



Integrity \* Positive Attitude \* Respect

# Annual Community Gap Analysis

**January 15, 2016**

*Joint Report to the Idaho Legislature*

*Idaho Department of Correction and Idaho Department of  
Health and Welfare*



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

# Introduction

In June of 2013, Idaho Governor C.L. “Butch” Otter and other state leaders requested the technical assistance from the Council of State Governments Justice Center to “employ a data-driven justice reinvestment approach to develop a statewide policy framework that would decrease spending on corrections and reinvest savings in strategies to reduce recidivism and increase public safety.” That policy framework was drafted into Idaho Senate Bill 1357 and was enacted into law during the 2014 regular legislative session. Among the requirements of SB 1357 is an annual report describing the gap in state funding to address the needs of all moderate and high risk probationers and parolees.

The five objectives for this gap analysis are:

1. Describe the current systems to deliver criminogenic and behavioral health services to felony offender populations.
2. Define the current criminogenic and behavioral health treatment needs of active probationers and parolees in Idaho.
3. Measure the current capacity available to deliver treatment for those needs.
4. Analyze any gaps in assessment, delivery, funding, capacities and oversight of Idaho’s delivery systems.
5. Recommend any direct or indirect changes necessary to address the gaps identified or other impediments of a complete delivery system.

For this report, Idaho Department of Correction (IDOC) and Department of Health and Welfare (DHW) worked with an outside consultant, Western Interstate Commission for Higher Education (WICHE) to gather and merge records from different data systems. The data extracted is the foundation for this report.

For a full analysis of the behavioral health needs of Idaho's probationers and parolees, please see the WICHE analysis that is included as an addendum to this report.

SB 1357, Section 8, 20-216 (2) (A - C):  
The board [of Correction] and the Department of Health and Welfare shall submit a joint report to the legislature by January 15 each year analyzing:

(a) The criminogenic needs of the active population of probationers and parolees;

(b) Current funding available to deliver effective, evidence-based programming to address those needs; and

(c) Any gap in funding to meet the treatment *needs of all moderate and high-risk probationers and parolees.*

# Executive Summary

The Justice Re-investment Initiative directs IDOC and DHW to report on the assessed need, funding available and gap in funding to deliver evidence based programming to all moderate and high risk probationers and parolees. Various gaps exist between the availability of community-based treatment for moderate and high risk offenders and the number of moderate to high risk offenders in need of treatment. It takes a community to delivery core services to offenders, including the Courts, DHW, IDOC and the network of community providers.

The following summarizes the findings and recommendations provided in this report:

## ***Criminogenic needs of active population of probationers and parolees:***

- 50.2% of IDOC's community supervised population was assessed as moderate to high risk, with a Level of Services– Revised (LSI-R) score of 24 or above.
- 99.0% (or 9,258) of moderate to high risk offenders had a score of .4 or above within the LSI-R domains indicative of a need for criminal thinking programming (criminal history, attitudes/orientation and companions domains).
- 78.6% (or 7,281) of moderate to high risk offenders had a score of .4 or above within the substance use domain, showing a need for substance use treatment.
- WICHE estimated 65% of offenders with moderate and 50% of offenders with high mental health distress may need treatment but are not receiving it. Nearly half of offenders (48.3%) may have met Idaho criteria for a serious mental illness.

## ***Any gap in funding to meet the treatment needs of all moderate and high risk probation and parolees:***

**Substance use:** 31.5% of the moderate to high risk probation/parole offenders living in the community with SUD domain scores at or above .4 were served with SUD or Drug Court services within the past year.

**Mental health:** Please see page 5 of the WICHE report, *Current Funding and Estimated Funding to Address Behavioral Health Needs*.

***A gap of \$5,435,022 for substance use treatment exists to treat the needs of the community supervised moderate to high risk offender population.***

Criminogenic needs are characteristics or traits an individual possesses that directly relate to the individual's likelihood to re-offend or commit another crime. For this report, the term "criminogenic needs" refers to criminal thinking apart from substance use and mental health. Although interwoven, the three are discussed separately as different forms of treatment may be necessary.

# Service Delivery Systems

## Criminogenic

**Idaho Department of Correction.** In February of 2015, IDOC requested the Council for State Governments (CSG) to assess the impact of IDOC programs on individuals in prison and on probation or parole in Idaho. The assessment was referred to as the Justice Program Assessment (JPA) and determined to what extent IDOC invests in programs that reduce recidivism through following research based principles. Specifically, the assessment looked at whether IDOC programming targets people who are most likely to re-offend (who), uses best practices based on current research (what), and regularly reviews whether program quality adheres to an evidence-based model (how well)<sup>1</sup>. The recommendations from the assessment will lead to new programming within the community for offenders. Resources will be targeted at offenders with the highest criminogenic needs. IDOC will triage low risk individuals out of intensive services and increase the dosage for high risk individuals.

While working towards new programming based on research-based practices, the following programs have continued to be offered: Cognitive Self Change (CSC), Moral Reconciliation Therapy (MRT), Thinking for a Change (TFAC) and New Direction programs. The findings and funding discussed in this report concern programming and funding available to offenders within the past year. There are 25 FTE positions within the community delivering services amongst seven districts.

**Provider Network.** There are 144 treatment sites managed by 75 agencies that provide outpatient and intensive outpatient treatment within the seven districts of Idaho. These providers are supported by IDOC through training to address the continuing needs of the probation and parole offender population. The programs include, but are not limited to: Cognitive Self Change-Idaho Model, Moral Reconciliation Therapy, and Thinking for a Change. The programs offered by community providers will also be changed, however, in the coming years, to align more closely with programs offered within the prison, for a continuum of care support network.



## Substance Use Disorder

The provider network is authorized by IDOC to deliver drug & alcohol treatment services (assessment, pre-treatment, parolee aftercare, outpatient and intensive outpatient care) and recovery support services (case management, drug testing, safe/sober housing, life skills and transportation). Included in this network are three adult residential and four adolescent residential providers. Two of the adult residential programs also serve as a halfway house. Each of the sites primarily focus on substance use disorders but can also provide for mental health diagnoses related to an emotional, behavioral, or cognitive disorder.

1. Idaho Department of Correction. (November 15, 2015). Program Evaluation Report.

Based on clinical necessity and funding availability, eligible offenders receive up to 240 days of treatment services in a full treatment episode.

- A drug and alcohol treatment episode for probationers includes up to 60 days of initial pre-treatment, followed by a 90 day Stage I and a 90 day Stage II treatment service.
- For parolees, a drug and alcohol treatment episode begins with 90 days of parolee aftercare and can be extended based on clinical need.
- Corresponding recovery support services are also available in each treatment stage, with an exception of safe & sober housing, which has a maximum benefit of 90 days.

Service eligibility and client referral is determined and conducted by IDOC clinical teams comprised of 2-6 staff in each judicial district. The IDOC clinical teams also manage pre-sentence GAIN-I Administration, conduct offender intakes, deliver correctional programs, serve as a clinical resource to probation and parole officers, and act as a district liaison to the provider network.

Substance use services are prioritized to make the most of limited funding. The populations served include: 1) 19-2524 court mandated offenders; 2) Re-entry Offenders (Rider graduates in rural areas, parolees with SUD disorder); and 3) Risk to Revoke offenders (offenders with active substance use).

**Drug Courts.** Drug courts are a proven multidisciplinary intervention that holds offenders accountable, ensures sobriety, and reduces recidivism<sup>2</sup>. A Felony Drug Court consists of a judge, prosecutor, defense attorney, clerk, coordinator, treatment provider, law enforcement representative, and an IDOC probation officer. Community supervised offenders who are moderate to high criminogenic risk and have substance use needs are eligible to participate in a Felony Drug Court. The Drug Court team meets at least twice a month, to review the offenders' treatment progress, adherence to conditions, results of randomized and observed drug tests, and to recommend responses to negative or positive behaviors, to be imposed by the judge. Drug courts use a system of escalating sanctions for offenders who fail to meet expectations. The sanctions include additional educational assignments, community service and even jail time. Conversely, as an offender demonstrates compliance, treatment and supervision is lessened. After having been clean for a significant period of time, and after having demonstrating significant compliance with the court requirements, offenders will graduate. Currently, there are 27 felony drug courts in Idaho.

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<sup>2</sup> Idaho Administrative Office of the Courts. Felony Drug Courts Evaluation Report. <http://www.isc.idaho.gov/psc/reports/>

## Mental Health

**Adult Mental Health - DHW.** DHW's regional behavioral health centers provide court-ordered evaluation, treatment recommendations and other necessary treatment provisions for individuals being sentenced under Idaho Code 19-2524, 18-211/212, and/or Mental Health Court. Adults referred through Mental Health Court receive Assertive Community Treatment (ACT) services, with ACT staff integrally involved in collaborative mental health court meetings. ACT services provide a full array of community-based services as an alternative to hospitalization for adults with serious mental illnesses who have the most intense service needs. ACT services are provided by a team of professional staff and certified peer specialists. Services include individualized treatment planning, crisis intervention, peer support services, community-based rehabilitation services, medication management, case management, individual/group therapy, co-occurring treatment and coordination of other community support services.

**Mental Health Courts.** Mental Health Courts reduce recidivism for severe and persistent mentally ill offenders in the criminal justice system and provide the community protection with a cost effective, integrated continuum of care through the development and utilization of community resources. Mental Health Courts hold defendants accountable, assist offenders in achieving long-term stability by becoming law-abiding citizens, and contribute positively towards offender relationships with family members, friends, and the community at large.

Offenders in a Mental Health Court must suffer from a serious and persistent mental illness including a primary diagnosis of:

- (a) Schizophrenia;
- (b) Schizoaffective Disorder
- (c) Bipolar I or Bipolar II
- (d) Major Depressive Disorder (Severe, Recurrent)
- (e) Psychotic Disorder Not Otherwise Specified (NOS) – For a maximum of 120 days without conclusive diagnosis

Mental Health Court Offenders are evaluated on an individual basis to determine treatment plans to address the specific needs for each participant. All offenders receive psychiatric support and medications through DHW through Assertive Community Treatment teams and medication compliance is required. Many Mental Health Court offenders have a co-occurring mental health and substance use disorder.



Common elements for a Mental Health Court include: frequent appearances in court, visits with the probation officer, individual or other group therapy, random drug testing up to seven days a week, daily contact with staff, home visits, employment services, housing support, assistance in accessing public benefits, attendance in sobriety self-help groups. Offenders are frequently evaluated for progress, which is shared with the team to recommend sanctions and incentives to the Judge. Currently, there are 11 Mental Health Courts in Idaho.

**Supervision Services.** As part of the Treatment GAP Analysis that was completed for the JRI initiative, the Idaho Department of Correction identified that there is a substantial gap in the desired ratio of Probation and Parole Officers (PPO) to offenders. SB 1357 identified the desired ratio of offenders to officer as 50 offenders to every 1 officer. This ratio allows the officer to have a much higher degree of involvement in all aspects of an offender’s successful completion of supervision.

PPOs are an essential part of the treatment team, helping guide an offender through a successful period of treatment and supervision in the community. Officers gather information, conduct interviews with the offenders, and conduct risk and needs assessments. Officers also work closely with the offenders to create program and supervision goals based on behavioral health assessments that are completed while in the community or in custody. Officers meet frequently with treatment providers to check on attendance and program progress. During a period of supervision, an officer will meet with offenders on a regular basis to discuss program goals, program progress, needed changes in behaviors, unaddressed needs, take substance tests, and address any other behavior or need that could lead to success or failure. For officers to have the time to create a therapeutic relationship with offenders it is imperative that they have a manageable case-load size.

# Criminogenic Need Analysis

## Assessments

There are two main assessments used to determine the criminogenic and behavioral health programming and treatment needs for offenders. The following describes the Level of Service Inventory Revised (LSI-R) and Global Assessment of Individual Need (GAIN) assessment tools.

**LSI-R.** The IDOC utilizes a nationally normed and validated risk and need assessment tool, the Level of Service-Inventory Revised (LSI-R), as the basis for treatment and supervision standards. The LSI-R assessment is conducted annually on probationers and parolees, as well as within the pre-trial phase. Offenders are graded on a series of questions covering research-based criteria known to be related to recidivism. The LSI-R has a proven

LSI-R Scales

1.

Criminal History

2.

Education/Employment

3.

Financial

4.

Family/marital

5.

Accommodation

6.

Leisure/Recreation

7.

Companions

8.

Alcohol/Drug Problems

9.

Emotional/Personal

10.

Attitudes/Orientation

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track record of reliability and validity and is commonly used to determine supervision placement, security level classification, and assessment of treatment need. The LSI-R requires a fairly extensive interview and scoring is based on a combination of responses to questions, information contained in the offender's file and collateral sources. The assessment tool can be used to triage low risk offenders away from intensive services where the impact can do more harm than good, and instead offer the right dosage of treatment to moderate and high risk offenders.

The scales most predictive of recidivism and often used to determine treatment need are criminal history, companions, emotional/personal, and attitude/orientation (all indicative of criminal thinking). The scale indicating alcohol/drug problems is also highly correlated with recidivism.

**GAIN-I Core.** SB 19-2524 requires all defendants who have been found guilty of a felony to be assessed for behavioral health needs as part of the pre-sentence process, unless waived by the court. The results of the assessment, including the criteria for a substance use disorder and any recommended level of care are submitted to the court within the pre-sentence investigation report. The GAIN-I was chosen to determine substance use and mental health needs within the pre-sentence process.

The content of the GAIN is divided into eight areas: background and treatment arrangements, substance use, physical health, risk behaviors, mental health, environment, legal, and vocational. In each area, the questions check for recency of major problem areas. If a given problem occurred in the past year, additional symptom-based questions (e.g., criteria for alcohol dependence) are asked to clarify the problem. If substance dependence or mental health concerns occurred in the past 90 days, detailed behavioral counts are collected (e.g., days of alcohol use, days of drinking 5+ drinks per day, etc.). The GAIN also asks detailed questions about lifetime and current (past 90 days) service utilization, as well as changes in the client's cognitive state (e.g. self-efficacy to resist alcohol use, resistance to treatment, motivation to be in treatment, and any treatment services the client wants). The GAIN can be administered orally or done as a self-administered assessment with review. Its limitation is it is self-report and does not possess thorough clinical analysis with diagnosis and treatment recommendations.

Idaho has adopted a single data collection, Web Infrastructure for Treatment Services, or WITS, allowing for centralized data collection for all GAIN data and substance use/mental health services rendered.



# Findings

## Description of Population

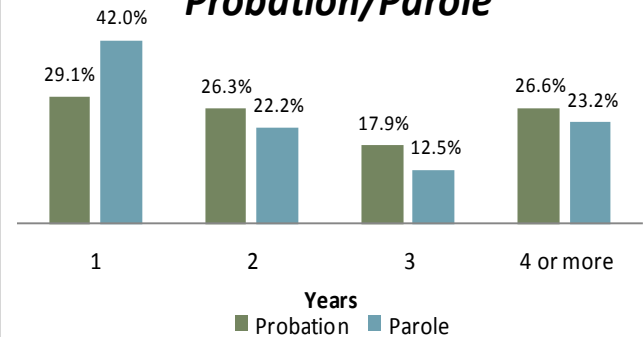
The following describes the active probation and parole population between June 1st, 2014 through May 31, 2015. This timeframe was used to stay consistent with the data provided for WICHE to run an analysis on the offender treatment gap. The WICHE analysis supports the analysis provided here.

There were 18,712 actively supervised probation/parole offenders in Idaho living within the community for all or part of June, 2014 —May, 2015. On average, the offenders had been on probation/parole for 2.2 years (median 1.7 years), ranging between 2 days and 23.4 years. Chart 1 indicates almost half (45.4%) of probationers and one-third (35.7%) of parolees had been under community supervision for two years or more. Nearly two-thirds (59.7%) of the probation and parole population were under community supervision for either drug (34.1%) or property crime (25.7%) charges (Chart 2). An additional 15.8% were under supervision due to alcohol related offenses.

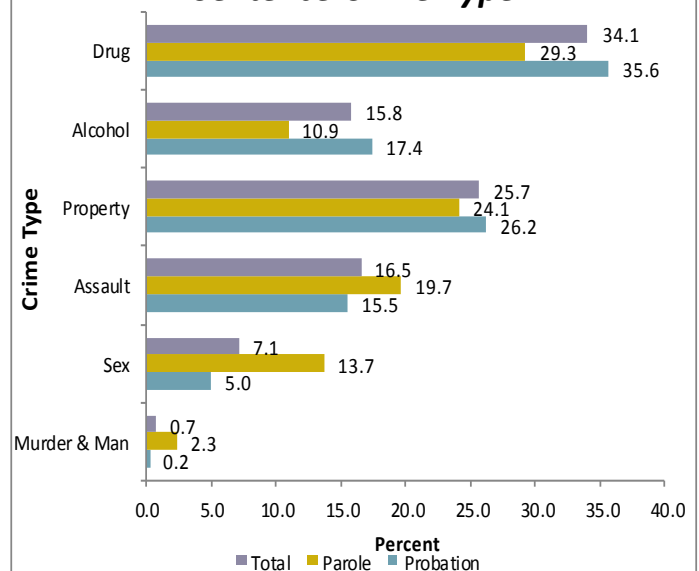
Paroled offenders were more likely than probationers to be serving sentences for assault, sex or murder/manslaughter offenses. There were 96 offenders serving sentences for life *with* parole.

Nearly half (43.8%) of all parolees compared to 26.2% of probationers live in the Ada County area (District 4) (Chart 3). District 3 held the second highest number of offenders, followed by District 1. District 0 offenders live any-where within the state but are monitored differently than other community supervised individuals. District 0 refers to the Low Risk Supervision caseload, and offenders are monitored by checking in through an online web portal monitored by IDOC.

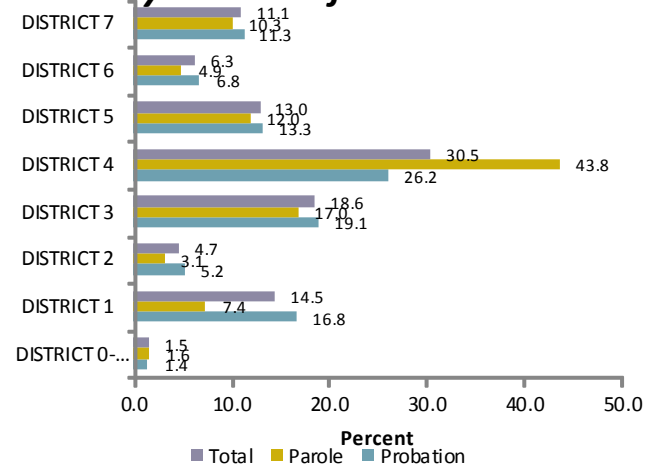
**Chart 1. Number of Years on Probation/Parole**



**Chart 2. Probation and Parole by Sentence Crime Type**



**Chart 3. Probation and Parole by District of Residence**



### Criminogenic Needs Based on LSI

Chart 4 shows the risk-need profile of IDOC's actively supervised probation and parole population.

- 47.7% (n=6,626) of probationers and 57.8% (n=2,637) of parolees were moderate to high risk with an LSI-R score of 24 or higher.
- 16.4% of probationers and 26.6% of parolees were high moderate to high risk.
- 50.2% of IDOC's community supervised population has been assessed as having moderate to high criminogenic needs.

**Chart 4. Risk-Needs Profile of Active Probation and Parole Population**

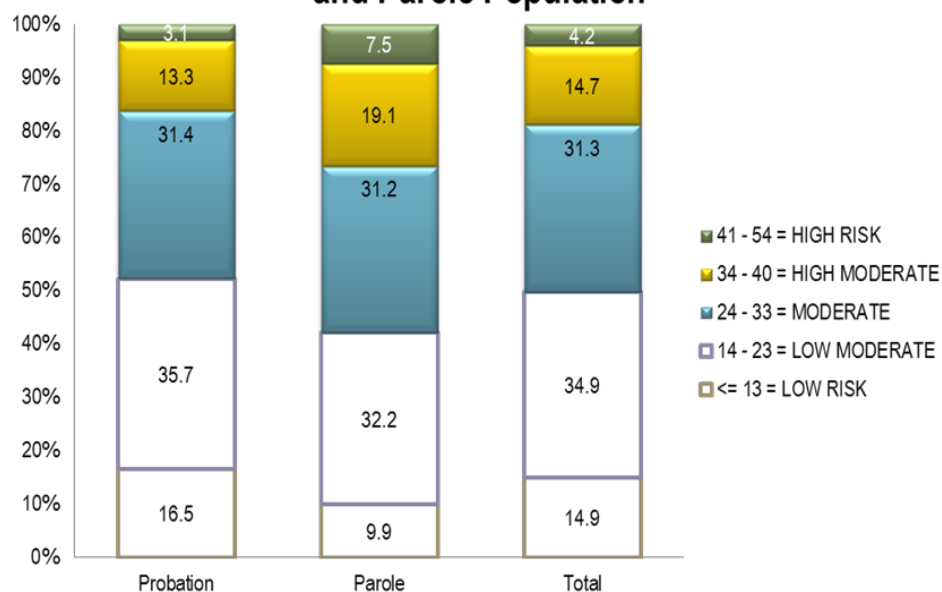


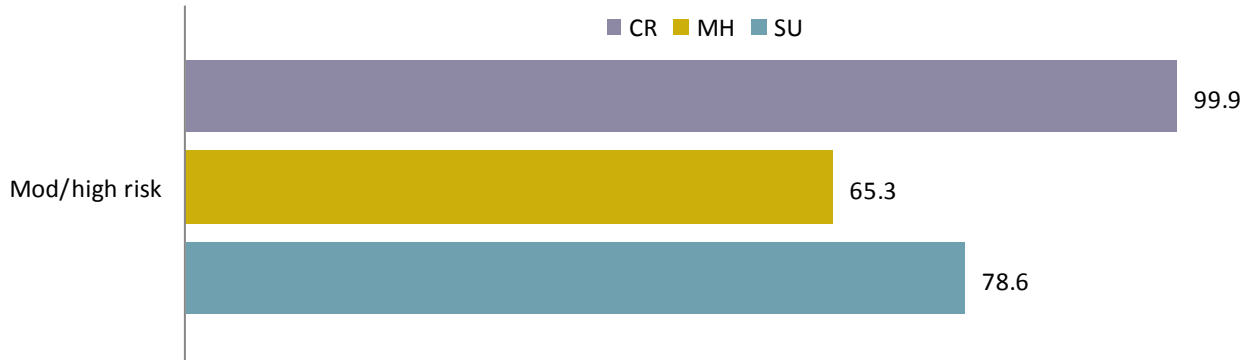
Table 1 provides the percentage of offenders scoring high in one or more of the individual subscales from the LSI -R that are indicative of a substance use need, emotional/personal need, other highly correlated criminogenic need (criminal history, companions, and attitude/orientation), or a combination. Need is determined by a score of .4 or above for the subscales (between 0-1). To show criminogenic need other than substance use or emotional/personal, the offender had high scores in all three criminogenic (criminal thinking) need domains. The most varied treatment needs existed among the low/low moderate groups.

- Many offenders in the low/low moderate groups had needs in just one area.
- **90.6%** of moderate and **99-100%** of high moderate/high risk groups had needs in multiple areas.

**Table1. Substance Use (SU), Emotional/personal needs (MH), and Criminogenic needs (CR) by Overall LSI Risk Score**

LSI Category	None	SU only	MH only	CR only	MH & SU only	MH & CR only	CR and SU	SU/MH & CR	Total
<= 13 = LOW RISK	17.6%	1.2%	9.4%	52.2%	0.7%	15.0%	3.3%	0.5%	2,747
14 - 23 = LOW MODERATE	0.7%	0.5%	1.4%	35.3%	0.7%	35.3%	17.3%	8.9%	6,427
24 - 33 = MODERATE	0.0%	0.0%	0.0%	9.4%	0.1%	22.3%	31.8%	36.5%	5,776
34 - 40 = HIGH MODERATE	0.0%	0.0%	0.0%	0.7%	0.0%	4.8%	26.9%	67.6%	2,719
41 - 54 = HIGH RISK	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	11.5%	88.3%	768
Total	2.9%	0.4%	1.9%	23.1%	0.4%	22.3%	20.9%	28.2%	18,437

**Chart 5. Substance Use, Emotional/Personal, and Criminogenic Needs for Moderate to High Risk Offenders**



\*SU= Substance use, MH= Emotional/personal, CR= other 3 criminogenic factors

**Table 2. Substance Use (SU), Emotional/personal needs (MH), and Criminogenic needs (CR) by Overall LSI Risk Score**

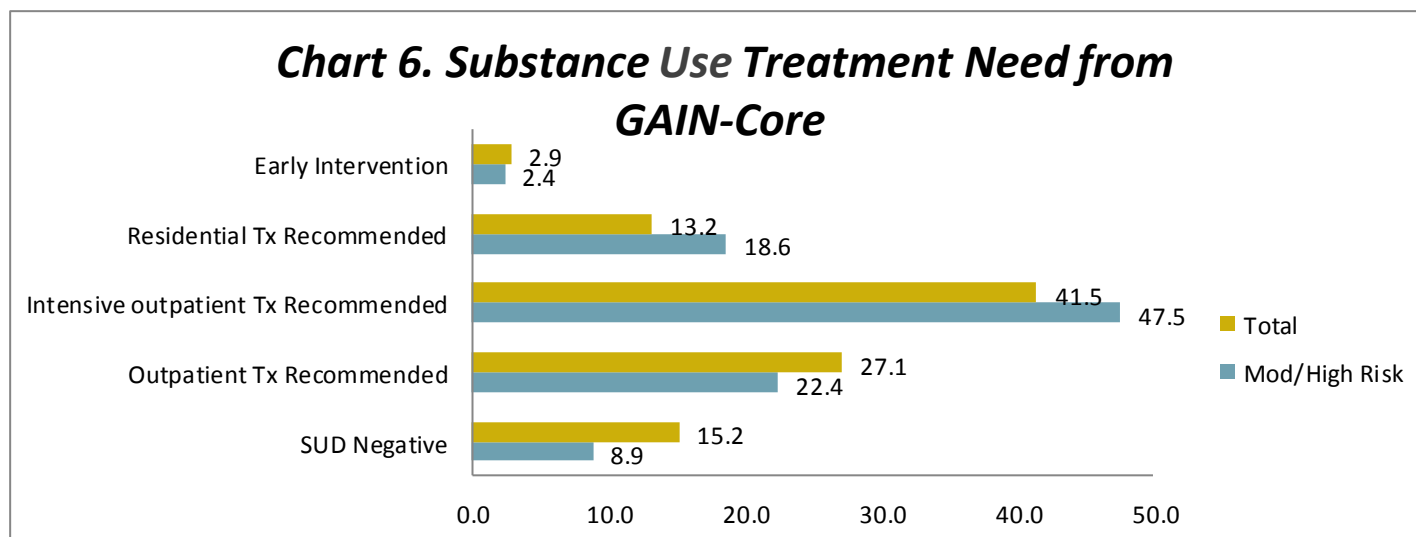
LSI Category	SU Only	CR Only	MH/SU Only	MH/CR Only	SU/CR Only	SU/MH & CR	Total
24 - 33 = MODERATE	1	542	4	1,289	1,834	2,106	5,776
34 - 40 = HIGH MODERATE	0	19	0	130	731	1,839	2,719
41 - 54 = HIGH RISK	0	0	0	2	88	678	768
Total	1	561	4	1,421	2,653	4,623	9,263

\*SU= Substance use, MH= Emotional/personal, CR= other 3 criminogenic factors

Table 2 indicates the number of offenders considered moderate to high risk and the number needing various programming and treatment by type. There were 99.0%, or 9,258 offenders in need of criminal thinking programming as evidenced by having a domain score of .4 or above within the criminal history, attitudes/orientation and companions domains. Programming to help with emotional/personal (mental health) was needed by 65.3% of moderate to high risk offenders. Substance use treatment was needed by 78.6% of moderate to high risk offenders. A combination of all three types was needed by 50.0% (or 4,623) of all moderate to high risk offenders.

## Criminogenic Needs Based on GAIN-I Core

There were 6,238 probation and parolees with stored information from the GAIN-Core within IDOC records. The offenders originally assessed within the pre-sentence phase as having various substance use treatment recommendations are provided in Chart 6. Only 15.2% of the total population of probation/parolees and 8.9% of those who were moderate to high/risk (LSI of 24 or greater) indicated no substance use intervention was necessary (SUD negative). Nearly half of the population receiving the GAIN assessment were recommended to have intensive outpatient treatment.



The analysis of GAIN data conducted by WICHE for those recently starting their sentence within the past year also identified most offenders who are moderate and high criminogenic risk have substance use dependency, coupled with some level of mental distress. For more information about their findings, please refer to the WICHE report: “Gap Analysis: Criminogenic Needs of Probationers and Parolees.”

## Funding Available

### IDOC Direct Staff Capacity

The IDOC delivers core criminogenic services in seven district probation and parole offices throughout the state of Idaho. Currently, IDOC is staffed with 28 direct service staff (3 positions are vacant) made up of 21 drug and alcohol rehabilitation specialists and 7 clinicians. Most all criminogenic groups last approximately 6 months.

District	FTE	Funding	Groups per District*	Weekly Total Offenders in Groups (at 15 per group)
1	3.0	\$192,480	16	240
2	2.0	\$131,749	10	150
3	4.0	\$251,718	28	420
4	6.0	\$361,630	28	420
5	4.0	\$245,223	23	345
6	2.0	\$138,655	11	165
7	4.0	\$253,677	24	360
Total	25.0	\$1,575,132	140	2,100

\*Total groups for October, 2015

**Summary: The available slots are 2,100 per 6 months, or 4,200.**

## Gap in Criminogenic Treatment from IDOC Direct Staff

According to the case management files from IDOC, 57.5% of moderate and high risk probation and parolees have *not* received IDOC programming for alcohol/drug problems, anti-social attitudes/orientation, emotional/personal, or family/marital problems in the past year. Only 7.3% received treatment for emotional/personal problems and only 22.1% received substance use programming. However, it is important to note that the classes offenders take are part of their individual parole plan and many factors are taken into account before enrolling someone into a class. For example, the offender may have participated in the class prior to release from prison, or have taken a class offered by private providers or the faith-based community.

Program	Total	N
None	57.5%	6,328
Alcohol/Drug Problems	22.1%	2,434
Anti-Social Attitudes/ Orientation	13.0%	1,436
Emotional/Personal	7.3%	804
Family/Marital	0.1%	6

The PPO is the key ingredient to ensure the offender is enrolled in necessary classes and participating. Recent JRI legislation led to the creation of a sanction and reward matrix that began implementation within IDOC districts in September, 2015. The matrix directs PPOs to monitor and reward performance of all offenders according to high LSI domains. Therefore, if an offender has a high LSI domain score within the attitudes/orientation domain, the goal will be to build problem solving skills, anger management and coping skills. Among other areas, the PPO will monitor if the offender is participating in criminogenic specific programming. If an offender has substance use issues, the PPO monitors for completion of treatment programs and may also conduct random drug testing.

Also of note, IDOC is currently revamping many of the community classes offered over the course of the next few years to streamline substance use, sex offender, anger management and cognitive behavioral therapy. The programming will follow research based practices, as recommended by the Council for State Governments within their recent Justice Program Assessment. The courses will allow offenders to begin programming within facilities and continue seamlessly after release into the community.

***Summary: IDOC has the potential to provide group classes to approximately 4,200 offenders per year. However, the number attending groups varies between rural and urban areas depending upon where offenders with various needs reside throughout the state of Idaho. In addition, although IDOC direct service staff provide classes to offenders, the role of the PPO is critical to ensure offenders are improving in anti-social attitudes/criminal thinking, substance dependence, or mental health concerns. All community supervised offenders are served through this resource.***

***Recommendation: IDOC needs to monitor the treatment taken by all offenders more effectively to ensure of gaps in programming and sufficient awareness of offender improvement over time.***

## Substance Use Disorder Treatment Funding

**IDOC SUD.** The Substance Use Disorder service group within the Idaho Department of Correction is responsible for the coordination and delivery of community-based substance use disorder treatment and recovery support services for felony offenders. At the FY16 budget level of \$7,186,600 and per offender cost of \$1,345 (based on current utilization rates), the Substance Use Disorder group within the Idaho Department of Correction has the capacity to serve approximately 5,343 unique clients through a network of community-based providers.

**Problem solving courts-Drug Courts.** The goals of Problem Solving Courts are to reduce the overcrowding of jails and prisons, to reduce alcohol and drug use and dependency among criminal and juvenile offenders, to hold offenders accountable, to reduce recidivism, and to promote effective interaction and use of resources among the courts, justice system personnel and community agencies. At the FY15 budget level, problem solving courts had 748 slots for the combined capacity of Veterans Treatment and Adult Drug Courts. The IDOC provides supervision to those offenders assigned to the Problem Solving Courts. Today, the IDOC is funded for 7 Probation Officers who are assigned to Problem Solving Courts. There are 39 felony level Problem Solving Courts with 32 (including the 7 that are specifically funded to PSC) IDOC Probation Officers assigned either full-time or part time to these courts.

**Summary- Potentially 6,091 offenders can be served with combined SUD Services**

## Gap in Substance Use Disorder Treatment

The following analysis is from extracted WITS data concerning all offenders receiving various SUD services from the provider network during the timeframe of June 1, 2014—May 31, 2015. Over this time period, 3,254 offenders received 24,260 various forms of SUD services. Services logged into WITS ranged from group counseling (20.7%), case management (13.1%), alcohol or drug assessment (12.0%), drug/alcohol testing (9.4%), transportation (12.5%), individual counseling (10.0%), adult safe and sober housing (3.1%) and others. Offenders receiving services had an average LSI score of 29 and 69.1% were moderate to high criminogenic risk. Only 1,575 of the 7,006 (22.5%) offenders on probation or parole who were moderate to high criminogenic risk and had a SUD domain score of .4 or above were listed among those receiving a SUD service from the provider network. It must be kept in mind that the priority for the funds is for those first entering probation or parole and once need is discovered, the offender must seek out services. Therefore, utilization of services is up to the offender. In addition, programming offered by IDOC clinicians and staff are not included in the WITS system as a billable occurrence and are therefore not counted here.

In addition, IDOC records indicate the 634 of moderate to high risk probation/parolees were in Drug Court over the course of the year.

**Summary— 31.5% of the moderate to high risk probation/parole offenders living in the community with SUD domain scores at or above .4 were served with SUD or Drug Court services.**

***Recommendation: To enhance the documentation of need for and access to treatment, it is recommended that the ASAM level of care from the GAIN assessment and recovery support services recommended and received be captured in the WITS system, or within the internal case management system of IDOC. Increasing the amount of information tracked from the GAIN assessment will allow for enhanced understanding of offender needs for substance use and mental health treatment.***

## Mental Health Treatment Funding

DHW's Division of Behavioral Health (DBH) serves as the state's behavioral health authority. The Division of Behavioral Health has an annual appropriation for SFY 2016 of approximately \$87 million and 673 full time positions.

### **DBH's program areas include:**

- Adult mental health program (AMH);
- Children's mental health program (CMH);
- Substance use disorders program (SUD);
- The state's two psychiatric hospitals for people with serious and persistent mental illness: State Hospital North (SHN) and State Hospital South (SHS)

**Adult Mental Health Program.** The AMH program ensures that programs and services ranging from community-based outpatient to inpatient hospitalization services are available to eligible Idaho citizens. Eligibility includes service to those who are: a) Experiencing psychiatric crisis; b) Court-ordered for treatment; or c) Diagnosed with a severe and persistent mental illness with no insurance. The provision of state-funded mental health treatment to Idaho residents is distributed between seven community-based behavioral health centers serving all 44 counties in the state. Each community-based behavioral health center is staffed with a variety of licensed treatment professionals (e.g. psychiatrists, nurse practitioners, social workers, counselors, certified peer specialists and other mental health workers). Each regional behavioral health center offers crisis services and ongoing mental health services. In SFY 2015, 76 percent of participants receiving services from the Division received crisis services; 24 percent received ongoing mental health services. Participants who received ongoing mental health services in SFY 2015 received one or more of the following services: Court-ordered treatment and mental health court, Assertive Community Treatment (ACT), case management services, community support services, or treatment for co-occurring mental health and substance use disorders.

Adult Mental Health Crisis Units provide 24/7 phone and outreach services and screen all adults who are being petitioned for court ordered commitment. The court-ordered commitment process is followed when the court determines that someone is likely to injure themselves or others. Individuals who are placed under commitment may be treated in a community or state hospital, or they may receive intensive community-based care for acute needs.



**Childrens Mental Health Program.** The Children's Mental Health program is a partner in the development of a community-based system of care for children with a Serious Emotional Disturbance (SED) and their families. While most children are referred to private providers for treatment services, the program provides crisis intervention, case management and other supports that increase the capacity for children with SED and their families to live, work, learn and participate fully in their communities.

**Substance Use Disorders Program.** Substance use disorders services are delivered through contracts with private and public agencies with a focus on best practices and evidence-based programs. The goal of substance use disorders treatment is to help participants live their lives in recovery.

The Substance Use Disorder Program includes: substance use disorder treatment, management of the substance use disorders provider network, training for treatment staff, facility approval and tobacco inspections.

Treatment services include detoxification, outpatient therapy and residential treatment. Recovery Support Services include case management, family life skills, recovery coaching, safe and sober housing for adults, childcare, transportation and drug testing. Specialized services are available for pregnant women, women with dependent children, and adolescents.

**State Hospital South/State Hospital North.** State Hospital South, located in Blackfoot, has 90 adult acute psychiatric beds, 16 acute psychiatric adolescent beds, and operates a psychiatric skilled nursing center. State Hospital North is located in Orofino and has 55 adult acute psychiatric beds. Patients are referred to the psychiatric hospitals by regional behavioral health centers after civil or competency restoration commitment in their local courts. Civilly committed patients have been found to be a danger to themselves, a danger to others, or gravely disabled. Competency restoration patients have been found unfit to proceed in the criminal justice system because of a mental illness.

## Gaps in Mental Health Treatment

WICHE's analysis estimated approximately 65% of offenders with moderate and 50% of offenders with high mental health distress may need treatment but are not receiving it. According to the analysis' executive summary, nearly half of offenders (48.3%) may have met Idaho criteria for a serious mental illness.

The results of this evaluation further suggest that an estimated 9,252 moderate- and high-risk to reoffend offenders may need mental health or SUD treatment. Thus, a significant gap in the number of offenders needing treatment appears to exist. It is important to note that the evaluation did not include data for offenders who may have received treatment services through the state Medicaid program, Medicare, private insurance, Veterans Health Administration, or indigent care services provided by non-state providers (e.g. hospital emergency departments).

**Summary: An estimated 9,252 moderate- and high-risk to reoffend offenders may need mental health or substance use disorder treatment.**

**Recommendation: Utilize the WICHE gap analysis to create a budget request for SFY 2018.**

**Recommendation: Continue to improve the data collection process.**

## Conclusion

WICHE estimated that the average cost per offender for substance use treatment is \$1,574 and average cost for mental health is \$2,975. Although it is not known what the appropriate utilization of services would add to the cost per offender, the estimate on the gap in treatment is provided below. The numbers served and additional need are based on the number of moderate to high risk offenders falling in either category, based on WICHE estimates of need from the GAIN assessment. More offenders received services than indicated below, but the statute is clear that the gap identified must address the funds needed for moderate to high risk probationers and parolees.

Treatment	Served**	Additional Need	Total*	Ave. Cost	Gap	Total Estimated Cost
Substance Use	2,209	3,453	5,662	\$1,574	\$5,435,022	\$8,911,988
Mental health	347	3,345	3,692	\$2,927	\$9,790,815	\$10,806,484
Total					\$15,225,837	\$19,718,472

\*The total in need of services is based on the WICHE analysis of GAIN data, estimated proportion of total having mental health and substance use treatment needs. This amount is 10% lower than the estimated need from the LSI-R substance use and emotional/personal domains.

\*\*The "served" population only includes offenders who were moderate/high risk and received billable services or within the population of drug or mental health courts.

Based on these calculations, the current estimated gap to provide substance use and mental health treatment to all moderate to high risk offenders living in the community with substance use and mental health needs equates to \$15,225,837. Similar to the estimate WICHE found, the overall amount of funding needed to provide substance use and mental health treatment to moderate and high risk offenders is \$19,718,472. It is hoped with future versions of this annual report, better data collection methods will result in more sophisticated analysis both of need and of current gaps in services. The current projections are based on the most relevant and reliable data available.