IT STARTED IN THE EARLY 90'S – THINGS WERE WORKING!

STATE OF IDAHO
Department of Correction
Institutions

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.

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.
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.
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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Compu-Tools</th>
<th>LSI - R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer/Companions</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminogenic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Intrusiveness</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Social Rule Breaking [Criminal]</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Irresponsible Behavior</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Self Indulgence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socialized-aggressive disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antisocial Personality disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antisocial Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antisocial disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antisocial Practices Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td>73</td>
<td>19</td>
</tr>
<tr>
<td>Moderate Factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/Drug</td>
<td>117</td>
<td>9</td>
</tr>
<tr>
<td>Anxiety</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>Depression</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td>212</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Financial</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Accommodation</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Leisure-Recreation</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Total Questions</td>
<td>315</td>
<td>54</td>
</tr>
</tbody>
</table>
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.
These charts provide evidence that recidivism continues to increase. Control efforts have been maximized and other inventions have occurred:

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

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 Rider’s 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.

**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 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.

**PREVENT RECIDIVISM – RATE THE EX INMATE ON:**

- Resilience – Adapting to changing environments  
- Social Connections – Positive relationships with people from positive sources, e.g. 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.
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.
   - Forgiving 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 or is unable 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 the reason for any adverse determination, including the specific utilization review criteria or benefit provisions used in the determination.
20. 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.
21. Members have a right to have an adequate number of competent, qualified, and experienced professional clinicians to supervise and carry out the treatment or program plan.
22. Members have a right to:
   - Inspect and copy their protected health information (PHI).
   - Request to amend their PHI.
   - Request an accounting of non-routi ne 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.
“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

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

Maslow’s Hierarchy of Human Needs = Basis for Treatment

Self-actualization: achieving one’s full potential, including creative activities
Esteem needs: prestige and feeling of accomplishment
Belongingness and love needs: intimate relationships, friends
Safety needs: security, safety
Physiological needs: food, water, warmth, rest

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

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.