JOINT SENATE HEALTH & WELFARE COMMITTEE AND HOUSE HEALTH & WELFARE COMMITTEE Friday, February 12, 2016

ATTACHMENT 3

02/12/14 Kerry Hong

2/2/2016

K. Hong Testimony Re: SB 1205

Chairman Heider and members of the committee,

My name is Kerry Hong. I serve as the Director of Community and Family Justice Services Division for the Idaho Supreme Court. I am here today upon invitation from Sen. Schmidt to speak to the potential impact of this proposed legislation on criminal justice populations, specifically to offenders participating in Idaho's problem solving courts.

The Judiciary is respectful of the policy domain of the Legislature and I take no position on the ultimate question of whether this bill is good policy, but the courts do have an interest in behavioral health issues as they pertain to reducing recidivism, protecting our communities and rehabilitating offenders.

Problem solving courts use a team based approach, led by a judge, to supervise and treat offenders in the community that have high risk to recidivate and have behavioral health issues. These courts provide an evidence based alternative to costly incarceration. There are 69 problem solving courts spread throughout Idaho's 7 judicial districts, serving approximately 2,500 offenders in FY2015.

Often, offenders come into PSC with primary health concerns in addition to addiction and mental health disorders. It is not uncommon to hear from offenders and their treatment providers that their use of illegal substances was connected to self-medication for chronic health conditions or unmanaged mental health disorders. These offenders frequently have poor employment history and limited financial resources. However, our PSC coordinators have reported that only about 9% of these offenders are currently eligible for services through Medicaid. We anticipate that Medicaid eligibility for adults up to 138% of federal poverty level would significantly increase this percentage and may help meet the needs of this population.

In addition to offenders in PSC, there are thousands of moderate and high risk to recidivate offenders on probation and parole that have behavioral health treatment needs that may be going unmet. The JRI Gap analysis submitted to the legislature this year by the Department of Correction and the Department of Health and Welfare estimates a gap nearly \$15 million to provide substance abuse and mental health treatment to all moderate and high risk to recidivate offenders who may need it. This estimate is for felons and doesn't measure the needs of the misdemeanants who are also being supervised in the community. Expanded eligibility to Medicaid may provide many these offenders with access to care and assist with their rehabilitation.

Thank you for the opportunity to provide this testimony. I now stand for any questions.