

Annual Community Gap Analysis **FY2017**

Joint report to the legislature between
Idaho Department of Correction and
Idaho Department of Health and Welfare



Executive Summary

Among requirements of the Justice Reinvestment Act (SB1357) is an annual joint report to the legislature from Idaho Department of Correction (IDOC) and the Idaho Department of Health and Welfare (IDHW) describing the gap in state funding available to address the needs of all moderate and high risk probationers and parolees living within the state of Idaho. This report provides information on the criminogenic needs of probationers and parolees; current funding available to deliver evidence based programming to address those needs; and any gap in funding to meet the treatment needs of all moderate and high risk probationers and parolees.

Highlights

- ▽ 35.9% (8,236) of the active population of probationers and parolees are moderate to high risk to recidivate based on their Level of Service Inventory-Revised (LSI-R) assessment score of 24 or above.
 - 81.4% (6,399) of moderate to high risk probation and parolees had a substance use domain score of .4 or above, indicating a need for substance use treatment.
 - An estimated 28.2% (2,322) of the moderate to high risk population have severe mental health needs and an additional 21.4% (1,763) have low to moderate needs and are not receiving treatment.
- ▽ IDOC Substance Use Disorder (SUD) FY17 funding covered \$6.8 million in substance use treatment expenditures. In addition, state funded services provided for problem solving courts and aftercare programming.
 - About 2,469 moderate to high risk offenders with an LSI-R substance use domain score of .4 or above did not receive SUD funding, aftercare, or drug court services.
 - **2,469 *\$1,480 (average amount spent by those receiving services who did not recidivate) equals an additional \$3,654,120.**
- ▽ About 364 moderate to high probation and parolees with severe mental health needs were served out of 2,322. Approximately 1,958 were still in need of treatment.
 - **1,958 * \$2,975 per service (average amount estimated for mental health services) equates to a gap of \$5,825,050.**
 - However, if the entire population, including low to low moderate risk offenders are included, the gap grows to (4,686 estimated needing and not receiving treatment * \$2,975)= **\$13,940,850.**
- ▽ **The combined gap in coverage for substance use and mental health needs for moderate to high risk offenders in the state of Idaho is \$9,479,170.**



Assessment Process

Criminogenic needs are risk factors determined to contribute to a person's likelihood to reoffend. IDOC uses two assessments to determine criminogenic and behavioral health treatment needs: 1) the Level of Service Inventory-Revised (LSI-R); and 2) the Global Assessment of Individual Needs (GAIN-I Core).

LSI-R

The LSI-R is an assessment of offender attributes that are related to recidivism. There are ten areas within the assessment: 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; and 10) attitudes/orientation. The LSI-R assessment is conducted: 1) on offenders within the pre-trial phase for the pre-sentence investigation report, 2) once or more per year with probationers and parolees, depending on their level of risk (higher risk offenders are tested more frequently); and 3) with prisoners in IDOC facilities who are nearing parole eligibility and have not had an assessment within five years. The LSI-R has a proven 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 the 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 assessment results in an overall score that has cutoffs of low, low moderate, moderate and high. Individuals with scores 24 or above are considered moderate to high risk and are the main focus for this report.

GAIN-I Core

Statute 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 biopsychosocial 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 Core was chosen to determine substance use and mental health needs within the pre-sentence process.

Assessment Process Cont.

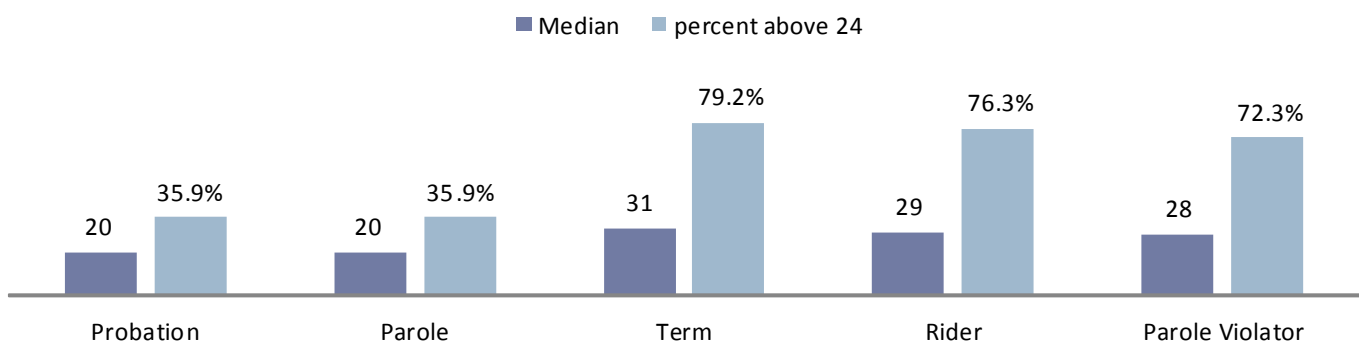
The content of the GAIN-I Core is divided into eight areas: background and treatment arrangements, substance use, physical health, risk behaviors, mental health, environment, legal, and vocational. In each area, the questions check for how recent problem areas have occurred. If a problem occurred in 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-I Core 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). After completion of the GAIN-I Core assessment, the overall recommendation for substance use disorder treatment and severity of need are entered into the IDOC Corrections Integrated System (CIS). In addition, Idaho has adopted a single data collection, Web Infrastructure for Treatment Services (WITS), allowing for centralized data collection and data sharing between agencies for all GAIN-I Core data.

Criminogenic Needs

The average LSI-R score for those living in the community on probation and parole is 20 (Chart 1). This is 11 points below the average score for those incarcerated in prison as a term, and nine points below the score for those incarcerated on a Rider.

▽ 35.9% of probation and parolees are moderate to high risk (LSI-R score above 24) compared to over 70% of those incarcerated as termers, riders and parole violators.

Chart 1. Comparison of LSI Scores by Status Type



Note: **Term** is an offender who the courts or Parole Commission has committed to one of the state prisons. **Rider** is an offender program under the jurisdiction of the court. At completion, the court determines whether to place the person on probation, Term status or withhold judgement. **Parole violator** is an offender who has violated the conditions of parole and is in a temporary status until a hearing is conducted to determine if he or she will be returned to Term or Parole status.

Criminogenic Needs Cont.

Offense by Risk Score

Not only do individuals living in the community differ from those incarcerated by their risk score, offenders also differ by the type of crime committed.

▽ Most probationers (76.4%) and Riders (73.7%) have convictions for property and drug/alcohol offenses compared to less than half of Termers (42.0%) (Chart 2).

▽ Probationers and Parolees with Property or Drug/Alcohol convictions have lower LSI-R scores than those incarcerated as a Rider, Term, or Parole Violator.

▽ Nearly two-thirds (60.0%) of Parole Violators have committed property or drug/alcohol offenses, indicating these offenders most commonly violate parole.

▽ In general, offenders with assault related charges have higher LSI-R scores, however for individuals living in the community, property and drug offenders have higher LSI-R scores than those who committed murder/manslaughter, a sex offense, or an assault related crime (Table 1).

▽ Individuals serving time on property or drug offenses have higher LSI-R scores than those serving time on alcohol related offenses, regardless of whether they are living in the community or are incarcerated.

Chart 2. Percent Serving Time on Property Drug/Alcohol Charges by Status

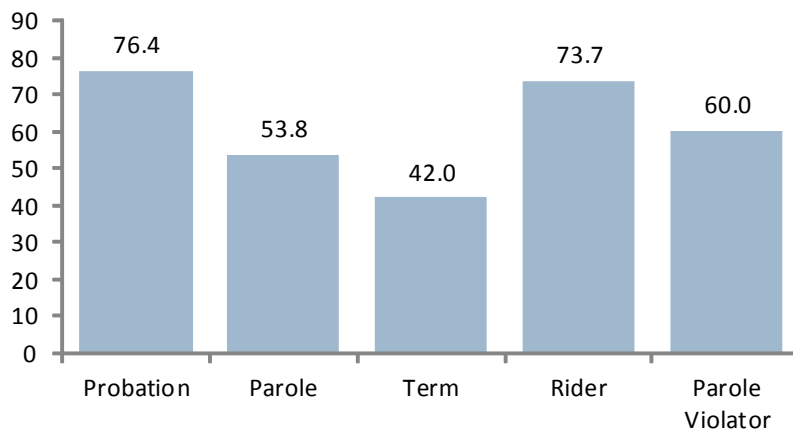


Table 1. Median LSI –R Score by Status and Crime Type

	Murder/ Manslaughter	Sex Offense	Assault	Property	Drug	Alcohol
Probation	14	14	19	20	22	15
Parole	15	17	21	21	22	19
Term	29	27	33	32	31	27
Rider	27	21	29	30	30	24
Parole Violator	24	28	28	28	30	26
Total	23	20	25	24	24	23

Criminogenic Needs Cont.

Demographics and Risk

Gender

Females disproportionately fall within the mod/high risk group (Chart 3).

- ▽ 35.6% of mod/high probationers are female compared to 27.8% of low risk probationers.
- ▽ 21.3% of mod/high risk parolees are female compared to 15.6% of low risk parolees.

Age

Nearly half of the community population is between the ages of 18-34. However, moderate to high risk offenders tend to be older than low risk offenders (Chart 4).

- ▽ 43.7% of low risk probationers are 35 or older compared to 53.5% of moderate/high risk.
- ▽ 58.9% of low risk parolees are 35 or older compared to 70.8% of moderate/high risk.

Race/Ethnicity

Most (74.7%) of the total probation and parole population are white (Chart 5). However, non-white offenders make up a slightly higher portion of the moderate/high risk group than the low risk probation (27.5% compared to 26.6%) and parole population (21.7% compared to 20.4%).

Length of Time

Low risk community offenders have less time left to serve on their sentence than high risk offenders. The active population of probationers has currently served a median average of 255 days and parolees 224 days. Moderate/high risk probationers have 2.7 years left (compared to 2.4 years for low risk probationers). Moderate/high risk parolees have 3.7 years left (compared to 3.4 years for low risk parolees).

Chart 3. Percent Female by Probation and Parole, Compared by Risk

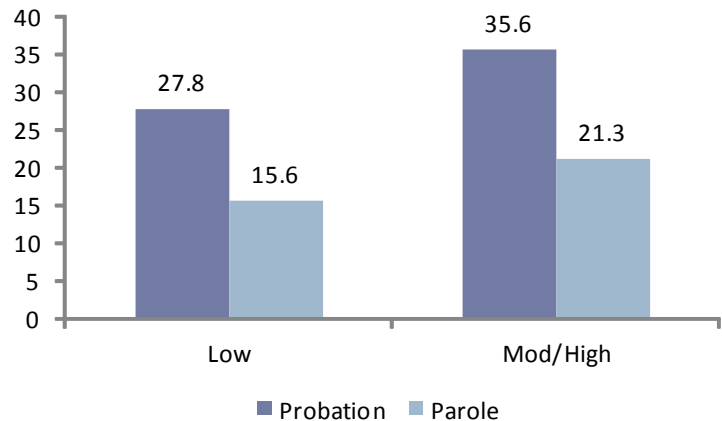


Chart 4. Age by Probation and Parole, Compared by Risk

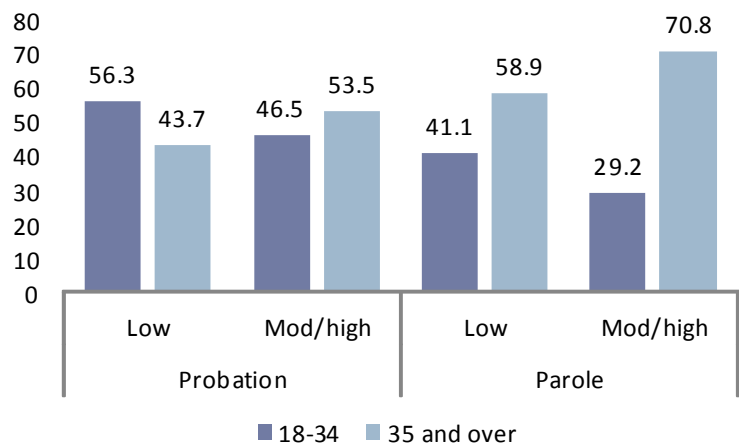
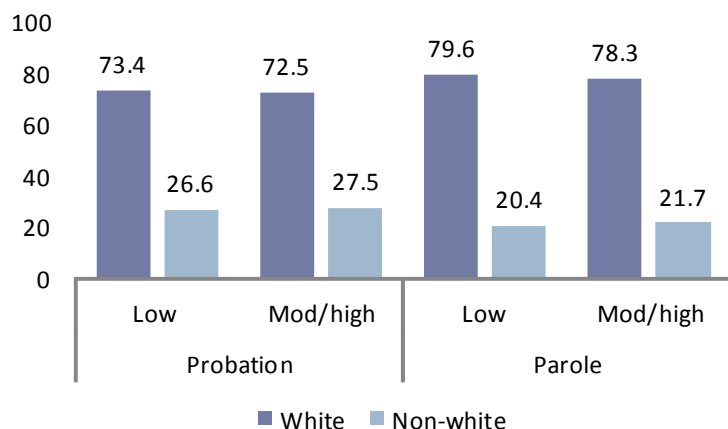


Chart 5. Percent White by Probation and Parole, Compared by Risk



Criminogenic Needs Cont.

LSI-R Domain Scores

To determine the most common problem areas assessed with the LSI-R, each domain was recoded with those scoring 40% or more (yes/no) of the total points within each domain (Table 2). This method was used to determine areas of highest criminogenic need for probation and parolees. For example, for criminal history, 90.2% of probationers and 89.3% of parolees scored at least four out of a possible ten points on criminal history questions. Using this method:

- ▽ The highest problem areas/needs for moderate/high risk probationers on the LSI-R include: financial, criminal companions, criminal history, substance use, leisure/recreation, and education/employment.
- ▽ The top most common needs (40% of points or more within domain) for moderate/high risk parolees includes: criminal companions, financial, criminal history, leisure, emotional/personal, and education/employment.
- ▽ 99.7% of mod/high probation and parolees scored 40 percent or more in an area indicating need for treatment for criminal thinking. IDOC offers cognitive based treatment for this purpose. Nearly everyone receives Thinking for a Change in prison, in addition to other programming. Advanced Practices is provided in the community to help practice skills learned within prison.

Table 2. Percent Receiving 40% or more of points within domain by Probation and Parole and LSI-R Domain

LSI-R Domain	Probation		Parole	
	Low	Moderate/High	Low	Moderate/High
Criminal History	69.6%	90.2%	86.2%	89.3%
Education/employment	19.8	77.2	17.0	72.6
Financial	56.4	92.7	49.6	91.9
Family/Marital	29.7	66.6	31.6	66.0
Accommodations	5.0	35.0	5.2	26.3
Leisure	52.0	89.7	41.2	84.2
Companions	57.3	92.1	64.7	93.7
Substance Use	24.5	82.4	9.3	59.7
Emotional/Personal	40.4	66.4	45.0	73.2
Attitude/Orientation	13.6	53.5	10.1	53.1

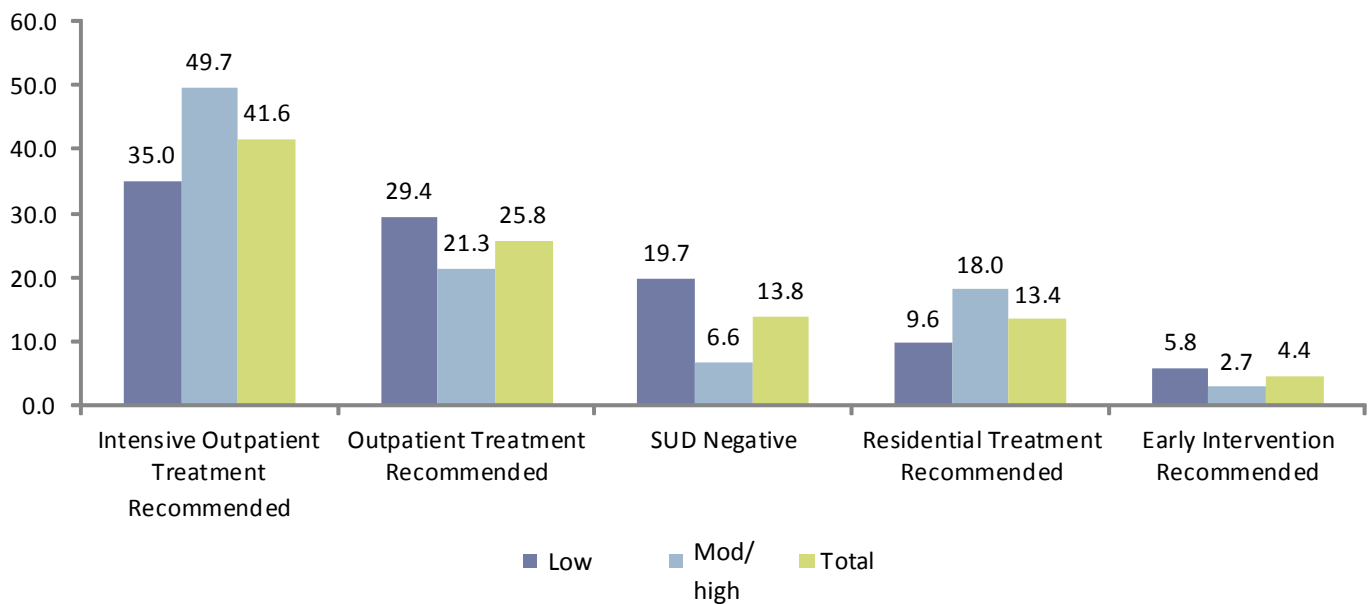
GAIN-I Core Substance Use Needs

Assessed Severity level

In addition to LSI-R information, 11,175 probationers and parolees living within the community during fiscal year 2017 had completed GAIN-I Core assessments on file, indicating whether the individual had a substance use or mental health treatment need *at the time* of the assessment. Any recommendation for substance use and/or mental health treatment was provided to the judge within the pre-sentence investigation report. For substance use, the GAIN-I Core assessment provides the following categories of recommendations: 1) no intervention (SUD negative); 2) early intervention; 3) intensive outpatient treatment; 4) outpatient treatment; and 5) residential treatment. The recommendation is only valid for six months, and is used as criteria to help an individual gain access to treatment.

At the time of the assessment, most of the community population had recommendations for either intensive outpatient (41.6%) or outpatient treatment (25.8%) (Chart 6). By risk level, moderate/high risk offenders were more likely to be recommended intensive outpatient treatment or residential treatment. In addition, low risk offenders were much more likely to have a GAIN-I Core assessment indicating no treatment recommendation (SUD negative) (19.7% compared to 6.6%).

Chart 6. GAIN-I Core Recommendation for Treatment



GAIN-I Core Mental Health Needs

Assessed Severity Level

Since March 2017, IDOC’s SUD team employees also started documenting the mental health treatment needs obtained from GAIN-I Core assessments within CIS. As of October 2017, 3,615 probationers and parolees had mental health treatment needs entered into the system.

Severe Problems:

- ▽ Moderate to high risk offenders were **more** likely to report severe problems in past 90 days (28.2% compared to 23.5%).
 - 9.1% (11.7% mod/high) of clients reported they have received mental health treatment for emotional, behavioral, or cognitive problems within the past 90 days, but are still experiencing severe problems.
 - 14.4% (16.5% mod/high) of clients reported severe emotional, behavioral, or cognitive problems within the past 90 days but are not currently receiving services for those problems.

Table 3. GAIN-I Core Assessed Severity by Risk

Assessed Need	Treatment	Total	%	Mod/High	%
Severe Problems	Treatment, but still experiencing problems	328	9.1	109	11.7
	No treatment	520	14.4	153	16.5
Low/Moderate Problems	Treatment in past 90 days	397	11	128	13.8
	No treatment	709	19.6	199	21.4
Past Problems	Treatment in past 90 days	237	6.6	56	6.0
	No treatment	363	10	75	8.1
No Problems		1,061	29.3	209	22.5
Total		3,615	100	929	100

Low/Moderate Problems:

- ▽ Moderate/high risk offenders were **more** likely to have low/moderate emotional, behavioral, or cognitive problems within the past 90 days (34.2% compared to 30.6%).
 - 19.6% (21.4% mod/high) of clients reported low to moderate emotional, behavioral, or cognitive problems within the past 90 days, but not receiving treatment.
 - 11.0% (13.8% mod/high) of clients with low/moderate problems in past 90 days have received mental health treatment but continue to report low to moderate problems.

Past Problems:

- ▽ Moderate/high risk offenders were **more** likely to have recent rather than past mental health needs (14.1% compared to 16.6% had problems in the past).
 - 6.6% (6.0% mod/high) of clients with past problems have received mental health treatment in the past 90 days and have not had problems in past 90 days.
 - 10.0% (8.1% mod/high) of clients with past problems reported no problems or treatment in past 90 days.

No Problems:

- ▽ Moderate/high risk offenders were more likely to have identified mental health needs rather than no problems (22.5% no problems compared to 29.3%).

GAIN-I Core Mental Health Needs Cont.

Suicidal Ideation

In addition to describing the severity of past emotional, behavioral or cognitive problems, the GAIN-I Core indicates whether the person has had recent suicidal thoughts or ideations, previous suicide attempts, or a history of inpatient mental health hospitalizations.

- ▽ 4% of clients reported suicidal thoughts or ideations in past 30 days. However, rates are higher for moderate to high risk offenders (5.5%), and for those with severe mental health needs (11.6%).
- ▽ 1.8% of clients had suicidal thoughts or ideations in the past 7 days. However, rates were higher for moderate to high risk offenders (2.9%) and for those with severe mental health needs (6.0%).
- ▽ 9.5% of clients have previously attempted suicide. However, rates were higher for moderate to high risk offenders (10.3%) and those with severe mental health needs (19.0%).
- ▽ 14.4% of clients have a history of inpatient mental health hospitalizations. Rates were higher for moderate to high risk offenders (16.2%) and even higher for those with severe mental health needs (25.8%).

Table 4. GAIN-I Core Assessed Suicidal Ideation by Risk

Suicidal ideation	Total %	Mod/ high Risk %	Severe MH %
Suicidal thoughts past 30 days	4.0%	5.5%	11.6%
Suicidal thoughts past 7 days	1.8	2.9	6.0
Previous suicide attempt	9.5	10.3	19.0
History of inpatient mental health hospitalization	14.4	16.2	25.8

Funding and Services Available Cont.

SUD Services Provided

Approximately \$6.8 million was spent on IDOC substance use disorder services from the provider network in FY2017, averaging \$1,283 per person served (Table 5). In addition to services through the provider network, SUD expenditures paid for transitional housing, vocational rehabilitation, and BPA Health administration fees; however, these additional expenses are not included in the total.

By service type provided, more money was spent on treatment services (\$5,165,221.25) than on recovery support services (\$1,613,269.48), with outpatient and intensive outpatient, group, and residential treatment accounting for over half (60.3%) of the overall budget. The next highest services utilized were alcohol or drug assessment (11.4% of budget) and drug testing (9.4% of budget). Per person, more money was spent on adult residential treatment (\$3,845.52 per person served), and per instance on adult detox (\$686.00 per instance billed).

During FY2017, 5,282 clients were served with IDOC SUD funding through the provider network. More than half of the SUD clients served (60.0%) were moderate to high risk, and 81.4% of these had scored on at least 40 percent or more of the LSI-R substance use domain questions. 2,580 moderate to high risk probationers and parolees with SUD domain scores above .4 were served in FY17.

Table 5. Substance Use Disorder Funding by Service Type and Clients Served

Total Paid Amount						
Service Type	Instances	Sum	Per instance	Clients served	Per person	
Treatment Services						
Adult Detox	27	\$ 18,522.00	\$ 686.00	26	\$ 712.38	
Alcohol or Drug Assessment	4,102	\$ 775,837.50	\$ 189.14	3,275	\$ 236.90	
Intensive Outpatient	3,511	\$ 169,408.11	\$ 48.25	528	\$ 320.85	
Outpatient	15,829	\$ 765,391.46	\$ 48.35	2,537	\$ 301.69	
OP and IOP groups	55,331	\$ 2,906,070.80	\$ 52.52	3,421	\$ 849.48	
Pre-Treatment Services	5,457	\$ 268,120.68	\$ 49.13	1,956	\$ 137.08	
Residential	871	\$ 249,958.80	\$ 286.98	65	\$ 3,845.52	
Travel for Professionals	361	\$ 11,911.90	\$ 33.00	359	\$ 33.18	
Total	85,489	\$ 5,165,221.25	\$ 60.42	5,123	\$ 1,008.24	
Recovery Support Services						
Adult Safe & Sober Housing	2,931	\$ 204,665.50	\$ 69.83	388	\$ 527.49	
Case Management (Basic and Intensive)	18,026	\$ 535,526.85	\$ 29.71	2,565	\$ 208.78	
Child Care	63	\$ 3,345.12	\$ 53.10	8	\$ 418.14	
Drug/Alcohol Testing	47,205	\$ 639,819.00	\$ 13.55	3,109	\$ 205.80	
Interpreter Services	45	\$ 5,520.00	\$ 122.67	23	\$ 240.00	
Life Skills	364	\$ 8,721.62	\$ 23.96	77	\$ 113.27	
Recovery Coaching	1,403	\$ 67,414.80	\$ 48.05	254	\$ 265.41	
Staffing (Planned Facilitation)	2,505	\$ 24,147.19	\$ 9.64	896	\$ 26.95	
Transportation	12,438	\$ 124,109.40	\$ 9.98	472	\$ 262.94	
Total	84,980	\$ 1,613,269.48	\$ 18.98	3,600	\$ 448.13	
Grand Total	170,469	\$ 6,778,490.73	\$39.76	5,282	\$ 1,283.3	

Funding and Services Available Cont.

SUD Funds by District

More money was spent in Districts 4 and 3 overall compared to other districts; however, District 2 spent more money per client (\$2,137.00 per client). Districts 6 and 2 also served more clients per population than other districts.

- ▽ District 6 served 9.6% of total clients, but houses 7.5% of the probation and parole population.
- ▽ District 2 served 5.9% of total clients, but houses 4.9% of the population.

Although over half of the SUD funding was spent directly on inpatient and outpatient treatment, broken out by district, some had higher portions of spending used for this purpose than others. Table 6 provides the portion of funds spent directly on treatment services, not including adult detox, alcohol or drug assessment, pre-treatment services, or travel for professionals. District 2 (69.9%) and District 5 (64.5%) had the highest spending on treatment services compared to other districts. District 7 (49.8%) and District 6 (54.3%) had a lower portion of funding spent on inpatient and outpatient treatment compared to other districts.

Table 6. Substance Use Disorder Funding by District, Clients Served, and Percent Towards Treatment

District	# clients served	% mod/high risk	% of clients	Sum	Money per client spent	Active Supervised Population	% of total population	% spent on treatment*
1	874	41.9%	16.5%	\$701,447.49	\$802.57	1,899	14.0%	55.0%
2	310	56.0%	5.9%	\$662,471.37	\$2,137.00	673	4.9%	69.9%
3	1,197	51.5%	22.7%	\$1,232,294.89	\$1,029.49	2,675	19.7%	59.6%
4	1,249	46.3%	23.6%	\$2,082,030.53	\$1,666.96	4,079	30.0%	62.4%
5	680	51.9%	12.9%	\$935,921.41	\$1,376.36	1,712	12.6%	64.5%
6	508	63.7%	9.6%	\$506,922.59	\$997.88	1,021	7.5%	54.3%
7	464	59.6%	8.8%	\$651,934.05	\$1,405.03	1,545	11.4%	49.8%
Total	5,282	60.0%	100.0%	\$6,778,490.73	\$1,283.32	13,604	100.1%**	60.3%

*Does not include adult detox, alcohol or drug assessment, pre-treatment services, or travel for professionals.

**difference due to rounding

Funding and Services Available Cont.

Problem Solving Courts by District

Table 7 provides information by district for the 1,370 individuals IDOC supervises that were involved in a problem solving court as of July, 2017. This number only reflects those who were actively supervised under the jurisdiction of IDOC. There are problem solving court participants in the state, in addition to this number, that are not under the jurisdiction of IDOC.

- ▽ About 60% of the problem solving court population were moderate to high risk, but this differs by district and by type of court.
 - Districts 5 (74.3%) and 7 (77.9%) had more moderate/high risk offenders than other districts within drug court.
- ▽ Districts 6 (77.8%) and 7 (81.5%) had more moderate/high risk offenders in mental health court.
- ▽ Less than half (41.9%) of participants within the veteran’s court were moderate/high risk.
- ▽ Per population there were the greatest number of probationers and parolees involved in drug court in Districts 6 (15.28 per 100 probation/parolees) and 7 (14.37 per 100 probation/parolees).
- ▽ Districts 1 (3.21 per 100 probation/parolees) and 2 (3.27 per 100 probation/parolees) had the highest participation in mental health courts per population.
- ▽ District 4 (1.5 per 100 probation/parolees) has the highest participation in veteran’s court.

Table 7. Problem Solving Court Participants by District, Rate of Participation, and Percent Moderate to High Risk

	Drug Court (DC)	Mental health (MH)	Veteran’s Court (VA)	Total	Rate* DC	Rate* MH court	Rate* VA court	DC % mod/high	MH % mod/high	VA % mod/high
1	75	61	0	1,899	3.95	3.21	0.0	42.7%	49.2%	0.0%
2	56	22	5	673	8.32	3.27	0.7	58.9%	63.6%	100.0%
3	121	19	19	2,675	4.52	0.71	0.7	65.3%	57.9%	47.4%
4	329	43	61	4,079	8.07	1.05	1.5	50.8%	51.2%	32.8%
5	70	29	7	1,712	4.09	1.69	0.4	74.3%	65.5%	28.6%
6	156	27	4	1,021	15.28	2.64	0.4	53.2%	77.8%	50.0%
7	230	27	9	1,545	14.37	1.75	0.6	77.9%	81.5%	66.7%
Total	1,037	228	105	13,604	7.56	1.68	0.8	60.2%	61.0%	41.9%

*Rate is per 100 population

Funding and Services Available Cont.

Aftercare Programming Per District

In addition to SUD funding, in FY17 \$1.9 million covered the salary and benefits for twenty-one Drug and Alcohol Rehabilitation Specialists (DARS) and seven overseeing clinicians within each district. The positions provided programming for offender aftercare once released from prison and programming for those with a high risk to revoke. In addition, the DARS completed GAIN-I Core assessments for individuals required to have a GAIN-I Core treatment recommendation for the pre-sentence investigation report.

Moderate to high risk offenders are expected to continue with aftercare programming in the community once released from prison. Approximately 1,800 probation and parolees received aftercare in the community in FY2017 and about 66.7% (1,200 total) of those receiving aftercare programming were moderate to high risk. It must be kept in mind, however, that because LSI-R assessments are given more than once throughout the year to moderate to high risk offenders, some of the scores may have dropped after start of programming.

Table 8. Aftercare Positions and Funding per District

District	FTE	Funding
1	3	\$ 216,028.96
2	2	\$ 146,482.15
3	4	\$ 273,666.42
4	9	\$ 641,517.05
5	4	\$ 272,767.14
6	2	\$ 137,646.55
7	4	\$ 280,775.65
Total	28	\$1,968,883.92

Table 9. Low and Mod/High Offenders Receiving Aftercare by District

District	Low	Mod/ high	% Mod/ high	Total
1	79	166	67.8	245
2	30	71	70.3	101
3	145	247	63.0	392
4	152	261	63.2	413
5	125	244	66.1	369
6	18	71	79.8	89
7	49	140	74.1	189
Total	598	1,200	66.7	1798

Funding and Services Available Cont.

Mental Health Services Provided

There were 408 IDOC clients who received mental health services from Division of Behavioral Health in FY 2017 and 58.8% of those receiving services were moderate to high risk with LSI-R scores above 24. The majority (73.0%) of those receiving services were on probation. There were 10,042 total treatment instances entered into WITS at approximately 51 minutes per contact.

- ▽ Clinical services (73.2%) were more commonly provided overall than crisis, medical, nursing or peer.
- ▽ The most common service types included community based rehabilitative services (20.0%), followed by group skill training (18.6%) and group psychotherapy (13.9%).
- ▽ Compared to the overall probation and parole population, Region 5 had more clients served (22.5% compared to 12.6% of population) and District 7 (17.6% of clients served and 11.4% of population).
- ▽ Region 4 had fewer clients served compared to the overall population (18.9% of clients served and 30.0% of population).

Table 10. Mental Health Services Provided in FY17

Type	Service	Instances	%
Clinical	BH Treatment Plan	76	0.8%
	Case Management	698	6.9%
	Community Based Rehabilitative Services	2,005	20.0%
	Family Psychotherapy, with patient present	4	0.0%
	Group Counseling - Substance Abuse	272	2.7%
	Group Psychotherapy	1,394	13.9%
	Group Skills Training	1,873	18.6%
	Psychiatric Diagnostic Evaluation	147	1.5%
	Psychiatric Diagnostic Evaluation with Medical Services	28	0.3%
	Psychotherapy	852	8.5%
Crisis	Community Crisis Intervention	11	0.1%
	Crisis Psychotherapy, 60 Minutes	5	0.0%
Medical	New Outpatient	90	0.9%
	Established Outpatient	1,266	12.6%
Nursing	Behavioral Health Nursing Services	1,008	10.0%
	Blood Draw	10	0.1%
	Injection	276	2.7%
Peer	Peer Support	32	0.3%
Total		10,047	100.0%

Table 11. Mental Health Services and Clients Served by District

District	Instances	%	Clients Served	%	Total Population	%
IDHW, DBH, Region 1	1,668	16.6%	29	7.1%	1,899	14.0%
IDHW, DBH, Region 2	901	9.0%	18	4.4%	673	4.9%
IDHW, DBH, Region 3	659	6.6%	77	18.9%	2,675	19.7%
IDHW, DBH, Region 4	660	6.6%	77	18.9%	4,079	30.0%
IDHW, DBH, Region 5	2,657	26.5%	92	22.5%	1,712	12.6%
IDHW, DBH, Region 6	1,676	16.7%	43	10.5%	1,021	7.5%
IDHW, DBH, Region 7	1,821	18.1%	72	17.6%	1,545	11.4%
Total	10,042	100.0%	408	99.9%*	13,604	100.1%*

*Difference due to rounding



Recidivism by Service

To help determine how much funding is appropriate per type of service, the following analysis was conducted on recidivism of those receiving substance use and mental health treatment services in FY2017. The definition of recidivism includes any offender serving time under community supervision in FY17 who was reincarcerated as a parole violator, term, or rider as of 11/30/2017.

SUD Funding

Moderate to high risk probationers and parolees with a SUD domain score of .4 or above who received SUD funding were significantly less likely to recidivate if they received over \$1,000 in services (37.4% compared to 52.4)%. Those not recidivating and receiving SUD funds averaged \$1,480 in services. Moderate to high risk probationers who did not recidivate averaged \$1,422 in services and moderate/high risk parolees received \$1,719.

Drug Court

Moderate to high risk probationers with a SUD domain score of .4 or above and were involved in a Problem Solving Court were less likely to recidivate than those not involved in a Problem Solving Court (32.2% compared to 36.7%).

Aftercare Programming

Moderate to high risk probationers and parolees with a SUD domain score of .4 or above were slightly less likely to recidivate than those not receiving aftercare programming (44.2% compared to 45.2%). In addition, those who completed Aftercare were much less likely to recidivate than those who failed (34.4% compared to 51.7%). Parolees receiving aftercare had a higher rate of recidivism than probationers (69.4% compared to 39.0%).

Mental Health

Moderate to high risk probationers and parolees who received mental health treatment were less likely to recidivate than those not receiving treatment (36.4% compared to 38.8%). In addition, the more hours of mental health treatment received, the less likely the person was to return to incarceration. Those not recidivating had an average of 575 hours of treatment compared to 54 hours of treatment for those who recidivated. Those receiving less than 20 hours of treatment also had a higher recidivism rate than those receiving more than 20 hours of treatment (51.1% compared to 22.8%). Overall, parolees receiving mental health services had a higher rate of recidivism than probationers (63.6% compared to 28.5%).

High Risk Needing and Not Receiving Treatment Substance Use Disorder Services

There were about 8,236 total probationers and parolees over the course of the year that were moderate to high risk and 6,399 moderate/high risk with an LSI-R SUD domain score over .4.

- ▽ 40.3% of moderate to high risk probation and parolees (2,580) received SUD services within FY17, and 3,819 had assessment scores indicating need for substance use services, but did not receive them.
 - The person may have received state funded resources through a problem solving court, aftercare, or may have accessed alternative funding through Medicaid, SSDI, self-pay, private insurance, free clinics, etc.
- ▽ 1,200 of 1,800 (66.7%) receiving aftercare in the community were moderate to high risk.
- ▽ 822 of 1,370 (60.0%) involved in a problem solving court were moderate/high risk.
- ▽ Overlap:
 - 431 received SUD funding and aftercare.
 - 125 received SUD funded services and were involved in a problem solving court.
 - 92 were involved in a problem solving court and had community aftercare.
 - 24 received community aftercare, SUD funded services and were involved in a problem solving court.
 - ⇒ 672 received overlapped services.
- ▽ About 2,469 did not receive substance use, after care, or drug court services.
 - **2,469 *\$1,480 (average amount spent by those receiving services who did not recidivate) equals an additional \$3,654,120**

Table 12. Services Received and Overlap

Service Received	Mod/ high risk served
SUD funding	2,580
Problem Solving Court	822
Aftercare	1,200
Total	4,602
Overlap (received more than one type)	672
Total Served minus Overlap)	3,930
Total Mod/high Risk Needing Services	6,399
Needing Minus Served	2,469

Caveat to Number Served:

There were a variety of reasons for individuals not receiving state funded substance use disorder services. First, the majority (83.4%) had received services within a previous year. Second, half of the population was re-incarcerated by year end, spending few days on probation and parole prior to returning to incarceration, and therefore may not have had sufficient time to access services. Third, the IDOC SUD funding criteria made about half ineligible for SUD funding services: 1) the individual must not be eligible for Medicaid; 2) the offender should have positive drug tests as evidence of need for services; 3) the person may not have graduated earlier treatment within six months of requesting additional services; 4) Risk to Recovery funding is limited to low moderate and moderate clients, but is not available to high risk, as they may be in need of more intensive treatment. Because of the eligibility criteria, some individuals obtained substance use resources through other means including Medicaid, not utilizing state substance use disorder resources. However, this highlights the need to investigate the proper dosage and delivery of services to help those most at risk to recidivate.

High Risk Needing and Not Receiving Treatment

Mental Health Treatment

Based on GAIN-I Core assessments, approximately 28.2% of the moderate to high risk population have severe mental health needs and an additional 21.4% have low to moderate mental health needs but are not receiving treatment. Based on this estimate, about 2,322 of the probation and parole population in FY2017 had severe mental health needs and an additional 1,763 had low to moderate needs but were not receiving treatment.

About 227 of the 408 receiving mental health treatment services were moderate to high risk (LSI score 24 or above). An additional 137 moderate to high risk LSI-R score probationers and parolees were involved in a mental health court (total served = 364).

- ▽ If only 364 mod/high with severe mental health needs were served (mental health treatment or mental health court) out of 2,322, approximately 1,958 were still in need of treatment. At an average of \$2,975 per service, this equates to a gap of \$5,825,050.
- ▽ For the 1,763 moderate to high risk individuals with low to moderate mental health needs that may not be receiving mental health treatment, there is an additional gap of \$3,692,446.

Caveat to Number Served:

Although this gap exists for specific mental health treatment, there was overlap between individuals receiving substance use disorder treatment. Of the total estimated to be in need of mental health treatment, 870 **did not** receive **any** substance use services (aftercare, problem solving court, or SUD funded services).

It also must be kept in mind, the gap in services to those who are moderate to high risk to recidivate does not describe the lack of funding available for low to low/moderate risk but still in need of mental health treatment. A high criminogenic risk to recidivate does not necessarily equate with having severe mental health needs. If the entire population with severe mental health needs is included, the gap in coverage grows to 23.2% of the population, or 5,322 over the course of the year. The gap for this group (without those receiving mental health services or involved in mental health court, 636 of the total population) would be (4,686 * \$2,975) \$13,940,850.