

Annual Community Gap Analysis

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

FY2019

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.

SB1357

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:

- the criminogenic needs of the active population of probationers and parolees;
- current funding available to deliver effective, 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

- **35.2%** (N=9,204) of probationers and parolees supervised during Fiscal Year 2019 were estimated to have a moderate to high¹ risk to recidivate.
 - **79.9%** (N=7,358) were in need of substance use treatment.
 - An estimated **30.7%** (N=2,826) had severe mental health problems, with an additional **21.5%** (N=1,979) with low to moderate mental health problems not receiving treatment.
- In FY19, \$7.5 million was spent in Substance Use Disorder (SUD) treatment expenditures. Additional state funding also provided for problem solving courts, aftercare programming and mental health treatment.
 - About **2,891** moderate to high risk (to recidivate) probationers and parolees did not receive SUD funding, after care, or drug court services, resulting in a gap in funding of **\$4,570,671**.
 - **2,460** moderate to high risk (to recidivate) with severe mental health needs did not receive mental health treatment, resulting in a gap in funding of **\$7,318,500**.²
 - The combined gap in coverage for substance use and mental health needs in the State of Idaho is **\$11,889,171**.²

¹ Moderate to high risk are those scoring 24 or above on the Level of Services Inventory-Revised assessment.

² See section explaining those needing but not receiving treatment.

Methodology

This joint report between Idaho Department of Correction and Idaho Department of Health and Welfare (IDHW) provides information obtained after merging files from several different sources. Idaho Department of Correction (IDOC) tracks substance use and mental health assessments within the IDOC case management system. Substance use and mental health treatment expenditures are tracked within Idaho's Web Infrastructure for Treatment Services (WITS) system. IDOC merged records from the two systems to determine those receiving state funded substance use treatment. IDOC also provided a list of all offenders living within the community during FY19 to IDHW, allowing them to independently merge records and determine individuals who had received state funded mental health treatment. This information was then shared with IDOC.

After compiling WITS data on substance use and mental health services provided during FY19, the information was merged with a file containing all the "active" probationers and parolees living in Idaho in FY19 (not containing any who had absconded or left through interstate compact to a different state prior to FY19). The "active" population file contained the age, race/ethnicity, gender, crime type, sentence length, LSI-R and GAIN assessment scores, aftercare classes, supervision level (including problem solving court), and subsequent movement (whether reincarcerated). It should be noted there were individuals who received SUD services or treatment while in the pre-sentence investigation phase and then were sentenced directly to term or to retained jurisdiction. Services received prior to sentencing were not included when assessing the total gap in coverage as SB1357 requests the gap cover the needs of the active population of probationers and parolees.

The gap was determined by estimating those who received services in comparison to all individuals needing services throughout the fiscal year. To establish an estimated expense for the substance use treatment services that potentially could have been rendered, we conducted a recidivism analysis that determined the average per person expenditures for treatment provided to those individuals who did not recidivate. For the mental health gap in coverage, the average per person expenditures in Idaho was drawn from a 2015 report conducted by Western Interstate Commission for Education (WICHE). WICHE estimated this expense after examining per person mental health expenditures within that fiscal year. The current cost for mental health treatment per moderate to high risk probationer or parolee is not known, but will be estimated for the FY20 Gap Analysis after changes in the expansion of Medicaid and ability to use Medicaid data for next year's report.

Methodology cont.

Needing but Not Receiving Substance Use Treatment

During FY19, there were a variety of reasons individuals in need of treatment were prevented from receiving state funded services. These are detailed below:

- Only focusing on treatment received within one fiscal year does not include treatment received in a prior fiscal year, or those receiving treatment within a later fiscal year. Therefore, an individual in need of treatment and deemed not receiving treatment for this report, may have received treatment in a prior or later fiscal year. However, for the purpose of this report, we focus on the cost that would have been incurred by the State if all individuals within the community in need of treatment received it during FY19.
- Because of limited SUD funding, certain criteria must be met to be eligible to receive treatment:
 - the individual must *not* be eligible for Medicaid (however, if receiving Medicaid, some braided services were available if the services were not covered by Medicaid);
 - the person may not have graduated from earlier treatment received within six months of requesting additional services;
 - Risk to Recovery funding is limited to moderate risk offenders as high risk may need more intensive treatment than can be provided.
 - Risk to Recovery funding is also limited to those with recent positive drug tests as evidence of need for services.
- 41.0% of the moderate high to high risk population was re-incarcerated at some point over the course of the year. Such individuals may have met the criteria for funding but did not follow through with obtaining treatment.
- This report only highlights the use of state funds to provide treatment and does not include substance use resources obtained through other means, such as self-pay or Medicaid. Self-pay treatment is also not tracked in our database and therefore the amount received is unknown.
- With the expansion of Medicaid, the gap in coverage may change dramatically in FY20. This gap in coverage will be tracked and presented for the FY20 report.

Methodology cont.

Needing but Not Receiving Mental Health Treatment

- During the 2017 Idaho Legislative session, the Joint Finance-Appropriations Committee (JFAC) approved \$5.4 million in funding for mental health services to Idaho's felony probation and parole population. The Division of Behavioral Health was appropriated the funding and appointed to create a service delivery system for these mental health services. The division established a contract with the Community Health Center Network of Idaho (CHCNI) and their network of Federally Qualified Health Centers (FQHCs) to provide mental health services to Idaho's felony probation and parole population. Two additional years of funding were later approved at \$5.4 million.
- This report covers mental health treatment received in FY19 only. The FY20 report will help determine if Medicaid expansion helps to reduce the gap in coverage for the moderate high to high risk population.

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).

LSI-R

The LSI-R is an assessment of offender attributes that are related to recidivism. There are ten risk and need areas assessed. 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.

LSI-R Assessed Risks and Needs

Criminal History
Education/Employment
Financial Problems
Family/Marital Relationships
Accommodation
Leisure/Recreation
Criminal Companions
Substance Use
Emotional/Personal Difficulties
Attitude/Orientation

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 an 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 (0-15), low/moderate (16-23), moderate/high (24- 30) and high (30 and above). Individuals with scores above 24 are considered moderate to high risk and

are the focus for this report, as SB1357 requests the report cover the gap in coverage to meet the needs of moderate and high-risk probationers and parolees.

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 GAIN-I was chosen to determine substance use and mental health needs within the pre-sentence process. The results of the biopsychosocial assessment and any recommended level of care are submitted to the court within the pre-sentence investigation report.

During the assessment, the individual is first given the GAIN-I Core screener and if problem areas are found, further questions are asked. The full GAIN assessment takes several hours to complete.

GAIN Assessed Needs

Background and Treatment

Substance Use

Physical Health

Risk Behaviors

Mental Health

Environment

Legal Problems

Vocational Problems

The content of the GAIN is divided into eight areas. If a substance use or mental health problem occurred in the past year, additional symptom-based questions (e.g., criteria for alcohol dependence) are asked to clarify the problem. In addition, 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 questions help to clarify the nature and extent of problem areas, measuring the recency, breadth, and frequency of problems, as well as service utilization and

resistance to or motivation to be in treatment. After completion of the GAIN assessment, the overall recommendation for substance use 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 data and substance use/mental health services rendered.

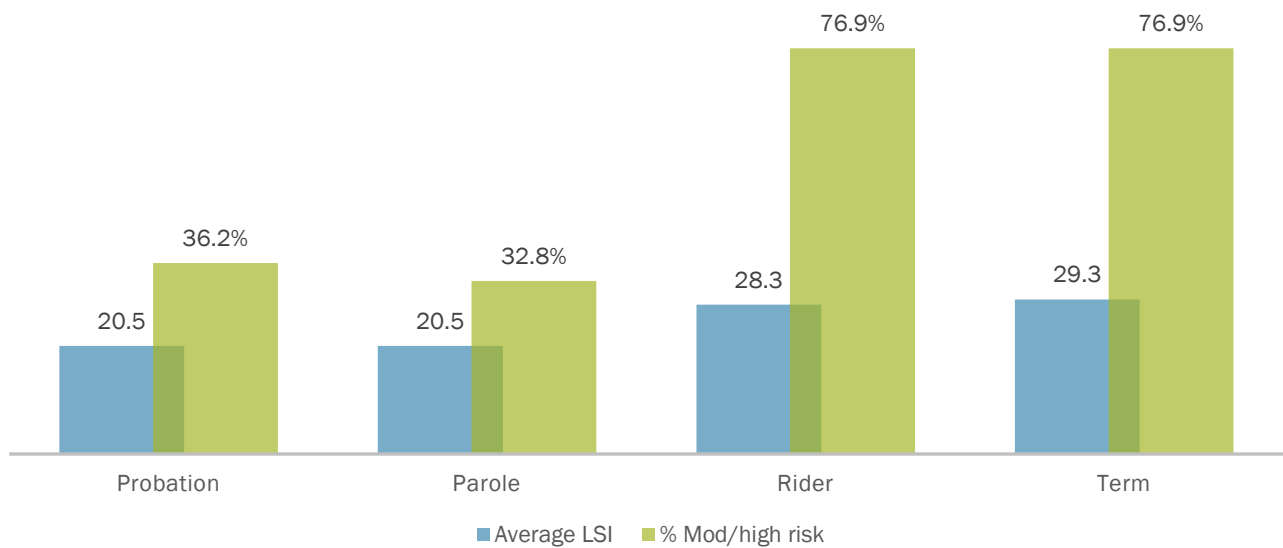
Criminogenic Needs

SB1357 requires a discussion of the criminogenic needs of the active population of probationers and parolees. At the end of FY19, the average LSI-R score for the community population was 20.5 (Figure 1). This was about 9 points below the average score for those incarcerated in prison as a term, and 8 points below the score for those incarcerated on a Rider³.

Probationers and parolees had lower risk scores than those incarcerated.

- 36.2% of probationers and 32.8% of parolees had LSI-R scores above 24 compared to 76.9% of termers and riders.

Figure 1: Average LSI-R Score and Percent Moderate to High Risk



³ Rider is retained jurisdiction under the court whereby the individual is placed in a prison-based treatment program for a shorter stay than if the sentence is imposed. Once programming has been successfully completed, the individual may be released on probation.

Criminogenic Needs cont.

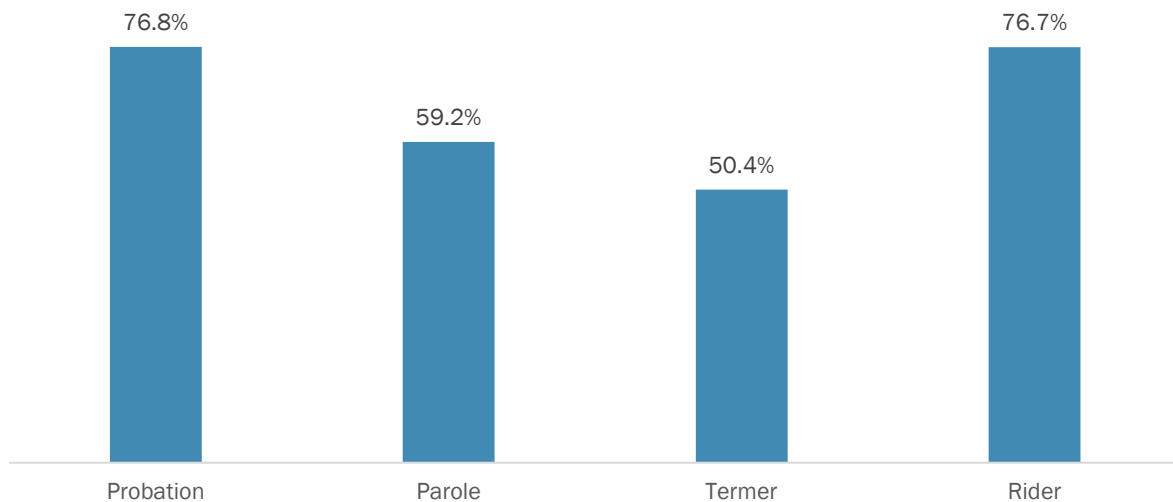
Main Crime of Conviction

Not only did individuals living in the community have lower risk scores, individuals in the community also differed from those incarcerated by the type of crime committed.

Most probationers and parolees had convictions for non-violent crimes.

- Most probationers (76.8%), riders (76.7%), and parolees (59.2%) had convictions for property, drug or alcohol offenses, compared to half of termers (50.4%) (Figure 2).
- Most (70.0%) parole violators also had main crimes of conviction for property, drug or alcohol offenses, indicating these offenders most commonly violated parole.

Figure 2: Percent Main Crime of Conviction is Property, Drug or Alcohol Charge by Status



Criminogenic Needs cont.

Offense by Risk Score

Probationers and parolees supervised on drug and property crime charges had higher risk scores, indicating greater needs and risk to recidivate; however, incarcerated individuals had higher risk scores than those in the community.

- ▼ Probationers (Median =23.0) and parolees (Median=22.0) with drug charges had LSI-R scores between five to nine points higher than individuals supervised because of violent crimes (Table 1).
- ▼ Probationers and parolees with property crime convictions had the second highest risk scores (median 20.0).
- ▼ Probationers and Parolees with property, drug or alcohol convictions; however, had lower LSI-R scores than individuals incarcerated as a Rider, Termer, or Parole Violator by crime type.

Table 1: Median LSI by Main Crime of Conviction and Supervision Status

	<i>Probation</i>	<i>Parole</i>	<i>Rider</i>	<i>Term</i>	<i>Parole Violator</i>
<i>Murder & Manslaughter</i>	14.0	15.0	26.0	29.0	21.0
<i>Sex Offense</i>	15.0	16.0	24.0	25.0	23.0
<i>Assault</i>	18.0	19.0	28.0	31.0	27.0
<i>Property</i>	20.0	20.0	30.0	32.0	27.0
<i>Alcohol</i>	15.0	18.0	24.0	27.0	26.0
<i>Drug</i>	23.0	22.0	30.0	31.0	28.0
<i>Total</i>	20.0	19.0	29.0	30.0	27.0

Criminogenic Needs cont.

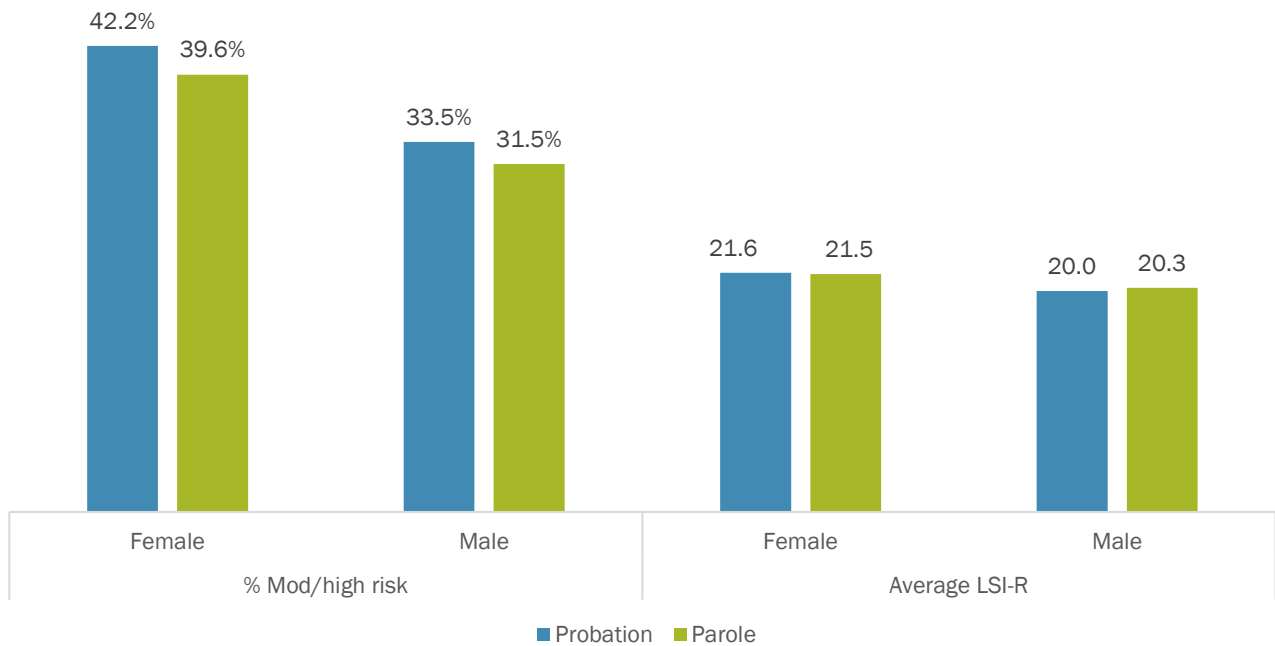
Demographics and Risk

Gender

Females disproportionately fell within the high-risk group.

- ▼ 42.2% of female probationers were moderate/high risk compared to 39.6% of male probationers (Figure 3).
- ▼ 33.5% of female parolees were mod/high risk compared to 31.5% of male parolees.

Figure 3. Percent Moderate/High Risk by Gender



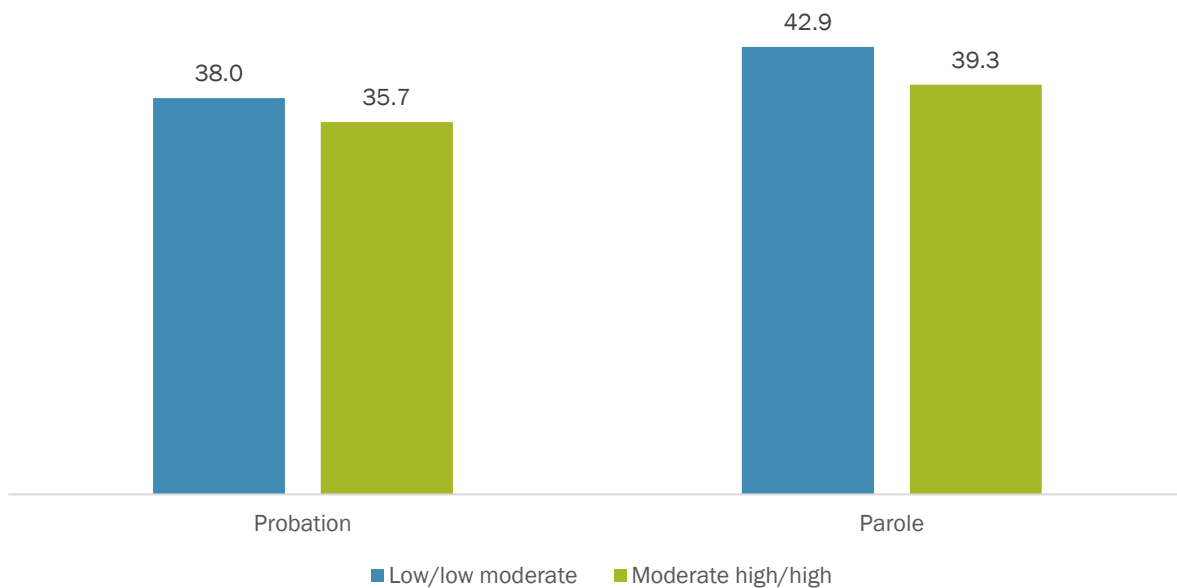
Demographics and Risk cont.

Age

Moderate/high risk tended to be younger than low/low moderate risk.

- ▼ Moderate/high risk probationers were 2.3 years younger on average than low/low moderate risk (Figure 4).
- ▼ Moderate/high risk parolees were 3.6 years younger on average than low/low moderate risk.

Figure 4. Median Age by Risk Level and Supervision Status



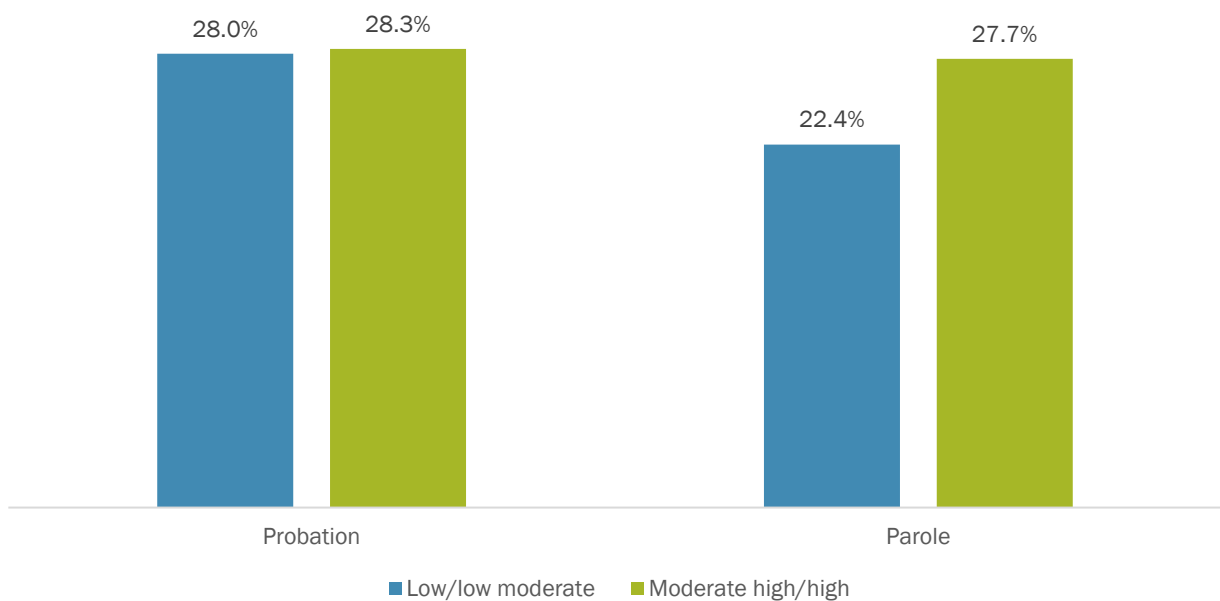
Demographics and Risk cont.

Race/Ethnicity

Probation and parole population was disproportionately non-white.

- ▼ Idaho's population in 2019 was 81.7% White, non-Hispanic (19.3% non-White) (US. Census Bureau: Quick Facts) compared to 73.1% of the total supervised population.
- ▼ Little difference existed between the low/low moderate and moderate/high risk probation population by race/ethnicity, but the low/low moderate risk parole population was less likely to be non-white (more likely to be white) than the moderate/high risk parolees or probationers.

Figure 5. Percent Non-White by Supervision Status and Risk Level



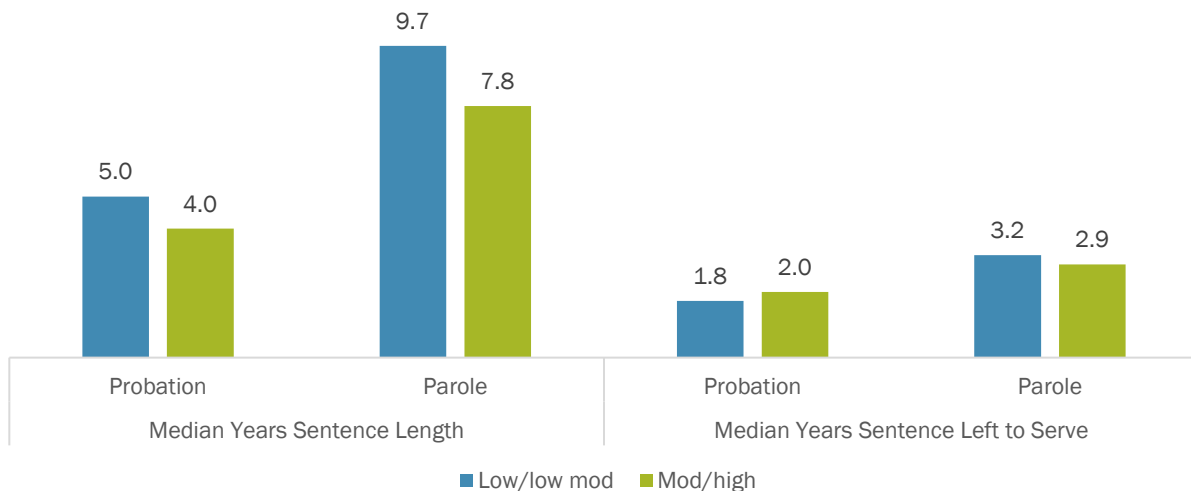
Demographics and Risk cont.

Length of Sentence

Moderate high/high risk probationers and parolees were serving shorter sentences than low/low moderate risk.

- ▼ Low/low moderate risk probationers were sentenced to serve a 5-year sentence, compared to 4 years for moderate high/high risk probationers.
- ▼ Low/low moderate risk parolees had an average sentence length of 9.6 years, compared to 7.8 years for moderate high/high risk parolees.
- ▼ Moderate high/high risk probationers had an average of 2.0 years left to serve on their sentence, compared to 2.9 years for moderate high/high risk parole.

Figure 6. Median Length of Sentence in Years and Median Years Left to Serve by Supervision Type



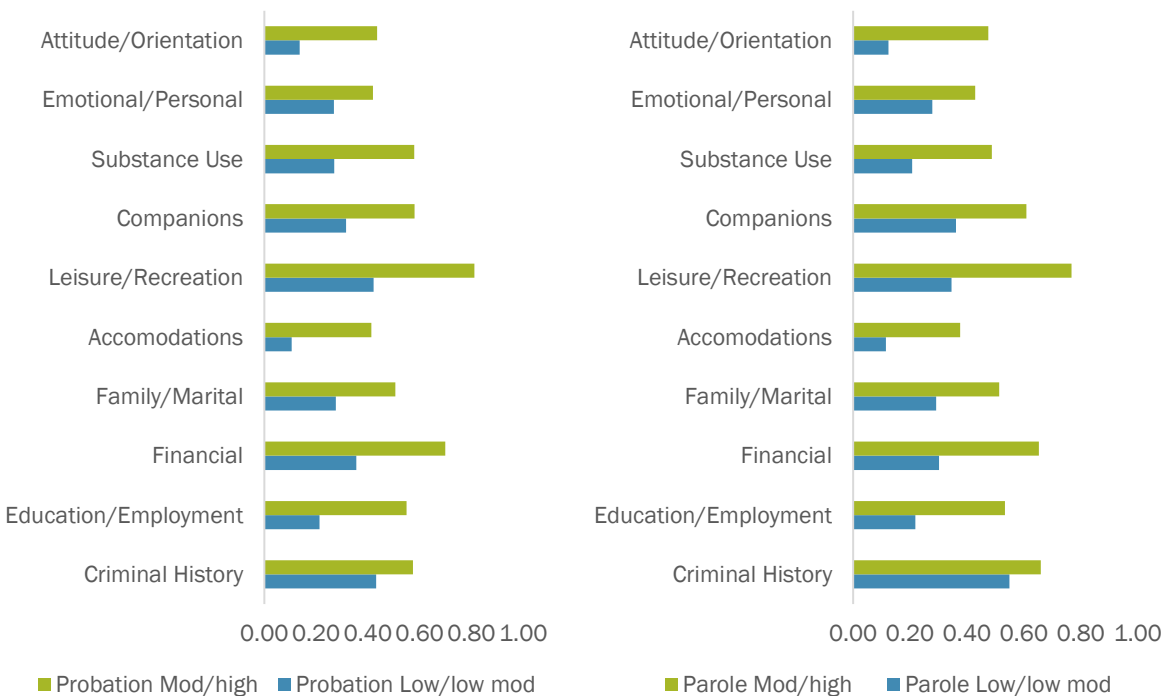
Criminogenic Needs Cont.

LSI Domain Scores

To determine the most common problem areas assessed with the LSI-R, all domains were standardized between 0 - 1. Chart 7 provides the average standardized domain. For example, a score of 0.55 indicates individuals scored on an average of 55% of the total questions in that domain.

- The biggest difference between Low/low moderate and Moderate high/high risk probationers and parolees were in the areas of leisure/recreation, education/employment, and financial.
- Moderate high/high risk probationers were more likely to have a worse substance use problem, less financial stability, worse accommodations and poorer choices for leisure/recreation than moderate high/high risk parolees.
- Moderate high/high risk parolees were more likely to have a lengthier criminal history, have a poorer attitude/orientation towards their sentence and have worse choice in companions compared to mod/high risk probationers.

Figure 7. Criminogenic Needs for Probation and Parolees, Mod/high Compared to Low/mod



Criminogenic Needs Cont.

GAIN Assessed Substance Use Needs

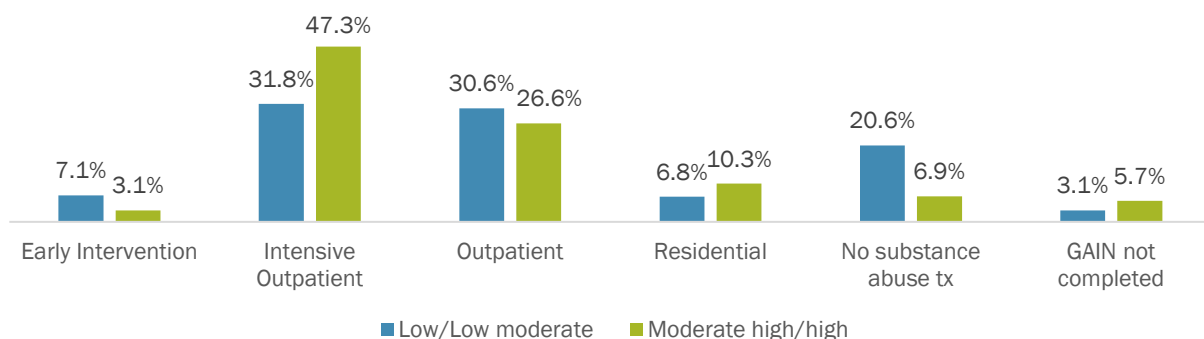
In addition to LSI-R information, 16,603 probation and parolees living in the community within fiscal year 2019 had completed GAIN assessments on file. The GAIN indicated whether the individual had a substance use or mental health treatment need at the time of the assessment. Any recommendation for substance use and/or mental health treatment was provided to the judge within the pre-sentence investigation report.

For substance use, the GAIN 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.

Moderate high/high risk more likely to be recommended intensive outpatient treatment.

- At the time of the assessment, most of the community population had recommendations for either intensive outpatient (37.9%) or outpatient treatment (29.0%).
- Only 15.2% were not deemed in need of substance use treatment and an additional 3.9% had the GAIN assessment waived for a variety of reasons.
- By risk level, moderate high/high risk offenders were more likely to be recommended intensive outpatient treatment (47.3% compared to 31.8%) or residential treatment (10.3% compared to 6.8%) than low/ low moderate risk (Figure 8).
- Low/low moderate risk offenders were much more likely to have a GAIN assessment indicating no treatment recommendation (20.6% compared to 6.9%), outpatient treatment (30.6% compared to 26.6%) or early intervention (7.1% compared to 3.1%).

Figure 8. GAIN Recommendation for Treatment by LSI-R Risk Level



Criminogenic Needs Cont.

GAIN Mental Health Needs

Since March 2017, IDOC's SUD team employees also started documenting the mental health treatment needs obtained from GAIN assessments within CIS. 8,367 of the FY19 probationers and parolees had mental health treatment needs entered into the system.

Moderate high/high risk were more likely to report severe mental health problems.

- 30.7% of moderate high/high risk compared to 16.9% low/low moderate probationers and parolees had an indication of a severe mental health problem.
- 17.7% of moderate/high risk had a severe mental health problem and had not received treatment in the past 90 days compared to 10.0% of low/low moderate.
- Fewer moderate high/high than low/low moderate had an assessment resulting in an indication of no mental health problems (20.0% compared to 36.0%).

Table 2. GAIN Assessed Mental Health Treatment Need

Assessed Severity	Treatment Need	Total	%	Mod/High	%
Severe Problems	Receiving treatment but is still experiencing severe emotional, behavioral or cognitive problems	318	6.9%	490	13.0%
	No treatment in past 90 days and experiencing severe emotional, behavioral or cognitive problems	458	10.0%	669	17.7%
Low/Moderate Problems	Receiving treatment but is still experiencing low to moderate emotional, behavioral, or cognitive problems.	463	10.1%	528	14.0%
	Low to moderate emotional, behavioral, or cognitive problems but no treatment in past 90	820	17.9%	811	21.5%
Past Problems	Receiving treatment for prior emotional, behavioral, or cognitive problems and has not had any problems in past 90 days	336	7.3%	190	5.0%
	History of prior emotional, behavioral, or cognitive problems but has no current problems or treatment in past 90 days	544	11.8%	334	8.8%
No Problems		1,652	36.0%	754	20.0%
Total		4,591	100.0%	3,776	100.0%

GAIN Mental Health Needs Cont.

In addition to describing the severity of past emotional, behavioral or cognitive problems, the IDOC SUD team indicated whether the person has had recent suicidal thoughts or ideations, previous suicide attempts, or a history of inpatient mental health hospitalizations.

Mod/high risk and those with a severe mental illness were more likely to report suicidal thoughts or ideations.

- ▼ 10.6% of those with a severe mental illness compared to 2.4% of low/low moderate and 4.6% of moderate high/high risk had suicidal thoughts in the past 90 days.
- ▼ 5.8% of those with a severe mental illness compared to 2.1% of moderate/high and 1.2% low/low/moderate had suicidal thoughts or ideations in the past 7 days.

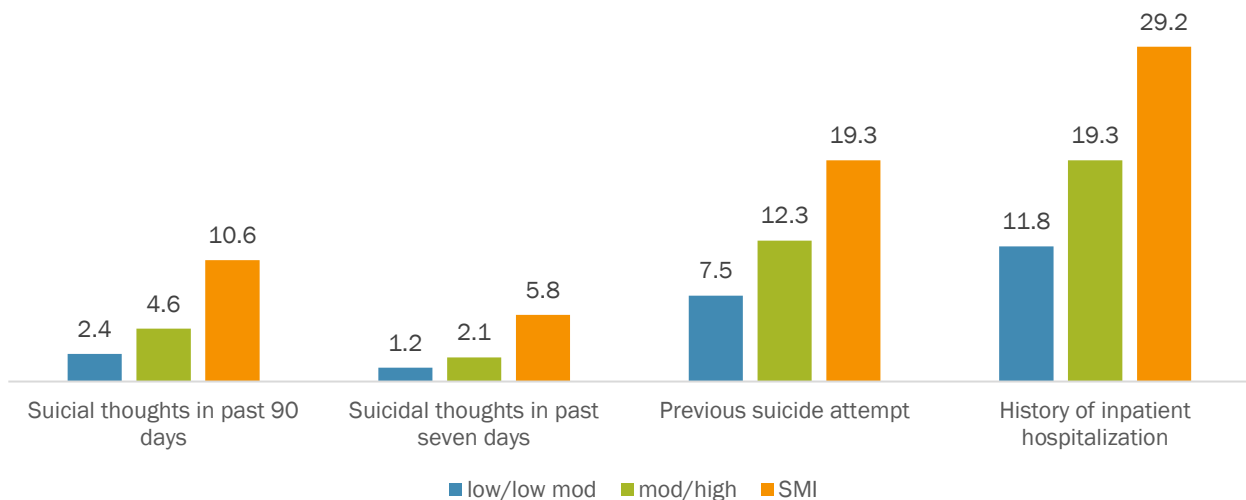
Mod/high risk and those with a severe mental illness were more likely to have previously attempted suicide.

- ▼ 19.3% of those with a severe mental illness compared to 12.3% of moderate high/high risk and 7.5% of low/low moderate risk had previously attempted suicide.

Mod/high risk and those with a severe mental illness were more likely to have history of inpatient mental health hospitalizations.

- ▼ 29.2% of those with a severe mental illness compared to 19.3% of moderate high/high risk and 11.8% of low/low moderate had a history of inpatient hospitalizations.

Figure 9. Suicidal Thoughts, Attempted Suicide, History of Hospitalization by Mod/high risk and SMI



Funding and Services Available

SUD Services Provided

During FY19, SUD funding through the provider network served 5,802 clients (Table 3), nearly 1,000 more than in FY2018. Half (54.1%) of the SUD clients were moderate to high risk, and 86.5% of these had a substance use treatment need as indicated from the LSI-R. There were 2,636 moderate high to high risk probationers and parolees served in FY19.

Approximately \$7.5 million was spent on substance use services from the provider network in FY2019, averaging \$1,294.01 per person served. Other SUD funds were spent on transitional funding, vocational rehabilitation, and BPA administration fees.

- By service type provided, outpatient and intensive outpatient (OP and IOP) group treatment accounted for 40.9% of the overall budget.
- Nearly two-thirds of clients served received an alcohol or drug assessment, drug testing, group treatment or case management.
- Per person, more money was spent on adult residential treatment (\$2,782.71 per person served), and per instance on adult detox (\$534.26 per instance billed).

Table 3. SUD Services Billed per Client Served*

Service Type	Instances	Sum	Average \$ per instance	Clients served	Per person
<i>Treatment Services</i>					
<i>Adult Detox</i>	68	\$ 36,329.58	\$534.26	53	\$ 685.46
<i>Alcohol or Drug Assessment</i>	4,629	\$ 874,496.34	\$188.92	3,630	\$ 240.91
<i>Intensive Outpatient</i>	2,765	\$ 142,148.23	\$51.40	439	\$ 323.80
<i>Outpatient</i>	16,823	\$ 849,249.85	\$50.48	2,686	\$ 316.18
<i>OP and IOP groups</i>	54,948	\$ 3,073,392.80	\$55.93	3,536	\$ 869.17
<i>Pre-Treatment Services</i>	5,284	\$ 263,952.61	\$49.95	1,605	\$ 164.46
<i>Residential</i>	62	\$ 27,827.10	\$448.82	10	\$ 2,782.71
<i>Travel for Professionals</i>	503	\$ 16,461.50	\$32.73	501	\$ 32.86
Total	85,082	\$ 5,283,858.01	\$97.06	8,571*	\$ 616.48
<i>Recovery Support Services</i>					
<i>Adult Safe & Sober Housing</i>	1,711	\$ 125,959.50	\$73.62	319	\$ 394.86
<i>Case Management (Basic and Intensive)</i>	30,533	\$ 930,255.94	\$30.47	3,441	\$ 270.34
<i>Child Care</i>	225	\$ 11,255.71	\$50.02	21	\$ 535.99
<i>Drug/Alcohol Testing</i>	61,067	\$ 823,284.00	\$13.48	3,542	\$ 232.43
<i>Interpreter Services</i>	48	\$ 4,063.00	\$84.65	20	\$ 203.15
<i>Life Skills</i>	410	\$ 13,639.74	\$33.27	92	\$ 148.26
<i>Recovery Coaching</i>	2,619	\$ 111,864.00	\$42.71	606	\$ 184.59
<i>Staffing (Planned Facilitation)</i>	11,699	\$ 116,475.01	\$9.96	2,829	\$ 41.17
<i>Transportation</i>	9,948	\$ 87,191.10	\$8.76	391	\$ 223.00
Total	118,260	\$ 2,223,988.00	\$18.81	6,073*	\$ 366.21
Grand Total	203,342	\$ 7,507,846.01	\$36.92	5,802*	\$ 1,294.01

*IDOC SUD team provided report of expenditures pulled from WITS.

**Totals do not sum as only includes unique individuals receiving service type.

Funding and Services Available Cont.

SUD Funds by District

More money was spent in Districts 4 and 3 compared to other districts (Table 4); however, these two districts combined hold 51.2% of the probation and parole population. Compared to the number of clients served, more money was spent per client in Districts 7 (\$1,891.92) and 4 (\$1,773.38).

- Districts 6, 5 and 2 served a larger portion of moderate to high risk probationers and parolees.

Although 40.9% percent of SUD funding was spent on intensive outpatient (IOP) and outpatient (OP) group treatment, some districts used a higher portion of the budget for this purpose than others.

- District 2 (48.2%), District 4 (47.8%) and District 3 (40.2%) had the highest portion of their budget spent on group treatment compared to other districts.
- District 1 (22.5%) and District 3 (19.0%) had the highest portion of their budget used for outsourced GAIN alcohol or drug assessments compared to other districts.
- District 5 (13.1%) had the highest portion of their budget used for drug testing.

Table 4. SUD Services Billed per Client Served**

DISTRICT	# Clients Served	% of Total Clients	Percent of Clients moderate/high risk		Sum	Money Spent per Client	% OP and IOP	% Alcohol or Drug Assessment	% Drug Testing
1	973	16.4%	50.9%		\$720,889.69	\$740.89	33.4%	22.5%	11.5%
2	289	4.9%	61.4%		\$489,982.96	\$1,695.44	48.2%	6.8%	11.7%
3	1,720	28.9%	47.0%		\$1,689,350.65	\$982.18	40.2%	19.0%	10.8%
4	1,391	23.4%	53.0%		\$2,466,766.90	\$1,773.38	47.8%	5.9%	10.7%
5	661	11.1%	60.1%		\$815,470.81	\$1,233.69	34.7%	12.3%	13.1%
6	519	8.7%	69.3%		\$580,423.67	\$1,118.35	35.5%	12.1%	11.5%
7	395	6.6%	55.4%		\$747,307.33	\$1,891.92	33.5%	5.8%	8.6%
TOTAL	5,948*	100.0%	54.1%		\$7,510,192.01	\$1,294.01*	40.9%	11.6%	11.0%

*Some clients were served in more than one district, total average based on 5,802

**IDOC SUD team provided report of expenditures pulled from WITS.

Funding and Services Available Cont.

Problem Solving Courts by District

Table 5 provides information by district for the 1,443 individuals IDOC supervises that were involved in a problem-solving court during FY19, displayed by court type, jurisdiction and percent moderate high/high risk. 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 69.3% of the problem-solving court population were moderate to high risk, but this differs by district and by type of court.

- ▼ Less than half (47.5%) of participants in veteran's court, and over two-thirds of participants within the mental health (70.3%) and drug court (71.1%) were moderate to high risk.
- ▼ District 4 involved a higher portion of lower risk individuals in veteran's court and mental health court than other districts.
- ▼ District 6 had the highest portion of moderate high to high risk individuals involved in drug court and District 7 had the highest portion of moderate high to high risk individuals involved in mental health court.
- ▼ Districts 2 and 3 had the highest portion of moderate to high risk individuals involved in veteran's court.

Table 5. Problem Solving Court and Percent Moderate to High Risk Served

District	Drug court	% mod/high	Family court	% mod/high	Veteran's court	% mod/high	Mental health court	% mod/high
1	84	41.8%	0	*	0	*	67	65.1%
2	55	60.8%	0	*	4	75.0%	29	85.7%
3	141	70.5%	0	*	31	54.8%	33	67.7%
4	315	70.8%	0	*	51	37.3%	29	53.6%
5	108	76.6%	0	*	8	37.5%	28	63.0%
6	133	79.7%	0	*	3	66.7%	23	77.3%
7	274	70.4%	9	100%	4	100.0%	24	91.3%
Total	1,100	71.1%	9	100%	101	47.5%	233	70.3%

Funding and Services Available Cont.

Aftercare Programming Per District

In FY19, \$1.9 million covered the salary and benefits for twenty Drug and Alcohol Rehabilitation Specialists (DARS) and seven clinicians. 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 assessments for individuals required to have a GAIN 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 3,399 probation and parolees received aftercare in the community in FY19 and about 55.2% of those were moderate to high risk.

Table 5. Drug and Rehabilitation Specialists per District and Aftercare Clients Served

District	# Full time Positions	# Receiving Aftercare	% Mod/high Risk	# GAIN Assessments	Total Group Sessions
1	2	388	54.8%	329	572
2	2	114	64.4%	110	178
3	4	686	45.3%	405	573
4	8	1,005	52.3%	1,010	1,185
5	3	630	61.2%	485	558
6	2	247	80.3%	214	325
7	4	329	54.7%	657	670
Total	25*	3,399	55.2%	3,210	4,061

*3 Central office DARS manage treatment authorizations, conduct behavioral health assessments, and provide state-wide support in delivery of groups and GAIN assessments.

Funding and Services Available Cont.

Mental Health Services Provided

There were 362 IDOC clients who received mental health services in FY19 and 55.0% had LSI-R scores above 24. The 362 individuals had 19,292 total treatment instances entered into WITS.

199 moderate and high-risk probationers and parolees were served with mental health treatment in FY19.

Overall, the most common services provided to all IDOC probationers and parolees receiving mental health services included established outpatient medical services (57.7%), behavioral health treatment plan (54.7%), behavioral health nursing services (54.7%), and ongoing case management for behavioral health (48.9%).

- 76.8% of services provided were clinical and only 0.1% were crisis.
- 76.8% of the services provided were clinical, 13.6% nursing, and 9.2% medical.
- The most common individual type of service provided was group skill training (24.4%), followed by community based rehabilitative services (17.7%) and behavioral health nursing services (11.2%).

Table 6. Mental Health Services Provided per Clients Served*

	<i>Service Provided</i>	<i>Instances</i>	<i>%</i>	<i>Clients served</i>	<i>%**</i>
<i>Clinical</i>	<i>BH Treatment Plan</i>	137	0.7	198	54.7
	<i>Case Management-Behavioral Health</i>	1,714	8.9	177	48.9
	<i>Community Based Rehabilitative Services</i>	3,416	17.7	152	42.0
	<i>Community Based Rehabilitative Services-Group</i>	99	0.5	34	9.4
	<i>Case Management – Substance Abuse</i>	11	0.1	8	2.2
	<i>Family Psychotherapy, with patient present</i>	1	0.0	1	0.3
	<i>Group Counseling - Substance Abuse</i>	986	5.1	43	11.9
	<i>Group Psychotherapy</i>	2,035	10.5	44	12.2
	<i>Group Skill Training</i>	4,700	24.4	154	42.5
	<i>Psychiatric Diagnostic Evaluation</i>	137	0.7	107	29.6
	<i>Psychiatric Diagnostic Evaluation with Medical Services</i>	50	0.3	35	9.7
	<i>Psychotherapy</i>	1,521	7.9	137	37.8
<i>Crisis</i>	<i>Community Crisis Intervention</i>	13	0.1	8	2.2
	<i>Crisis Psychotherapy, 60 minutes</i>	7	0.0	5	1.4
<i>Medical</i>	<i>Established Outpatient</i>	1,672	8.7	209	57.7
	<i>New Outpatient</i>	89	0.5	69	19.1
<i>Nursing</i>	<i>Behavioral Health Nursing Services</i>	2,157	11.2	198	54.7
	<i>Injection</i>	465	2.4	65	18.0
	<i>Blood Draw</i>	7	0.0	4	1.1
<i>Peer</i>	<i>Peer Support</i>	62	0.3	8	2.2
<i>Other</i>	<i>Other</i>	13	0.1	4	1.1
	<i>Total</i>	19,292	100.0	362	

*IDHW team provided report of expenditures pulled from WITS.

**Percentages are out of total clients served (N=362) and do not add up to 100.0%.

Funding and Services Available Cont.

Mental Health Services Provided per District

- ▼ Comparing the IDHW Regions, IDHW Region 3 (served 31.0 per 100), Region 7 (served 29.9 per 100), and Region 6 (served 29.7 per 100) served a higher portion moderate high/high risk clients.
- ▼ Region 1 (16.3 per 100) and Region 2 (19.7 per 100) served fewer clients compared to the moderate high/high risk population estimated to have a severe mental illness in the area.
- ▼ Estimated there were 1,510 with an severe mental illness (SMI) and LSI-R assessment indictive of mod/high risk, or 14.7% of the entire mod/high population.

Table 7. Mental Health Services Provided per District

	<i>Instances</i>	<i>%</i>	<i>Clients Served</i>	<i>%</i>	<i>Rate per 100 of Mod/high clients served per Mod/high with SMI in District</i>
IDHW, DBH, Region 1	2,175	11.3	52	14.3	16.3
IDHW, DBH, Region 2	641	3.3	25	6.9	19.7
IDHW, DBH, Region 3	2,513	14.3	56	15.4	31.0
IDHW, DBH, Region 4	2,758	25.0	61	16.8	20.8
IDHW, DBH, Region 5	4,822	20.0	71	19.6	25.4
IDHW, DBH, Region 6	3,862	12.7	40	11.0	29.7
IDHW, DBH, Region 7	2,521	13.1	58	16.0	29.9
Total	19,292	100.0	363*	100.0	24.0

IDHW team provided report of expenditures pulled from WITS.

*one individual received services in more than one region.

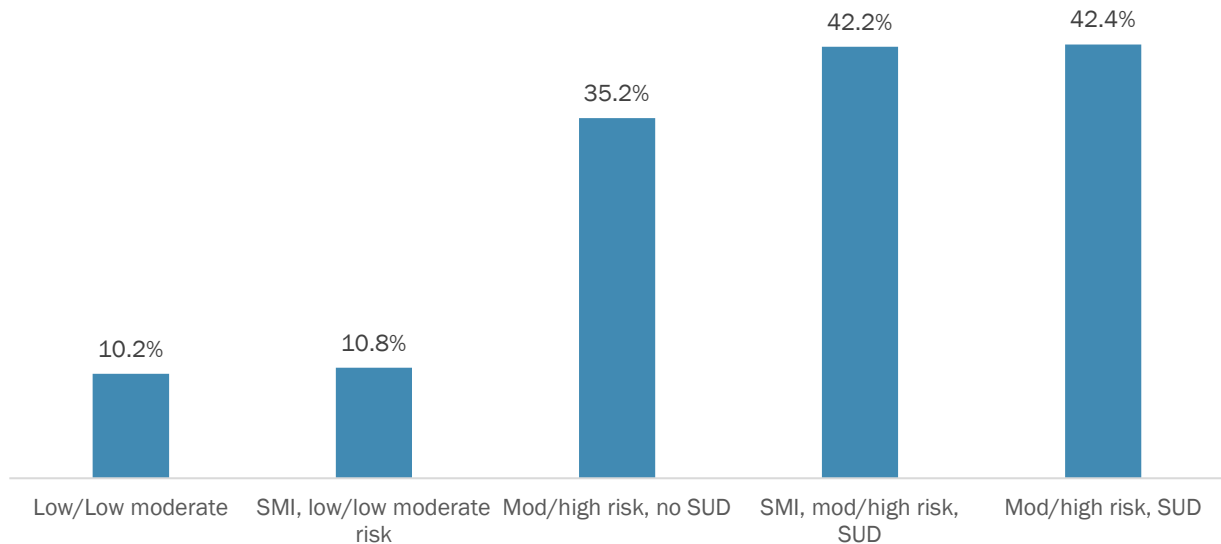
Recidivism

The following analysis was conducted to determine the recidivism (percent re-incarcerated as parole violator, term or rider) of the community population living within the community at some point during FY19.

Moderate high/high risk probationers and parolees were significantly more likely to be re-incarcerated.

- Moderate high/high risk without a substance use or mental health problem were less likely to be re-incarcerated (35.2%) compared to moderate high/high risk with a substance use problem and an SMI (42.2%) or all those identified as moderate high/high risk with a substance use problem (42.4%).

Figure 10. Recidivism by Risk level



Recidivism by Service Received

The strongest predictors for recidivism among the total community population were (in order of importance): substance use, severity of criminal history, lower education or problems keeping employment, poor accommodations, poor attitude towards the sentence, companions, emotional/personal problems, poor choice in leisure/recreation, and family/marital problems.

IDOC SUD Funding

Moderate to high risk probationers and parolees with a substance use treatment need who received SUD funded treatment were less likely to recidivate.

- Moderate high/high risk with a substance use treatment need who were IDOC SUD clients recidivated at slightly lower rates than those not receiving any state funded treatment (47.1% compared to 49.4%) in FY19.
- Moderate high/high risk with a substance use treatment need were less likely to recidivate if they received over \$1,000 in services versus less than \$1,000 (42.5% compared to 50.1%).
- Those not recidivating and receiving SUD funds averaged **\$1,581.10** in services.

Drug Court

Moderate high/high risk probationers and parolees with a substance use treatment need involved in a Problem-Solving Court were significantly less likely to recidivate.

- Moderate high/high risk with a substance use treatment need involved in a problem-solving court recidivated at a lower rate of 31.3% compared to 49.4% of those not receiving any state funded treatment.
- Moderate high/high risk involved in a mental health court recidivated at a rate of 29.6% compared to 45.8% of mod/high risk not involved in any state funded treatment.

Aftercare Programming

Moderate high/high risk probationers and parolees with a substance use treatment need were less likely to recidivate if received aftercare in FY19.

- Moderate high/high risk with a substance use treatment need completing aftercare programs recidivated at a rate of 46.7% compared to 49.4% of individuals not receiving any state funded treatment.

- Moderate high/high risk without a treatment need and involved in aftercare recidivated at a rate of 25.9% compared to 34.4% for those not receiving any state funded treatment.

Mental Health

Moderate high/high risk probationers and parolees with mental health needs who received IDHW funded treatment were less likely to recidivate than those who did not.

- Moderate high/high risk probationers and parolees with an indication of severe mental illness and who received mental health treatment were less likely to recidivate than those not receiving treatment (36.7% compared to 39.6%).
- Those receiving less than 20 instances of treatment had a higher recidivism rate than those receiving more than 20 instances (36.4% compared to 24.0%).

High Risk Needing and Not Receiving Treatment Substance Use Disorder Services

There were about **9,204** total probationers and parolees over the course of the year that were moderate to high risk (as identified by the LSI-R assessment) and **7,358** moderate/high risk with an LSI-R SUD domain score over 0.4. This does not include anyone who was out of state for all or most of the year on interstate compact, or anyone who absconded supervision for all or most of the year.

- 28.6% of moderate to high risk probation and parolees (N=2,636) received IDOC funded SUD services within FY19.
 - 54.1% served were mod/high risk.
 - Additional mod/high risk individuals presentence to term (N=137) or rider (N=287) were also served. Additional individuals also served that were in the pre-sentence phase are not included in this calculation – may or may not have LSI_R yet to base risk on, etc.
- 55.2% of individuals receiving after care in the community (N=1,408) were moderate to high risk.
- 64.5% of problem-solving court participants were (N=907) were moderate/high risk.
- **4,467** unique clients received a substance use related state funded service in FY19 (IDOC SUD funded treatment, aftercare or problem-solving court not including mental health court), with some individuals receiving more than one type.
- About **2,891** moderate/high risk individuals with substance use needs did not receive IDOC SUD funded treatment, after care, or were involved in a problem court.
 - 2,891 * \$1,581 (average amount spent by those receiving services who did not recidivate) equals an additional **\$4,570,671**.

High Risk Needing and Not Receiving Treatment

Mental Health Treatment

Based on GAIN assessments, approximately 30.7% of the moderate to high risk population have severe mental health problems and an additional 21.5% had low to moderate mental health problems and are not receiving treatment. Based on this estimate, about **2,826** of the probation and parole population in FY19 had severe mental health problems and an additional **1,979** moderate high to high risk had low to moderate problems but were not receiving treatment at the time of the assessment.

- About **199** of the 362 receiving mental health treatment services were moderate to high risk.
 - 55.0% served were mod/high risk
- About **164** moderate high to high risk probationers and parolees were involved in a mental health court, for a total of 363 moderate high to high risk individuals served.
- $2,826 - 363 = \mathbf{2,460}$ moderate high/high risk with severe mental illness not served.
 - At an average of \$2,975 per service, this equates to a gap of **\$7,318,500** (*estimated per service use is from 2015 WICHE Gap Analysis report*).
- For the additional 1,979 moderate high to high risk individuals with low to moderate mental health problems that may not be receiving mental health treatment, there is an additional gap of **\$5,887,525**.