

# Idaho Planning Council on Mental Health

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COPY

August 12, 2008

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The Honorable C. L. "Butch" Otter  
Governor of Idaho  
State Capitol, 2<sup>nd</sup> Floor, West Wing  
P.O. Box 83720  
Boise, ID 83720

RE: 2008 Report from the Idaho Planning Council on Mental Health

Dear Governor Otter:

The Idaho Planning Council on Mental Health, pursuant to Executive Order 98-06, is pleased to submit to you our 2008 annual status report on publicly-funded mental health services to adults, children, and families in Idaho affected by mental illness.

The Idaho Planning Council on Mental Health was organized in Idaho pursuant to Public Law 99-660, which established a federal mental health block grant program to states and territories in the 1980's. The public law requires that the majority of membership within the Planning Council be made up of individuals affected by mental illness and their families, as well as representatives from key state agencies which provide services to this special group of Idahoans. In addition to meeting the federal membership requirements, Idaho's Planning Council on Mental Health also has excellent geographic representation from all parts of the state. Each of the Regional Mental Health Boards has representation on the Planning Council.

Idaho state law (Title 39-3124) expanded our membership to include representatives from the Legislature and the Judiciary. We are pleased that Representative Sharon Block and the Honorable Brent Moss were officially made members of the Planning Council during this past year. The federal law requires the planning council to oversee annual plans for federal block grant dollars issued to states to assist in the development of mental health services, to monitor mental health services funded through both state and federal dollars and to serve as advocates for the improvement of mental health services within states. Title 39-3124 also expanded our function to include the facilitation of cooperation across multiple state agencies that provide mental health services and increased our reporting requirements to include the Legislature.

The Planning Council on Mental Health in Idaho provides a consumer voice for publicly-funded mental health services available to Idahoans, a key recommendation in President Bush's *New Freedom Commission Report* published in May, 2003. Our goal is to assure that Idaho's public mental health system continues to move forward in quality and efficiency. One of the concerning trends in the state is the increased involvement of individuals affected by mental illness and their families within the court system. For Idahoans without mental health insurance who do not qualify for Medicaid, their ability to access mental health services is very limited. Hence, court involvement is often their entry point into Idaho's publicly-funded mental health system.

The Planning Council is committed to developing a public mental health system in Idaho in which recovery from mental illness is expected and programs to prevent mental illness are

available in all parts of the state; another goal articulated in the President's New Freedom Commission Report. Our goal is for everyone in Idaho to be offered treatment that is effective so that persons and families affected by mental illness can participate fully in their community.

In addition to the goals stated above, the New Freedom Commission Report listed other goals that we endorse:

- To encourage everyone in Idaho to understand that mental health is an essential part of overall health. This goal included the recommendations to advance and implement suicide prevention programs and to develop campaigns to reduce the stigma associated with mental illness.
- To provide early mental health screening and treatment in multiple settings. This goal included a recommendation for a screening assessment and treatment for co-occurring disorders (mental illness and substance abuse), as well as increased attention to mental health issues in the child welfare system, juvenile and criminal justice, and primary care settings.
- To ensure that consumers and families will have the necessary information and opportunity to exercise choice over their care. This goal included the expansion of recovery/resiliency orientation by providing consumers and families with a voice in their treatment and expanded opportunities for employment and housing, diversion from the justice system, and insurance parity.
- To accelerate research to enhance the prevention, recovery from, and ultimate discovery of cures for mental illness through evidence-based research. This goal included emphasis on evidence-based practice interventions that have been demonstrated to be effective through scientific research.
- To develop and expand the information infrastructure in Idaho's mental health system. This goal includes recommendations to increase access to care through technology as well as to expand information provided to consumers and their families.
- To eliminate disparities in the mental health system. This goal includes recommendations to provide incentives to recruit and retain mental health professionals in rural settings and to reduce the barriers to access for all individuals.

Using the New Freedom Commission as our guiding document, the planning council established the following five emphasis areas for 2009:

1. Work to assure that Idaho's mental health system is truly consumer/family driven. Confirm that publicly-funded programs in Idaho are strength based with a focus on recovery among our adults consumers of mental health services and resiliency among our children. Promote the concept that mental health is essential to overall health and look for evidence that this concept is in practice.
2. Work to assure that access to treatment for both substance use and mental illness can occur in Idaho outside of the court system. Support the development of peer specialists and family provided services. Promote incentives that can be provided to local government to improve access to mental health services at the community level. For children's mental health services, develop/create incentives for school districts to develop services. Focus on implementing programs directed toward early detection

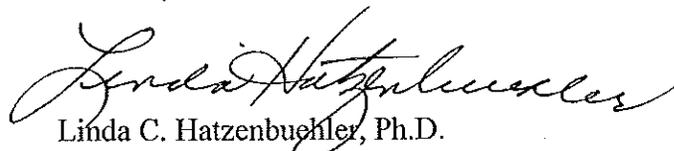
and prevention of mental illness; request written outcome data from the Behavioral Health Division.

3. Assure that quality services are delivered through our public mental health system. Support the development of a functional data collection system that can demonstrate positive outcomes.
4. Promote access to appropriate housing for adults and youth challenged by mental illness. Continue to work to promote incentives for communities to develop additional specialized housing for Idahoans affected by mental illness.
5. Increase access to mental health services, as well as physical health and dental services, to individuals and families who are not insured or do not currently qualify for public assistance such as Medicaid.

This year, the Idaho Planning Council on Mental Health will focus on the five goals listed above. We also voice grave concern that the plan to develop a secure mental health facility on the campus of a correctional institution will be counterproductive to our goals.

We offer a standing invitation to a member of your staff to attend our meetings to discuss these important issues in person. We enjoyed meeting Lindsay Russel at our August 6, 2008 meeting, and we appreciated her interest in spending the day with us. We stand ready to assist you in meeting the service needs of Idaho citizens and families affected by mental illness. We have attached to this letter an analysis of accomplishments, as well as additional challenges faced by Idaho's public mental health system. We thank you for the opportunity to provide you with our report.

Sincerely,



Linda C. Hatzenbuehler, Ph.D.  
Chair

LCH/jc

cc: Kathleen Allyn  
Scott Tiffany

## IDAHO PLANNING COUNCIL ON MENTAL HEALTH

### *FY 2008 Public Mental Health System Accomplishments*

- Mental health court is now available in all regions. These courts provide access to treatment for persons with mental illness who have been charged with a crime and foster evidence-based treatment (assertive community treatment is available in all regions).
- For the past three years, the Legislature has allocated funds for collaborative community projects at the local level to improve mental health services.
- The Idaho Suicide Prevention Council has been organized.
- The Legislature has developed a subcommittee addressing mental health issues in Idaho.
- Telepsychiatry is improving access to rural and frontier areas.
- 211-Care Line is providing information about the location of mental health providers throughout the state.
- The first Juvenile Mental Health Court has been established in Region VII.
- All juveniles in detention facilities are now screened for mental health issues.
- Statewide assessment tools, to assist individuals with substance abuse problems, have been adopted.
- The Division of Medicaid is developing credentialing requirements for mental health providers.
- Development of a psychiatric residency in Idaho is continuing to progress.
- Communities throughout Idaho are supporting Crisis Intervention Team (CIT) training for law enforcement.
- Transitional/supportive housing for adults is being developed at the local level in many communities in Idaho.

- The Legislature funded an analysis of Idaho's mental health system by the Western Interstate Commission for Higher Education (WICHE). We look forward to the recommendations.
- During the past legislative session, a beer and wine tax was increased to support sustainable funding for substance use/abuse treatment.
- Funding for a publicly-funded adult data management system has been secured. We look forward to the implementation of the new data system.

### *Challenges Facing Idaho's Public Mental Health System in 2009*

- Idaho's mental health system is currently not fully consumer/family driven. All publicly-funded mental health systems need to be more recovery/strength based. Focus mental health system on concept of recovery; discovery of strengths.
- Minimal access to substance use/abuse and mental health treatment is currently available outside the criminal justice system in Idaho.
- Detox centers need to be developed as alternatives to jails in the majority of Idaho communities.
- Increased access to community-based services needs to be developed. Access to mental health services need to include non-serious mental illness diagnoses.
- School resources to serve children with mental health needs and teacher education on mental health issues needs to occur.
- The number of psychiatric hospital beds in Idaho needs to be expanded outside of prisons.
- Publicly-funded services need to increase their emphasis on cultural issues. Cultural issues need to be emphasized in the public mental health system.
- Publicly-funded hospitals in Idaho should be accessible voluntarily; currently, the majority of individuals hospitalized are court committed.
- An alternative transportation plan for individuals in crisis needs to be developed. Law enforcement is overworked and understaffed.
- Supported employment programs in Idaho are lacking.
- Idaho's suicide rate continues to be very high. We are hoping this year to develop a suicide hotline. A suicide hotline is a necessity component of a suicide prevention plan; none is available currently in Idaho.

- Primary care physicians need education to increase their training in mental health issues.
- Early intervention and detection programs need to be developed. The one prevention program available for Idaho's children, *Better Today's; Better Tomorrow's* is losing funding and is likely to end.
- Certified peer specialists should be added to assertive community treatment teams.
- The "Not Guilty by Reason of Insanity" defense should be reinstated in Idaho.
- Crisis Intervention Team training for law enforcement should be implemented state wide.
- Some counties are violating state law by holding persons awaiting commitment procedures in jail.
- Transition programs for children aging out of the children's mental health system should be developed.
- The system developed by the state, in response to the Jeff D. settlement, is being reorganized. We fear that the accomplishments made during the Jeff D. lawsuit will be compromised. We encourage the Division of Behavioral Health to continue to improve and strengthen the children's mental health program.
- The cost benefits of the pilot mental health insurance for state employees should be analyzed and used to expand insurance benefits for persons having private insurance.
- Oversight for the quality of public mental health services in Idaho is lacking.
- Some inpatient services for children under 12 years old should be funded. Focus must be placed on community-based treatment close to family. Developing these resources will reduce expensive out-of-state placements.
- Evidence-based treatment models, such as family psychoeducation, supported employment, and therapeutic foster care need to be implemented throughout the state.
- Incentives to re-establish community resource workers in Idaho's 114 school districts need to be addressed.
- Veterans returning to Idaho from military service currently lack adequate services through Idaho's Veterans Administration.