimates are subject to further review and adjustments. Follow budget guidelines provided separately.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Description** | **SFY25 Award** | **SFY26 Proposed** |
| Personnel & Fringe  |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Indirect Costs |       |       |       |
| **TOTAL ESTIMATED PROGRAM COSTS** |       |       |

*If applicable, provide a detailed explanation for projected lapsed funds in the current year.*

*Describe any major or structural changes in the program from the current year (added or eliminated elements), why they were necessary, and the expected impact on the budget.*

*If there are cost variances greater than 10% within a category, include a brief justification statement.*

*Certify that ARI grant funds will not be used to supplant existing federal, state, county, or local funds for your program. If grant funds will be used for the expansion or enhancement of an existing program, the statement must explain how proposed activities will supplement, not supplant, current program activities and staff positions.*

**Prepared by:**

(Name & title; no actual signature required)