IDAHO DEPARTMENT OF HEALTH & WELFARE

ANNUAL COMMUNITY GAP ANALYSIS

January 15, 2017

Joint Report to the Idaho Legislature

Idaho Department of Correction and

Idaho Department of Health and Welfare

IDAHO DEPARTMENT OF CORRECTION

Introduction

Among requirements of the Justice Reinvestment Act (SB 1357), 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. This report replicates the methodology completed by the Western Interstate Commission for Higher Education (WICHE) in the 2016 gap analysis report.

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

1. Criminogenic needs of active population of probationers and parolees
    - 35.8% of IDOC's community supervised population have a moderate to high risk to recidivate, based on their Level of Service Inventory-Revised score of 24 or above.
    - 99.7% of moderate to high risk offenders had a score of .4 or above within one of the domains of criminal history, attitudes/ orientation and companions, indicating a need for criminal thinking programming.
    - 76.2% of moderate to high risk offenders had a score of .4 or above within the substance abuse domain, showing a need for substance use treatment.

SB1357, 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.

2. Current funding available to deliver evidence based programming to address the needs of the supervised community population.
    - An estimated **52.0**% of the moderate to high risk probationers and parolees with a .4 or above SUD score received services from IDOC, SUD funding, or drug court in FY2016.
    - An estimated **7.9**% of moderate to high risk probationers and parolees with an estimated mental health treatment need received services from IDHW.

3. Any gap in funding to meet the treatment needs of all moderate and high risk probationers and parolees:

    Substance abuse: *If SUD funding were provided to the 48.0% of moderate to high risk offenders not receiving services in FY2016, (3,239 * $1,012 or average cost of SUD service provided to mod/high risk offender) it would cost* ***$3,277,868.***

    Mental health: *If Mental Health funding were provided to the 7.9% of moderate to high risk offenders estimated to not have received services in FY2016, (1,930* $2,975 or average cost of mental health service provided to mod/high risk offender as estimated by WICHE) it would cost* ***$5,741,750.***

    The combined gap in coverage for substance abuse and mental health needs in the state of Idaho is $9,019,618.00

Criminogenic Need Analysis

Methodology

Process to Identify Needs. There are two assessments used to determine the criminogenic and behavioral health treatment needs for Idaho offenders: 1) Level of Services Inventory- Revised (LSI-R), and 2) Global Assessment of Individual Needs (GAIN).

LSI-R DOMAINS

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

LSI-R. The IDOC utilizes a nationally normed and validated risk and need assessment tool, the Level of Services Inventory Revised (LSI-R), as the basis for treatment and supervision standards. The LSI-R assessment is conducted: 1) on all offenders within the pre-trial phase for the pre-sentence investigation report, 2) once per year with probationers and parolees, and 3) with prisoners in IDOC facilities who have not had an assessment within three years. Offenders are graded on a series of questions covering research-based criteria known to be related to recidivism. 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 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 LSI-R domains most predictive of recidivism and 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 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 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 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 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. The main limitation is it's self-reported and does not possess thorough clinical analysis with diagnosis and treatment recommendations.

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

Data Collection. For this report, Web Infrastructure for Treatment Services (WITS) information was shared between IDHW and IDOC containing recorded transactions for:

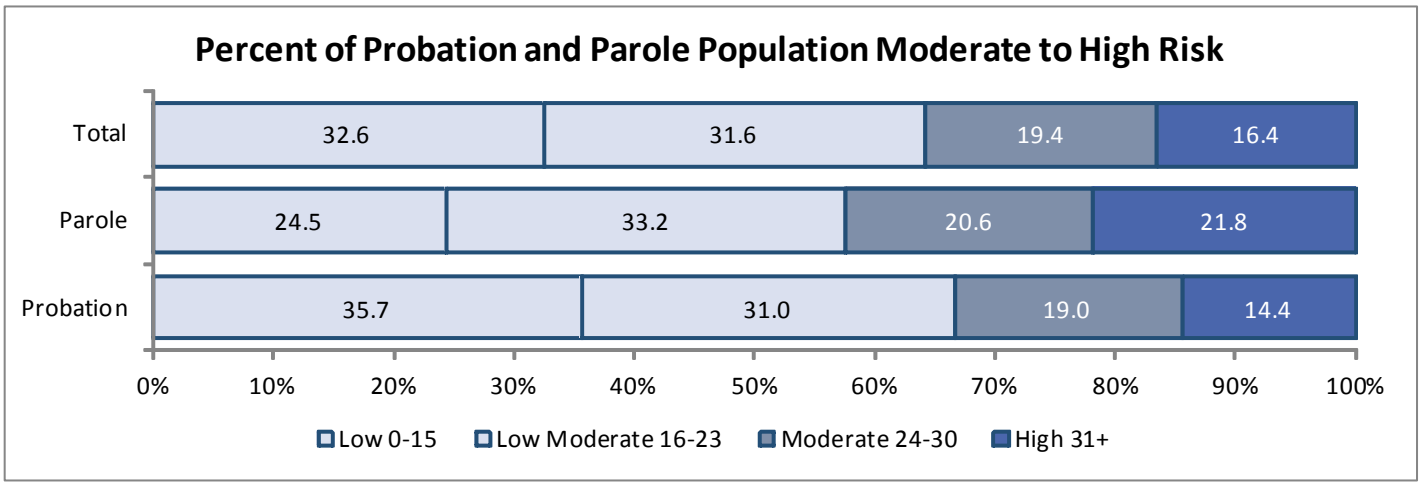
1) all IDOC clients receiving Substance Use Disorder (SUD) services during FY2016;
2) IDOC clients assessed using the GAIN I by IDOC staff;
3) IDHW clients receiving a 19-2524 screening, assessment, and/or treatment; and
4) IDHW clients who received a billable service during FY2016.
5) In addition, Chestnut Health Systems, Inc. provided the Global Assessment of Individual Needs data on all GAINs that have been completed within the state of Idaho.

The data was combined with IDOC offender profile data containing records for all individuals living within the community on probation or parole during FY2016. The data was also merged with the most recent Level of Services Inventory-Revised (LSI-R) assessment and/or GAIN (if one was recorded in the system within either the Pre-Sentence Investigation report or within the IDOC's Case Management System). The overall recommendations provided on substance abuse treatment need and mental health from the GAIN are recorded within IDOC's case management system, but were not entered on all offenders. Changes are in place so next year's gap analysis report will have more thorough information on substance abuse and mental health needs for all offenders.

For this report, similar to methodology used by WICHE for last year's gap analysis, any additional information that could be merged from the Chestnut GAIN assessment file based on matching client ID was used to determine the mental health of the supervised community population. In addition, the Chestnut file was filtered by all assessments conducted during FY2016 where the person indicated they had been on probation or parole within the past year to estimate mental health needs.

Findings

During FY2016 the community supervised population under the jurisdiction of IDOC consisted of 16,855 probationers and 6,417 parolees. For this report, the community supervised population included individuals living in the community for the entire year, recent placements on community supervision, individuals who completed and were discharged from probation or parole, and those who were re-incarcerated. Therefore, not all individuals were living within the community for the entire fiscal year but were included in this analysis as the active supervised population during FY2016.



*Note: 475 of the 23,272 offenders with recent placement on probation or parole had no certified assessment to determine risk.

Of the community supervised population, 8,170 (35.8%) were moderate to high risk with an overall LSI-R score of 24 or above:

⇒ 5,505 (33.4%) of probationers were moderate to high risk.

⇒ 2,664 (42.4%) of parolees were moderate to high risk.

Profile of IDOC Moderate and High Risk Offenders

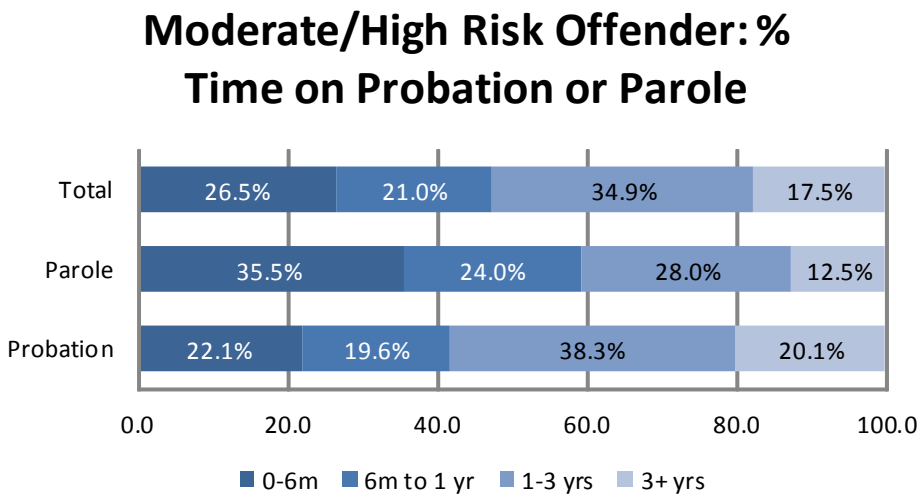
The following provides characteristics of the active community population, FY2016, of moderate to high risk offenders:

- 75.3% were male and 24.7% female.
- 74.0% of population was white and 26.0% were non-white.
- 91.8% were having financial difficulties, receiving social assistance, or both (as assessed by the financial LSI-R domain).
- Most (79.7%) had a drug or property main crime of conviction.

- 3,877 (47.5%) were within one year from the start of their community supervision, (the highest risk time for recidivism), and 52.5% had been under community supervision for more than one year.

  ⇒ On average moderate to high risk offenders had been on community supervision for 1.7 years (median 1.1 years).

  ⇒ Probationers had been under supervision longer than parolees (average 1.9 years compared to 1.4 years).

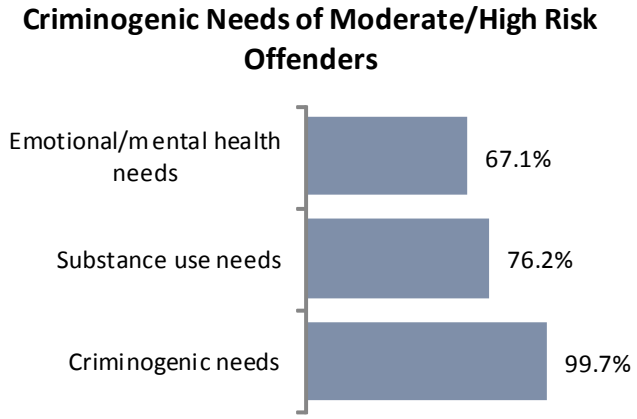


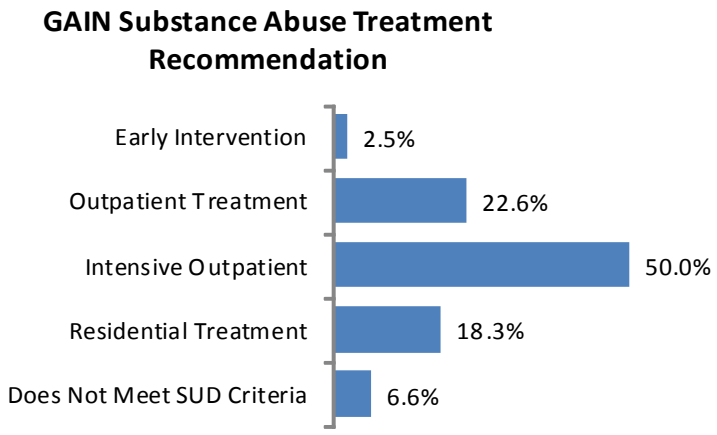
Criminogenic and Substance Abuse Treatment Needs

The following indicates the treatment needs of the moderate to high risk community supervised population:

- 99.7% (N=8,145) had a .4 or above within one of the domains of either criminal history, attitudes and orientation, or criminal companions, indicative of a need for cognitive behavioral therapy.
- 76.2% (N=6,226) had a substance abuse domain score of .4 or above within the LSI-R, indicative of moderate to high substance abuse needs.
- 67.1% (N=5,482) had an emotional/ mental health domain score within the LSI-R .4 or above, indicative of moderate to high emotional health needs.
- Of those with a GAIN-I assessment recorded within IDOC's offender management system, 93.4% (N=4,325) had a substance abuse treatment need at the time of their GAIN assessment within pre-sentencing.

  ⇒ Most were recommended to have intensive outpatient treatment or outpatient treatment.





Of those needing substance abuse treatment, the primary drugs involved include:

- 35% amphetamines
- 24.3% alcohol only
- 12.4% alcohol with other drugs
- 16.1% marijuana
- 10.5% heroin/other opioids

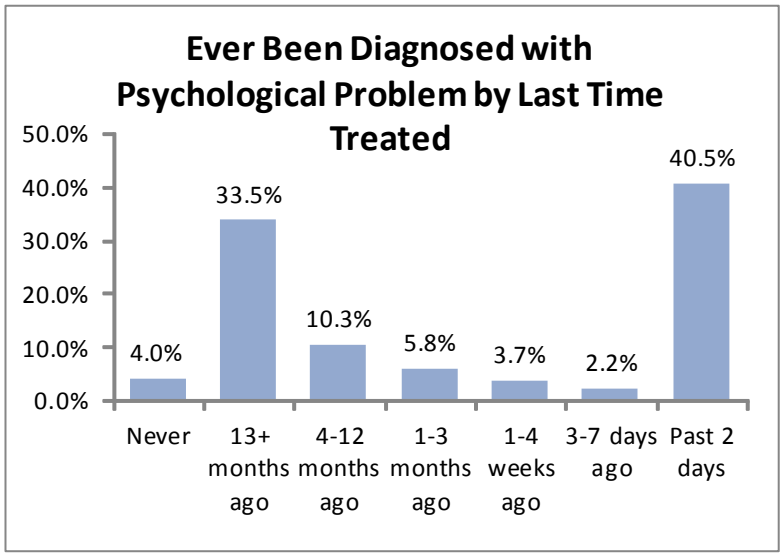
Mental Health Treatment Needs

Taken from all completed assessments conducted in Idaho during FY2016 (file courtesy of Chestnut Health Systems), there were 11,418 GAINs completed in FY2016 where the participant said they were on either probation or parole within the past year.

- Approximately half of the offenders, (56.3%) reported a doctor, nurse, or counselor had diagnosed them with a mental, emotional or psychological problem.
- 47.8% had a co-occurring substance abuse/dependence and psychiatric problem.
- Nearly half, (47.1%) were estimated to have high mental distress and 4.4% were at high risk for suicide.
- 39.5% were estimated to have a severe mental illness (SMI) of depression, dysthymia, or other mood disorder, major depression, and/or other schizophrenia or psychotic disorder[1].

Of those ever diagnosed with a psychological problem:

- 56.2% of those who had a current psychological -behavioral problem had no current treatment
- 56.1% indicated they needed help paying for treatment
  - ⇒ 82.9% had public insurance
    - 16.1% private and 1% mixed
- 18.5% needed help with getting medication to help control themselves.
- 4.0% had never been treated



1. Severe Mental Illness (SMI) was estimated in "Gap Analysis: Behavioral Health Needs of Probationers and Parolees" conducted by WICHE (January 2016) from the GAIN questions concerning whether individuals had ever been diagnosed with: "depression, dysthymia, or other mood disorder," "major depression" and/or "other schizophrenia or psychotic disorder."

Funding Available

IDOC Direct Staff Delivery

District	FTE	Funding	# GAIN Assessments	# Group Sessions	Avg. Wkly Attendance
1	3.0	$ 187,306	451	660	87
2	2.0	$ 131,721	208	428	36
3	5.0	$ 302,229	757	1028	89
4	8.0	$ 407,067	942	1231	214
5	4.0	$ 219,297	429	968	98
6	2.0	$ 139,713	318	497	63
7	4.0	$ 255,319	581	993	80
28	28.0	$ 1,642,652	3686	5805	667

IDOC delivers core criminogenic services in seven district probation and parole offices throughout the state of Idaho. Currently, IDOC is staffed with 29 direct service staff made up of 22 drug and alcohol rehabilitation specialists (one position works at an institution) and 7 clinicians. Most criminogenic groups last approximately 6 months. On average, approximately 667 individuals are receiving reentry aftercare programming within any given week. There were 5,805 group reentry aftercare sessions and 3,686 GAIN Core assessments conducted by IDOC staff in FY2016.

For FY2016, all moderate to high risk offenders released on to probation or parole received IDOC programming (approximately 21.6% of the total moderate/high risk population) for alcohol/drug problems, anti-social attitudes/orientation, or emotional/personal problems.

The Probation and Parole Officer (PPO) is the key ingredient to ensure the offender is enrolled in necessary classes and participating. PPOs determine if the offender is required or would benefit from participation in a class, or whether he or she already completed a class offered by private providers or the faith-based community. Much of IDOC programming offered in FY2016 provided aftercare for therapeutic community graduates or other forms of Rider[1] aftercare. In addition, recent JRI legislation led to the creation of a sanction and reward matrix that began implementation in September, 2015. The matrix directs PPOs to monitor and reward performance of all offenders according to high LSI-R domains. Therefore, if an offender has a high LSI-R 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 must 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.

Summary: $1,642,652 provided for the salaries of 28 drug and alcohol rehabilitation specialists and clinicians within the community to provide 5,805 IDOC delivered group sessions and 3,686 GAIN Core assessments in FY16. All offenders released from rider or term incarceration received after care services in the community, equating with 21% of the community moderate/high risk population.

Recommendation: IDOC needs to monitor criminogenic programming taken by all offenders more effectively to ensure of any gaps in programming and sufficient awareness of offender improvements in key areas over time.

1. "Rider" is a confinement period with the Idaho Department of Correction for approximately 180 days where the courts retain jurisdiction until completion, after which the court decides whether to release the offender back on to probation or send to prison as "Term" incarceration.

Private Provider Network Delivery—IDOC Funding

IDOC SUD. *For FY2016, the total budget for SUD services delivered through the private provider network was* $7,186,600. This excludes services delivered by IDOC staff mentioned in the previous section. Fifty percent of offenders served were court-mandated new probations (§IC 19-2524), 32% were offenders reentering community for a period of incarceration (primarily parolees) and 17% were offenders on community supervision at risk of revocation due to substance use.

Problem Solving Courts-Drug Courts. Problem-solving Courts that serve moderate-high to high risk offenders in the community reduce prison populations, decrease drug and alcohol dependency, and hold offenders accountable through frequent review hearings, intensive supervision, and the communication about ongoing treatment interventions. Problem-solving courts reduce recidivism, restore families, effectively use taxpayers funds, and save lives.

Idaho's problem-solving courts have served 20,964 individuals with over 7,000 graduates, and 627 graduates in FY2016 alone***. In FY16, The Ada County Drug Court reached graduate number 1,000!*** Also, in FY2016, the number of drug-free babies grew to over 400 drug free births to mothers in problem-solving courts across the state.

In FY16, problem-solving courts had approximately 1,000 treatment slots prioritized for felony offenders in Felony Drug Courts, Mental Health Courts, and Veterans Treatment Courts. IDOC provides supervision to those offenders assigned to the Problem Solving Courts. Today, IDOC is funded for 7 Probation Officers who are assigned solely to Problem Solving Courts. However, there are 41 PPOs assigned either full-time or part time to supervise approximately 47 felony level Problem Solving Courts.

Treatment Services		Grand Total
Adult Detox	$	4,586.40
Alcohol or Drug Assessment	$	660,705.46
Intensive Outpatient	$	594,674.91
Outpatient	$	1,282,486.29
Parolee Aftercare	$	838,961.62
Pre-Treatment Services	$	462,888.20
Residential	$	108,309.60
Travel for Professionals	$	24,203.85
Total	**$**	**3,976,816.33**
Recovery Support Services		
Adult Safe & Sober Housing	$	1,121,585.49
Case Management	$	351,324.47
Child Care	$	2,759.85
Drug/Alcohol Testing	$	382,279.50
Interpreter Services	$	2,589.00
Life Skills	$	4,110.90
Recovery Coaching	$	17,279.90
Staffing (Planned Facilitation)	$	1,296.02
Transportation	$	89,666.77
Total	**$**	**1,972,891.90**
DHW Reimbursement for IDOC Clients	**$**	**204,694.18**
Misc. Expenditures External to WITS	**$**	**906,934.00**
Grand Total	**$**	**7,061,336.41**
Percent of Total Expenditures		100%
Number of Offenders Served*		4,554

Cost of Substance Use Disorder Services Provided to Moderate/High Risk

For the following analysis, WITS data was obtained for SUD services offered through the provider network during the timeframe of July 1, 2015—June 30, 2016.

Of the offenders receiving services through the provider network, 51.9% were moderate to high risk. It is estimated that 26% (n= 1,618) of the moderate to high risk offenders with a substance use domain score of .4 or above received SUD services in FY2016. In total, approximately $1.7 million was consumed by treatment for moderate to high risk probationers and

parolees with a SUD score of .4 or above. An additional estimated $444,625 was provided in services to moderate to high risk offenders with a SUD score lower than .4. However, it should be emphasized that the SUD domain within the LSI-R is not a perfect measure for need for substance use disorder services.

Another form of substance use disorder treatment is the problem solving court. IDOC records indicate 674 of moderate to high risk probation/parolees were in Drug Court over the course of the year. Fourteen percent of the drug court participants that were moderate to high risk also received SUD treatment services.

Summary– 1,618 of the moderate to high risk probation/parole offenders with SUD domain scores at or above .4 were served with SUD services. An additional 674 moderate to high risk offenders received drug court services, and 1,768 moderate/high risk offenders received classes from IDOC staff. Some offenders received more than one service. In total, 2,985 moderate to high risk offenders with SUD domain scores at or above .4 received some form of substance abuse treatment in FY16.

- It is estimated that at least **52%** of the total moderate to high risk offenders with a .4 or above SUD score received services from IDOC, SUD funding, or drug court in FY2016.

Recommendation: Continued enhancement of data collected on offenders, needs and treatment provided will enhance information that can be provided in future reports.

Gap-If SUD funding were provided to the 48% of moderate to high risk offenders not receiving services in FY2016, (3,239 * $1,012 or average cost of SUD service provided to mod/high risk offender) it would cost $3,277,868.

Note: The population estimates assume that offenders living in the community with moderate to high LSI scores and a .4 or above within the SUD domain require treatment within the current year, but this is not always the case. At this time, there are no other means of estimating need than from the offender's most recent LSI-R. The indicated gap amount is also likely lower due to services delivered by alternative funding sources. At this time, IDOC is unable to track alternative funding sources (e.g. medicated, Veteran's Administration services, self-pay, private insurance, etc.). Another factor to consider is that variance exists in service utilization rates. With recent JRI recommended changes, we expect an increase in per person service utilization. If this were to occur, it would widen the funding gap for service delivery.

Mental Health Treatment Funding

IDHW's Division of Behavioral Health (DBH) serves as the state's behavioral health authority. The Division of Behavioral Health has an annual appropriation for FY 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 regions 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 FY 2015, 76% of participants receiving services from the Division received crisis services; 24% received ongoing mental health services. Participants who received ongoing mental health services in FY 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, injure others, or are gravely disabled. 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.

Mental Health Services Provided to Moderate/High Risk

From WITS data providing all mental health services provided in FY2016, there were 5,820 different mental health services provided to 219 offenders.

The matching offender profile was not always available due to data entry errors, but 185 offenders were matched.

⇒ The most common services provided included community based rehabilitative services (25.3%) and group skill training (21.4%)

⇒ 76.9% were serving sentences for committed drug or property crimes.

- Nearly 40% were for drug crimes.

⇒ 75% had an LSI of 24 or higher.

⇒ 86.1% of moderate/high risk offenders receiving mental health services also had a need for substance abuse treatment, as indicated by SUD domain score of .4 or above.

Note: This information does 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).

Service Provided	N	%
Community Based Rehabilitative Services	1.471	25.3
Group Skill Training	1.246	21.4
Group Psychotherapy, other than of a multiple-family group	769	13.2
Behavioral Health Nursing Services	592	10.2
Established Outpatient, 15 minutes	335	5.8
Established Outpatient; 25 minutes	227	3.9
Group Counseling - Substance Abuse	191	3.3
Psychotherapy, 60 minutes	169	2.9
Injection	168	2.9
Case Management - Behavioral Health	139	2.4
Psychotherapy, 30 minutes	117	2.0
Psychiatric Diagnostic Evaluation	111	1.9
Psychotherapy, 45 minutes	79	1.4
Peer Support	45	.8
BH Treatment Plan	33	.6
Psychiatric Diagnostic Evaluation with Medical Services	26	.4
New Outpatient; 30 minutes	24	.4
New Outpatient; 60 minutes	23	.4
Established Outpatient; 40 minutes	14	.2
New Outpatient; 45 minutes	11	.2
Case Management - Substance Abuse	5	.1
Established Outpatient; 10 minutes	5	.1
Blood Draw	4	.1
New Outpatient; 20 minutes	4	.1
Crisis Psychotherapy, 60 minutes	3	.1
Community Crisis Intervention	2	.0
Drug/Alcohol Testing	2	.0
Family Psychotherapy, without patient present	2	.0
Community Based Rehabilitative Services, Group	1	.0
Established Outpatient; 5 minutes	1	.0
Non-emergency Non-Medical transportation	1	.0
Total	5,820	100.0

Mental Health Treatment

Based on estimate (from Chestnut GAIN data) that 39.5% of probationers and parolees living within the community have been diagnosed with an SMI, and (from matched offender data) 64.9% are moderate to high risk, it is estimated that 2,094 of the moderate to high risk offenders may need mental health treatment for an SMI. In addition, 56.2% of probationers and parolees with a treatment need (38.8% of all moderate to high risk offenders) indicated they had a current problem with no current treatment. This equates to 3,170 offenders.

Summary: Between 2,094 to 3,170 moderate and high risk offenders may need mental health treatment. However, only an estimated 164[1] moderate to high risk probationers and parolees received mental health services in FY2016.

1. 164 offenders of the total 219 receiving treatment were estimated to be moderate to high risk.

Gap-If Mental Health funding were provided to the 1,930 moderate to high risk offenders who may have an SMI and estimated to not have received services in FY2016 (1,930* $2,975 or average cost of mental health service provided to mod/high risk offender as estimated by WICHE) it would cost $5,741,750.

Substance abuse and mental health services gap combined:

The combined gap in coverage for substance abuse and mental health needs in the state of Idaho is $9,019,618.00

Recommendation:

Continued efforts to streamline data collection will ensure future gap analysis reports are able to provide quality information for budget recommendations. Better information is necessary to determine needs and services received. Data enhancement efforts are underway and will continue in the future.