

Community Gap Analysis 2022

Idaho Department of Correction



Report for the Legislature
January 2023



Executive Summary

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

The active population of moderate to high-risk supervised within FY22 included **8,763** individuals.

Substance Use:

- **6,926** (79%) needed substance use treatment.
- **2,808** (32%) received substance use disorder services through Medicaid.
- **\$13,940,994** substance use services were billed to Medicaid, or **\$6,418** per person.
- **\$679,602** state funded dollars were spent towards substance use services, or **\$374** spent per person.
- **1,037** (12%) were involved in a drug treatment court.

Mental Health:

- **3,421**(40%) had mental health concerns and 13% had severe mental health problems.
- **2,172** (25%) received mental health services through Medicaid.
- **\$11,140,706** mental health services were billed to Medicaid, or **\$1,031** per person.
- **264** were involved in a mental health treatment court.
- **54** received mental health services through state funded resources.

Gap in service:

- **696** (8%) had no noted treatment notes/activities, treatment court, state funded substance use disorder or mental health service or enrollment/access to treatment through Medicaid.
- **Gap – if the 696 people received the average spent on treatment through Medicaid for those who did not recidivate, it would equal \$3,625 per person, or \$2,523,278.**

This 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

Methodology

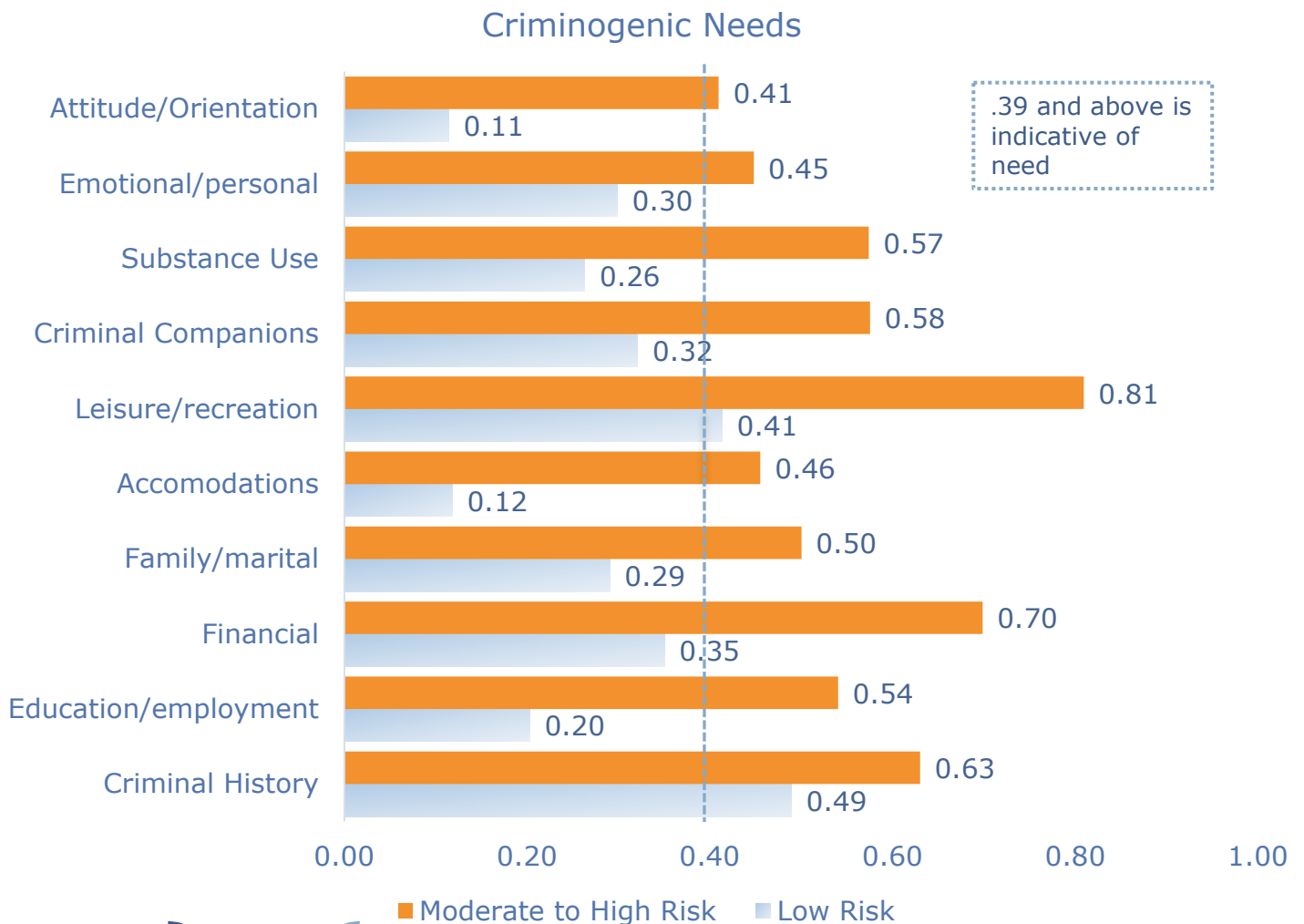
Several sources of information were used in the creation of this report.

- Data concerning all individuals on probation or parole in FY22 was extracted from the Idaho Department of Correction (IDOC) case management system including their substance use and mental health assessments, participation in substance use disorder aftercare classes, involvement in treatment court, or any other noted programming.
- IDOC and IDHW Substance Use Disorder teams each provided state-funded substance use and mental health treatment expenditures tracked within Idaho's Web Infrastructure for Treatment Services (WITS) system for individuals on probation or parole.
- IDOC provided a list of all individuals on probation and parole during FY22 to the IDHW Division of Medicaid. After matching the file with Medicaid information, IDHW provided whether individuals were enrolled in Medicaid and amounts of substance use or mental health expenditures throughout the fiscal year.
- IDOC sent out a survey to people on supervision in September of 2022 regarding whether they were struggling with a lack of resources, such as transportation, childcare, mental health or substance use treatment.
- Jointly, IDOC and IDHW were able to determine the dollar amount spent on treatment services and the gap in individuals needing, but not receiving, any substance use or mental health services in FY22. IDOC was also able to ascertain potential reasons for those who did not receive any services in FY22 by studying files from the sample of probationers and parolees.

Criminogenic Needs

Criminogenic needs are factors in a person's life that increase the likelihood of committing a crime. The level of service inventory-revised (LSI-R) assessment measures ten different risk and need areas that are associated with recidivism.

In FY22, the moderate to high-risk population had needs in all areas assessed by 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 a person's life.



Note: For consistency with previous reports, the moderate to high-risk population includes anyone with an LSI-R score above 23.

Who are the moderate to high risk?

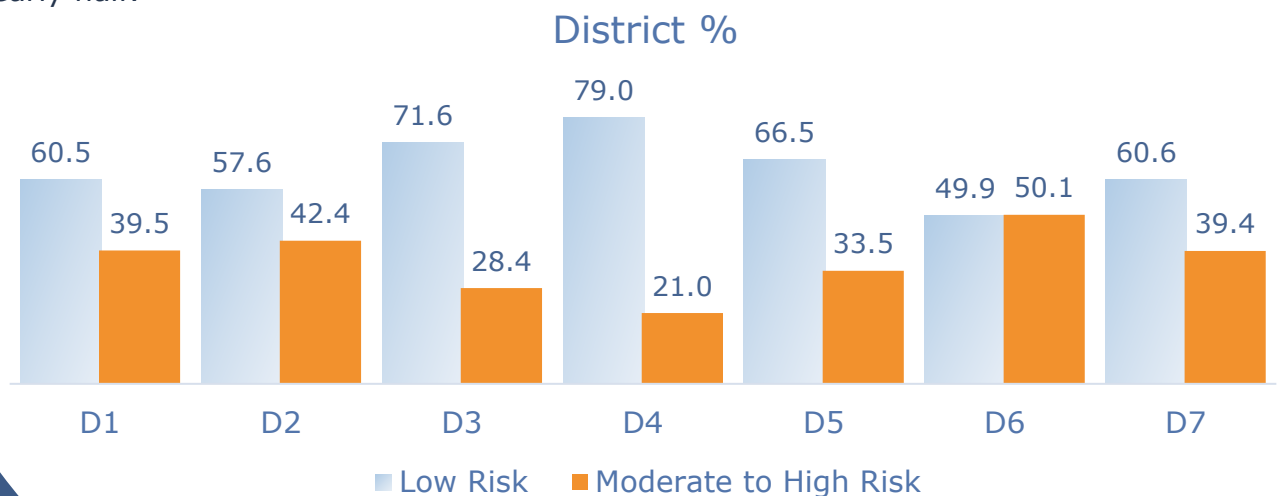
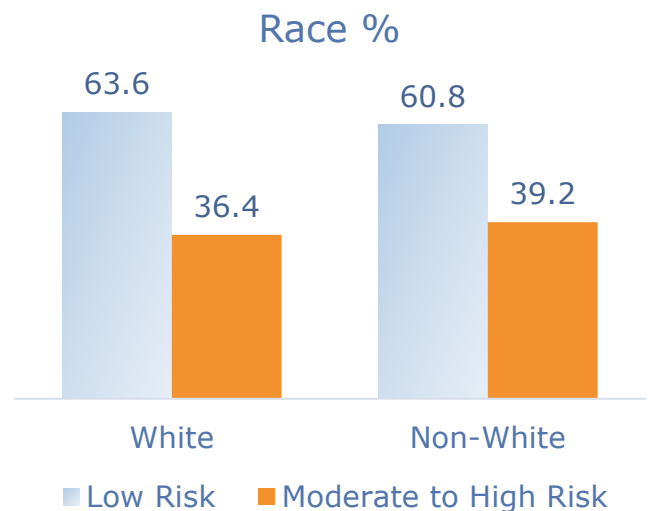
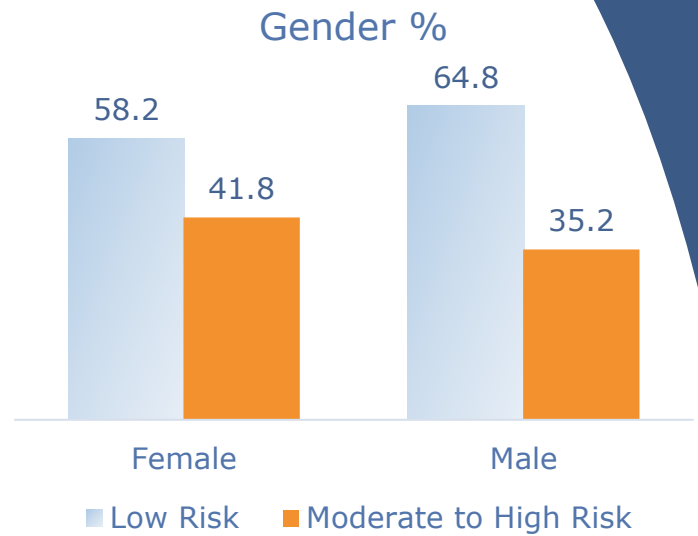
In FY2022, **8,763** probationers and parolees had LSI-R scores that indicated they had a moderate to high risk to recidivate. This was 33.8% of the supervised population.

Age: The moderate to high-risk group was slightly younger than those of lower risk (average age of 38 compared to 41).

Gender: A higher portion of females were moderate to high risk than males (41.8% compared to 35.2%).

Race/Ethnicity: Non-white individuals were more likely to be moderate to high risk than white (39.2% compared to 36.4%).

District: The percentage of individuals by district who were moderate to high risk varied. Districts 3 and 4 had about one quarter who were moderate to high risk, whereas district 6 had nearly half.

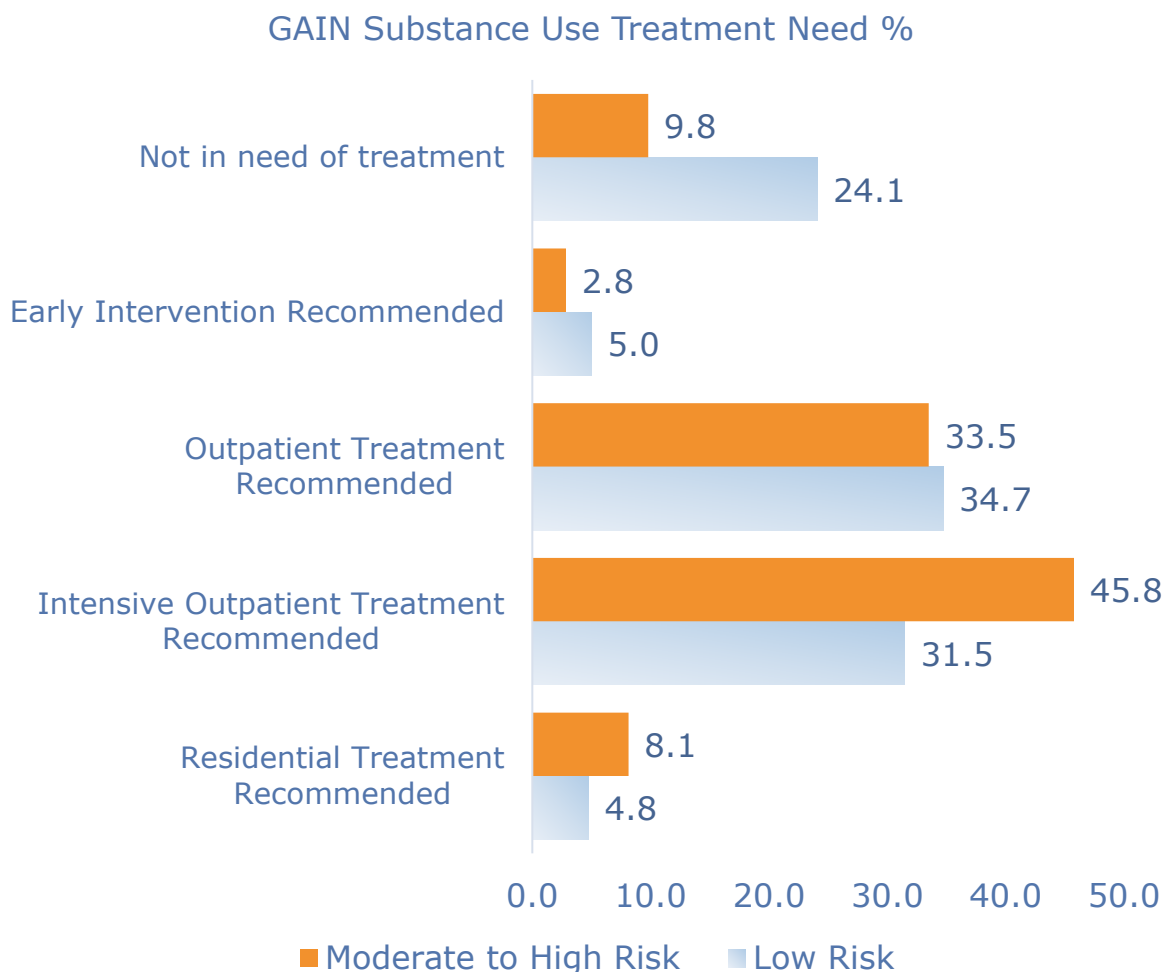


Who are the moderate to high risk?

IDOC uses the Global Appraisal of Individual Needs (GAIN) assessment to determine substance use and mental health treatment needs while someone is within the presentence investigation phase of their case. The scores are provided to the judge to assist in sentencing. The scores are only considered valid for six months but are indicative of the kind of services required when newly sentenced.

Individuals with moderate to high risk for recidivism also had greater substance use needs compared to those with lower risk.

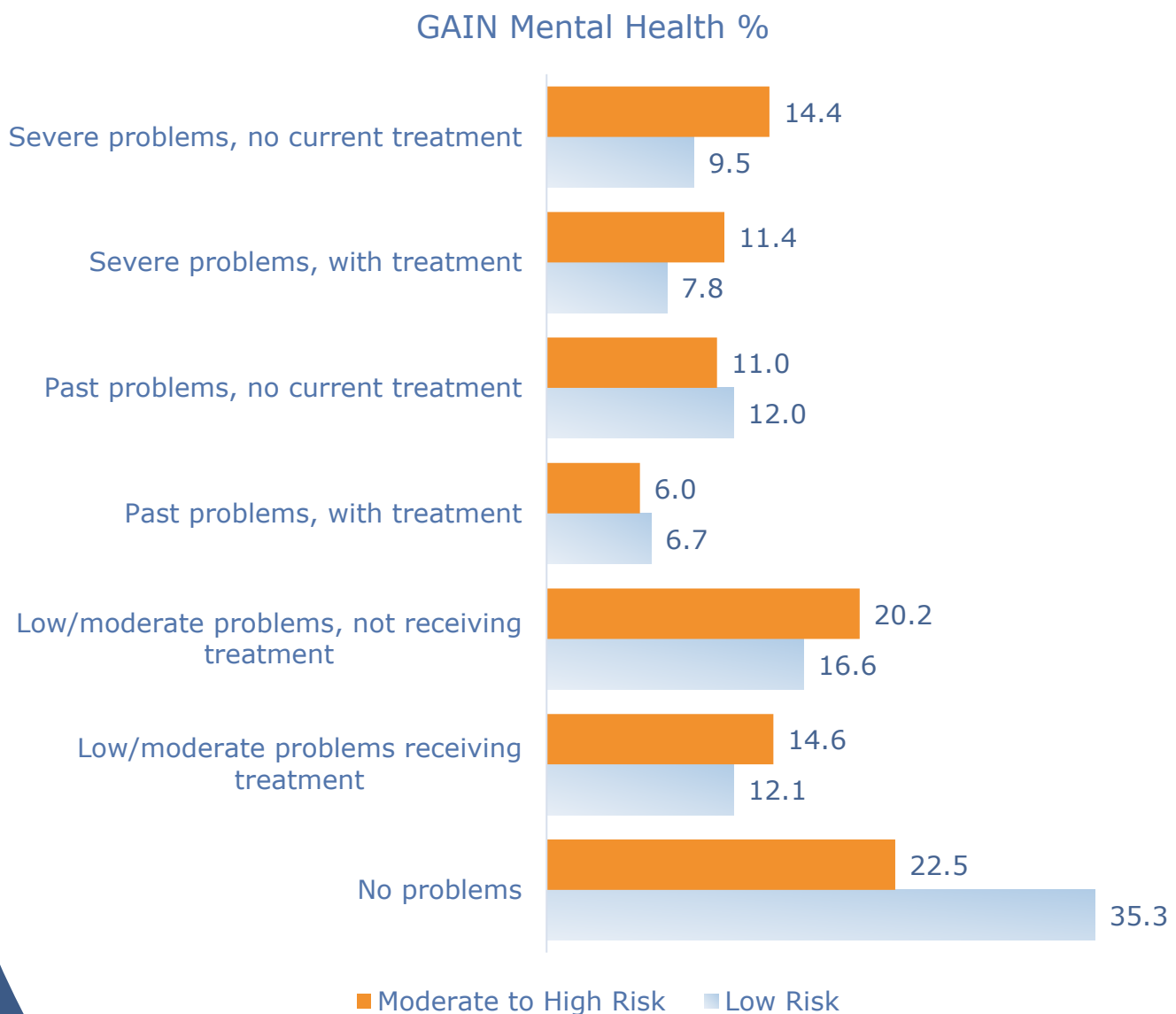
- 90.2% compared to 75.9% had some level of substance use treatment need.
- 53.9% compared to 36.2% required either residential or intensive outpatient treatment.



Who are the moderate to high risk?

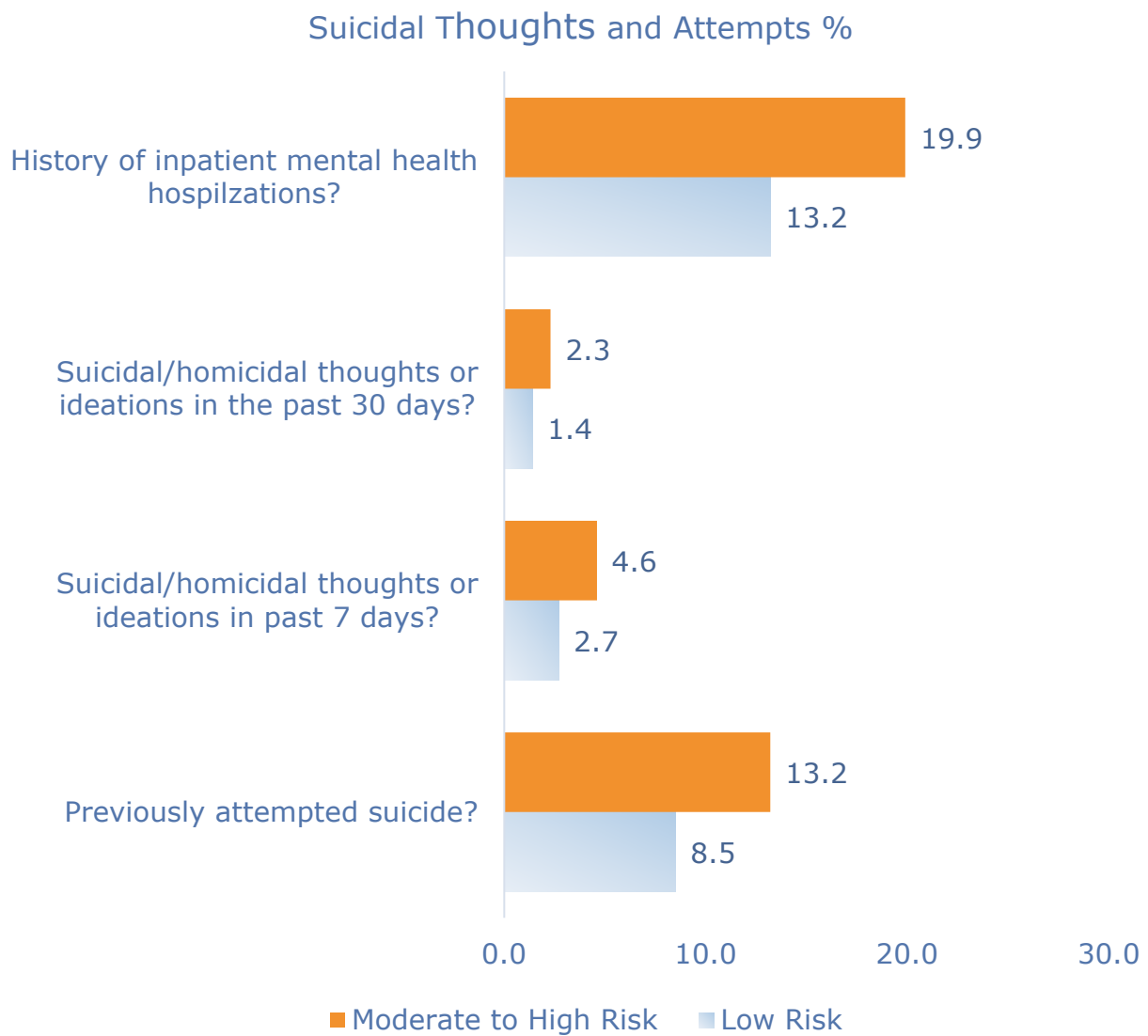
A larger portion of people of higher risk had mental health needs compared to those of lower risk.

- 14.4% compared to 9.5% had severe mental health needs and were not receiving treatment at the time of the assessment.
- 77.5% compared to 64.7% had either past or current mental health problems.



Who are the moderate to high risk?

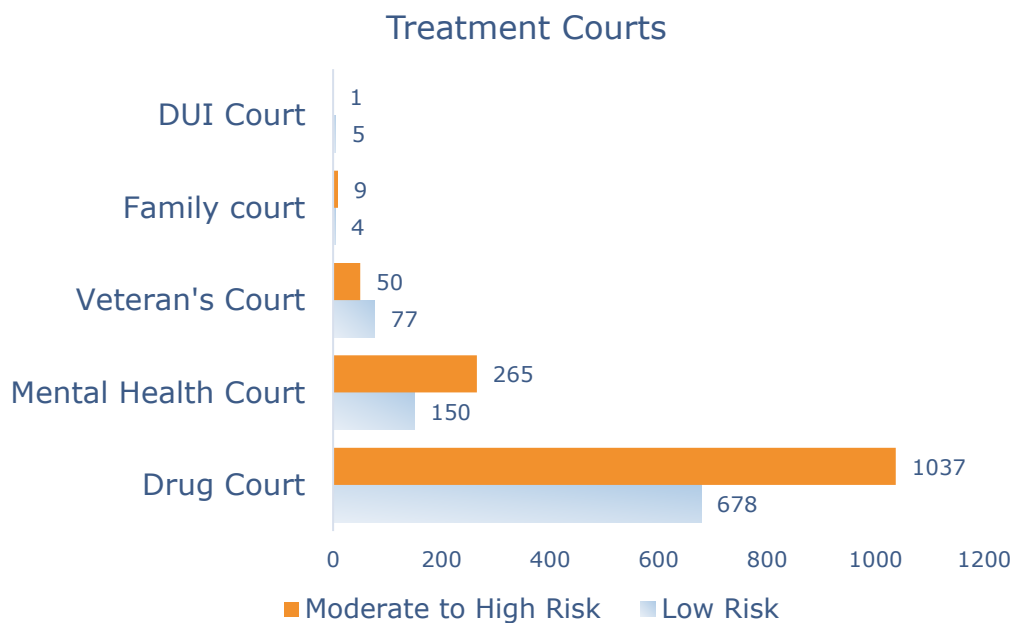
The GAIN includes questions concerning suicidal thoughts and ideations. Moderate to high risk for recidivism were more likely than lower risk to have previously attempted suicide, have suicidal or homicidal thoughts or ideations in the past 7 or 30 days, and/or to have been hospitalized for inpatient mental health treatment.



State Funded Services

In FY22, state funded services provided substance use and mental health treatment for individuals on supervision in a variety of ways.

- Approximately 2,263 individuals attended different treatment courts (primarily drug court) across the state. About 60% of attendees were moderate to high risk.
- District Drug and Alcohol Rehabilitation Specialist (DARS) provided 1,924 GAIN assessments and 1,723 Aftercare groups. The Aftercare groups were offered as a telehealth opportunity to continue treatment once released from incarceration. Because the groups were offered remotely, attendees could choose times that best fit with their schedule and join in with groups anywhere across the state. It was therefore not necessary for all districts to provide the service.



District	# Full Time DARS Positions	# GAIN Assessments	Total Aftercare Group Sessions
1	3	308	373
2	1	0	0
3	4	398	466
4	4	436	296
5	1	0	0
6	2	303	227
7	3	469	359
Central Office	2	10	2
Total	20	1,924	1,723

State Substance Use Disorder Funds

Substance Use Disorder (SUD) funding supported services for approximately 2,000 individuals in FY22. Most of the funds covered assessments for the 19-2524* population (legislative requirement for drug and mental health assessments). The funding mostly covered treatment rather than recovery services. Approximately half of the population served were moderate to high risk. About \$356.65 was spent per person (\$374.00 per person of moderate to high risk).

Treatment Services	Amount spent	# Instances	# People	Average per instance	Average per person
Adult Residential	\$ 80,233.17	156	8	\$514.32	\$ 10,029.15
Alcohol or Drug Assessment	\$ 435,956.72	2,256	1,818	\$193.24	\$ 239.80
Intensive Outpatient (Education)	\$ 17.40	1	1	\$ 17.40	\$ 17.40
Intensive Outpatient (Individual)	\$ 2,570.14	54	6	\$ 47.60	\$ 428.36
Outpatient (Individual)	\$ 33,927.39	702	90	\$ 48.33	\$ 376.97
Outpatient (Education)	\$ 17.40	1	1	\$ 17.40	\$ 17.40
Outpatient (Individual with Family Members)	\$ 59.64	1	1	\$ 59.64	\$ 59.64
Telehealth	\$ 1,060.00	184	18	\$ 5.76	\$ 58.89
OP and IOP (Group)	\$ 92,504.60	1,725	88	\$ 53.63	\$ 1,051.19
Total	\$646,346.46	5,080	1,889	\$127.23	\$ 342.16
Recovery Support Services					
Adult Safe & Sober Housing	\$ 6,716.00	98	17	\$ 68.53	\$ 395.06
Case Management	\$ 54,648.23	920	597	\$ 59.40	\$ 91.54
Case Management (Family Without Client Present)	\$ 24.80	1	1	\$ 24.80	\$ 24.80
Drug/Alcohol Testing	\$ 10,206.00	777	55	\$ 13.14	\$ 185.56
Interpreter Services	\$ 7,558.00	49	47	\$154.24	\$ 160.81
Recovery Coaching	\$ 870.90	15	2	\$ 58.06	\$ 435.45
Staffing (Planned Facilitation)	\$ 1,975.21	173	39	\$ 11.42	\$ 50.65
Transportation Flat Fee	\$ 458.00	3	2	\$152.67	\$ 229.00
Travel for Professionals (1 unit = 1 Mile)	\$ 1,029.60	88	88	\$ 11.70	\$ 11.70
Total	\$ 83,486.74	2,124	722	\$ 39.31	\$ 115.63
Grand Total	\$729,833.20	7,204	1,996	\$ 101.31	\$ 365.65

*Idaho code 19-2524 requires substance abuse and mental health assessments prior to felony sentencing and while a person is under supervision if warranted and requested by the judge. [Section 19-2524 - Idaho State Legislature](#)

State Substance Use Disorder Funds

There were 114 probationers and parolees who received various mental health care services in FY22 funded through state SUD IDHW funding. About half receiving services were moderate to high risk. Most of the clients received group psychosocial rehab, community based rehabilitative services, nursing services, and/or alcohol/drug group counseling.

Service received	# Instances	# People
Alcohol and/or Drug Assessment	1	1
Alcohol and/or Drug Services; Case Management	6	4
Alcohol and/or Drug Services; Group Counseling By A Clinician	790	27
Behavioral Health Counseling And Therapy, Per 15 Minutes	28	2
Community Based Rehabilitative Services	930	69
Community Crisis Support	4	3
Crisis Intervention	25	25
DBH Direct	26	26
Established Outpatient, 15 minutes	33	14
Established Outpatient; 10 minutes	13	13
Established Outpatient; 25 minutes	375	50
Established Outpatient; 40 minutes	40	11
Established Outpatient; 5 minutes	5	2
Group Psychosocial Rehab	1,444	56
Group Psychotherapy	515	40
Injection	51	7
New Outpatient; 30 minutes	2	2
New Outpatient; 45 minutes	4	4
New Outpatient; 60 minutes	16	16
Non-Crisis Services	10	10
Nursing Service	927	57
On-going Management	560	67
Pharmacologic Management	25	5
Psychiatric Diagnostic Evaluation	23	19
Psychiatric Diagnostic Evaluation with Medical Services	11	10
Psychotherapy, 30 minutes	126	27
Psychotherapy, 45 minutes	181	24
Psychotherapy, 60 minutes	153	26
Treatment Plan Development	44	28
Grand Total	6,368	114

Recidivism

Recidivism was determined for moderate to high-risk individuals receiving versus not receiving treatment in FY22 to help determine the amount of treatment that seems to enable or predict better outcomes. The following provides outcomes from this study.

- **32.8%** of the moderate to high-risk group recidivated.
- Recidivism rates were similar between those who did and did not have Medicaid (**32.8%** compared to **32.6%**). However, those who received substance use or mental health services through Medicaid had slightly lower recidivism rates than those who did not (**27.2%** and **25.7%**).
- There was also no difference overall in recidivism between those who received any type of service (state funded, Medicaid, or probable self pay) versus those who did not. However, this does not consider the length of time or involvement with treatment.
- Those who recidivated received **\$1,850.06** to fund substance use and mental health treatment through Medicaid, compared to **\$3,625.40** for those not recidivating.
- Those with severe mental health needs **and** substance use needs were most likely to recidivate (**36.0%**), as were people with a history of inpatient mental health hospitalization (**35.8%**).
- Only **25.7%** of those receiving state substance use disorder funded treatment recidivated. Much of this population received 19-2524 services (mostly GAIN assessments).
- The lowest recidivism rates were amongst those involved in a treatment court (**21.7%**). In addition, those receiving state funded mental health services had the lowest recidivism rates at **19.2%**. Most of these were involved in a mental health treatment court.
- Males were more likely to recidivate than females (**33.4%** compared to **21.7%**).
- Parolees were more likely to recidivate than probationers (**54.3%** compared to **25.4%**).
- Other primary factors while held constant within a regression model included: 1) a lengthier criminal history, 2) needs in the area of education/employment, 3) attitude towards the sentence, 4) younger in age, 5) a history of mental health inpatient hospitalization, and 6) poorer housing accommodations.



Number needing but not receiving services

For this report, information was combined from several different sources, including state funded substance use and mental health treatment as documented in WITS (SUD funds), IDOC case management information regarding involvement in aftercare, treatment courts, GAIN assessments, urinalysis testing, supervision contact notes from treatment providers, and matched IDHW Medicaid data on enrollment and paid substance use and mental health care expenditures. The main cohort included anyone of moderate to high risk to recidivate who was on active supervision in Idaho during FY22. People who moved to another state to complete their supervision, were deported, had a bench warrant, or absconded, or were in jail or prison during most or all the fiscal year were not included.

Based on this combined information, 92.3% received some form of state, self-paid, or Medicaid funded mental health or substance use service. As treatment is a requirement for many on supervision, it is understandable that so many received some type of service throughout the fiscal year. However, this does not indicate whether the amount received was sufficient or whether the person on supervision was engaged and completed a course of treatment.

If the **696** individuals received the average spent on treatment through Medicaid for individuals who did not recidivate, it would equal **\$3,625** per person, or **\$2,523,278**.

Number needing but not receiving services cont.

After studying supervision contact and case update notes for the population not receiving services, the best estimate for the reasons the population did not receive treatment included: 1) they received treatment in the FY21 or FY23 fiscal years, 2) they were told to enroll in Medicaid and/or enroll in treatment but violated conditions of their supervision quickly and returned to jail, and 3) requirements for aftercare in the community excludes individuals released from prison other than those from a rider who have previously not been enrolled in Aftercare Advanced Practices. Individuals in groups 1 and 3 above may not have been required to complete treatment, and therefore did not always seek out services of their own accord. It should also be noted that violations of probation and parole often involve failure to comply with treatment or continued substance use, and jail time or revocation of probation or parole are used as a form of treatment in these instances.

Also of note, a recent survey (September 2022) emailed to people on supervision asking about the type of support they needed resulted in the following ranking of items:

- 1) legal guidance;
- 2) housing;
- 3) positive support from community;
- 4) transportation;
- 5) emotional support;
- 6) employment;
- 7) mental health treatment;
- 8) education;
- 9) positive support from friends;
- 10) job skills or training
- 11) positive support from spouse or significant other;
- 12) positive support from family;
- 13) childcare and
- 14) substance use.

About 7.0% of individuals on supervision indicated they needed mental health treatment, and 3.6% indicated they needed substance use treatment.

Summary

In FY22, there were nearly 9,000 Idahoans supervised as moderate to high risk on probation or parole in need of substance use or mental health treatment, as estimated by LSI-R and GAIN assessments. After combining information from a variety of databases, including WITS, Medicaid, and IDOC's case management system, it is estimated that 92% of the population received some form of mental health or substance use service. The services received varied in intensity and duration and the statistic does not reflect the amount successfully completing or complying with treatment recommendations.

In comparison to previous community gap analysis reports, Medicaid does seem to have helped reduce the gap in accessing treatment, from about 1,500 people in FY21 to 700 in FY22. However, the numbers aren't truly comparable, as FY21 information from IDHW Medicaid was received in aggregate; therefore, reasons for not receiving treatment could not be scrutinized to the extent they were this year.

Recidivism rates for this population reveal that although many are receiving treatment services, they are not complying with or are otherwise struggling, as 32.8% of the population has returned to prison. Those least successful on community supervision had more severe mental health problems in addition to substance use. Those most successful were involved in a treatment court or were new to probation (19-2524 population). Those most successful also received about \$3,625 in treatment funded through Medicaid. If this amount funded treatment for the 696 not receiving services, it would equal \$2,523,278.

Of note, a recent survey indicated that people on supervision need not only mental health and substance use treatment. Legal guidance, housing, positive community support, and transportation were ranked as top needed resources. In addition, the recidivism analysis revealed that amongst primary predictors were lengthier criminal history, education/employment needs, attitude towards the sentence, younger in age, a history of mental health inpatient hospitalization, and poorer housing accommodations.



For questions about this report, please contact:

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