



Annual Community Gap Analysis

JOINT REPORT TO THE LEGISLATURE BETWEEN THE IDAHO DEPARTMENT OF CORRECTION AND THE 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

- ▼ **39.5%** (N=7,246) of probationers and parolees are moderate to high risk to recidivate.
 - **79.7%** (N=5,776) of moderate to high risk needed substance use treatment in Fiscal Year 2018.
 - An estimated **30.0%** (N=2,174) had severe mental health problems, with an additional **20.1%** (N=1,456) with low to moderate problems who were not receiving treatment.
- ▼ State funded substance use treatment in FY18 covered \$5.7 million in Substance Use Disorder (SUD) expenditures. In addition, state funded services provided problem solving courts and aftercare programming.
 - About 2,123 moderate to high risk offenders did not receive SUD funding, after care, or drug court services, resulting in a gap in funding of **\$3,120,810**.
 - 1,808 mod/high risk with severe mental health needs did not receive treatment, resulting in a gap in funding of **\$5,378,800**.¹
- ▼ The combined gap in coverage for substance use and mental health needs in the state of Idaho is **\$8,499,610**.¹

¹ See section explaining those needing but not receiving treatment.

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:

- 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.



Methodology

This joint report between Idaho Department of Correction and Idaho Department of Health and Welfare (IDHW) provides information obtained after merging files together 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 substance use treatment. IDOC also provided a list of all offenders living within the community within FY18 to H&W so they could independently merge records and determine those who had received mental health treatment. This information was provided back to IDOC.

After compiling the data on substance use and mental health services provided in FY18, the information was merged with the main offender file containing the age, race/ethnicity, and gender of individuals living within the community. In addition, offender substance use and mental health assessment scores, aftercare classes, and supervision level (including problem solving court), and status movement (whether reincarcerated) were merged in with the data. The offender file did not contain individuals who had absconded prior to FY18 or those who left on interstate compact to be supervised in another state. The file contained only the "active" population of probationers (or on active supervision as required by SB1357) and parolees during FY18; therefore, any additional individuals who received services or treatment while in the pre-sentence investigation phase and then were sentenced directly to term or to retained jurisdiction were not included.

The gap is determined by estimating those who received services versus those who needed services throughout the fiscal year. The expense for the services that could have been rendered for substance use were determined from a recidivism analysis that concluded the average dollar amount of treatment provided to those who did not recidivate. The per person expense for services that could have been rendered for mental health treatment was estimated for Idaho by a gap analysis report conducted by Western Interstate Commission for Education (WICHE) in 2015, at a cost of \$2,975 per person. WICHE estimated this expense after examining per person mental health expenditures within that fiscal year. The current cost per moderate to high risk probationer or parolee is not known.



Methodology cont.

Needing but Not Receiving Substance Use Treatment

The number of individuals needing but not receiving treatment within FY18 should be further explained. There were a variety of reasons for individuals not receiving state funded services.

- ▼ The timing of only looking at one fiscal year and treatment provided within that year does not include treatment received in a prior fiscal year, or those receiving treatment within the current fiscal year. However, this report provides the cost if everyone who needed treatment while living in the community was provided treatment within the same fiscal year.
- ▼ Half of the population was re-incarcerated at some point over the course of the year. The high-risk population returning to prison within a few months of release had limited time to access services. Such individuals may have met the criteria for funding but did not seek out services.
- ▼ Because of limited SUD funding, certain criteria must be met to be eligible:
 - the individual must not be eligible for Medicaid (however, if receiving Medicaid, some braided services are available if not covered by Medicaid);
 - the person may not have graduated earlier treatment 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.
- ▼ This report only highlights the use of state funds to provide treatment. There are individuals who obtained substance use resources through other means, not utilizing state funded resources, such as self-pay or Medicaid. Self-pay or Medicaid/insurance paid treatment is not tracked in a database and the amount received is unknown.



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. The division began the second year of this contract on July 1, 2018. The amount of funds for the second year of the contract will remain the same at \$5.4 million.
- ▼ As of April 2018, all seven regions have an FQHC providing mental health services to Idaho's felony probation and parole population under the contract.
- ▼ By providing these services, it's anticipated participating probation and parole clients will be more successful in their reintegration into the community and less likely to re-offend and face subsequent reincarceration.
- ▼ Data collected from CHCNI will be cross-referenced with IDOC data to determine impacts to the recidivism rates for this population as a result of providing these services.
- ▼ This report covers treatment received in FY18, prior to much of the implementation that has created a process for probationers and parolees to access mental health treatment services.



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

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

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.



Assessment Process cont.

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.

<i>GAIN Assessed Needs</i>	
<i>Background and Treatment</i>	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.
<i>Substance Use</i>	
<i>Physical Health</i>	
<i>Risk Behaviors</i>	
<i>Mental Health</i>	
<i>Environment</i>	
<i>Legal Problems</i>	
<i>Vocational Problems</i>	

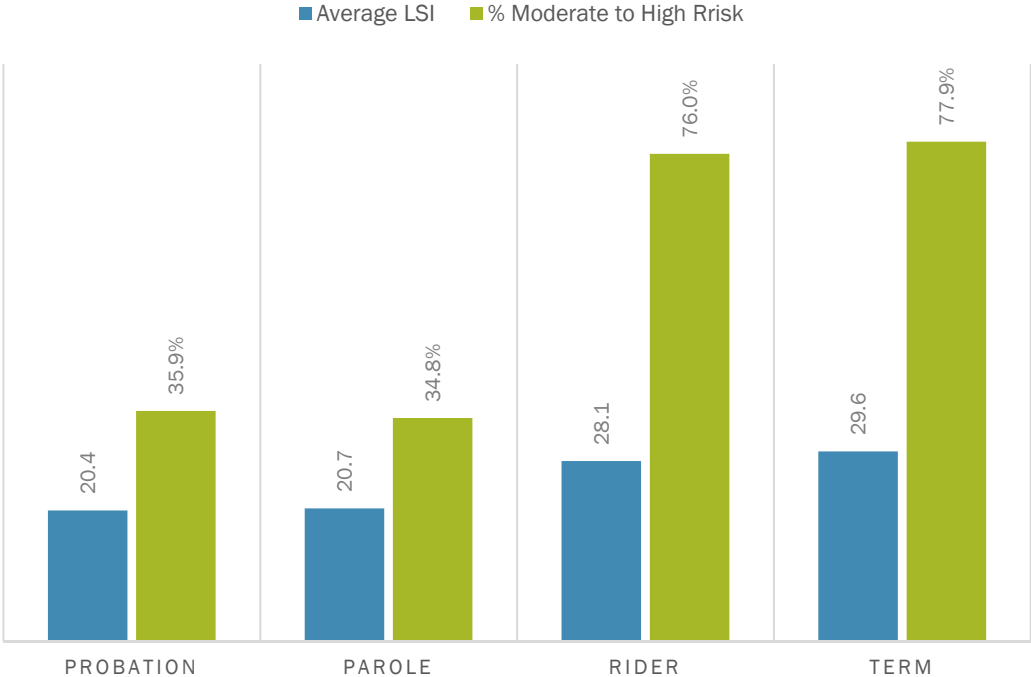
Criminogenic Needs

SB1357 requires a discussion of the criminogenic needs of the active population of probationers and parolees. In FY18, the average LSI-R score for those living in the community on probation and parole was 20.5 (Figure 1). This was 9 points below the average score for those incarcerated in prison as a termers, and 8 points below the score for those incarcerated on a Rider.

Probationers and parolees had lower risk scores than those incarcerated.

- ▼ About 35% of probation and parolees had LSI scores above 24 compared to over 70% of termers and riders.

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



Criminogenic Needs cont.

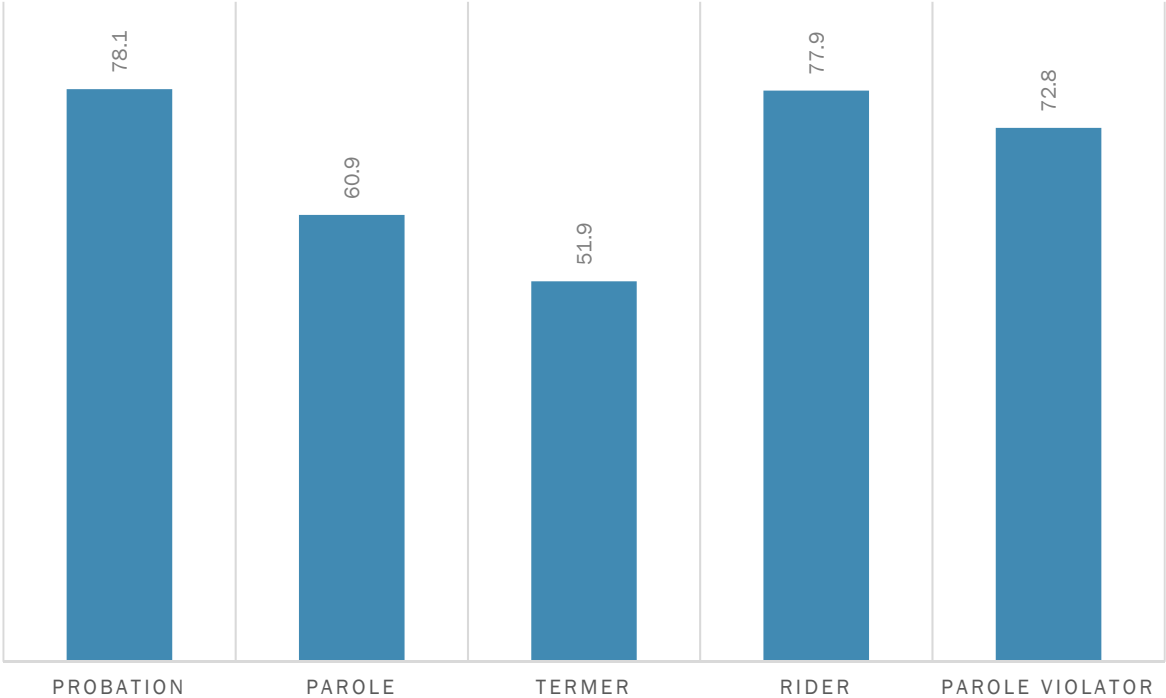
Main Crime of Conviction

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

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

- ▼ Most probationers (78.1%), riders (77.9%), and parolees (60.9%) had convictions for property, drug or alcohol offenses, compared to half of termers (51.9%) (Figure 2).
- ▼ Most (72.8%) parole violators had main crimes of convictions 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.

- ▼ Probationers (*Median =23.00*) and parolees (*Median=22.00*) with drug charges had LSI-R scores averaging between five to ten points higher than individuals supervised because of violent crimes (Table 1).
- ▼ Probationers with property crime convictions had the second highest risk scores; parolees serving time on property crimes had average scores equal to assault.
- ▼ Probationers and Parolees with property, drug or alcohol convictions had lower LSI scores than individuals incarcerated as a Rider, Termer, or Parole Violator on non-violent crimes.

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>	13.50	15.00	14.00	29.00	19.00
<i>Sex Offense</i>	13.00	16.00	19.00	25.00	23.50
<i>Assault</i>	18.00	20.00	28.00	32.00	27.00
<i>Property</i>	20.00	20.00	29.00	32.00	28.00
<i>Alcohol</i>	15.00	18.00	24.00	27.00	25.00
<i>Drug</i>	23.00	22.00	29.00	31.00	28.50
<i>Total</i>	20.00	20.00	28.00	30.00	27.00

Criminogenic Needs cont.

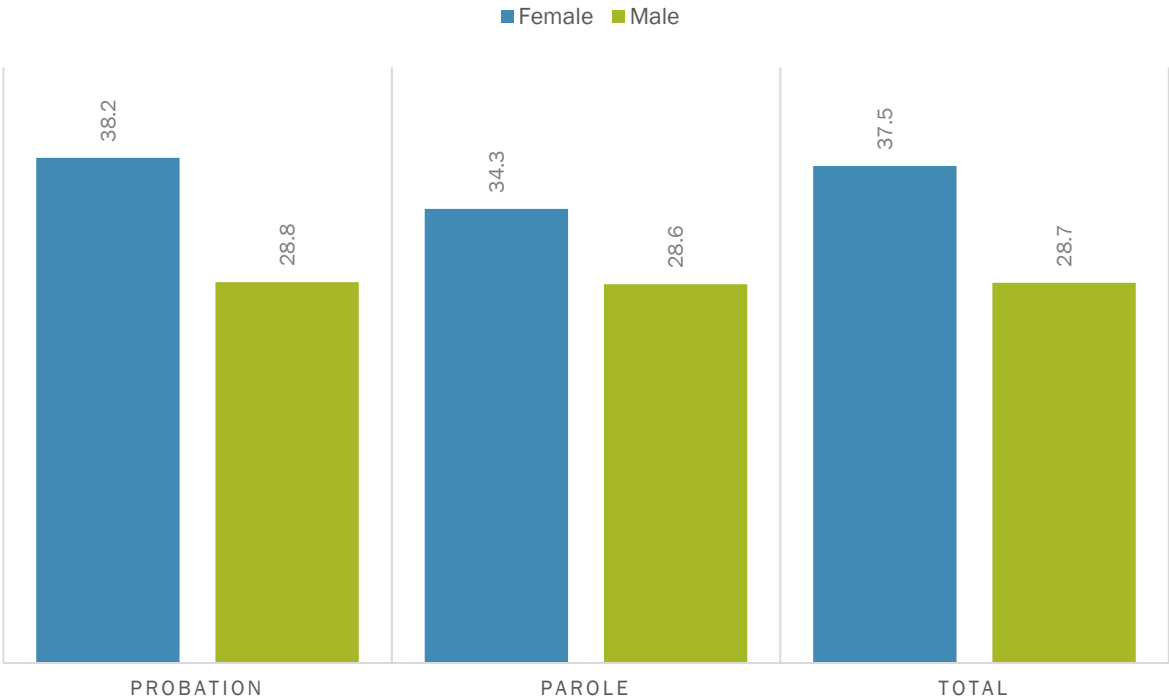
Demographics and Risk

Gender

Females disproportionately fell within the high-risk group.

- ▼ 38.2% of female probationers were moderate/high risk compared to 28.8% of male probationers (Figure 3).
- ▼ 34.3% of female parolees were mod/high risk compared to 28.6% of male parolees.

Figure 3. Percent Moderate/High Risk by Gender



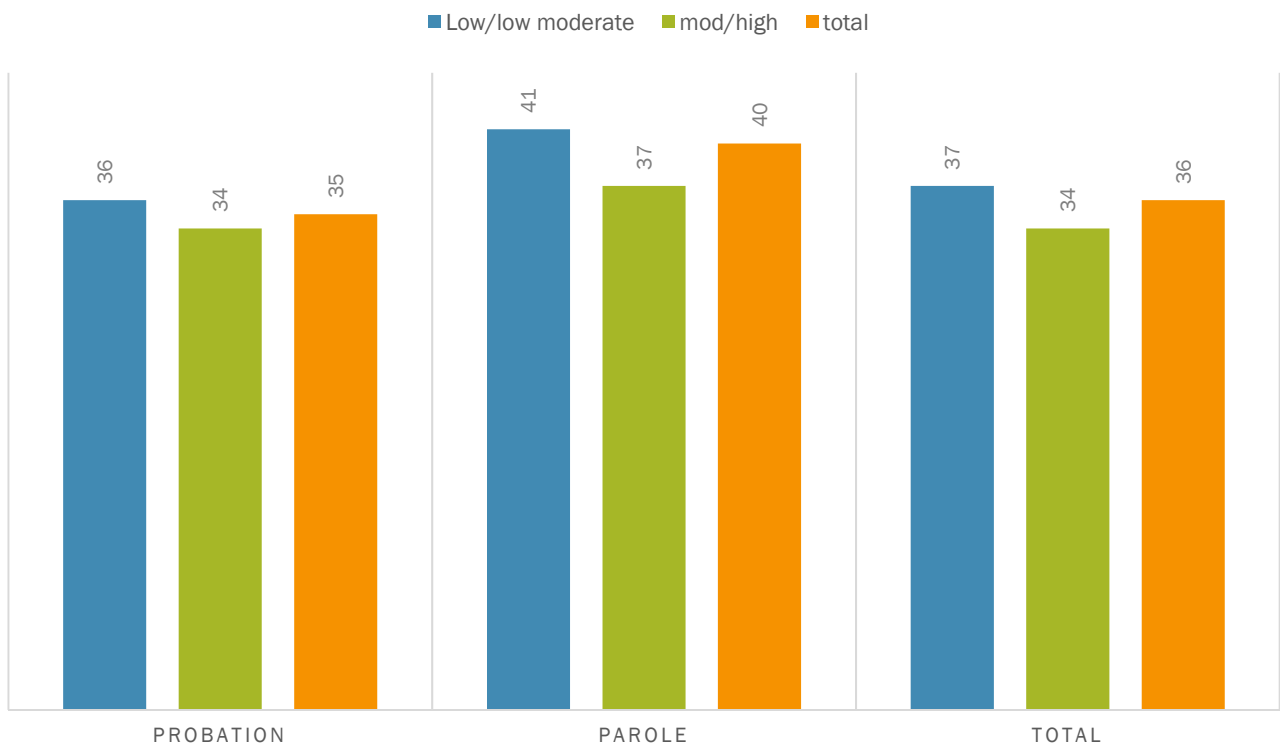
Demographics and Risk cont.

Age

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

- ▼ Mod/high risk probationers were 2 years younger on average than low/low moderate risk (Figure 4).
- ▼ Mod/high risk parolees were 4 years younger on average than low/low moderate risk.

Figure 4. Median Age by Risk Level and Supervision Status



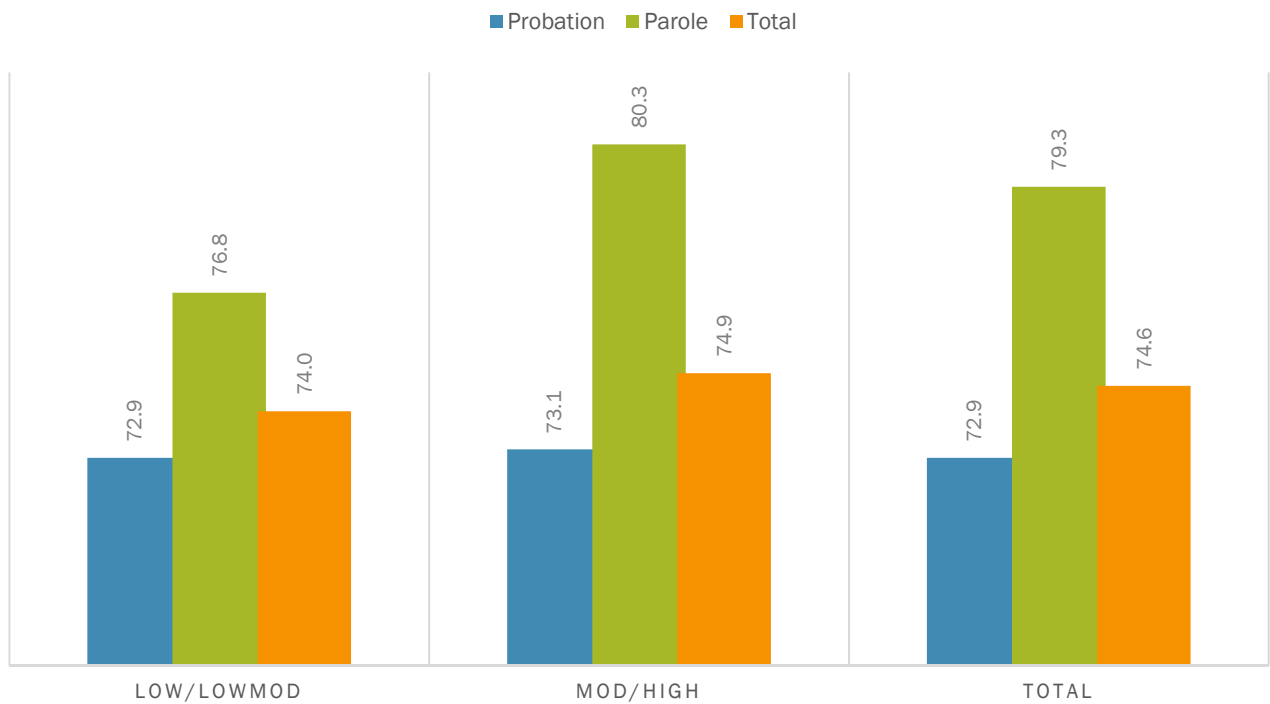
Demographics and Risk cont.

Race/Ethnicity

Probation and parole population was disproportionately non-white.

- ▼ Idaho's population in 2017 was 82% White, not including those of Hispanic ethnicity (US. Census Bureau: Quick Facts) compared to 74.6% of the total supervised population.
- ▼ The mod/high risk probation population was more likely to be non-white than the mod/high risk parole population.

Figure 5. Percent White by Supervision Status and Risk Level



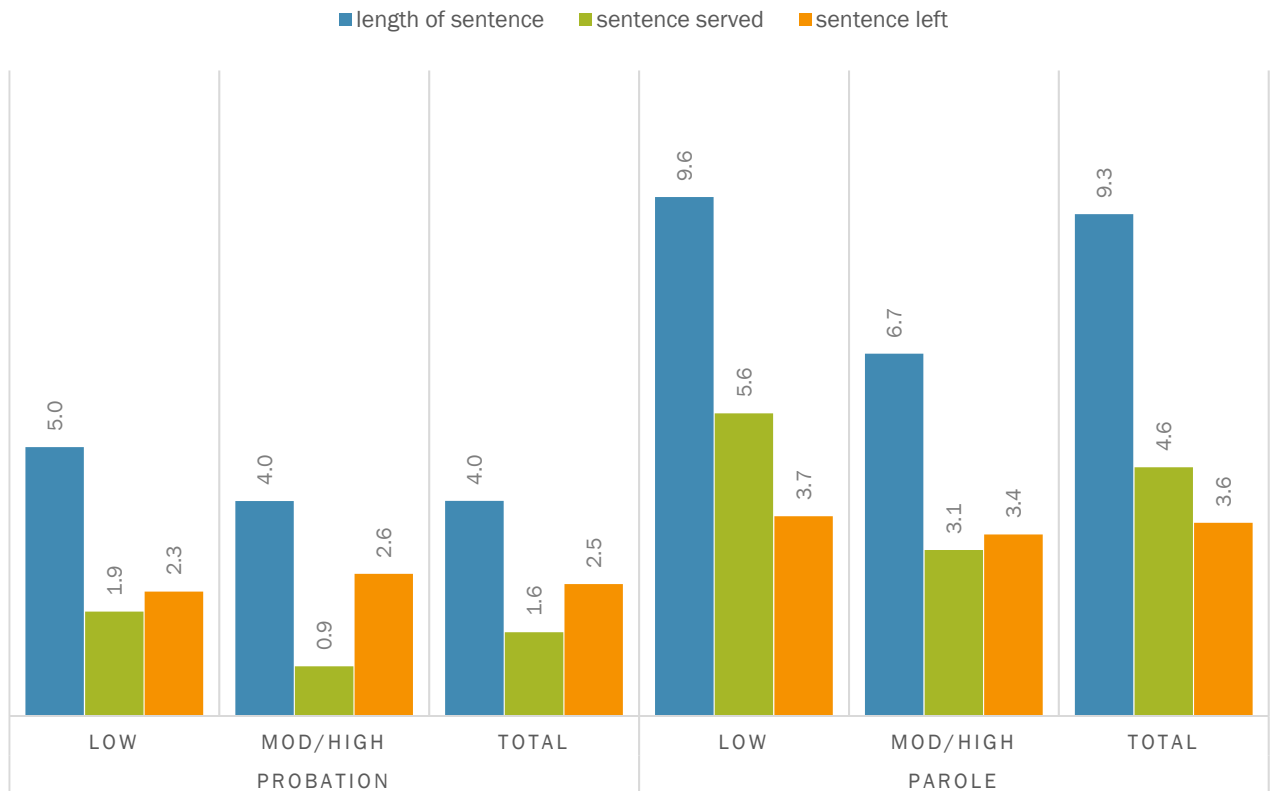
Demographics and Risk cont.

Length of Sentence

Mod/high risk probationers and parolees were serving shorter sentences.

- ▼ Low risk probationers on average were serving a 5-year sentence, compared to 4 years for mod/high risk probationers.
- ▼ Low risk parolees had an average sentence length of 9.6 years, compared to 6.7 years for mod/high risk parolees.
- ▼ Mod/high risk probationers had an average of 2.6 years left to serve on their sentence, compared to 3.4 years for mod/high risk parole.

Figure 6. Average Length of Sentence in Years, Average Years Served, Average Years Left by Supervision Status



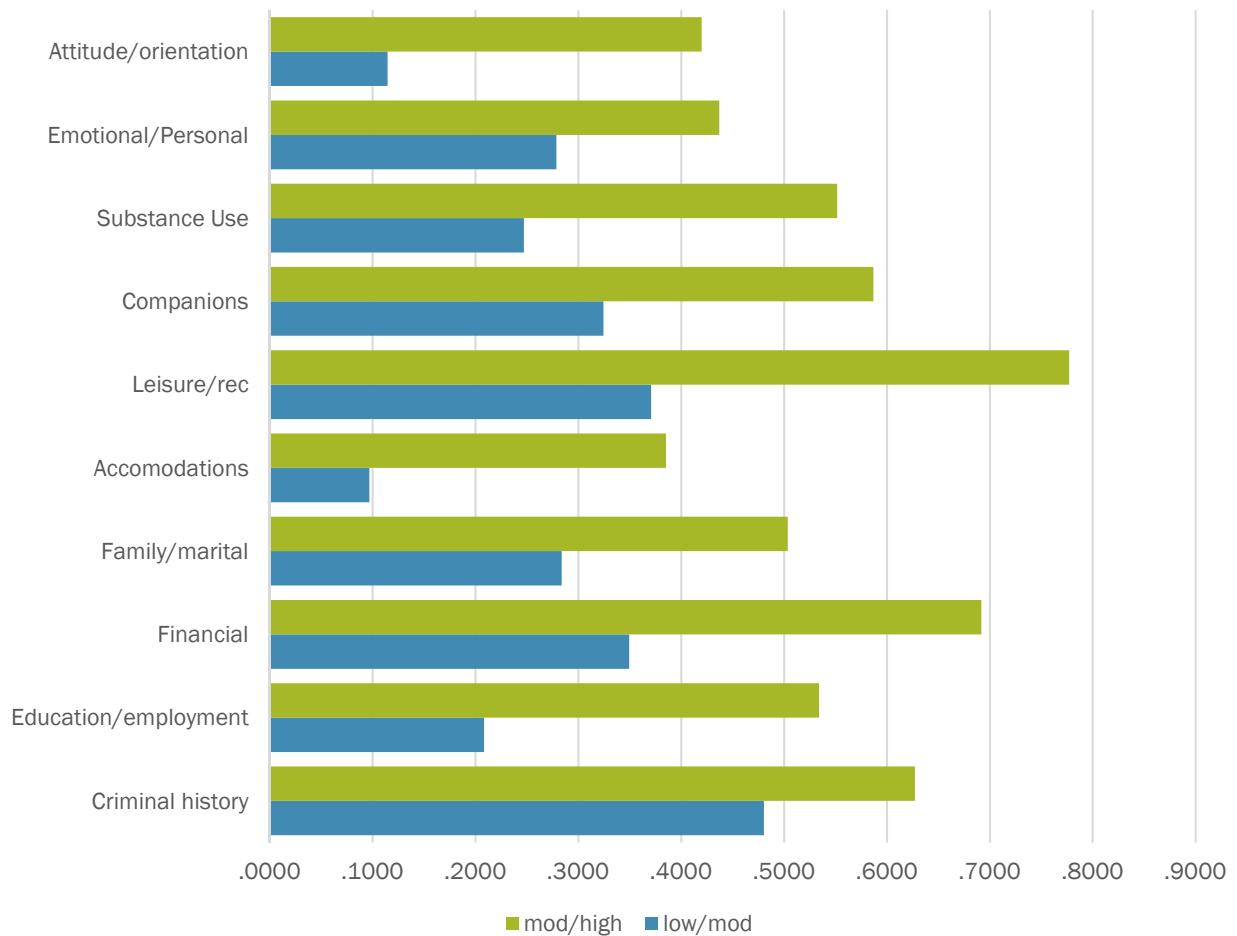
Criminogenic Needs Cont.

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.

- ▼ On average, the largest difference between the average domain scores between mod/high and low/mod risk community supervised offenders were between substance use, attitude/orientation toward sentence, choices for leisure/recreation, financial stability, and education/employment.

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



Criminogenic Needs Cont.

GAIN Assessed Substance Use Needs

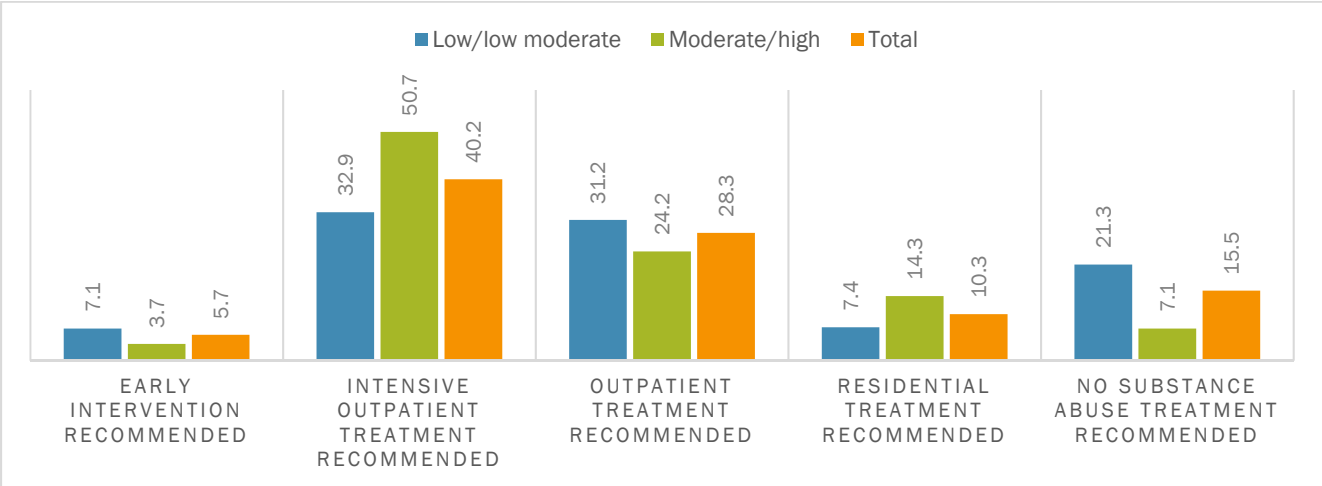
In addition to LSI-R information, 11,684 probation and parolees living in the community within fiscal year 2018 had completed GAIN assessments on file. The GAIN indicated whether the individual had a substance use or mental health treatment need at the time of the assessment. Any recommendation for substance 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.

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

- ▼ At the time of the assessment, most of the community population had recommendations for either intensive outpatient (40.2%) or outpatient treatment (28.3%) (Figure 8).
- ▼ Only 15.5% were not deemed in need of substance use treatment.
- ▼ By risk level, mod/high risk offenders were more likely to be recommended intensive outpatient treatment (50.7% compared to 32.9%) or residential treatment (14.3% compared to 7.4%) than low/mod risk.
- ▼ Low/mod risk offenders were much more likely to have a GAIN assessment indicating no treatment recommendation (SUD negative) (21.3% compared to 7.1%).

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. As of October 2018, 4,350 active probationers and parolees had mental health treatment needs entered into the system.

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

- ▼ 30.1% of mod/high risk compared to 22.5% total supervised offenders had an indication of a severe mental health problem.
- ▼ A higher portion of those with severe problems had not received treatment in the past 90 days than had received treatment (18.5% compared to 11.6%).
- ▼ Fewer mod/high than total supervised offenders had an assessment resulting in a indication of no mental health problems (22.6% compared to 30.9%).

Table 2. GAIN Assessed Mental Health Treatment Need

Assessed Severity	Treatment Need	Total	%	Mod/High	%
Severe Problems	Treatment but still experiencing problems	377	8.7%	250	11.6%
	No treatment in past 90 days	599	13.8%	399	18.5%
Low/Moderate Problems	Treatment in past 90	469	10.8%	274	12.7%
	No treatment in past 90	828	19.0%	435	20.1%
Past Problems	Treatment in past 90 days	263	6.0%	113	5.2%
	No treatment	472	10.9%	202	9.3%
No Problems		1,342	30.9%	489	22.6%
Total		4,350	100.0%	2162	100.0%

GAIN Mental Health Needs Cont.

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

Mod/high risk more likely to report suicidal thoughts or ideations.

- ▼ 3.5% of clients reported suicidal thoughts or ideations in past 30 days. However, rates are higher for mod/high risk offenders (4.9%), and for those with severe mental health problems (11.5%).
- ▼ 1.7% of clients had suicidal thoughts or ideations in the past 7 days. However, rates were higher for mod/high risk offenders (2.1%) and for those with severe mental health problems (6.1%).

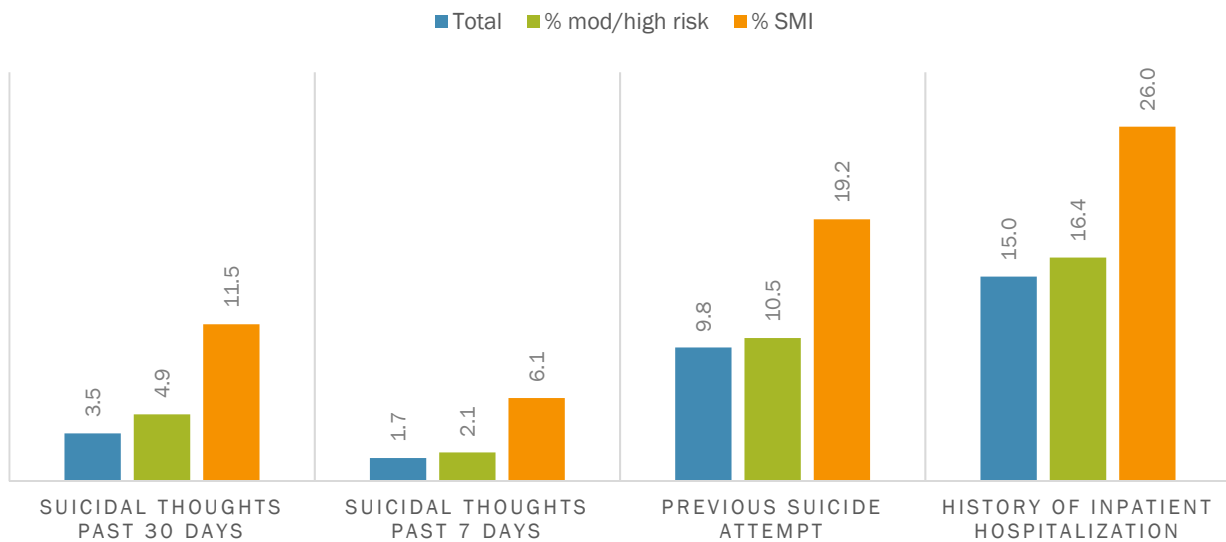
Mod/high risk more likely to have previously attempted suicide.

- ▼ 9.8% of clients had previously attempted suicide. However, rates were higher for mod/high risk offenders (10.5%) and those with severe mental health problems (19.2%).

Mod/high risk more likely to have history of inpatient mental health hospitalizations.

- ▼ 15.0% of clients had a history of inpatient mental health hospitalizations. Rates were higher for moderate to high risk offenders (16.4%) and even higher for those with severe mental health problems (26.0%).

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



Funding and Services Available

SUD Services Provided

During FY2018, 4,838 clients were served with SUD funding through the provider network (Table 3). More than half (58.1%) of the SUD clients were moderate to high risk, and 83.7% of these had a substance use treatment need from the LSI-R. There were 2,811 moderate to high risk probationers and parolees served in FY18.

Approximately \$7.1 million was appropriated for SUD and \$5.7 million was spent on substance use services from the provider network in FY2018 (the remainder was spent on transitional funding, vocational rehabilitation, and BPA administration fees), averaging \$1,187 per person served.

- ▼ More money was spent on treatment services (\$4,061,138.15) than on recovery support services (\$1,682,498.42).
- ▼ By service type provided, outpatient and intensive outpatient (OP and IOP) group treatment accounted for over one-third (39.6%) of the overall budget.
- ▼ Per person, more money was spent on adult residential treatment (\$4,454.10 per person served), and per instance on adult detox (\$588.00 per instance billed).

Table 3. SUD Services Billed per Client Served*

Service Type	Instances	Sum	Per instance	Clients served	Per person
Treatment Services					
<i>Adult Detox</i>	21	\$ 12,348.00	\$588.00	20	\$617.40
<i>Alcohol or Drug Assessment</i>	3581	\$ 693,731.14	\$193.73	2,928	\$236.93
<i>Intensive Outpatient</i>	1,894	\$ 91,155.67	\$48.13	331	\$275.39
<i>Outpatient</i>	4,688	\$ 689,191.46	\$147.01	2,217	\$310.87
<i>OP and IOP groups</i>	43,375	\$ 2,274,574.52	\$52.44	2,969	\$766.11
<i>Pre-Treatment Services</i>	4,294	\$ 211,693.61	\$49.30	1,605	\$131.90
<i>Residential</i>	309	\$ 71,265.60	\$230.63	16	\$4,454.10
<i>Travel for Professionals</i>	536	\$ 17,178.15	\$32.05	535	\$32.11
Total	58,698	\$ 4,061,138.15	\$69.19	4,659	\$871.68
Recovery Support Services					
<i>Adult Safe & Sober Housing</i>	1,457	\$ 105,248	\$72.24	259	\$406.36
<i>Case Management (Basic and Intensive)</i>	21,639	\$ 670,040.78	\$30.96	2,703	\$247.89
<i>Child Care</i>	148	\$ 8,300.92	\$56.09	13	\$638.53
<i>Drug/Alcohol Testing</i>	46,013	\$ 610,659.00	\$13.27	2,911	\$209.78
<i>Interpreter Services</i>	40	\$ 4,293.00	\$107.33	18	\$238.50
<i>Life Skills</i>	552	\$ 14,154.78	\$25.64	110	\$128.68
<i>Recovery Coaching</i>	2,511	\$ 105,334.30	\$41.95	487	\$216.29
<i>Staffing (Planned Facilitation)</i>	6,917	\$ 77,862.67	\$11.26	1,913	\$40.70
<i>Transportation</i>	9,093	\$ 86,604.97	\$9.52	351	\$246.74
Total	88,370	\$ 1,682,498.42	\$19.04	3,367	\$499.70
Grand Total	156,446	\$ 5,743,636.57	\$36.71	4,838	\$1,187.19

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

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 hold 45.0% of the probation and parole population. Compared to the number of clients served, more money was spent per client in District 2 (\$1,622.74) and District 4 (\$1,608.04).

- ▼ Districts 6, 5 and 7 served a larger portion of the moderate to high risk probationers and parolees living within their district.

Although 40% 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 4 (47.6%), District 3 (43.0%) and District 2 (43.0%) had the highest spending on group treatment compared to other districts.
- ▼ District 1 (25.4%) and District 6 (18.2%) had the highest portion of their budget used for outsourced GAIN alcohol or drug assessments.
- ▼ District 2 (12.0%) and District 5 (12.0%) 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	Rate per 100 of Mod/high clients served per Mod/high in District	Sum	Money Spent per Client	% OP and IOP	% Alcohol or Drug Assessment	% Drug Testing
1	906	18.5%	54.6	\$651,407.49	\$718.99	32.7%	25.4%	8.7%
2	259	5.3%	59.1	\$420,288.73	\$1,622.74	43.0%	6.0%	12.0%
3	981	20.0%	52.3	\$1,067,077.84	\$1,087.74	43.1%	14.7%	11.5%
4	1,111	22.6%	53.5	\$1,786,529.97	\$1,608.04	47.6%	6.4%	11.1%
5	587	12.0%	64.2	\$671,258.53	\$1,143.54	34.6%	10.5%	12.0%
6	598	12.2%	71.5	\$61,458.49	\$938.89	28.8%	18.2%	9.4%
7	464	9.5%	61.9	\$585,615.52	\$1,262.10	30.0%	10.7%	8.40%
TOTAL	4,906*	100.0%	58.1	\$5,743,636.57	\$1,170.74	39.6%	12.1%	10.6%

*Some clients were served in more than one district.

**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 1,504 individuals IDOC supervises that were involved in a problem-solving court during FY18, displayed by court type, jurisdiction and percent moderate and high. 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 68.0% of the problem-solving court population were moderate to high risk, but this differs by district and by type of court.

- ▼ Half (51.5%) of participants in veteran’s court, and over two-thirds of participants within the mental health (67.6%) and drug court (68.2%) were moderate to high risk.
- ▼ District 4 involved a higher portion of lower risk individuals in drug court and veteran’s court than other districts.
- ▼ District 6 had the highest portion of moderate to high risk individuals involved in drug court and 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

<i>District</i>	<i>Drug court</i>	<i>% mod/high</i>	<i>Family court</i>	<i>% mod/high</i>	<i>Veteran's court</i>	<i>% mod/high</i>	<i>Mental health court</i>	<i>% mod/high</i>
1	98	68.5%	0	*	0	*	75	52.6%
2	53	64.3%	0	*	9	57.1%	24	84.6%
3	149	72.7%	0	*	31	57.1%	28	48.0%
4	258	65.2%	0	*	43	30.9%	35	55.9%
5	111	76.6%	0	*	7	50.0%	27	66.7%
6	191	79.7%	0	*	5	33.3%	23	95.2%
7	295	70.4%	5	100%	8	100.0%	28	87.0%
<i>Total</i>	1,155	68.2%	5	100%	103	51.5%	241	67.6%

Funding and Services Available Cont.

Aftercare Programming Per District

In addition to SUD funding in FY18, \$1.8 million covered the salary and benefits for fourteen Drug and Alcohol Rehabilitation Specialists (DARS) and eleven 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 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 1,741 probation and parolees received aftercare in the community in FY18 and about 58.0% (N=1,010) of those receiving aftercare programming were moderate to high risk.

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

<i>District</i>	<i># Full time Positions</i>	<i># Receiving Aftercare</i>	<i>% Mod/high Risk</i>	<i># GAIN Assessments</i>	<i>Total Group Sessions</i>
1	2	451	55.4%	374	564
2	2	106	65.1%	198	296
3	4	620	55.8%	586	902
4	8	205	57.6%	1,400	1,239
5	3	144	65.0%	509	601
6	2	36	61.1%	89	215
7	4	179	62.6%	564	646
Total	25	1,741	58.0%	3,720	4,463

*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 340 IDOC clients who received mental health services in FY18 and 59.7% of those receiving services had LSI scores above 24. There were 9,527 total treatment instances entered into WITS.

- ▼ **203 moderate and high-risk probationers and parolees were served with mental health treatment in FY18.**
 - ▼ 70.8% of the services provided were clinical, 15.9% nursing, and 12.7% medical.
 - ▼ The most common individual type of service provided was group skill training (19.8%), followed by community based rehabilitative services (16.3%) and established outpatient medical services (12.1%).

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>	66	0.7	49	3.9
	<i>Case Management</i>	918	9.6	94	7.4
	<i>Community Based Rehabilitative Services</i>	1,554	16.3	123	9.8
	<i>Family Psychotherapy, without patient present</i>	4	0	4	0.3
	<i>Group Counseling - Substance Abuse</i>	339	3.6	31	2.5
	<i>Group Psychotherapy</i>	936	9.8	38	3
	<i>Group Skill Training</i>	1,882	19.8	104	8.2
	<i>Psychiatric Diagnostic Evaluation</i>	128	1.3	117	9.2
	<i>Psychiatric Diagnostic Evaluation with Medical Services</i>	37	0.4	30	2.4
	<i>Psychotherapy</i>	884	9.3	132	10.5
<i>Crisis</i>	<i>Community Crisis Intervention</i>	4	0	3	0.2
	<i>Crisis Psychotherapy, 60 minutes</i>	2	0	2	0.2
<i>Medical</i>	<i>Established Outpatient</i>	1149	12.1	246	19.4
	<i>New Outpatient</i>	61	0.6	59	4.7
<i>Nursing</i>	<i>Behavioral Health Nursing Services</i>	1,239	13	170	13.4
	<i>Injection</i>	275	2.9	45	3.6
	<i>Blood Draw</i>	5	0.1	5	0.4
<i>Peer</i>	<i>Peer Support</i>	38	0.4	8	0.6
<i>Other</i>	<i>Other</i>	6	0	4	0.1

*IDHW team provided report of expenditures pulled from WITS.

Funding and Services Available Cont.

Mental Health Services Provided per District

- ▼ Compared to the mod/high risk probation and parole population considered to have mental health treatment needs, IDHW Region 7 (served 40.2 per 100) and Region 5 (served 39.2 per 100) served a higher portion of clients.
- ▼ Region 1 (12.9 per 100) and Region 6 (17.8 per 100) served fewer clients compared to the mod/high population considered to have a severe mental illness.

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>
<i>IDHW, DBH, Region 1</i>	1,684	17.7	35	10.3	12.9
<i>IDHW, DBH, Region 2</i>	1,009	10.6	21	6.2	27.0
<i>IDHW, DBH, Region 3</i>	707	7.4	55	16.2	18.7
<i>IDHW, DBH, Region 4</i>	1,698	17.8	72	21.2	21.6
<i>IDHW, DBH, Region 5</i>	2,128	22.3	69	20.3	39.2
<i>IDHW, DBH, Region 6</i>	1,213	12.7	32	9.4	17.8
<i>IDHW, DBH, Region 7</i>	1,088	11.4	56	16.5	40.2
<i>Total</i>	9,527	100	340	100	23.1

*IDHW team provided report of expenditures pulled from WITS.

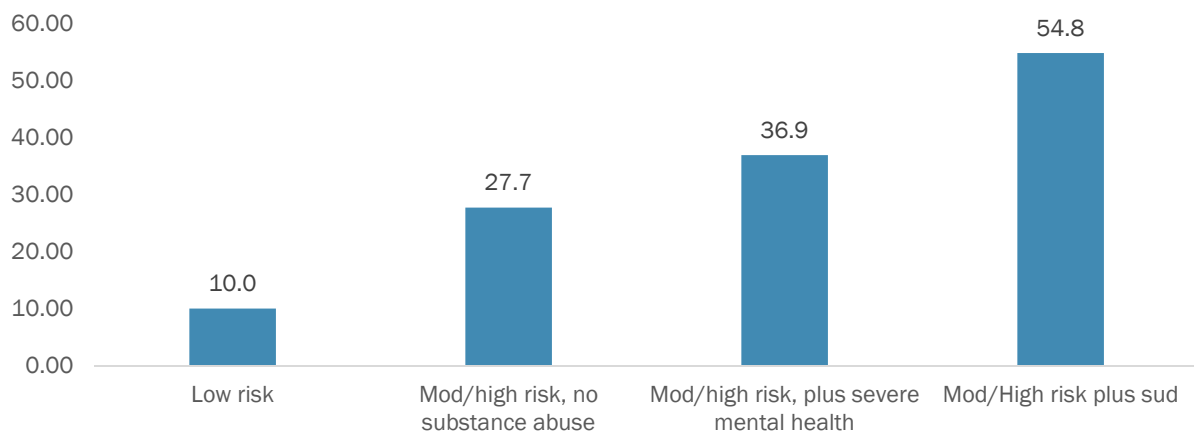
Recidivism

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 FY18.

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

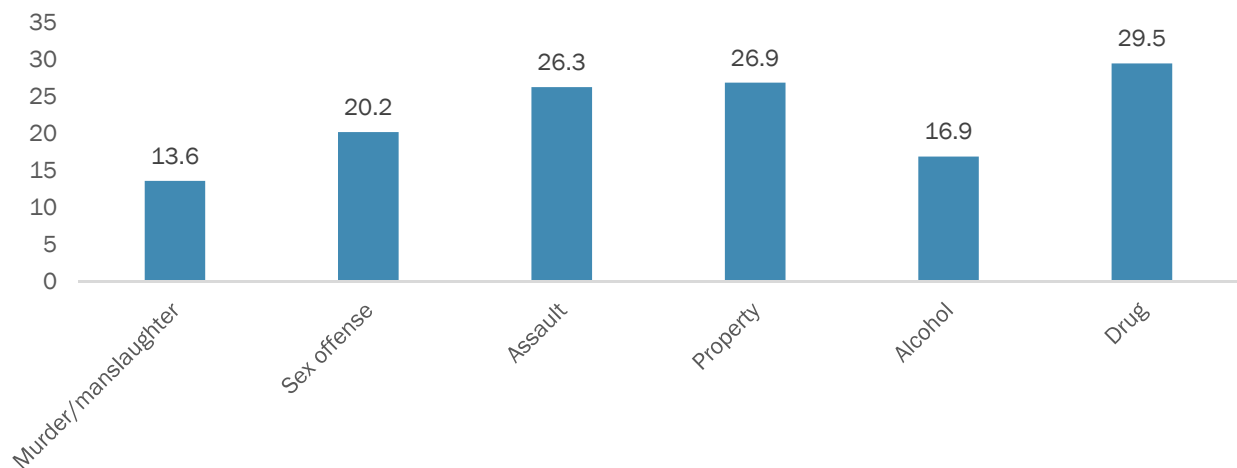
- ▼ Mod/high risk without a substance use or mental health problem were less likely to be re-incarcerated (27.7%) than those with a severe mental illness (36.9%) or substance use problem (54.8%).

Figure 10. Recidivism by Risk level



Individuals serving time on drug charges had the highest recidivism rate.

Figure 11. Recidivism by Crime Type





Recidivism by Service

The strongest predictors for recidivism among the total community population were (in order of importance): length of prior criminal history, lack of education/employment, poor housing accommodations, criminal companions, attitude towards supervision, and substance use.

IDOC SUD Funding

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

- ▼ Mod/high risk with a substance use treatment need who were IDOC SUD clients recidivated at 47.1% compared to 51.5% of those without IDOC funded treatment in FY18.
- ▼ Mod/high risk with a substance use treatment need were 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 **\$1,470** in services.

Drug Court

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

- ▼ Mod/high risk with a substance use treatment need recidivated at a rate of 33.7% if involved in a problem-solving court compared to 53.0%.
- ▼ Mod/high risk without a substance use treatment need recidivated at a rate of 22.0% if involved in a problem-solving court compared to 38.4%.

Aftercare Programming

Mod/high risk probationers and parolees with a substance use treatment need were significantly less likely to recidivate if received aftercare in FY18.

- ▼ Mod/high risk with a substance use treatment need recidivated at a rate of 44.6% if involved in aftercare compared to 50.9%.
- ▼ Mod high risk without a treatment need recidivated at a rate of 26.2% if involved in aftercare compared to 39.4%.
- ▼ If completed aftercare, individuals were less likely to recidivate than those who failed (34.4% compared to 51.7%).



Mental Health

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

- ▼ Moderate to high risk probationers and parolees with an indication of severe mental illness and received mental health treatment were less likely to recidivate than those not receiving treatment (31.8% compared to 38.2%).
- ▼ Those receiving less than 20 hours of treatment had a higher recidivism rate than those receiving more than 20 hours of treatment (51.1% compared to 22.8%).

High Risk Needing and Not Receiving Treatment Substance Use Disorder Services

There were about **7,246** total probationers and parolees over the course of the year that were moderate to high risk and **5,776** moderate/high risk with an LSI SUD domain score over .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.

- ▼ 38.8% of moderate to high risk probation and parolees (N=2,811) received IDOC funded SUD services within FY18.
- ▼ 58.0% of individuals receiving after care in the community (N=1,010) were moderate to high risk.
- ▼ 68.2% of problem-solving court participants were (N=863) were moderate/high risk.
- ▼ **3,653** unique clients received a substance use related state funded service in FY2018 (IDOC SUD funded treatment, aftercare or problem-solving court), with some individuals receiving more than one type.
- ▼ About **2,123** moderate/high risk individuals with substance use needs did not receive IDOC SUD funded treatment, after care, or were involved in a problem court.
 - $2,123 * \$1,470$ (average amount spent by those receiving services who did not recidivate) equals an additional **\$3,120,810**.



High Risk Needing and Not Receiving Treatment

Mental Health Treatment

Based on GAIN assessments, approximately 30.0% of the moderate to high risk population have severe mental health problems and an additional 20.0% have low to moderate mental health problems and are not receiving treatment. Based on this estimate, about **2,174** of the probation and parole population in FY2018 had severe mental health problems and an additional **1,456** had low to moderate problems but were not receiving treatment at the time of the assessment.

- ▼ About **203** of the 340 receiving mental health treatment services were moderate to high risk.
- ▼ About **163** moderate to high risk probationers and parolees were involved in a mental health court, for a total of 366 individuals served.
- ▼ About **366** mod/high with severe mental health needs were served out of 2,174
- ▼ Approximately **1,808** mod/high were in need of treatment but did not receive it.
 - At an average of \$2,975 per service, this equates to a gap of **\$5,378,800** (*estimated per service use is from 2015 WICHE Gap Analysis report*).
- ▼ For the additional 1,456 moderate 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 **\$4,333,927**.