

**Budget Committee on Human Services  
Probation & Parole Clients Served in Human Service Centers  
Senator Dever, Chairman  
July 11, 2006**

Chairman Dever and members of the Budget Committee on Human Services, I am Nancy McKenzie, Statewide Human Service Center (HSC) Director. I am here today to provide you with follow-up information concerning clients of Probation & Parole seen for services in the Human Service Centers.

As noted in committee testimony during the May 31, 2006 budget tour meeting in Jamestown, the Department of Human Services has always provided various mental health and substance abuse treatment services to individuals who reside in the community and are under the supervision of the Department of Corrections and Rehabilitation, on either probation or parole status. Staff of the two agencies work together at the point of referral as well as in monitoring treatment expectations and progress.

Our mission in this regard is not new. What has been noted by the HSCs is the increase in number of referrals for this population. In order to more closely measure trends in this area, we documented the number of probation and parole clients being served on a given day in March 2006, a “snapshot” view. It is our intent to measure this at six-month increments to maintain clear trend data.

March 2006 data from the 8 Regional Human Service Centers indicated:

<b>Probation/Parole Clients</b>	<b>HSC Clients</b>	<b>% Probation/Parole</b>
<b>Total: 1170</b>	<b>7505</b>	<b>16%</b>
<b>AOD Clients: 642</b>	<b>1253</b>	<b>51% *</b>
<b>MH Clients: 528</b>	<b>6252</b>	<b>8%</b>

\*Substance Abuse Treatment Episode Data from ROAP for 2005 showed that 49% of clients receiving treatment were referred by criminal justice/court sources.

Identifying the specific cost of treatment to this population has been challenging, due to the transition to the new electronic record and the changes in administrative rule for substance abuse treatment. However, it should be noted that codes have now been adjusted to the identified levels of care, so in our next rate setting process we will be able to reflect costs for these services.

In terms of identifying alternative treatment options, when a referral is made to the Human Service Center, staff identifies the appropriate level of care needed and any other providers who may be available to the client. We utilize the drug court process where available as an alternative as well.

As the Committee is aware, the Commission on Alternatives to Incarceration is studying potential options for both pre- and post-conviction. Their work will continue at the September 2006 meeting.

This concludes my testimony; I'll be glad to answer any questions you may have.