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NAMI Idaho opposes the adoption of Senate Bill No. 1114 in its current form.

While the entire nation struggles with how to improve mental health care systems in light of recent tragedies such as Newtown, by adopting SB 1114, the state of Idaho takes a step backward in the treatment of individuals living with mental illness.

1) The bill codifies the limitation of adult mental health services to crisis-based interventions.

Section 9 of the bill, amending Section 39-3128, enumerates the behavioral health services to be offered by the Division of Behavioral Health (DBH). An examination of the proposed statutory language reveals that these services are limited to behavioral health emergency evaluation and intervention; services for individuals who have been committed, are under involuntary treatment, have been court-ordered into treatment or are accepted as participants in mental health courts; services to children with serious emotional disturbance or substance use disorder and without other benefits available; **treatment services to adults with a serious and persistent mental illness;** and certain defined community recovery support services only until the as yet non-existing regional behavioral health boards can be responsible for those services.

According to the definition of serious and persistent mental illness (SPMI) contained in Section 4 of the bill, new Section 39-3123, "The psychiatric disorder must be of a sufficient severity to cause a substantial disturbance in role performance or coping skills in at least two (2) of the following functional areas in the last six (6) months: (a) Vocational or educational, or both; (b) Financial; (c) Social relationships or support, or both; (d) Family; (e) Basic daily living skills; (f) Housing; (g) Community or legal, or both; (h) Health or medical, or both."

Thus the authority granted by the proposed legislation involves the DBH only **after** there has been a significant loss of function or a crisis leading to commitment, incarceration, or other involvement with the justice system with little or no attention paid to prevention and recovery services. The bill does not allow DBH to provide mental health services to those that have "serious mental illness (SMI)" – those individuals who have the same serious mental illnesses as those defined under SPMI but who are not in a current crisis.

In Section 6 of the bill, amending Section 39-3125, the bill establishes the new State Behavioral Health Planning Council "to serve as an advocate for adults with a serious mental illness ..." It doesn't make sense to have the new planning council advocate for those who will not even be served by the DBH.

The legislature should not codify the denial of services to those who are already identified as seriously mentally ill but are not in a current crisis. As recent tragic incidents have illustrated, our country's mental health system must work to <u>prevent</u> violence and crisis situations. Serving only those with a 'serious and persistent mental illness' and eliminating prevention and support recovery services for "serious mental illness" ultimately leads to increased taxpayer burden by shifting cost to emergency rooms, inpatient hospitalization, law enforcement, prisons and jails. The increased use of these crises

services and their related costs are currently being experienced throughout the state. These costs do not even consider the terrible human cost of violence, increased suicides, homelessness and reduced opportunity for recovery for individuals living with mental illness.

The most cost-effective behavioral health care systems over the long term devote adequate resources to fund a broad spectrum of services that include early diagnosis, treatment, and rehabilitative support services to facilitate recovery. By limiting in statute the services provide by the DBH to only those living with mental illness that are in a current crisis, the legislature is casting in concrete a mental health system that is ineffective and extremely expensive.

Even if the state cannot currently afford to provide all the behavioral health services that it would like, to fix in statute the current budget-imposed limitation of providing services only in behavioral health crises is not good public policy and is an ineffective and expensive mental health policy.

2. The "state behavioral health authority" concept is confusing.

Section 4 of the bill, creating Section 39-3123, in lines 25-27 on page 3, states "State behavioral health authority" means the department of health and welfare division responsible for mental health and substance use disorder treatment under the state behavioral health systems plan. This presumably means the Division of Behavioral Health. The definition of state behavioral health systems plan specifically excludes services provided by Idaho Medicaid.

Section 5 of the bill, amending Section 39-3124, in lines 41-45 on page 3 states "The Idaho department of health and welfare is hereby designated the state mental health authority and the state substance use disorder authority, hereinafter referred to as the behavioral health authority."

Is the "state behavioral health authority" intended to be the same as the "behavioral health authority"? It is unclear why there is a difference.

It is also unclear why the DBH with its expertise in behavioral health does not have clear authority to oversee the quality and delivery of behavioral health services provided by Idaho Medicaid. Idaho Medicaid is a significant deliverer of behavioral health services in our state. The responsibility for the quality and delivery of behavioral health services should not continue to be fragmented.

3. The creation of the Regional Behavioral Health Boards.

NAMI Idaho supports the creation of the Regional Behavioral Health Boards (RBHB) and the integration of mental health and substance use disorder services. However the RBHBs cannot be effective without permanent and sufficient funding.

DBH, as the state behavioral health authority, is required to provide oversight and is responsible for the spectrum and quality of services even if and when some of these services are provided by the regional behavioral health boards. DHW must obtain permanent and sufficient funding to establish, organize, staff, and maintain the regional behavioral health boards. The current budget request does not establish permanent funding and is inadequate. Funding should include seeking adequate and permanent appropriations from the legislature combined with the dedicated pass-through of specific federal block and other grants sources.