



CECIL D. ANDRUS
GOVERNOR

STATE OF IDAHO



Department of Correction Institutions

The Idaho Department of Corrections helped design the Compu-Tools assessments and used them for more than a decade. Mark Gornik now works for the Federal Government and has initiated the use of Compu-Tools in Alaska and Hawaii.

FROM: MARK GORNIK
TO: JOHN SOUTHWORTH AND DAVID RAE
DATE: MARCH 13, 1992
SUBJECT: COMPU-13 A/D ASSESSMENT INSTRUMENT

Dear John and Dave,

I just want to take the opportunity to let you know we have now been using the Compu-13 for one year in our program. It has met all of our needs and expectations.

We have used the instrument both to identify those appropriate for treatment and to gather data for program evaluation. We plan to continue using the instrument and would recommend it to similar programs.

Please feel free to call me if you have any questions or concerns in this regard.

Sincerely,

Mark Gornik, M.S., C.A.C.

MG/dm

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USED ON INTAKE AND RELEASE = TX ACCEPTANCE

Compu13 Adult Alcohol/Drug Assessment Idaho Department of Corrections – Assessment Results

Alcohol/Drug Assessments Average Scores

Evaluations	MAST Test	Life Areas	DSM IV
6352	23.7	4.1	11.9
	NCA Possible	NCA Probable	NCA Definite
	.6	9	6.6

Psychological Assessments Average Scores

Evaluations	Clinical Anxiety Scale	Cognitive Slippage Scale	Depression Scale	Diagnostic Anger Scale
6352	16.4	6.0	15.5	9.3

Self Test and DAST Test Average Scores

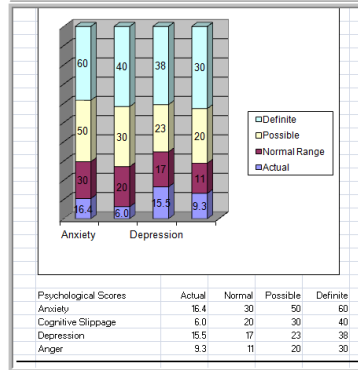
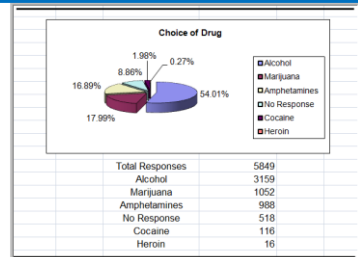
Evaluations	Self Test	DAST Test
6298	3.6	6

Average Age of Respondents

Evaluations	Average Age
6189	32

Average 'Highest Grade Completed' of Respondents

Evaluations	Grade Completed
6133	10.7



Computer Assessment Calculated Results		Alcohol/Drugs Percentage
Evaluations	Computer Evaluation	
4003	Definite	63.0%
554	No Evidence	8.7%
485	Possible	7.6%
1310	Probable	20.6%
6352	Total	

During the 1990's, alcohol/drug use and abuse was an accepted catalyst for destructive behavior patterns. Since that time, new personality traits have been developed that support new treatment methods and processes.

Married Respondents

Evaluations	Number Married	Percentage
6352	1482	23.3%

Attended College with/without degrees

College	Degree	Percentage
488	Unknown	38.9%
456	N	36.3%
312	Y	24.8%
1256	Total Attending	19.8%

Respondents with Prior Treatment before Evaluation

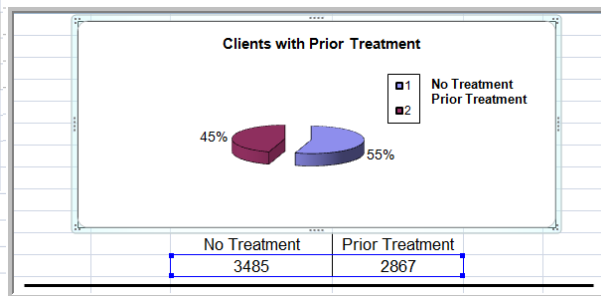
Evaluations	Prior Treatment	Percentage
6352	2867	45.1%

Average BAC of Respondents

Evaluations	Average BAC
1577	0.154

Average Number of Arrests of Respondents

Evaluations	Average Number of Arrests
4907	4.2



This Social / Behavioral Multi-Scale Diagnosis Tool was developed with the assistance of the Idaho Department of Corrections and Idaho Psychologists.

Total Evaluations	Conduct Disorder	Adult Antisocial Behavior	Antisocial Practices
6638	5.72	11.17	11.22
	Irresponsible Behavior	Self-Indulgent Behavior	
	3.48	5.35	
	Interpersonal Intrusiveness	Social Rule Breaking	
	2.39	3.17	
	Total Lifestyle Score		
	14.39		
Evaluations	Antisocial Personality Disorder Behavior	Percent	
1071	Negative	16.13%	
5567	Positive	83.87%	
6638			
Evaluations	Problem Classification	Percent	
173	Unknown	2.61%	
1546	Definite	23.29%	
497	Possible	7.49%	
4422	Probable	66.62%	
6638			

Total Evaluations	Conduct Disorder	Adult Antisocial Behavior	Antisocial Practices
8230	5.76	11.09	11.15
	Irresponsible Behavior	Self-Indulgent Behavior	
	3.40	5.36	
	Interpersonal Intrusiveness	Social Rule Breaking	
	2.39	3.18	
	Total Lifestyle Score		
	14.33		
Evaluations	Antisocial Personality Disorder Behavior	Percent	
1333	Negative	16.20%	
6897	Positive	83.80%	
8230			
Evaluations	Problem Classification	Percent	
229	Unknown	2.78%	
1822	Definite	22.14%	
634	Possible	7.70%	
5545	Probable	67.38%	
8230			

IDOC SWITCHED FROM “SUD+ MH” TO “CRIMINOGENIC”

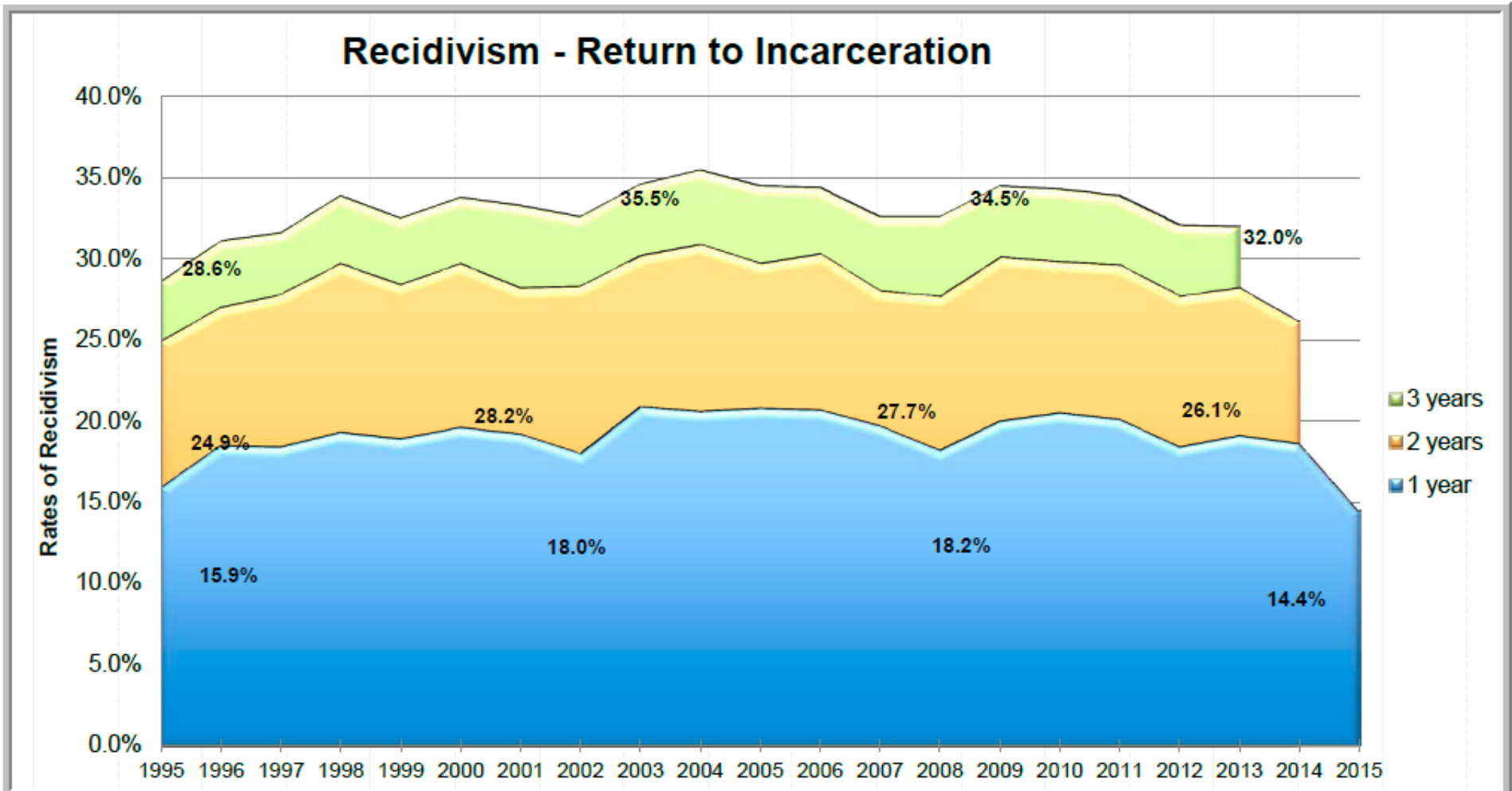
In response to a request from IDOC, the Exhibit below was developed to show a comparison of the Compu-Tools features and the Canadian LSI-R tool being considered by IDOC. The LSI-R is an actuarial assessment tool designed to identify the offenders' risks and needs with regard to recidivism – based on their “particular” criminogenic needs. Grant funds and new positions - resulted in IDOC buying this software. Note: DSM and ASAM criteria used to develop treatment plans, deliver services and initiate reimbursement are not included. Some supplemental SUD and Mental health tools were added as LSI-R shortcomings were confronted. E.g. TCU drug screen.

Comparison of Compu-Tools Adolescent Assessment and LSI - R				
Number of question asked to determine findings				
<i>Note: Compu-Tools are multi-scaled / client driven / computer scored / quantitative results / A S A M Criteria Time to Complete = 60 - 90 minutes</i>				
<i>LSI-R Tools are clinician driven / manually scored / subjective results / Time to Complete = 60 - 120</i>				
Compu-Tools	Compu-Tools	Category	LSI - R	LSI - R
	Adult			
		Major Factors		
		Companions		
Peer/Companions	13		3	Companions
Sub-Total	13		5	
		Criminogenic		
Interpersonal Intrusiveness			3	Emotional/Personal
Social Rule Breaking (Criminal)			4	Attitude/Orientation
Irresponsible Behavior			10	Criminal History
Self Indulgence				
Conduct Disorder				
Socialized-aggressive disorder				
Antisocial Personality disorder				
Antisocial Behavior				
Antisocial disorder				
Antisocial Practices Scale				
Sub-Total	73		19	
		Moderate Factors		
Alcohol/Drug	117		9	Alcohol/Drug
Anxiety	23		4	Family/Marital
Depression	20			
Anger	25			
Cognitive	25			
Sub-Total	212		13	
		Other		
Employment	10		10	Education/Employment
Financial	3		2	Financial
			3	Accommodation
			2	Leisure-Recreation
Sub-Total	15		17	
Total Questions	315		54	

LSI-R DOMAINS + CONTROL + PO MANAGED TREATMENT = INCREASED RECIDIVISM

Considerations:

1. IDOC Budgets (2000 = \$108,500,000) (2006 = \$152,200,000) (2018 = \$233,800,000) (115% Increase)
2. Correction enrollments (Parole Violations = 25.8%) (Revoked Probation = 33.5%) (Failed Rider = 15.5%) (New Crimes = 25.2%)
3. 2014 Creation = JRI (Justice Reinvestment Initiative = \$6,000,000) (Since 2014, Result = 33% Recidivism rate)
4. 2017 Department employee turnover = 12.9%



Other Considerations:

1. Corrections' diagnosis and case management applications have not been effective for 20+ years.
2. Corrections' tools and policies do not support behavioral treatment disorders as defined by the DSM-5 and ASAM
3. State Providers' billing and payment processes may not meet new CMS/HIPAA/ACA requirements.

LSI-R DOMAINS + CONTROLS + PO MANAGED TX = INCREASED RECIDIVISM

IDOC Agency
Compstat

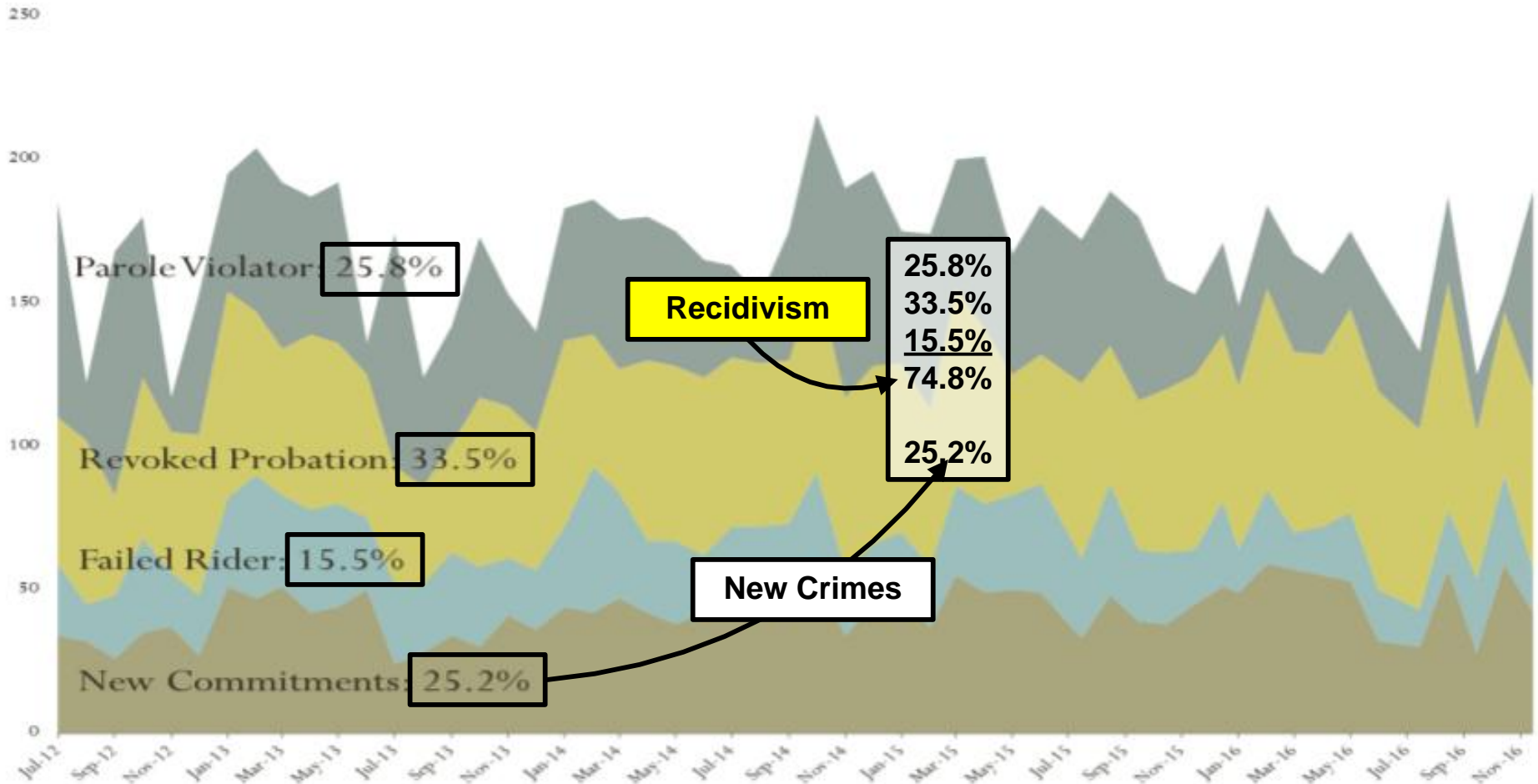
Evaluation and Compliance

Sean Falconer November 21st, 2017

These charts provide evidence that recidivism continues to increase. Control efforts have been maximized and Other inventions have occurred:

- ▶ New specialty courts
- ▶ Drug assisted cures
- ▶ New trauma treatment
- ▶ Dual diagnosis
- ▶ New disorder definition
- ▶ Other solutions

Figure 4. Admissions to Term Breakdown



LSI-R DOMAINS + CONTROL + PO MANAGED TREATMENT = INCREASED RECIDIVISM

Methodology

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

LSI-R. The IDOC utilizes a nationally normed and validated risk and need assessment tool, the Level of Services Inventory Revised (LSI-R), as the basis for treatment and supervision standards. The LSI-R assessment is conducted: 1) on all offenders within the pre-trial phase for the pre-sentence investigation report, 2) once per year with probationers and parolees, and 3) with prisoners in IDOC facilities who have not had an assessment within three years. Offenders are graded on a series of questions covering research-based criteria known to be related to recidivism. The LSI-R has a proven track record of reliability and validity and is commonly used to determine supervision placement, security level classification, and assessment of treatment need. The LSI-R requires a fairly extensive interview and scoring is based on a combination of responses to questions, information contained in the offender's file and collateral sources. The assessment tool can be used to triage low risk offenders away from intensive services where the impact can do more harm than good, and instead offer the right dosage of treatment to moderate and high risk offenders.



LSI-R DOMAINS

1. Criminal History
2. Education/Employment
3. Financial
4. Family/marital
5. Accommodation
6. Leisure/Recreation
7. Companions
8. Alcohol/Drug Problems
9. Emotional/Personal
10. Attitudes/Orientation

LSI-R

Nationally normed and validated risk and need assessment tool used as the basis for treatment and supervision standards

- ▶ Pre-trial phase
- ▶ Research-based criteria known to be related to recidivism
- ▶ Used once per year with probationers and parolees

LSI DOMAINS

- ▶ Criminal History
- ▶ Education/Employment
- ▶ Financial
- ▶ Family/marital
- ▶ Accommodation
- ▶ Leisure/Recreation
- ▶ Companions
- ▶ Alcohol/Drug Problems
- ▶ Emotional/Personal
- ▶ Attitudes/Orientation

Problem areas in an offender's life that can predict his/her risk of recidivism. Research based collection of data – without client input or self diagnosis.

Comparison of Compu-Tools Adult Assessment and GAIN-Q

The number of questions asked to determine findings

GAIN Criteria	Compu-Tools (Adult)	GAIN-Q
General Life Problem Index		
General Factors Index	3	16*
Source of Stress Index		20*
Health Distress Index	1	14*
Internal Behavior Scale		
Depression Symptom Scale	20	5
Suicide Risk Scale		5
Anxiety-Trauma Scale	25	7
External Behavior Scale		
Activity-Inattention Scale		6
Behavior Problem Scale		6
General Crime Scale	4	4
Substance Problem Scale		
Substance Use and Abuse Scale		9
Substance Dependence Scale		7
Alcohol/Drug User/Abuse/Dependency/Risk Factors	119	
Other Scales		
Anger Scale	25	
Cognitive Scale	35	
Total Questions	232	99

The Probation and Parole Officer (PPO) is the key ingredient to ensure the offender is enrolled in necessary classes and participating. PPOs determine if the offender is required or would benefit from participation in a class, or whether he or she already completed a class offered by private providers or the faith-based community. Much of IDOC programming offered in FY2016 provided aftercare for therapeutic community graduates or other forms of Rider¹ aftercare. In addition, recent JRI legislation led to the creation of a sanction and reward matrix that began implementation in September, 2015. The matrix directs PPOs to monitor and reward performance of all offenders according to high LSI-R domains. Therefore, if an offender has a high LSI-R domain score within the attitudes/ orientation domain, the goal will be to build problem solving skills, anger management and coping skills. Among other areas, the PPO must monitor if the offender is participating in criminogenic specific programming. If an offender has substance use issues, the PPO monitors for completion of treatment programs and may also conduct random drug testing.

PREVENT RECIDIVISM – RATE THE EX INMATE ON:

- ▶ Resilience - Adapting to changing environments
- ▶ Social Connections – Positive relationships with people from positive sources, e.e. family, church, friends
- ▶ Concrete Support – Ability to meet basic needs and recognize and seek assistance when it is needed.
- ▶ Knowledge – Where to find support and resources to develop skills and strategies that will influence a positive existence and future.
- ▶ Social/Emotional – Understanding feelings and developing and trust and confidence in yourself and others.

The criteria shown above are subjectively analyzed by Probation Officers

THE 5 STEP PROGRAM – ADHERE TO REGULATIONS AND REQUIREMENTS



[Home](#) | [Member Rights and Responsibilities](#)

Member Rights and Responsibilities

Member Rights & Responsibilities

1. Members have a right to receive information about the organization, its services, its network clinicians, and members' rights and responsibilities.
2. Members have a right to be treated with respect and recognition of their dignity and right to privacy.
3. Members have a right to participate with network clinicians in making decisions about their health care.
4. Members have a right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. Members have a right to voice complaints or appeals about the organization or the services it provides.
6. Members have a right to make recommendations regarding the organization's members' rights and responsibilities policies.
7. Members have a responsibility to supply information (to the extent possible) that the organization and its network clinicians need in order to provide care.
8. Members have a responsibility to follow plans and instructions for care that they have agreed on with their network clinicians.
9. Members have a responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
10. Members have a right to care that is considerate and that respects their personal values and belief systems.
11. Members have a right to personal privacy and confidentiality of information.
12. Members have a right to reasonable access to care, regardless of race, religion, gender, sexual orientation, ethnicity, age, or disability.
13. **Members have a right to have their family members participate in treatment planning. Members over 12 years old have the right to participate in such planning.**
14. **Members have a right to individualized treatment, including:**
 - Adequate and humane services regardless of the source(s) of financial support.**
 - Provision of services within the least restrictive environment possible.**
 - An individualized treatment or program plan.**
 - Periodic review of the treatment or program plan.**
 - An adequate number of competent, qualified, and experienced professional clinicians to supervise and carry out the treatment or program plan.**
15. Members have a right to participate in the consideration of ethical issues that arise in the provision of care and services, including:
 - Resolving conflict.
 - Withholding resuscitative services.
 - Forgoing or withdrawing life-sustaining treatment.
 - Participating in investigational studies or clinical trials.
16. Members have a right to designate a surrogate decision-maker if the member is incapable of understanding a proposed treatment or procedure and to communicate his or her wishes regarding care.
17. Members and their families have a right to be informed of their rights and responsibilities in a language they understand.
18. If a member chooses not to comply with recommended care, treatment, or procedures, the clinician is to inform the member of the potential consequences of not complying with the treatment recommendations.
19. Members have a right to be informed of rules and regulations concerning their own conduct.
20. Members have a right to be informed of the reason for any adverse determination, including the specific utilization review criteria or benefit provisions used in the determination.
21. Members have a right to have utilization management decisions made based on appropriateness of care. The organization does not reward network clinicians or other individuals conducting utilization review for issuing adverse determinations for coverage or service.
22. **Members have a right to:**
 - Inspect and copy their protected health information (PHI).**
 - Request to amend their PHI.**
 - Request an accounting of non-routine disclosures of PHI.**
 - Request limitations on the use or disclosure of PHI.
 - Request confidential communications of PHI to be sent to an alternate address or by alternate means.**
 - Make a complaint regarding use or disclosure of PHI.
 - Receive a Privacy Notice.
23. Members have a right to receive information about the organization's clinical guidelines and Quality Improvement program.

The "Client Rights" shown in bold type are currently not being met by Providers and Payers in Idaho.

“TEAM” Based + Client is Responsible + DSM-5/ASAM/Maslow Based Treatment + Intense Monitoring = Meets CMS/SAMHSA Certification Requirements + Proven Results

TREATING HUMAN NEEDS + PROVIDING RESULTS



Step 5

Optional – iMR - assistance with Occupational options

Optional – iMR - assistance with community resources

Optional – iMR - provides professional Case Manager

iMR provides Therapy Exercises

iMR provides Education Lessons

iMR imports and exports electronic data

Case Manager provides Client status reviews

Case Manager works with TEAM on Plan issues

iMR Reports Status 24/7 + Alerts

iMR queries TEAM for task completion and plan status

Client reports tasks completed

TEAM initiates Plan tasks

iMR Stores Plan Conditions

TEAM develops “doable” Plan

Client “accepts” Responsibility for Change

Client “accepts” Results

Accurate Diagnosis Completed

CLIENT RESPONSIBILITIES
Be Responsible and Accountable
Join the TEAM

PARTNER RESPONSIBILITIES
Oversee | Mediate TEAM Efforts



Step 4



Step 3



Step 2

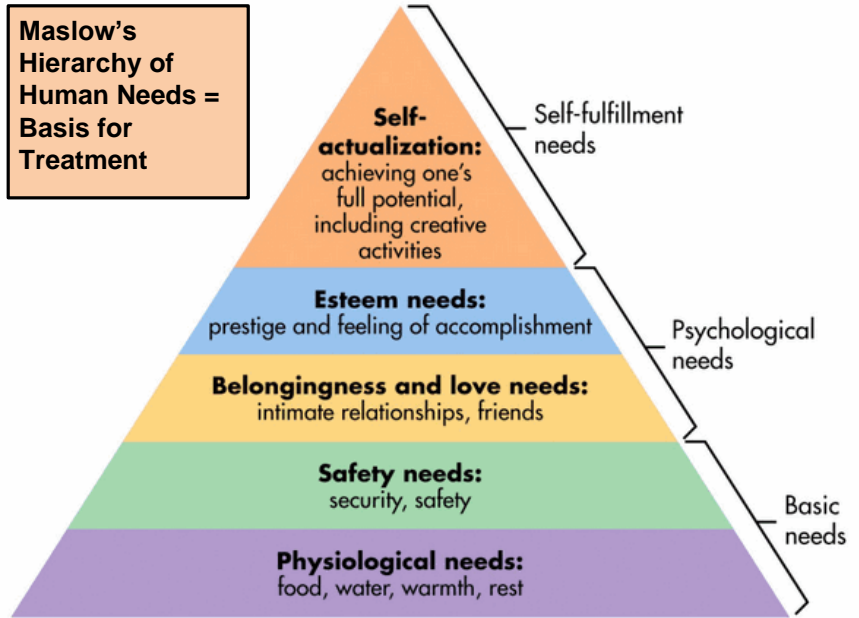


Step 1



Detox

Maslow's Hierarchy of Human Needs = Basis for Treatment



TEAM MEMBERS

- ▶ Client
- ▶ Employer
- ▶ Peer Associates
- ▶ Legal
- ▶ 12 Step
- ▶ Spiritual
- ▶ Family
- ▶ Clinicians
- ▶ School
- ▶ Social
- ▶ Community
- ▶ Corrections

30,000 Clients “Prove” the processes work.

- ▶ Medical Personnel – Nurses, Physicians, Dentists, etc
- ▶ Transportation Personnel – (DOT), Aviation (HIM)
- ▶ Other Critical Role Employees

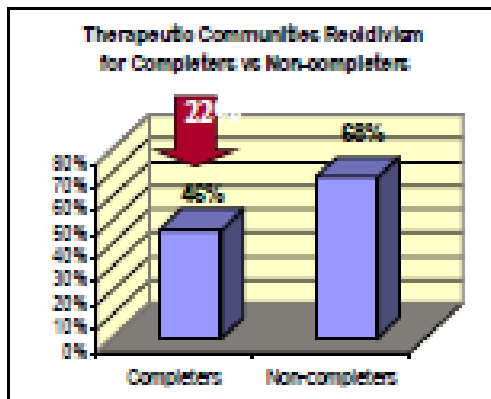
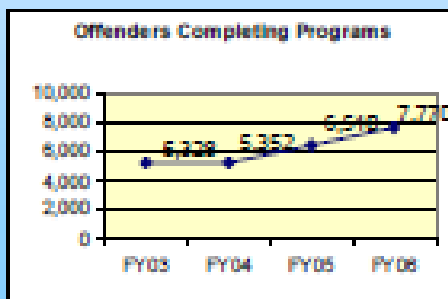


Education and Treatment



"I believe in second chances."

Former Governor Dirk Kempthorne congratulated 130 inmates during a February ceremony at the Idaho Correctional Center. The ceremony celebrated educational and treatment achievements.



Treatment

Idaho inmates tallied a total of 7,770 program completions during fiscal year 2006. The final numbers are a 19% increase from the previous year.

Treatment programs are designed to reduce identified risk factors such as substance abuse, mental health issues or educational needs.

All inmates entering the system go through a receiving and diagnostic process to identify the risk factors. Among Idaho inmates, 83% have treatment needs. The most common risk factors are substance abuse issues.

- 83% of inmates have a drug or alcohol issue.
- Slightly more than two-thirds, 67%, of probationers and parolees have a substance abuse issue.
- 91% of offenders sentenced to the retained jurisdiction program have drug or alcohol issues.

Treatment Works

Department of Correction substance abuse programs work. Two premiere programs are New Directions and Therapeutic Communities. The retained jurisdiction program combines education and treatment. The 120-day program gives offenders headed for prison one last chance to turn their lives around.

Historically, ninety percent of those completing a retained jurisdiction program receive probation and are 11% less likely to commit a new crime than other similar offenders.

Therapeutic Communities operate in five Idaho prisons and house 408 offenders. TCs provide intensive six to nine month treatment aimed at breaking through criminal thinking and creating pro-social thought patterns. Those completing the intensive treatment program are 22% more likely to succeed in the community than other high risk inmates who do not complete a TC.