



Annual Community Gap Analysis

Covers Fiscal Year 2020 Expenditures

Released January 2021

Joint Report to the Legislature between

Idaho Department of Correction and

Idaho Department of Health and Welfare

Executive Summary

Among requirements of the Idaho Justice Reinvestment Act (SB 1357) enacted in 2014 is an annual joint report to the legislature between the Idaho Department of Correction (IDOC) and the Idaho Department of Health and Welfare (IDHW). The report must describe 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

- **37.7%** (N=7,847) of probationers and parolees supervised during Fiscal Year (FY) 2020 had a moderate to high (mod/high) risk to recidivate.
 - **76.3%** (N=5,986) of mod/high risk were estimated to need substance use treatment.
 - **10.0%** (N=788) of the mod/high risk were estimated to have a severe mental illness (SMI).
- State funded substance use treatment in FY20 covered **\$2.5** million in Substance Use Disorder (SUD) expenditures. In addition, state funded substance use monies provided for treatment courts and aftercare programming.
- Medicaid funding covered **\$13.9** million dollars of substance use and mental health treatment for mod/high risk individuals on probation or parole.
 - Medicaid eligibility amongst the moderate to high risk population increased from **1,339** at the end of calendar year 2019 to **4,231** by June 2020.
- **1,926** mod/high risk probationers and parolees did not access **any** state **or** Medicaid funded substance use services in FY20.
 - $1,926 * \$1,581$ (average amount spent on treatment in FY19 for those who did not recidivate) equals \$3,045,006 in needed services.
- **286** mod/high risk probationers and parolees with a Severe Mental Illness (SMI) did not access **any** state **or** Medicaid funded mental health treatment in FY20.
 - $286 * \$2,975$ per service equates to a gap of \$850,850 (estimated per service use from 2015 WICHE Gap Analysis Report).
- The estimated total gap in state funding to cover the substance use and mental health needs of mod/high risk probationers and parolees is **\$3,895,856.00**.

Methodology

This joint report between Idaho Department of Correction and Idaho Department of Health and Welfare (IDHW) provides information obtained from several different sources and the estimates were determined after merging the information together.

The first source was the Idaho Department of Correction (IDOC) case management system, which provided data on substance use and mental health assessments, aftercare classes received, and other demographic information for probationers and parolees living within the state in FY20.

The second data source was all the state-funded substance use and mental health treatment expenditures tracked within Idaho's Web Infrastructure for Treatment Services (WITS) system. The IDOC and IDHW Substance Use Disorder teams each provided this information, including all substance use or mental health billings.

Finally, the IDOC obtained Medicaid data from the IDHW Division of Medicaid, including information on outpatient behavioral health services in the Idaho Behavioral Health Plan, administered by contractor Optum Idaho. The Medicaid data from IDHW provided summary monthly totals of probationers and parolees enrolled in Medicaid, as well as number of people receiving various types of services, broken out by basic demographics. The Optum data provided total outpatient behavioral health services received by type for each probationer and parolee enrolled in Medicaid. The datasets were obtained after IDOC provided a list of all the probationers and parolees living within the state in FY2020 and the different agencies were able to merge this information to identify any services provided.

IDOC merged the records from each system to help determine any gap in those not receiving services in FY20. The gap was determined by comparing all those who were mod/high risk to recidivate and had an estimated substance use or mental health need to services rendered data throughout the fiscal year (including from Medicaid, from state funded SUD sources, from IDOC aftercare programs, or through a treatment court).

The cost for substance use services that could have been rendered was determined from a recidivism analysis conducted for the "2020 Annual Community Gap Analysis." The report provides the estimated average cost for treatment received within FY19 for successful mod/high risk clients not recidivating was \$1,581. 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. These estimates were used in lieu of conducting updated recidivism analyses on the anomalous year of 2020.

Note: The IDOC has recently changed the cut-off scores indicating the range for mod/high risk. This report uses those previously established to remain consistent with previous reports. The mod/high group is 24; low/mod less than 24.

Methodology cont.

Needing but Not Receiving Substance Use Treatment

The number of individuals needing but not receiving treatment within FY20 should be further explained. There were a variety of reasons for individuals not receiving state funded or Medicaid services. These include:

- The parameter of focusing on treatment provided in one fiscal year excludes any treatment provided within a previous or later 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.
- Because of limited state funding for SUD treatment, 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 the services are not covered by Medicaid);
 - the person may not have graduated earlier treatment within six months of requesting additional services;
 - Risk to Recovery funding (part of SUD) is limited to moderate risk probationers and parolees 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.
- About 40% of the population was either re-incarcerated for part of the year or absconded during the year. Such individuals may have met the criteria for either state funding or Medicaid but did not follow through with obtaining treatment.
- Part of the population may have paid for treatment themselves, had different insurance than Medicaid to help cover costs, or were dual eligible for Medicaid/Medicare. Individuals who self-pay for treatment are not currently tracked well within in the IDOC system.
- The process of obtaining community treatment changed dramatically after Idaho elected to expand Medicaid. Because expansion began in January 2020, this report has two snapshots of pre (prior to Medicaid expansion) and post within the fiscal year. It does appear that many more probationers and parolees are now able to obtain services they previously may not have been able to obtain through enrollment in Medicaid. However, the true effect of this is still not known as the six-month snapshot may not have been enough time for them to obtain treatment services.

Assessment Process

Criminogenic needs are risk factors that 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 attributes related to recidivism. There are ten risk and need areas assessed.

The LSI-R assessment is conducted:

- 1) 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 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 scoring is based on a combination of responses to questions, information contained in the client's file, and collateral sources. The assessment tool can be used to triage low risk away from intensive services where the impact can do more harm than good, and instead offer the right dosage of treatment to mod/high risk individuals. The assessment results in an overall score. In prior reports, scores of 24 and above were identified as mod/high risk. To remain consistent for comparison, this analysis will also use 24 as the cut point between low and mod/high scores. SB 1357 requires this report determine the gap in state funding to meet the treatment needs of mod/high risk probationers and parolees.

In addition, individuals with substance use domain scores of greater than .4 were considered in need of substance use treatment. This cut point indicates that of the 9 questions asked within the substance use domain of the LSI-R, at least 4 of the questions were indicative of a substance use problems for the individual.

GAIN-I Core

Idaho 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 state funded substance use/mental health services rendered. This shared network, however, is only for state funded treatment as Medicaid/Optum Idaho do not require entry into WITS.

The GAIN assessment was used to determine which individuals had a severe MI and to estimate mental health treatment needs.

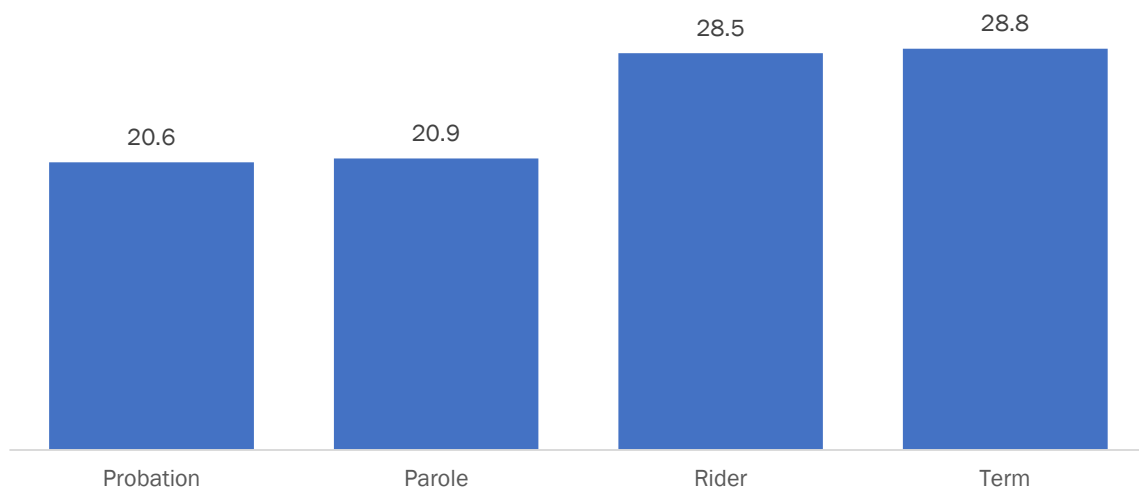
Criminogenic Needs

SB 1357 requires a discussion of the criminogenic needs of the active population of probationers and parolees. For the community population on June 30th, 2020, the average LSI-R score was 20.6 for probationers and 20.9 for parolees (Figure 1). This was about 8 points below the average score for those incarcerated in prison as a Termer or Rider¹.

Probationers and parolees had lower risk scores than those incarcerated.

- 36.7% of probationers and 34.6% of parolees had LSI-R scores above 24 compared to 78.2% of Riders and 75.1% of Term.

Figure 1: Average LSI-R Score



¹ 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.

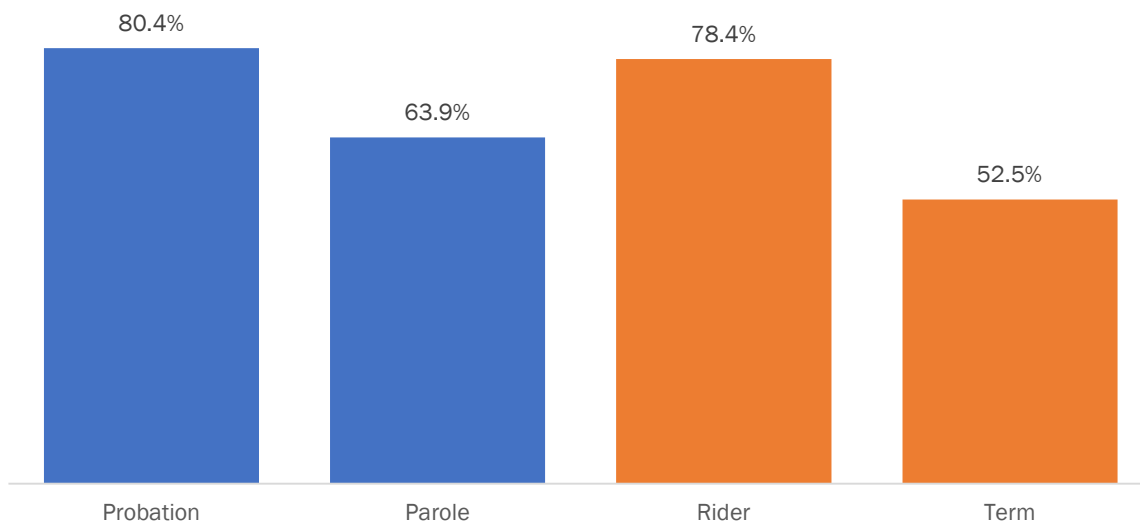
Main Crime of Conviction

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. Provided below are the percent who's main crime of conviction (longest sentence if there multiple convictions) is a property, drug or alcohol charge.

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

- Probationers and Riders were more likely than Termers or Parolees to have committed a non-violent crime (Figure 2).

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 and parolees with drug charges had LSI-R scores between five to eight points *higher* than individuals supervised because of violent crimes (Table 1).
- Probationers and Parolees with property, drug or alcohol convictions had lower LSI-R scores than individuals incarcerated as a Rider, Termer, or Parole Violator.

Table 1: Mean LSI-R 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>	16.4	16.4	28.5	27.2	18.7
<i>Sex Offense</i>	14.3	17.1	18.4	24.7	22.2
<i>Assault</i>	19.3	21.6	28.9	30.4	25.0
<i>Property</i>	20.3	21.5	29.0	30.1	26.0
<i>Alcohol</i>	17.2	19.7	25.2	26.3	24.2
<i>Drug</i>	22.8	22.6	29.7	30.1	26.7
<i>Total</i>	20.6	20.9	23.0	28.8	25.7

Note: Bold and larger font emphasizes the top group with the highest LSI-R score.

Criminogenic Needs cont.

Demographics and Risk

Gender

Females had significantly higher LSI-R risk scores, were more likely to have been convicted of non-violent crimes, and more likely to have substance use issues.

- 92.0% of female probationers and 75.3% of female parolees were convicted of non-violent crimes compared to 87.5% of male probationers and 59.5% of male parolees (Figure 3).
- 48.2% of female probationers and 44.4% of female parolees had substance use issues (as indicated with LSI-R SUD domain score of .4 or above), compared to 35.0% of male probationers and 30.8% of male parolees (Figure 3).
- Female LSI-R scores were higher for both probationers and parolees (Figure 4).

Figure 3. Percent Non-violent Crime and Percent with SUD by Gender

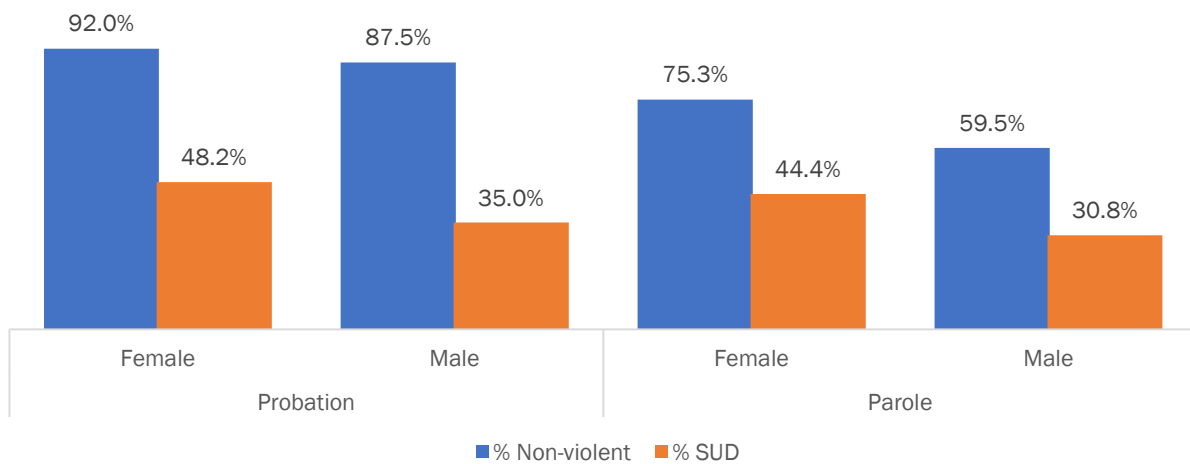
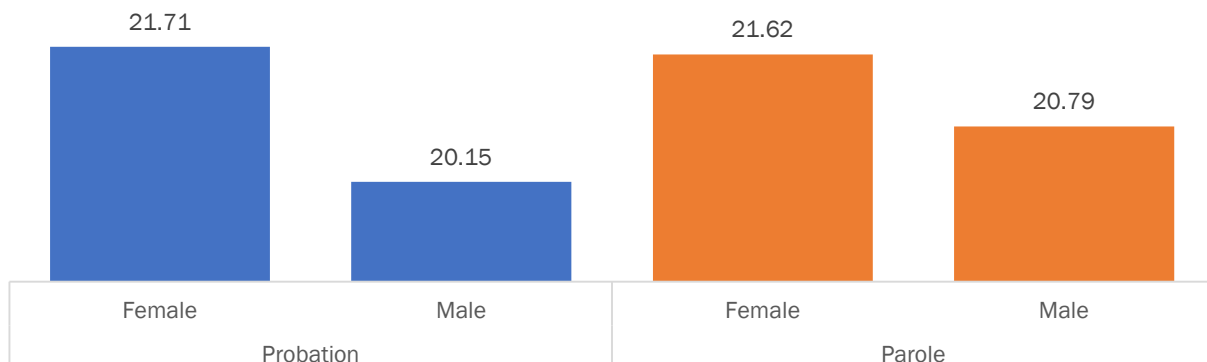


Figure 4. Average LSI-R Score by Gender



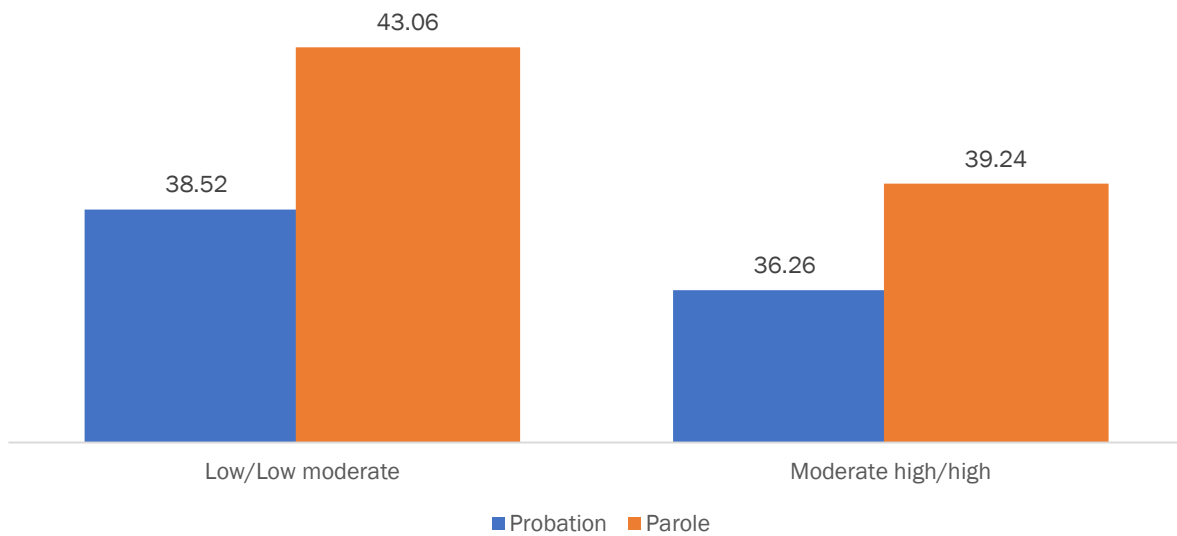
Demographics and Risk cont.

Age

Moderate to high risk probationers and parolees tended to be younger than individuals of lower risk.

- Mod/high risk probationers were 2.3 years younger on average than low/low moderate risk (Figure 5).
- Mod/high risk parolees were 3.8 years younger on average than low/low moderate risk.

Figure 5. Median Age by Risk Level and Supervision Status



Demographics and Risk cont.

Race/Ethnicity

The FY20 probation and parole population was disproportionately non-white.

- Idaho's population in 2019 (most recently available numbers) was 18.4% Non-White and/or Hispanic (US. Census Bureau: Quick Facts) compared to 26.9% of the FY20 IDOC supervised population.
- White probationers and parolees were more likely to have committed a non-violent crime and have substance use issues compared to their Non-White/Hispanic counterparts.
- Non-White/Hispanic probationers and parolees had average LSI-R scores slightly higher but not significantly greater than white probationers and parolees.

Figure 6. Percent Non-violent Crime and Percent Substance Use Issues by Race/Ethnicity

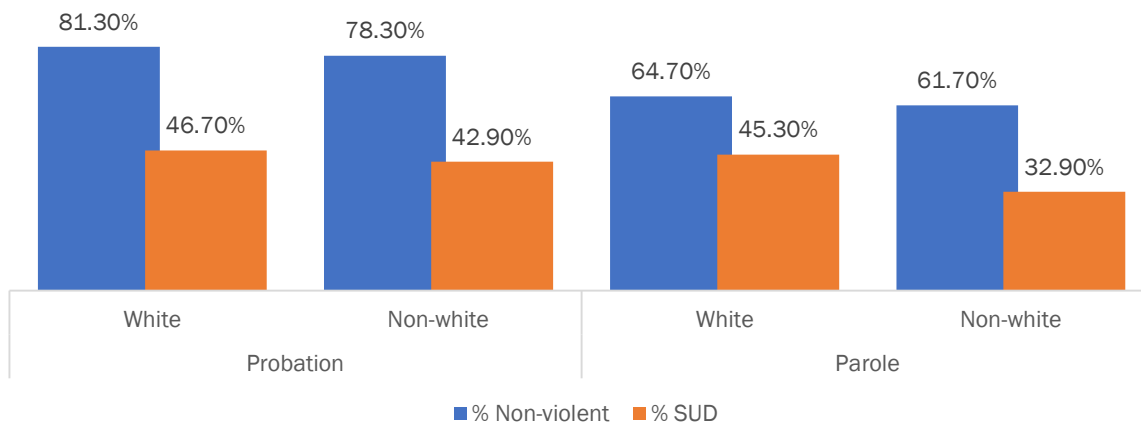
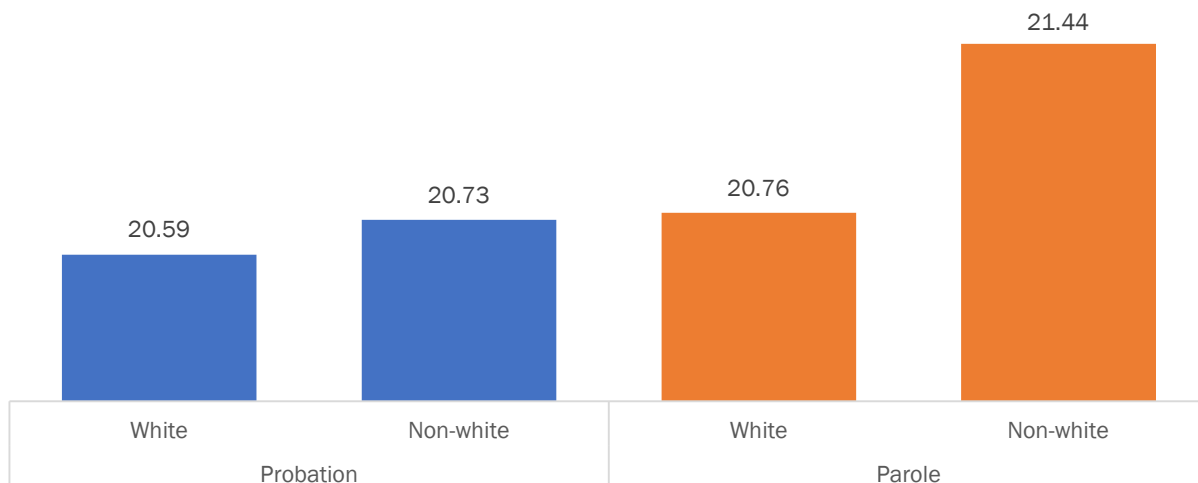


Figure 7. Average LSI-R Score by Race/Ethnicity



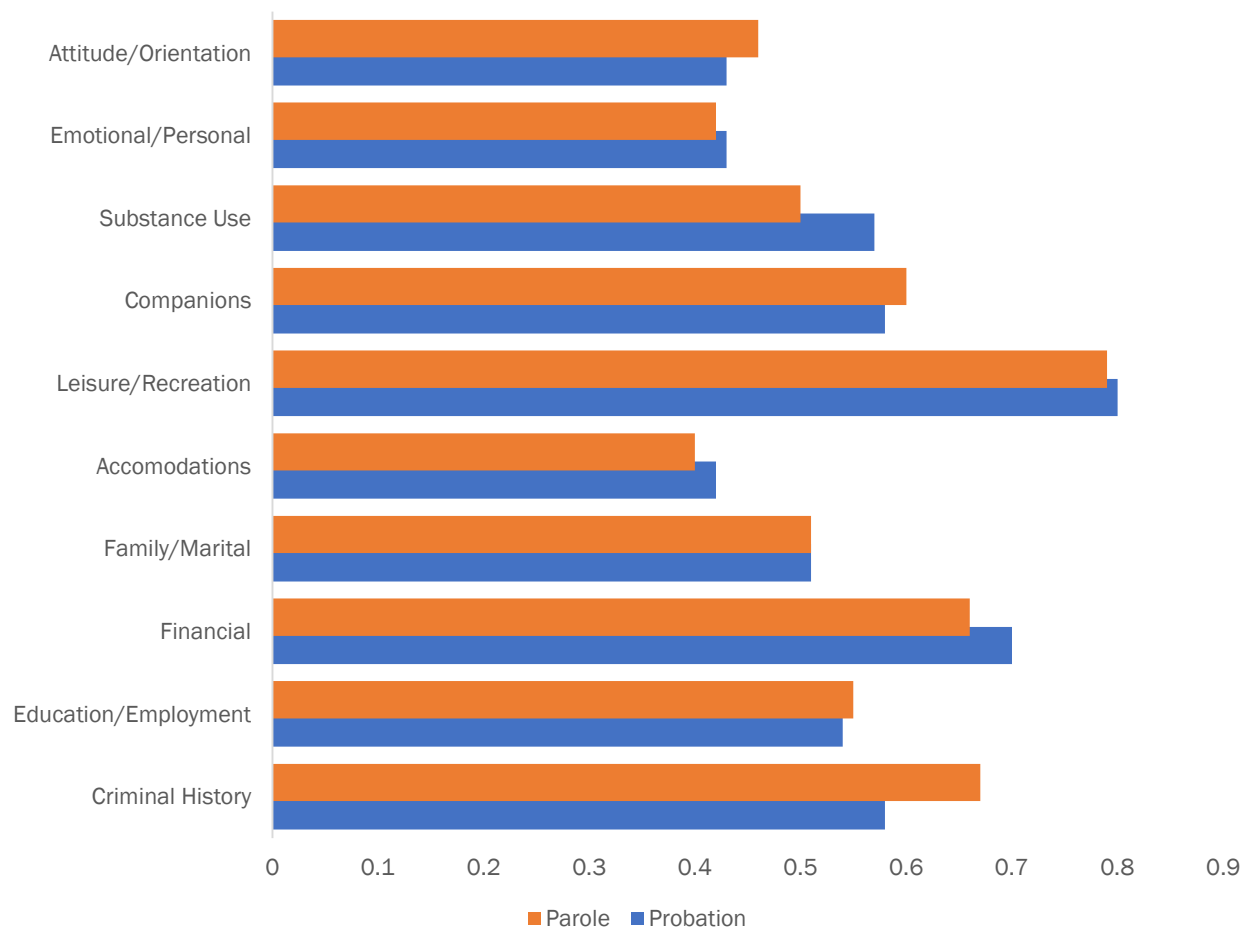
Criminogenic Needs Cont.

LSI Domain Scores

To determine the most common problem areas assessed with the LSI-R, all domains were standardized between 0 - 1. Figure 8 provides the average standardized domain score. For example, a score of 0.55 indicates individuals scored on an average of 55% of the total questions in that domain.

- The biggest differences between mod/high risk probationers compared to parolees were in the areas of criminal history and substance use.
 - Parolees had higher scores in criminal history, while probationers had higher scores for substance use.
- The domains indicate the highest needs for mod/high probationers and parolees were in the areas of leisure/recreation and financial stability.

Figure 8. Criminogenic Needs for Probation and Parolees



Criminogenic Needs Cont.

GAIN Assessed Substance Use Needs

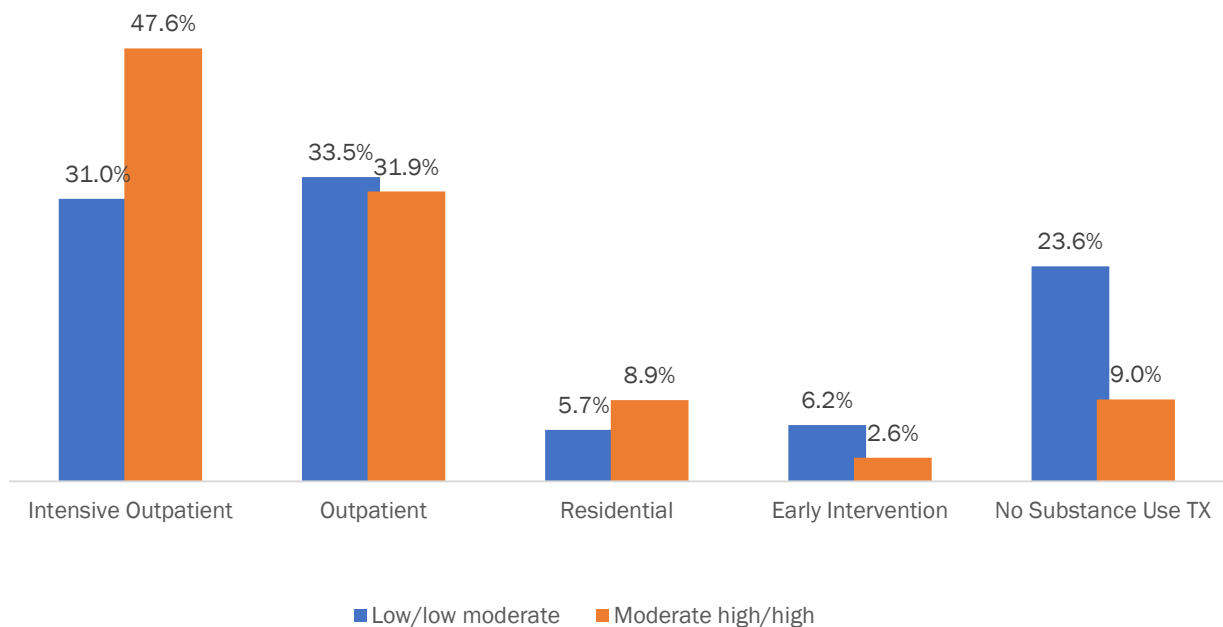
In addition to LSI-R information, 15,495 probation and parolees living in the community within FY2020 had completed GAIN assessments on file. The GAIN indicated whether the individual had a substance use or mental health treatment need at the time of the assessment. Any recommendation for substance use 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, more of the mod/high population had recommendations for intensive outpatient compared to low/moderate (47.6% compared to 31.0%).
- More of the low/moderate individuals had GAIN scores indicating the probationer or parolee did not need substance use treatment compared to the mod/high group (23.6% compared to 9.0%)

Figure 9. GAIN Recommendation for Treatment by LSI-R Risk Level



Criminogenic Needs Cont.

GAIN Mental Health Needs

Since March 2017, IDOC's SUD team employees has been documenting the mental health treatment needs obtained from GAIN assessments within CIS. 11,266 of the FY2020 probationers and parolees had mental health treatment needs entered into the system.

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

- 27.0% of mod/high risk compared to 16.5% low/low moderate probationers and parolees had an indication of a severe mental health problem.
- 15.3% of mod/high risk had a severe mental health problem and had not received treatment in the past 90 days compared to 9.4% of low/low moderate.
- Fewer mod/high than low/low moderate had an assessment resulting in an indication of no mental health problems (22.2% compared to 38.3%).

Table 2. GAIN Assessed Mental Health Treatment Need

Assessed Severity	Treatment Need	Low/Mod	%	Mod/High	%
Severe Problems	Receiving treatment but is still experiencing severe emotional, behavioral or cognitive problems	423	7.1%	628	11.7%
	No treatment in past 90 days and experiencing severe emotional, behavioral or cognitive problems	558	9.4%	818	15.3%
Low/Moderate Problems	Receiving treatment but is still experiencing low to moderate emotional, behavioral, or cognitive problems.	657	11.1%	812	15.2%
	Low to moderate emotional, behavioral, or cognitive problems but no treatment in past 90	982	16.6%	1,139	21.3%
Past Problems	Receiving treatment for prior emotional, behavioral, or cognitive problems and has not had any problems in past 90 days	390	6.6%	299	5.6%
	History of prior emotional, behavioral, or cognitive problems but has no current problems or treatment in past 90 days	640	10.8%	464	8.7%
No Problems		2,279	38.3%	1,186	22.2%
Total		5,920	100.0%	5,346	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 in the case management system whether the person has had recent suicidal thoughts or ideations, previous suicide attempts, or a history of inpatient mental health hospitalizations.

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

- 20.2% of mod/high compared to 12.5% of low/mod had a prior history of mental health hospitalizations.

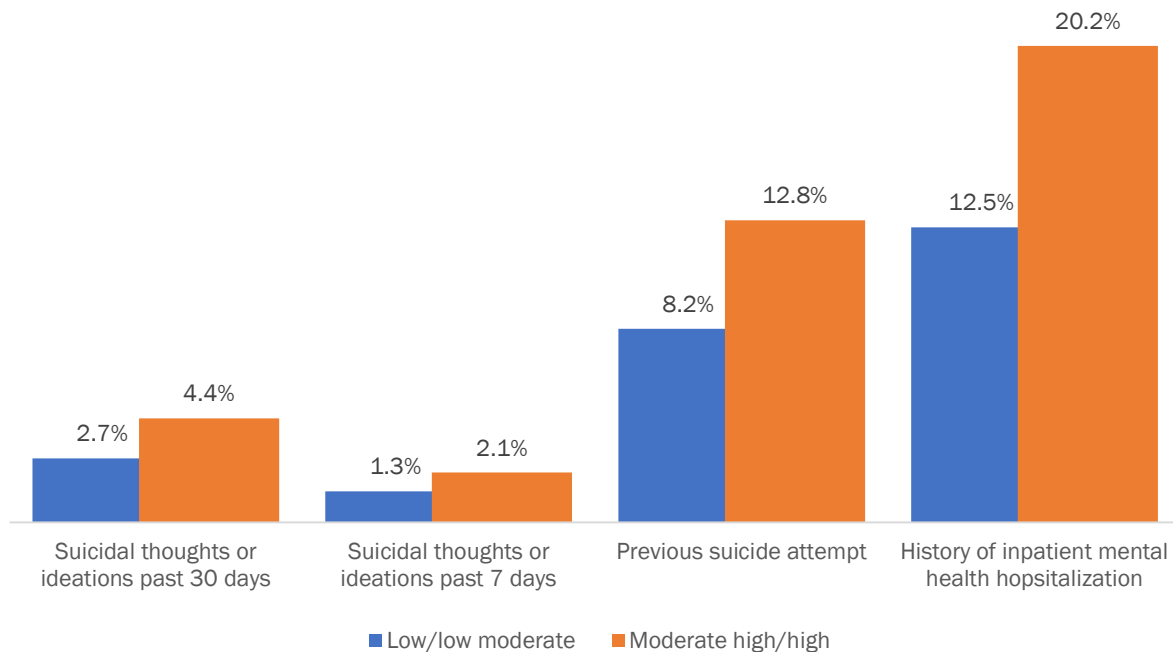
Mod/high risk were more likely to have previously attempted suicide.

- 12.8% of mod/high compared to 8.2% of low/mod have previously attempted suicide.

Mod/high risk were more likely to have suicidal thoughts or ideations in the past 30 days, and the past 7 days.

- 4.4% of mod/high compared to 2.7% of low/mod had suicidal thoughts in the past 30 days.
- 2.1% of mod/high compared to 1.3% of low/mod had suicidal thoughts in the past 7 days.

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



Funding and Services Available

Medicaid Services Provided

There were 3,821 probationers and parolees who received services through Medicaid in FY20 and 55.8% (N=2,132) were of moderate to high risk. The following provides other characteristics of the mod/high risk population receiving services:

Women disproportionately received services through Medicaid.

- 54.2% of Medicaid services were obtained by male probationers and parolees and 45.8% were female.
 - Only 28.6% of the total population of probationers and parolees that were mod/high were female.

Most of the mod/high Medicaid billings covered treatment for substance related and addictive disorders rather than mental health.

- 62.9% of mod/high risk treatment episodes were for substance related and addictive disorders and the rest was for mental health or both mental health and substance related disorders.
- 79.0% of the total dollars paid for services for mod/high risk (\$13,870,491) were for substance-related and addictive disorders services, 8.0% was spent on services for substance-related and addictive disorders combined with mental health and 11.0% for mental health services.
- 31.0%, or \$4.3 million of the money paid on services was for substance use and disorder group counseling (Table 3).

Table 3. Medicaid Services Provided to Mod/High Risk Probationers and Parolees

Service Type	Units Billed	Paid Amount
Child and Adolescent Needs and Strengths Functional Assessment	121	\$ 2,414.00
Case Management	4,498	\$ 55,123.00
Case Management Telephonic	64	\$ 494.00
Child and Family Team Interdisciplinary Team Meeting	4	\$ 56.00
Crisis Center	604	\$ 201,550.00
Crisis Intervention	486	\$ 12,514.00
Crisis Psychotherapy	15	\$ 1,826.00
Crisis Response Telephonic	48	\$ 1,441.00
Family Psychoeducation	48	\$ 369.00
Family Support/Therapeutic After School and Summer Program	8	\$ 109.00
Family Therapy	513	\$ 41,366.00

Service Type Continued:	Units Billed	Paid Amount
Federally Qualified Health Center Visit	5,851	\$ 1,130,915.00
Functional Assessment Tool	622	\$ 13,017.00
Group Therapy/Therapeutic After School and Summer Program	2,545	\$ 57,106.00
Health/Behavior Intervention	2	\$ 102.00
Health/Behavior Intervention Assessment	2	\$ 60.00
Individual Therapy Extended/Therapeutic After School and Summer Program	3,340	\$ 280,971.00
Individual Therapy Non-Prescriber	1,959	\$ 81,360.00
Individual Therapy Non-Prescriber/Therapeutic After School and Summer Program	12,551	\$ 780,007.00
Individual Therapy/Therapeutic After School and Summer Program	36	\$ 1,069.00
Injection Therapeutic/Prophylactic/Diagnostic	231	\$ 4,592.00
Interactive Complexity/Therapeutic After School and Summer Program /Additional	223	\$ 919.00
Partial Care/Skills Training	6,209	\$ 16,794.00
Partial Hospitalization Program	1,562	\$ 695,940.00
Prescriber Visits	3,333	\$ 256,002.00
Psych Diagnostic Eval/Therapeutic After School and Summer Program	4,039	\$ 415,078.00
Psych/Neuropsychological Testing	70	\$ 4,487.00
Psych/Neuropsychological Testing/Additional	207	\$ 9,076.00
Recovery Coach	35,393	\$ 484,792.00
Skills Build Team Treatment Planning	2,033	\$ 36,158.00
Skills Building/Community Based Rehabilitation Services	19,328	\$ 266,025.00
SUDS Assessment//Therapeutic After School and Summer Program	21,881	\$ 274,432.00
SUDS Case Management	9,982	\$ 124,397.00
SUDS Counseling Group//Therapeutic After School and Summer Program	642,974	\$ 4,291,664.00
SUDS Counseling//Therapeutic After School and Summer Program	98,246	\$ 1,279,622.00
SUDS Intensive Outpatient Program	11,313	\$ 1,371,513.00
SUDS Testing	30,819	\$ 417,665.00
Targeted Care Coordination	60,301	\$ 765,481.00
TeleHealth Transmission/Facility Fees	24,610	\$ 491,929.00
Transportation/Mileage	1,484	\$ 2,056.00
Total	100,7555	\$ 13,870,491.00

Medicaid Services Provided Cont.

Not only was data obtained per person on services received through Medicaid, but aggregate data on Medicaid eligibility was also provided by IDHW.

Medicaid eligibility amongst the mod/high risk population increased from **1,339** at the end of 2019 to **4,231** through June 2020.

Women were disproportionately eligible for Medicaid.

- 40.2% of the mod/high population eligible for Medicaid at the end of FY20 was female, compared to 28.6% of the mod/high population.

Individuals aged 26 to 45 were the largest group eligible for Medicaid.

- 68% of those eligible for Medicaid at the end of June 2020 were ages 26 to 45 compared to 66.2% of the mod/high population.

Figure 10. Number of Mod/high Medicaid Eligible Probation and Parolees: July – December 2019 Compared to January – June 2020

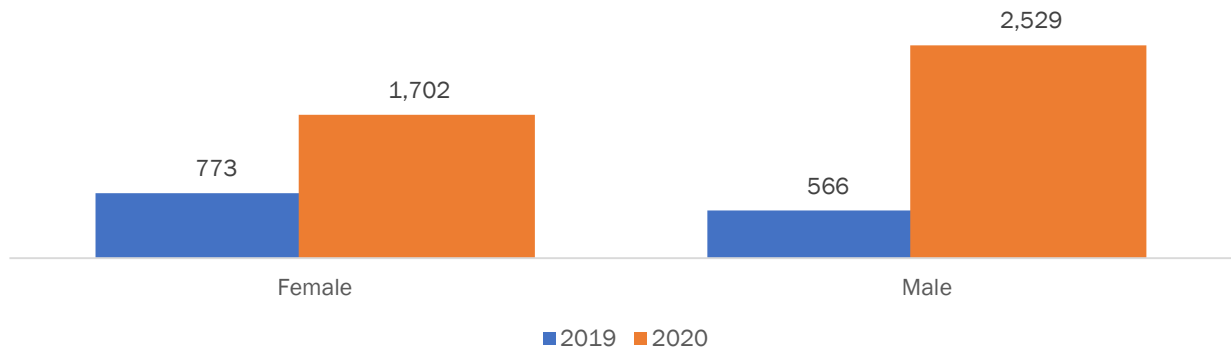
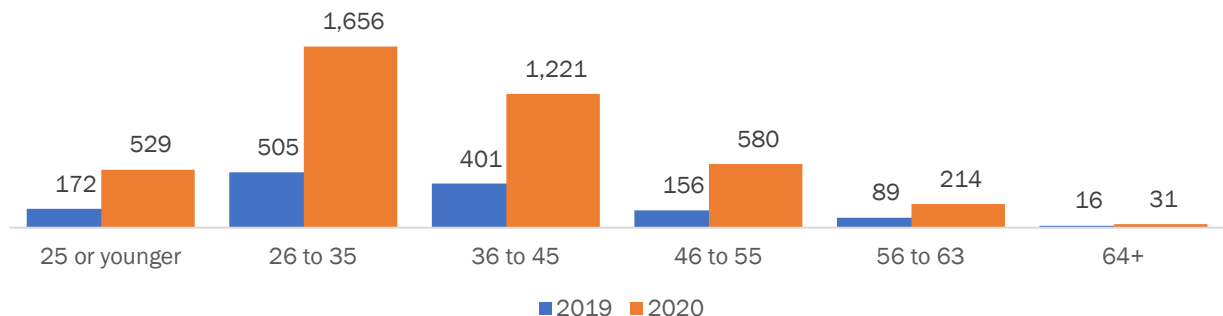


Figure 11. Number of Mod/high Medicaid Eligible Probation and Parolees: July – December 2019 Compared to January – June 2020



SUD Services Provided

During FY20, 3,067 clients were served with SUD funding through the provider network (Table 3). Half (52.0%) 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 1,534 moderate high to high risk probationers and parolees served in FY20.

Approximately \$2.5 million was spent on substance use services from the provider network in FY20, averaging \$534.90 per person served. An additional \$1 million was also expended on services such as transitional housing.

- By service type provided, outpatient and intensive outpatient (OP and IOP) group treatment accounted for 53.2% of the overall budget.
- Close to one-third of clients received either an alcohol or drug assessment, case management, or drug/alcohol testing.
- Per person, the most money was spent on adult residential treatment (\$5,239.08 per person served), and per instance on adult detox (\$555.66 per instance billed).

Table 4. 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>	8	\$ 4,445.28	\$ 555.66	6	\$ 740.88
<i>Alcohol or Drug Assessment</i>	1,910	\$ 344,138.81	\$ 180.18	1,440	\$ 238.99
<i>Intensive Outpatient</i>	583	\$ 28,692.78	\$ 49.22	103	\$ 278.57
<i>Outpatient</i>	6,377	\$ 12,631.83	\$ 49.02	1,260	\$ 248.12
<i>OP and IOP groups</i>	18,205	\$ 1,011,942.68	\$ 55.59	1,492	\$ 678.25
<i>Pre-Treatment Services</i>	1,251	\$ 61,185.25	\$ 48.91	500	\$ 122.37
<i>Residential</i>	157	\$ 36,673.56	\$ 233.59	7	\$ 5,239.08
<i>Travel for Professionals</i>	274	\$ 8,899.55	\$ 32.48	274	\$ 32.48
Total	28,765	\$ 1,808,609.74	\$ 62.88	2,897*	\$ 624.30
<i>Recovery Support Services</i>					
<i>Adult Safe & Sober Housing</i>	612	\$ 39,859.00	\$ 65.13	116	\$ 343.61
<i>Case Management (Basic and Intensive)</i>	10,028	\$ 310,703.05	\$ 30.98	1,530	\$ 203.07
<i>Child Care</i>	36	\$ 2,593.68	\$ 72.05	21	\$ 123.51
<i>Drug/Alcohol Testing</i>	21,118	\$ 283,189.50	\$ 13.41	1,520	\$ 186.31
<i>Interpreter Services</i>	19	\$ 2,902.00	\$ 152.74	20	\$ 145.10
<i>Life Skills</i>	61	\$ 1,310.32	\$ 21.48	19	\$ 68.96
<i>Medication Evaluation, Follow up, Prescriptions</i>	10	\$ 562.00	\$ 56.20	3	\$ 187.33
<i>Recovery Coaching</i>	779	\$ 26,356.20	\$ 33.83	207	\$ 127.32
<i>Staffing (Planned Facilitation)</i>	4,768	\$ 44,829.20	\$ 9.40	1,185	\$ 37.83
<i>Transportation</i>	2,454	\$ 20,914.71	\$ 8.52	150	\$ 139.43
Total	39,885	\$ 733,219.66	\$ 18.38	1,855*	\$ 395.27
Grand Total	68,650	\$2,541,829.40	\$ 36.92	4,752*	\$ 534.90

*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.

Problem Solving Courts by District

Table 5 provides information by district for the 1,015 individuals IDOC supervises that were involved in a treatment court at the end of FY20, 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 (46.0%) of participants in veteran's court, and about two-thirds of participants within the mental health (65.5%) and drug court (63.1%) were moderate to high risk.
- ▼ District 2 had the largest portion of mod/high individuals involved in any court for veteran's court (88.9%).
- ▼ District 1 had the smallest portion of mod/high risk individuals involved in any court for drug court (37.9%).
- ▼ District 7 had the largest portion of moderate high to high risk individuals involved in mental health court (84.5%).

Table 6. 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	87	37.9%	0	*	0	*	52	50.0%
2	56	51.8%	1	0.0%	9	88.9%	26	73.1%
3	142	66.2%	0	*	26	46.2%	46	78.2%
4	236	61.9%	0	*	43	30.2%	36	55.6%
5	101	68.2%	0	*	6	66.7%	22	45.5%
6	167	61.1%	5	80.0%	7	57.1%	24	79.2%
7	226	72.9%	3	66.7%	9	55.6%	26	84.5%
Total	1,015	63.1%	9	66.7%	100	46.0%	232	65.5%

Funding and Services Available Cont.

Aftercare Programming Per District

In FY20, \$1.9 million covered the salary and benefits for twenty Drug and Alcohol Rehabilitation Specialists (DARS) and seven clinicians. The positions provided programming for aftercare once the individual was 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.

Mod/high probationers and parolees are expected to continue with aftercare programming in the community once released from prison. Approximately 2,176 probation and parolees received aftercare in the community in FY20 and about 54.6% of those receiving aftercare programming were moderate to high risk.

Table 7. Drug and Rehabilitation Specialists per District and Aftercare Clients Served

District	# Full time		Total Group
	Positions	# GAIN Assessments	Sessions
1	2	272	525
2	2	108	216
3	4	405	545
4	8	773	879
5	3	376	398
6	2	288	317
7	4	487	550
<i>Central Office</i>	3	58	137
Total	25*	2,687	3,567

*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 281 IDOC clients who received mental health services in FY20 and 55.0% had LSI-R scores above 24. The 281 individuals had 16,257 total treatment instances entered into WITS.

199 moderate and high-risk probationers and parolees were served with mental health treatment in FY20.

Overall, the most common services provided to all IDOC probationers and parolees receiving mental health services included established outpatient medical services (60.0%), case management for behavioral health (51.2%), behavioral health nursing services (48.4%), community based rehabilitative services (47.7%).

- Most of the services provided (77.0%) were clinical.
- The most common individual type of service provided was group skill training (23.4%), followed by community based rehabilitative services (20.4%) and behavioral health nursing services (14.4%).

Table 8. 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>	BH Treatment Plan	113	0.7%	49	17.4%
	Case Management-Behavioral Health	1,536	9.4%	144	51.2%
	Community Based Rehabilitative Services	3,309	20.4%	134	47.7%
	Community Based Rehabilitative Services-Group	320	2.0%	45	16.0%
	Community Transition Support Services	2	0.0%	1	0.4%
	Case Management – Substance Abuse	11	0.1%	4	1.4%
	Family Psychotherapy, with patient present	1	0.0%	1	0.4%
	Group Counseling - Substance Abuse	601	3.7%	23	8.2%
	Group Psychotherapy	1,372	8.4%	45	16.0%
	Group Skill Training	3,804	23.4%	144	51.2%
	Individual Counseling – Substance Abuse	118	0.7%	3	1.1%
	Psychiatric Diagnostic Evaluation	134	0.8%	96	34.2%
	Psychiatric Diagnostic Evaluation with Medical Services	22	0.1%	15	5.3%
	Psychotherapy	1,178	7.2%	92	32.7%
<i>Crisis</i>	<i>Community Crisis Intervention</i>	10	0.1%	6	2.1%
	<i>Crisis Psychotherapy, 60 minutes</i>	5	0.0%	4	1.4%
<i>Medical</i>	<i>Established Outpatient</i>	1292	7.9%	169	60.1%
	<i>New Outpatient</i>	80	0.5%	42	14.9%
<i>Nursing</i>	<i>Behavioral Health Nursing Services</i>	2,019	12.4%	136	48.4%
	<i>Injection</i>	320	2.0%	49	17.4%
	<i>Blood Draw</i>	2	0.0%	2	0.7%
<i>Peer</i>	<i>Peer Support</i>	8	0.0%	4	1.4%
	Total	16, 270	100.0	281	

*IDHW team provided report of expenditures pulled from WITS.

**Percentages are out of total clients served (N=281) and do not add up to 100.0%

Funding and Services Available Cont.

Mental Health Services Provided per District

- ▼ Region 5 provided the most state funded mental health treatment instances and served the most clients.
- ▼ Region 2 had the fewest treatment instances and number of clients served.

Table 9. Mental Health Services Provided per District

	<i>Instances</i>	<i>%</i>	<i>Clients Served</i>	<i>%</i>
IDHW, DBH, Region 1	1,389	8.5%	29	10.2%
IDHW, DBH, Region 2	578	3.6%	20	7.0%
IDHW, DBH, Region 3	2,695	16.6%	51	18.0%
IDHW, DBH, Region 4	1,603	9.9%	42	14.8%
IDHW, DBH, Region 5	3,991	24.5%	66	23.2%
IDHW, DBH, Region 6	3,333	20.5%	27	9.5%
IDHW, DBH, Region 7	2,668	16.4%	49	17.3%
Total	16,257	100.0	284*	100.0

IDHW team provided report of expenditures pulled from WITS.

*three individuals received services in more than one region.

High Risk Needing and Not Receiving Treatment

After compiling all the data from Health and Welfare, the WITS system and IDOC, the following gaps were determined:

- 7,847 probationers and parolees living in Idaho during FY20 were moderate to high risk.
 - 5,986 had an indication of a need for substance use treatment.
- 788 mod/high probationers and parolees were identified as having an SMI.
 - This only includes those with a GAIN assessment indicating an SMI (about 2,000 mod/high risk individuals did not have GAIN mental health information entered into the system).
- Between all services – state funded mental health or substance use disorder funds, state funded aftercare, state funded treatment court, or Medicaid funded services:
 - **1,926** mod/high risk probationers and parolees did not access **any** state **or** Medicaid funded substance use services in FY20.
 - **286** mod/high risk probationers and parolees with a Severe Mental Illness (SMI) did not access any state or Medicaid funded mental health treatment in FY20.
 - If the individuals without treatment obtained services from state funded resources, it would cost the state:
 - $1,926 * \$1,581$ (average amount spent by those receiving services who did not recidivate) equals **\$3,045,006.00**.
 - $286 * \$2,975$ per service equates to a gap of **\$850,850** (estimated per service use from 2015 WICHE Gap Analysis Report).
- The estimated total gap in state funding to cover the substance use and mental health needs of mod/high risk probationers and parolees is **\$3,895,856.00**.