1. **Why did the Idaho Department of Correction adopt a new model?** In June 2013, Governor Otter, Chief Justice Burdick, legislative leaders from both parties, and other state policymakers requested technical assistance from the Council of State Governments (CSG) Justice Center. CSG was tasked with employing a data-driven “justice reinvestment” approach to develop a statewide policy framework to decrease spending on corrections and reinvest savings in strategies that reduce recidivism and increase public safety.

Based on CSG recommendations, policymakers enacted justice reinvestment legislation in 2014 and the results are transforming Idaho’s criminal justice system. Detailed CSG information can be accessed at https://csgjusticecenter.org/jr/id/.

Specific to programming, the law directs IDOC to strengthen supervision practices and implement programming designed to reduce recidivism. Internally, IDOC is streamlining all institutional programming to simplify placement and deliver best practices. IDOC selected as our core institutional substance abuse program the University of Cincinnati Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) curriculum.

2. **What is CBI-SA?** The Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) curriculum is designed for individuals that are moderate to high need in the area of substance abuse and well suited for criminal justice populations. This intervention relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development. Such cognitive behavioral strategies have routinely demonstrated high treatment effects, including when used with a correctional population. Information regarding the CBI-SA model can be found at: http://www.uc.edu/corrections/services/trainings/changing_offender_behavior/cbi-satrainingoverview.html.

3. **Is there a minimum or maximum size for the groups?** The ideal group size is 8 – 10 but smaller numbers can be effective. The maximum is 16 participants with 2 facilitators.

4. **Are the groups "open-ended" or "closed-ended"?** The CBI- SA program is a "modified open" group. There are specific points where you can enroll someone into the group. For the participant who isn’t starting the group from the beginning, certain prerequisite lessons require completion. For example, in the first 7 lessons, you can enroll a participant at anytime, but will need to assure the participant has lesson 1 completed as a pre-requisite.

5. **How long does it take to complete the program?** The program consists of 3 pre-treatment lessons and 39 treatment lessons. The expectation is twice weekly group attendance allowing the program to be completed in approximately 21 weeks. IDOC is revisiting their current SUD rate matrix to better accommodate providers who administer the CBI-SA program.
6. **What happens if a scripted lesson is not completed in group – can they continue that topic to the next session?** Because the program is a skills-based approach, a lesson delayed will have a ripple effect towards program completion. The CBI-SA training will discuss scenarios and group management skills to help sustain the integrity of the model, while addressing behaviors which adversely affect lesson delivery.

7. **The CBI-SA program requires handouts every lesson. Who will be paying for these?** Copying costs for lessons is at provider/participant expense. The IDOC will not reimburse photocopying costs.

8. **After completing the CBI-SA training, will the counselor be able to train others in our agency to deliver?** No. Delivery of 2 full cycles of the CBI-SA program is required along with completion of “Train the Trainer” coursework.

9. **How will the LSI-R score be integrated into community-based treatment planning and group placement?** The Council of State Governments report recommended programming based on risk scores. Supervision level is now based on LSI-R scores. We have expanded that to Low, Low/Moderate, Moderate/High and High supervision levels. Our goal is to separate Low and Low/Moderate offenders from Moderate High and High risk offender groups.

   Treatment planning should avoid low risk offender interaction with high risk populations. As the CJ network continues to be developed, further explanation of LSI –R’s role in treatment will follow. The LSI-R can also be a tool to use in helping with the development of a treatment plan and with helping to measure treatment progress (pre tx LSI-R score vs post tx LSI-R score).

   The best preparation is to attend the CBI-SA training when offered, followed by a ½ day LSI-R training (dates to be determined).

10. **What is the Adult Felony Criminal Justice Network?** IDOC and the Idaho Supreme Court are working closely with BPA to design and implement a Criminal Justice (CJ) Provider Network. The primary intent of the CJ provider network is to enhance offender outcomes, standardize program delivery, incorporate criminogenic risk factors within program placement, set expectations for urinalysis collection and establish guidelines for progress reporting. Providers can opt into the network by sending a description of their treatment modality to providerrelations@bpahealth.com and signing the contract addendum to join the network.