

Community Gap Analysis

January
2022

Joint Report to the Legislature between the Idaho Department of Correction
and the Idaho Department of Health and Welfare
Covers Fiscal Year 2021 Expenditures



Executive Summary

This joint report describes:

- 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.

Idaho Code 20-216

Idaho code 20-216 requires an annual joint report between the Idaho Department of Correction (IDOC) and the Idaho Department of Health and Welfare (IDHW) that describes 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.

Highlights

- **7,584** moderate to high-risk probationers and parolees in FY21 had a substance use problem.
 - 13.5% also had a severe mental health problem.
 - 52.4% received a variety of services, such as involvement in a treatment court, aftercare programming or other programming in the community, mentoring, or care coordination..
 - 75.1% were enrolled in Medicaid.
 - 20.4% did not receive any noted substance use or mental health services and were not enrolled in Medicaid.
- The average expense for substance and mental health treatment expenditures for those enrolled in Medicaid was **\$2,924** per person.
 - If the same amount were expended for those who did not receive any services, and not enrolled in Medicaid, the cost would be **\$4,514,449.***
- From a survey of moderate to high-risk individuals on community supervision, the most common reasons for not obtaining substance use or mental health services over the course of FY21 was that:
 - Covid-19 disrupted their ability to get treatment,
 - there was a lack of available treatment close to them, and;
 - affordable treatment was not available.

Methodology

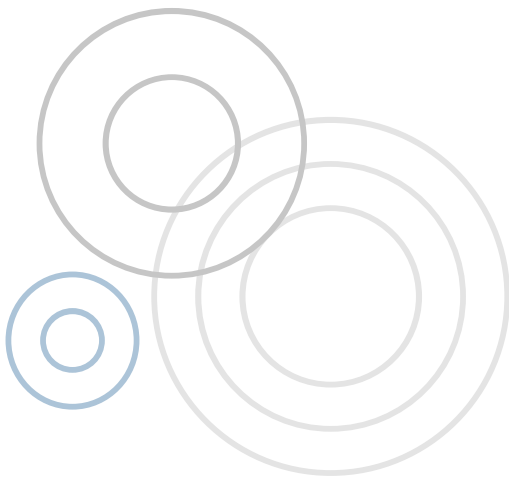
The assessments used to determine need for substance use and mental health treatment included the Level of Service Inventory-Revised (LSI-R) and the Global Appraisal of Individual Needs (GAIN).



Information for this report was obtained from several different sources.

- 1) Data was extracted from the Idaho Department of Correction (IDOC) case management system on substance use and mental health assessments and various services received, including aftercare classes, treatment court, reentry services, care coordination, mentoring, and other programming for all probationers and parolees in FY21.
 - 2) IDOC and IDHW Substance Use Disorder teams each provided the state-funded substance use and mental health treatment expenditures tracked within Idaho's Web Infrastructure for Treatment Services (WITS) system.
 - 3) IDOC provided a list of all individuals on probation and parole during FY21 to the IDHW Division of Medicaid. After matching the file with Medicaid information, IDHW provided the aggregate number of people receiving various substance use and mental health services broken down by various demographics and billing totals for substance use and mental health treatment.
 - 4) IDOC sent out a survey to moderate and high-risk individuals on probation and parole in July 2021. The intent of the survey was to capture information directly from the community supervised population regarding whether they felt their treatment needs were met, and whether they had any insurance during the fiscal year.
- Finally, de-identified Idaho GAIN data was analyzed to provide an additional estimate of treatment need amongst the probation and parole population.

Jointly, IDOC and H&W were able to determine the dollar amount spent and gap in terms of those estimated to need treatment and not receive services through either state funded resources or Medicaid. However, since the data was de-identified, IDOC could not determine any other quality checks concerning why flagged individuals with indicators of treatment need did not receive treatment.



Who are the moderate to high risk?

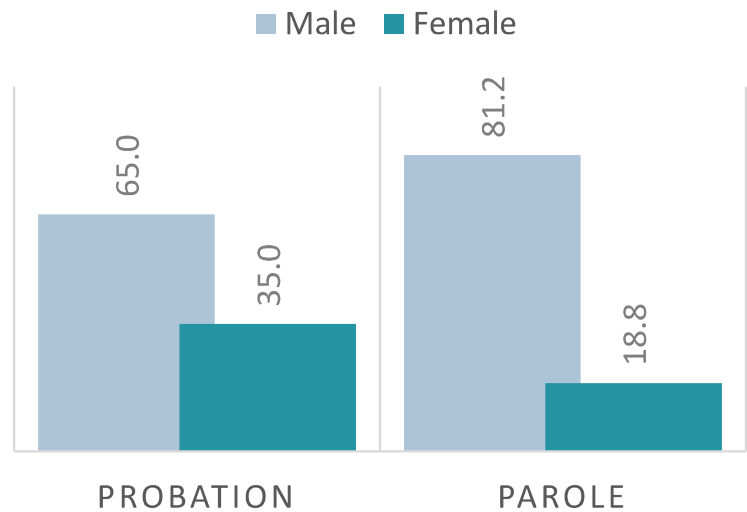
The supervised moderate to high-risk population was more likely to be non-white, male, and slightly older than Idaho's population.

For comparison, 89.97% of Idaho's 2022 population is White, 50.1% male, and the median age is 35.7

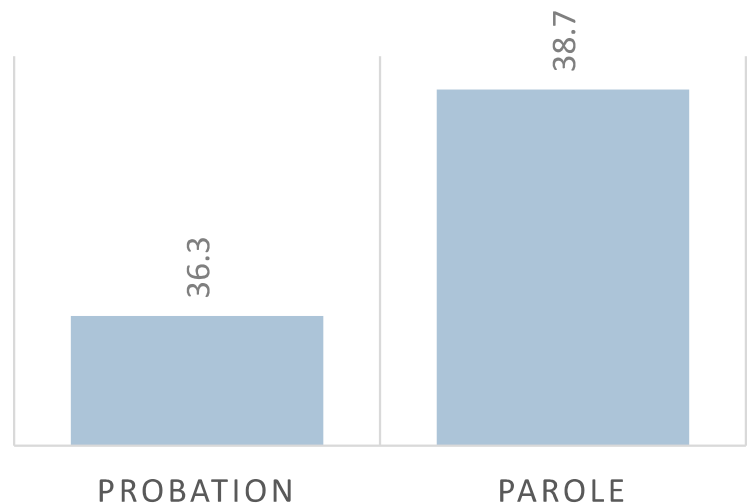
Idaho Population 2022:

<https://worldpopulationreview.com/states/idaho-population>

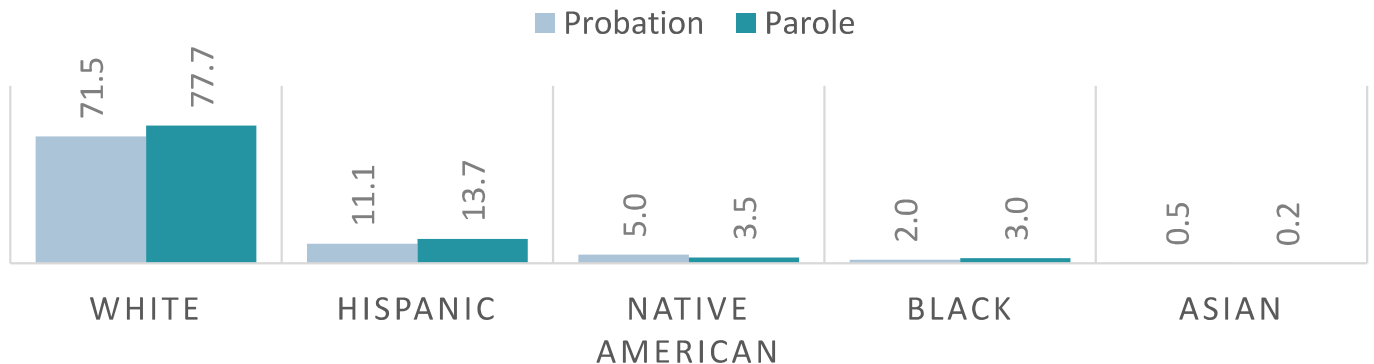
% MALE OR FEMALE



MEDIAN AGE



RACE/ETHNICITY



Criminogenic Needs

Criminogenic needs are factors in a person's life that increase the likelihood they will commit another crime. The LSI-R measures ten different risk and need areas that are associated with recidivism.

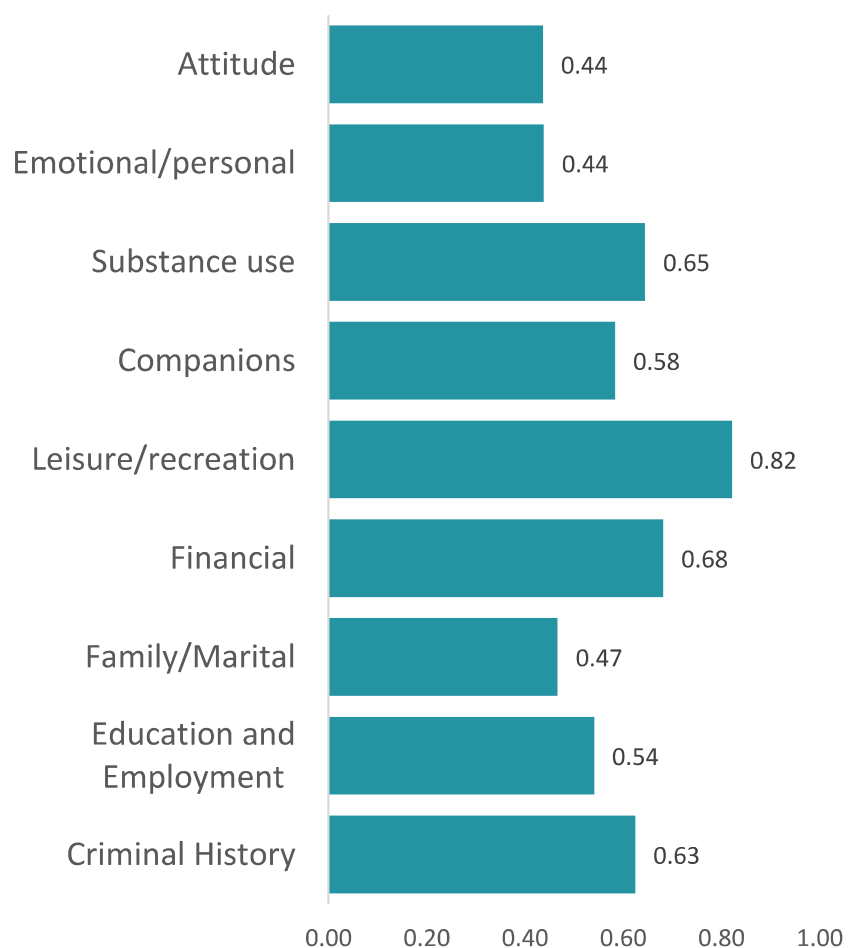
In FY21, the moderate to high-risk population had needs in all areas assessed with the LSI-R. The chart below shows the normalized average scores for each domain. Areas above .39 are considered indicative of treatment need or help within that area of the person's life.

The LSI-R is an actuarial assessment designed to determine a person's risk and needs related to recidivism.

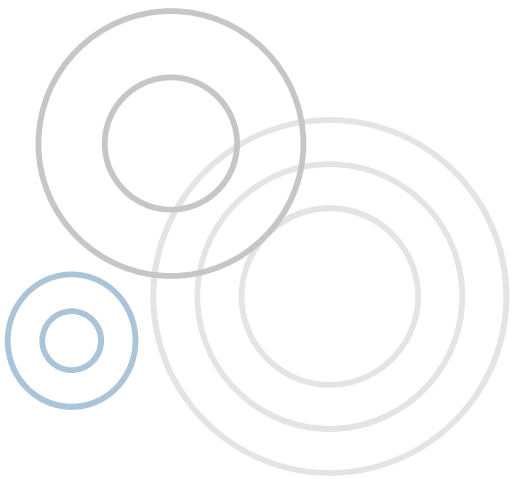
The LSI-R has a proven track record of reliability and validity and is commonly used to determine supervision placement and assessment of treatment need.

The LSI-R requires an extensive interview and scoring is based on self-reported answers from clients, information contained in the client's file, and collateral sources.

Normalized LSI-R Domain Score



Note: for comparison between domains, all scores are normalized to range between 0 and 1.



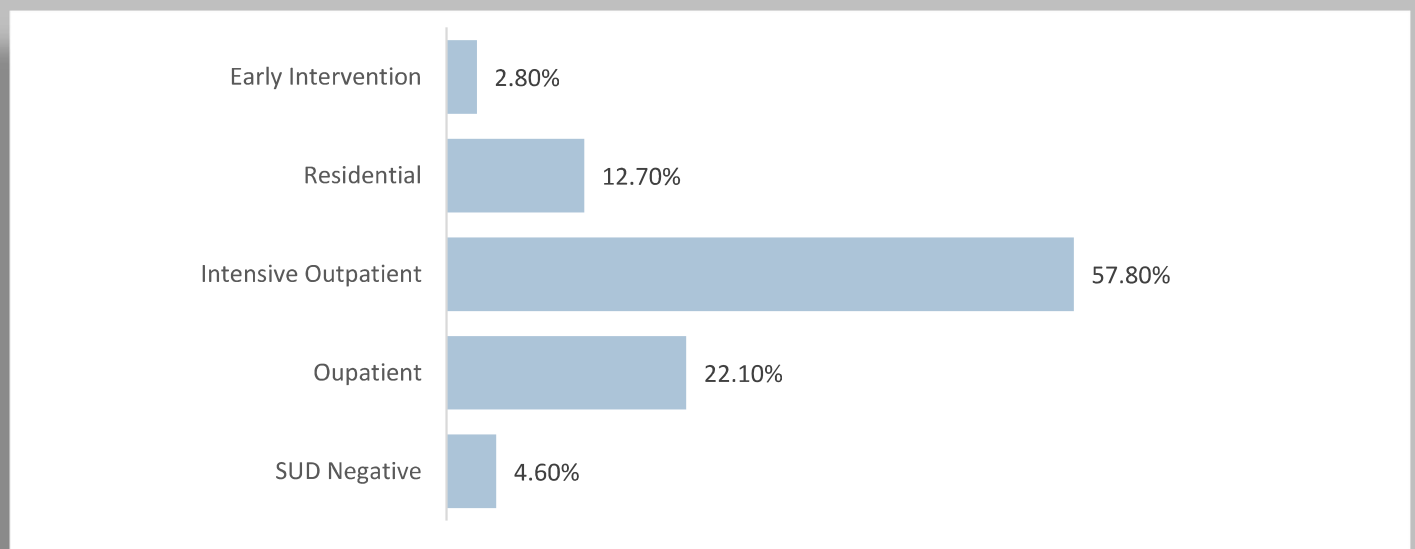
Treatment Need

From over 4,000 GAIN assessments conducted in FY21, nearly half had used meth within the past year. GAIN assessments are completed pre-sentencing for those newly convicted of a crime.

For the moderate to high-risk population at the time of the GAIN assessment (completed prior to sentencing):

- 24.4% had severe mental health problems.
- 12.7% had severe mental health problems and were not receiving treatment (11.7% were in treatment).
- 11.0% had previously attempted suicide.
- 3.4% had suicidal/homicidal thoughts in the past 30 days.
- 12.7% were in need of residential substance use treatment.

Substance Use Treatment Need



SUD Funding

State Funded Substance Use Disorder Services Received

Nearly \$500,000 was spent on treatment and recovery services in FY21. The state budget for SUD totaled over \$2.5 million, but much of the funding was allocated for use for transitional housing.

1,338 total people were provided services through state SUD funds (not including transitional housing).

- 53.2% were moderate to high risk.
- \$337.63 was spent per person (\$267.5 per mod/high risk).
- 68.7% of services received included outpatient and intensive outpatient group, alcohol or drug assessment, and drug/alcohol testing.

	Instances	Cases	Average \$ per instance	Sum	Per person
Treatment Services					
Adult Residential	2	1	\$ 2,593.08	\$ 5,186.16	\$ 5,186.16
Alcohol or Drug Assessment	1,323	1,142	\$ 210.34	\$ 278,285.76	\$ 243.68
Intensive Outpatient (Individual)	3	2	\$ 17.36	\$ 52.08	\$ 26.04
OP and IOP (Group)	1,506	73	\$ 47.80	\$ 71,980.43	\$ 986.03
Outpatient (Education)	2	2	\$ 17.40	\$ 34.80	\$ 17.40
Outpatient (Individual with Family Members)	1	1	\$ 59.64	\$ 59.64	\$ 59.64
Outpatient (Individual)	696	77	\$ 45.59	\$ 31,730.79	\$ 412.09
Total	3,533	1,213	\$ 2,991.21	\$ 387,329.66	\$ 319.32
Recovery Support Services					
Adult Safe & Sober Housing	41	1	\$ 74.89	\$ 3,070.50	\$ 3,070.50
Case Management	721	445	\$ 52.70	\$ 37,996.08	\$ 85.38
Drug/Alcohol Testing	1,082	59	\$ 13.14	\$ 14,215.50	\$ 240.94
Interpreter Services	32	31	\$ 157.81	\$ 5,050.00	\$ 162.90
Recovery Coaching	13	5	\$ 44.88	\$ 583.50	\$ 116.70
Staffing (Planned Facilitation)	207	45	\$ 11.17	\$ 2,311.98	\$ 51.38
Travel for Professionals (1 unit = 1 Mile)	63	62	\$ 18.90	\$ 1,190.75	\$ 19.21
Total	2,159	574	\$ 373.49	\$ 64,418.31	\$ 112.23
Grand Total	5,692	1,338	\$ 3,364.70	\$ 451,747.97	\$ 337.63

Mental health

State Funded Mental Health Services Received

In FY21, the most common types of services received per person through state funded H&W mental health funding was “established outpatient” (80.2%) and Psychotherapy (63.0%).

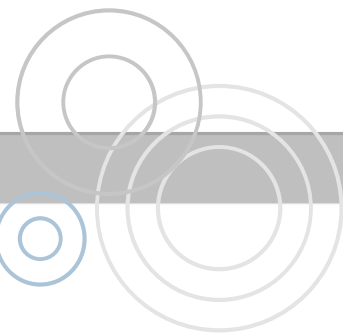
- 81 moderate to high-risk individuals received mental health services through state funded mental health SUD funding.
 - H&W matched records indicated the individuals received 5,831 total billing instances for services received.
- In comparison, in FY20 there were 199 moderate to high-risk probationers and parolees served with 19,292 billing instances.
 - This change is reflective of a decrease in state funding after the expansion of Medicaid.

	Service Provided	Instances	%	Clients served	%
Clinical	BH Treatment Plan	49	0.8	23	28.4
	Case Management-Behavioral Health	437	7.5	39	48.1
	Community Based Rehabilitative Services	1,365	23.4	50	61.7
	Community Based Rehabilitative Services-Group	6	0.1	4	4.9
	Case Management – Substance Abuse	5	0.1	2	2.5
	Family Psychotherapy, with patient present	1	0.0	1	1.2
	Individual Counseling – Substance Abuse	32	0.5	1	1.2
	Group Counseling - Substance Abuse	547	9.4	20	24.7
	Group Psychotherapy	639	11.0	27	33.3
	Group Skill Training	766	13.1	41	50.6
	Psychiatric Diagnostic Evaluation	26	0.4	20	24.7
	Psychiatric Diagnostic Evaluation with Medical Services	19	0.3	16	19.8
	Psychotherapy	436	7.5	51	63.0
Crisis	Community Crisis Intervention	2	0.0	1	1.2
	Crisis Psychotherapy, 60 minutes	2	0.0	1	1.2
Medical	Established Outpatient	400	6.9	65	80.2
	New Outpatient	15	0.3	13	16.0
Nursing	Behavioral Health Nursing Services	1,012	17.4	47	58.0
	Injection	71	1.2	12	14.8
Peer	Peer Support	1	0.0	1	1.2
	Total	5,831	100.0	81	100.0

Aftercare Programming per District

Of the moderate to high-risk individuals – 844 were involved in an AP group. Only individuals who completed a Rider¹ and completed the course Cognitive Behavioral Intervention for Substance Use were enrolled in AP in the districts. The course is also taught in the prison, and if the person received AP in prison, they did not receive it again once released. If still in need of treatment once released from prison after completing AP, clients were outsourced to external providers.

The chart below provides the number of full-time drug and alcohol rehabilitation specialists per district, the number of GAIN assessments they completed and the number of Advanced Practice groups they provided.



The University of Cincinnati course “Advanced Practices” is used for Aftercare in the community for Riders released from prison.

District	PCNs	Gains	# of Clients in AP
1	2	248	516
2	1	101	271
3	4	386	368
4	5	825	627
5	3	113	146
6	2	349	350
7	3	470	486
Central office	3	48	92
Total	23	2,540	2,856

1. A Rider is someone committed to Retained Jurisdiction under the courts for up to 365 days. Upon completion, the courts will determine whether to place the person on probation or incarcerate them for their fixed term.

Treatment Courts

The chart below provides the number of moderate to high-risk probationers involved in different treatment courts in FY21.

- 71.9% of participants were moderate to high risk.

There are several different types of treatment courts in Idaho.

	Total Mod/high	Total	%
Drug Court	817	1,114	73.3
Family Court	9	11	81.8
Veteran's Court	39	78	50.0
Total	865	1,203	71.9

Medicaid Expenditures

Of the moderate to high-risk individuals sent to H&W to match for Medicaid enrollment and expenditures:

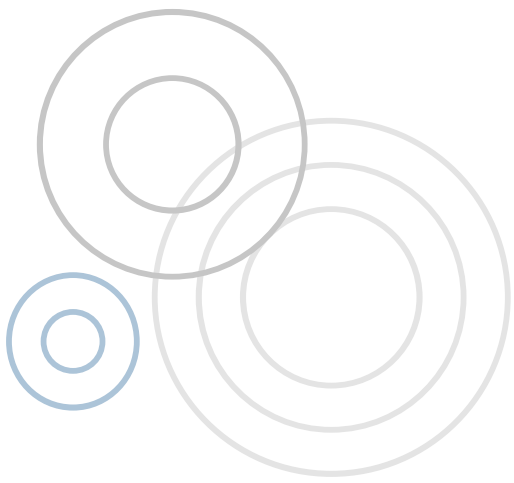
- 75% were identified as having Medicaid.
- 60.2% received SUD services, for a total \$10 million dollars, or \$2,924 per person.

Of individuals who were estimated to not receive any other state funded resources including state funded mental health or substance use treatment, IDOC aftercare, or involvement in a treatment court:

- 57% were enrolled in Medicaid.
- 51% received substance use treatment through Medicaid.

In total, if the 1,547 moderate to high-risk individuals who did not receive any noted services (no state funding or Medicaid) were to receive the average per person expenditure below of \$2,924 per person, it would amount to \$4.5 million dollars.

	N	% Enrolled in Medicaid	# w/ SUD Service through Medicaid	% w/SUD Service through Medicaid	Total Medicaid funded SUD Expenditure	Per Person Spent
Total	7,584	75%	3,428	60%	\$10,023,013.29	\$ 2,924
Received no state funded services	3,582	57%	1,040	51%	\$3,086,713.68	\$ 2,968



Reasons for Not Receiving Treatment

To help understand why individuals in need of treatment were not able to obtain treatment, a survey was emailed to all moderate to high-risk individuals on supervision in July 2021.

- 345 completed the survey.
- 60.4% said they needed substance use treatment over the past year.
 - 78.0% of those saying they needed treatment received it.
- 56.2% said they needed mental health treatment over the course of the year.
 - 65.9% of those needing treatment obtained it.

If unable to obtain treatment, check any of the reasons below that help explain why:	Substance Use	Mental Health
Covid disrupted my ability to get treatment.	31.8%	25.9%
Lack of available treatment close to me.	27.3%	36.2%
Available treatment was not affordable to me.	27.3%	12.1%
I lacked transportation to and from treatment on a consistent basis.	25.0%	25.9%
I was nervous about obtaining treatment as I might not like the people in the class or like the treatment provider.	25.0%	22.4%
Treatment times did not fit into my schedule.	20.5%	15.5%
I did not want to complete all the paperwork or go through the hassle of signing up for treatment.	15.9%	15.5%
I lack insurance and am not eligible for Medicaid.	13.6%	20.7%
I have coverage (i.e. Medicaid, private insurance, etc.) but was assessed as not needing treatment).	7.3%	1.7%



Reasons for Not Receiving Treatment

*Comments pulled from
the survey.*

“Covid made getting into
talk with mental health
almost impossible.”

“Treatment center was
impossible to get ahold of to
schedule treatment “

“Did meetings but due to
covid not as many as I would
have liked.”

“Didn’t know how to deal
with it or get help.”

For questions regarding this report,
please contact:
Dr. Janeena White
jawhite@idoc.idaho.gov



“It is hard to find someone you connect with.
Connection is key. I have to trust the person
Im confiding in. I have to feel comfortable. We
have to understand each other and I need to
feel at ease and comfortable with disclosing
my thoughts and feelings. I dont wanna feel
judged or looked down at. “

“If I feel like the person Im talking to is going to
tell my probation/parole officer or anyone for that
matter, why would I disclose certain things? If I
feel like the provider has a preconceived notion of
who I am based on text books, I will shut down. If
the purpose of mental health or substance abuse
treatment is to help, how are they going to be
able to help if I with hold honesty for fear of
getting in trouble or judged? “

“Making appointments not a month out. . I
recently visited Dr. because of stressors caused
by SUPERVISORY rules. Make changes for us
trying to cope PANDEMIC on top of
SUPERVISION. What the PANDEMIC has not
done; Supervision will. Don't violate us for simply
getting by.”

“My only insurance is Medicaid & even though I
was assessed as needing inpatient treatment
there are none available to me. Medicaid does
not cover the treatment I need nor is there
treatment available to me that I can afford. “

“The treatment places never return called me to
finish the assessments to finish signing up not
my fault they are incompetent.”