

The cover features a white triangular area in the top-left corner containing the title. The rest of the page is a collage of geometric shapes in shades of blue and green, overlaid on a photograph of a yellow field under a blue sky with white clouds.

**Idaho State Planning Council**  
**on Mental Health**  
FY2014 Report to the Governor and State Legislature

*Supporting mental health and substance abuse systems that are coordinated, efficient,  
accountable, and focused on recovery.*

# INTRODUCTION

The Idaho State Planning Council on Mental Health (Council) was established pursuant to Public Law 99-660 and was placed into Idaho Code (IC 39-3125) in 2006. Appendix 2 contains a list of the current members of Planning Council members. PL 99-660 and IC 39-3125 together structure the Council's membership. As defined by both state and federal law, the purpose of the Council is to:

- Serve as an advocate for adults diagnosed with a severe mental illness, for children and youth diagnosed with a serious emotional disorder and educate the public and others; Advise the state mental health authority on issues of concern, policies and programs;
- Provide guidance to the mental health authority in the development and implementation of the state mental health systems plan;
- Monitor, review and evaluate the allocations and adequacy of mental health services within the state on an ongoing basis;
- Present to the Governor and Legislature an annual report on the Council's perspective on the impact mental health services has on the quality of life of Idaho citizens.

Since its inception, the Idaho State Planning Council on Mental Health has been the single strongest, collaborative voice advocating for state-of-the-art services and recovery-focused opportunities for persons and families in Idaho affected by mental illness. The Council's strength has in its diverse membership which provides statewide presentation from both mental health-related agencies and consumers and family members. Members have possessed a profound understanding of the issues associated with the recovery of both youth and adults with mental illness. The Council has been a reliable resource to policy makers at the state and local level as they seek to address the mental health and substance abuse needs to our state and communities. Council members have represented on regional mental health boards and provide statewide continuity and communication across our state.

With the passage of H/SB1224 the Idaho State Planning Council on Mental Health, as an official body, ended. In its place the Idaho Behavior Health Council has been established. The new Council expands its purview to include substance abuse. The sun-setting of the Planning Council was done with the support of Council members who supported the wisdom of forming a single group who addressed issues associated with mental illness and substance abuse. This report is the final action of the Idaho State Planning Council on Mental Health.

## EXECUTIVE SUMMARY

# IDAHO STATE PLANNING COUNCIL ON MENTAL HEALTH ACTIVITIES FY13

### SIGNIFICANT EVENTS OF THE YEAR

The Council is most appreciative of the support received from the Governor and his staff on three key pieces of legislation passed during the 2014 session of the Idaho Legislature. We noted our support of these legislative initiatives in our 2013 Report to the Governor. We are confident that the legislative activity during this year's session will have significant positive effects on publically funded mental health services in Idaho.

**Crisis Center(s).** Initiated through Senate Bill 1352, Legislature allocated \$600,000. In on time funding to initiate crisis centers in local communities to serve individual with acute mental health treatment needs. The purpose of these local centers is to provide needed supervision and treatment for individuals who are in crisis within their communities and outside of expensive inpatient facilities. Utilization of peer support staff will be a component of these centers. Individuals would be able to remain in the staffed crisis center until they are stabilized and then return home with the support of their mental health provider.

The funding provided by the legislature would be adequate to fund one center. If matched by local funding, the funding would be adequate to establish more than one center. A Request for Proposals (RFP) to interested communities is underway. We are optimistic that once a center is established, the data from its operation will support the cost effectiveness of such centers and provide the 2015 Legislature with incentives to maintain, and hopefully increase, the funding for these centers to other parts of the state.

**Loan Repayment Program:** Maintaining adequate medical personnel (psychiatrists) has been an ongoing struggle. By authorizing the establishment of a Loan Repayment program for physicians who are employed by our state hospital, we anticipate that the hospitals' ability to recruit qualified psychiatrists will improve. Recruitment of staff psychiatrists will decrease the cost currently being paid for temporary medical staffing. Continuity of care will also be increased by hiring fulltime staff psychiatrists through this program.

**Behavioral Health Transformation legislation.** Council supported the concept of behavioral health which combines mental health and substance abuse programming. We were very pleased that this Legislature supported this new law this year. It will change dramatically the way in which publically funded mental health and substance abuse service are managed at the local level. As noted above, it also affected the Mental Health Planning Council by establishing a new Behavioral Health Council which will take the place of the

Mental Health Planning Council. The newly established Council will continue to meet the federal guidelines for membership as outlined in PL 99-660.

In anticipation of the development of the Behavioral Health Council, members of the Planning Council on Mental Health met with leaders in the substance abuse treatment and advocacy community, including representatives from the Regional Advisory Councils on Substance abuse and the Office of Drug Policy in October 2013. The purpose of the meeting was to recommend membership for the new Behavioral Council as well as to make recommendations for transition plans including membership transition and the cost of developing the new Council at the state level and at the regional levels. A membership matrix was developed for a combined council which addressed both state and federal block grant requirements. Committee structure for the new system of councils was also discussed. The work of the October subcommittee was then vetted at the January meeting of the Planning Council on Mental Health. These efforts resulted in the membership of the new councils having broad input from the relevant constituents.

Once the legislation was passed authorizing the establishment of the Behavior Health Council structure and operation, the move to integrating the mental health and substance abuse systems began. Recommendations for appointments to the new Council are in process and will be ready for gubernatorial actions in July 2014. Regional board integration had begun previous to the passage of the legislation in several areas around the state. Regional boards are currently in the process of making the council membership official. A membership application has been developed and distributed to interested parties throughout the state.

One of the differences in the memberships of the mental health boards and the regional substance abuse advisory Council was the role consumers of services played on their respective boards. In the substance abuse arena providers' voices were represented to a greater extent than consumers, whereas on mental health boards consumer voice was strong.

The immediate task before the newly formed Behavioral Health Council once its membership is fully established is to determine the readiness of Regional Council to address the requirements of the new legislation. Regional Councils will be given three options: 1) to remain as they are—advisory to the regional offices of the Department of Health and Welfare; 2) to be established as an independent entity with fiscal and contractual ( including personnel) authority, or 3) to become a partner with the local Public Health District. The third option would allow the Councils to use the local Public Health fiscal control policies. The new legislation allow the regions assuming option 2 or 3 noted above to change significantly the role they play in the local mental health system, hence the need to determine “readiness” for assuming such significant operational changes. Criteria for “readiness” are currently underway. The Department of Health Welfare, Division of Behavioral Health is currently developing a tool kit for Regions to assist them with their decision of the options for their respective boards.

In addition to these legislative successes, Substance abuse prevention in Idaho has seen substantial successes during the past year. Idaho, through the Office of Drug Policy, was awarded a Strategic Prevention Framework State Incentive Grant from SAMHSA. This almost doubles the funding going to Idaho communities for substance abuse prevention work. Also new this year, stakeholders in prevention throughout the state partnered to develop and implement the new Idaho Youth Prevention Survey, which collects data from Idaho youth regarding substance abuse, school climate and safety issues. In addition, media campaigns to educate and inform the public about the dangers of underage drinking and prescription drug abuse were funded and launched statewide.

In the policy arena prevention efforts have experienced success as well. As a result of collaboration by interested stakeholders, legislation has been passed that adds additional dangerous drugs to Idaho's Controlled Substances Statute, requires professionals holding controlled substances licenses to register with the Board of Pharmacy's prescription monitoring program, and solidifies the Idaho Legislature's resolution to maintain marijuana's status as dangerous and illegal in Idaho.

## COUNCIL ONGOING ACTIVITIES

- In our effort to reward individuals and agencies who have provided exemplary advocacy for/about mental health issues, the Council continues to confer annual awards in four areas: Legislative, Media, Judiciary and Community Advocacy. This year we recognized the accomplishments of the following individuals and organizations:
  - **Legislative Award:** Representative Sue Chew
  - **Communication and Advocacy Award:**
    - Mountain States Group
    - Teton Valley Mental Health Coalition
  - **Judicial/Law Enforcement Award:**
    - Bonner county Sheriff's Department
    - Sheriff Paul Wilde, Bonneville County
- The Council monitored carefully the implementation of the new managed care system for Medicaid recipients through Optum. To date we consider the new system to be working reasonably well and providing needed services to consumers. We understand that the new system requires considerably more documentation by providers for the services. This additional documentation supports the use of evidence based practices; however, it is also limiting contact time with consumers.
- The Council worked to improve community education about mental health with special emphasis on trying decrease the stigma associated with mental illness in many sectors of our communities.
- The Council supported maintaining reliable data to assess improvements and service gaps. We will continue to support improved data collection systems that reliably report service outcomes and monitor the impact of decreases in state funding for mental health services.
- The Council worked to promote a common understanding that children and youth diagnosed with emotional, behavioral or mental health challenges did not choose to develop an emotional, behavioral or mental health challenge and should not be shamed or isolated because of their illnesses or challenges. They have caregivers that deeply love their children and did not cause their child's emotional, behavioral or mental health challenge and should not be shamed or isolated for caring for their children that have illness or challenges. These young Idahoans have strengths and make valuable contributions to their families and in their community. They have a right to safely participate in community life, live with their families and attend school. They come from diverse backgrounds and must be treated with dignity and respect, and they must receive all the services and supports necessary to achieve their potential to enjoy life as caring and contributing members of their community.

- The Council supported the development of early intervention, community-based services, and seamless/coordinated access to care result in improved outcomes, reduced hospitalizations and overall revenue savings. We continue to advocate for Legislative support for early access to community-based treatments for low income and uninsured individuals as well as Medicaid- eligible persons with mental health and substance use disorders. Currently our mental health system focuses on crises, which are more costly.
- The Council continued to advocate for Idaho's behavioral health care system to develop into a system that is trauma-informed. Increase the number of mental health and substance abuse providers who attend trauma-informed training.
- Limited safe and affordable housing and employment opportunities for individuals living with severe mental health and substance use disorders are available statewide. The Council encourages increasing affordable housing and employment opportunity for persons with serious mental illness in each region.
- The State Planning Council encouraged all communities in Idaho to organize Crisis Intervention Training (CIT) of law enforcement. CIT allows law enforcement the opportunity to learn and develop methods to better assess the needs of individuals in crisis and get them to appropriate resources in an effort to avoid, in some cases, unnecessary hospitalizations.
- The Council is interested in adding services to the public mental health system, but the services that are added should be proven to be effective and are evidence based (EBT). The Substance Abuse and Mental Health Services Administration (SAMHSA)\* publishes a list of treatment programs that have been found to have empirical support for their effectiveness in addressing the needs to adults and children impacted by mental illness.

## ADDITIONAL FY14 ACCOMPLISHMENTS IN SERVICES TO ADULTS AND CHILDREN AFFECTED BY MENTAL ILLNESS AND THEIR FAMILIES

- Peer specialists are employed in all regions of the state. The participation of peers in the recovery of persons with mental illness and substance abuse disorders is an evidence based program. Certifications are being developed for family support specialists, recovery coaches, and peer specialists. Medicaid payment is available for some of the services which will allow peers to be employed on a fulltime basis and receive needed health care benefits.
- We have received reports from consumers that Health Care Exchanges have increased access to mental health and substance abuse services for those who are employed. Parity legislation at the federal level has increased mental health and substance abuse coverage in health care insurance plans.
- The Medical Home model is gaining ground in Idaho. Folding mental health and substance abuse assessments into primary care is increasing as is screening for suicide.
- With the help of passionate community stakeholders, Idaho is in the process of establishing its first Recovery Community Organization (RCO), named Recovery Idaho. Recovery Idaho will become a 501 (c) (3) nonprofit organization with a mission of service and advocacy for Idahoans in recovery, their families, friends and allies. Once established, Recovery Idaho will serve as an umbrella organization for recovery centers, recovery coaching and other community-driven recovery support services around the state. A workgroup of about 50 came together in March 2014 to build the foundation for Recovery Idaho, establishing vision and mission statements, drafting bylaws, and electing initial board members who are continuing to work to establish the organization today. The board should be ready to file paperwork to become a 501 (c) (3) nonprofit later in 2014.
- The Idaho Suicide Prevention Hotline is fully functioning. The goal of the hotline is to increase staffing to provide 24/7 coverage.
- The State Planning Council has always monitored that Jeff D. case. The current activity in the Jeff D. case involves the activity of a Mediation Team. The Jeff D. Mediation Team consists of representatives from the Department of Health and Welfare (including Medicaid and Child Welfare), Plaintiff's attorneys representing the Jeff D. class members, parent representatives, provider representatives, a mediator, representatives from the Department of Juvenile Corrections, and representatives from the Department of Education. The parties have moved into drafting a settlement agreement, which will cover principles of care and the array of services for Jeff D. class members. The group seeks to coordinate efforts among

state agencies to maximize present resources and to implement quality assurance methods and outcome measures. It is premature to discuss the details at this time, but the group continues to have collaborative, productive discussions and is encouraged that a sustainable acceptable agreement will be reached.

- Additional language was added to Idaho Code 66-345 regarding Restraints and Seclusion. The new language provides wider discretion by law enforcement to determine if restraints are necessary on a person by person basis unless ordered by a physician and the use of restraints must be documented as necessary by an officer.

## ONGOING CHALLENGES

While FY 14 has been a year of great change and much progress has been made in program development in the services provision to persons and family with mental health and substance abuse issues, there is still much to be done.

- Service gaps, specifically people below 100% of poverty, especially persons without children remain. We advocate that all Idaho residents ~~to~~ have access to health care coverage.
- Current public or private health insurance plans do not cover “wraparound” services and case management services that are critical to persons and families with multiple agency contacts.
- Medicaid reimbursement rates remain low in Idaho. This limits access to private sector providers.
- Services to rural/frontier towns remains a problem. The Department of Health and Welfare services previously supported in these areas in the state need to be restored, as private sector providers cannot sustain businesses in these low population areas, or differential rates for rural providers need to be implemented.

## CONCLUSION

The current members of the Planning Council on Mental Health appreciate the opportunity to have served the Governor’s Office. We support the newly formed Behavioral Health Council and an integrated system of care for persons and families who struggle with mental illness and/or substance abuse. We stand ready to assist the newly formed Council to improve the services, including prevention activities, for this sector of Idaho citizens whose needs are frequently misunderstood and often overlooked until tragedy occurs.

\*SAMHSA, National Registry of Evidence-based Programs and Practices (NREPP)  
<http://www.nrepp.samhsa.gov>

\*\*Michael J. Fitzpatrick, executive director of NAMI National, National Alliance on Mental Illness, Grading the States 2006, Arlington, Va.

## APPENDICES

### **Appendix 1 – Idaho Code 39-3125** TITLE 39 HEALTH AND SAFETY CHAPTER 31 REGIONAL MENTAL HEALTH SERVICES

39-3125.STATE PLANNING COUNCIL ON MENTAL HEALTH. (1) A state planning council shall be established to serve as an advocate for adults with a severe mental illness and for seriously emotionally disturbed children and youth; to advise the state mental health authority on issues of concern, policies and programs and provide guidance to the mental health authority in the development and implementation of the state mental health systems plan; to monitor and evaluate the allocation and adequacy of mental health services within the state on an ongoing basis; to ensure that individuals with severe mental illness and serious emotional disturbances have access to treatment, prevention and rehabilitation services including those services that go beyond the traditional mental health system; to serve as a vehicle for intra-agency and interagency policy and program development; and to present to the governor and the legislature by June 30 of each year a report on the council's achievements and the impact on the quality of life that mental health services has on citizens of the state.

(2) The planning council shall be appointed by the governor and be comprised of no less than fifty percent (50%) family members and consumers with mental illness. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall strive to include representation from consumers, families of adult individuals with severe mental illness; families of children or youth with serious emotional disturbance; principal state agencies including the judicial branch with respect to mental health, education, vocational rehabilitation, criminal justice, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services, and related support services; and the regional mental health board in each department of health and welfare region as provided for in section 39-3130, Idaho Code. The planning council may include members of the legislature and the state judiciary.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion. 2010 Idaho State

## Appendix 2: Council Roster

Idaho State Planning Council on Mental Health - 2014			
Name	Type of Membership	Agency or Organization Represented	Address
Gary Hamilton 12/31/14 Appointment 12/31/2006	Agency	Department of Vocational Rehabilitation	2025 W. Park Place, #101 Coeur d'Alene, ID 83814-2699 208-769-1441 <a href="mailto:ghamilton@vr.idaho.gov">ghamilton@vr.idaho.gov</a>
Kim Jardine-Dickerson 12/31/14 Appointment 2/11/2013	Agency	Region VII MH Board	<a href="mailto:jardsvsa@ISU.edu">jardsvsa@ISU.edu</a> 208-589-7667 (cell) 208-282-1102 (ISU)
Pat Martelle 12/31/13 Appointment 5/19/2008	Agency	Division of Medicaid	3232 Elder St. Boise, ID 83720 208-346-1813 <a href="mailto:martellep@dhw.idaho.gov">martellep@dhw.idaho.gov</a>
Julie Williams 12/31/14 Appointment 5/19/2008	Agency	Division of Housing	P.O. Box 7899 Boise, ID 83707-1899 208-331-4758 <a href="mailto:juliew@ihfa.org">juliew@ihfa.org</a>
<b>Stan Calder</b> <b>Executive Committee</b> 12/31/12 <b>Appointment</b> 12/31/2006	Consumer	Region I Consumer Region I MH Board	1785 Windsor Coeur d'Alene, ID 83815 208-620-1118 <a href="mailto:stanlevsteamer51@yahoo.com">stanlevsteamer51@yahoo.com</a>
Linda Johann 12/31/13 Appointment 12/31/2007	Family	Region I Family Region I MH Board	11655 W. Manitoba Court Post Falls, ID 83854 208-773-2778 208-665-5666 - work <a href="mailto:ljohann@air-pipe.com">ljohann@air-pipe.com</a>
Jennifer Griffis 12/31/14 Appointment 8/7/2013	Parent	Region II Parent Region II MH Board	155 Cheyenne Drive Grangeville, Idaho 83530 208-983-0513 <a href="mailto:jengriffs@gmail.com">jengriffs@gmail.com</a> 208-507-1754(cell)
<b>Teresa Wolf</b> <b>Ex officio</b> <b>Executive Committee</b> 12/31/13 <b>Appointment</b> 5/19/2008	Agency	Region II Family Region II MH Board - Ex officio	PO Box 896 Lewiston, ID 83501 208-799-3095 <a href="mailto:teresawolf@co.nezperce.id.us">teresawolf@co.nezperce.id.us</a>
Elda Catalano Appointment 8/19/2013	Juvenile Justice	Region III Parent Region III MH Board	482 E. Red Bud Ct. Kuna, Idaho 83634 <a href="mailto:ecatalano@canyonco.org">ecatalano@canyonco.org</a> 208-922-5079

<b>Martha Ekhoﬀ – Chair Executive Committee 12/31/14</b> Appointment 12/31/2006	Consumer	Region IV Consumer Region IV MH Board	1607 W. Jefferson St. Boise, ID 83702 208-336-5333 x340 <a href="mailto:mekhoﬀ@mtnstatesgroup.org">mekhoﬀ@mtnstatesgroup.org</a> 208-949-3933 (cell)
<b>Rick Huber Executive Committee 12/31/13</b> <b>Appointment</b>	Consumer	Region V Consumer Region V MH Board	309 Pashermakay Court #7 Rupert, ID 83350 208-436-1841 <a href="mailto:rick2727272000@yahoo.com">rick2727272000@yahoo.com</a>
Linda Hatzenbuehler Executive Committee 12/31/14 Appointment 12/31/2006	Board Member	Region VI MH Board	Idaho State University College of Health Related Professions Box 8090-CD 186 Pocatello, ID 83209 208-282-3992 <a href="mailto:hatzlind@isu.edu">hatzlind@isu.edu</a>
<b>Lynne Whiting Executive Committee 12/31/14</b> Appointment 12/31/2006	Family	Region VII Family Region VII MH Board	160 N. Shilling Ave. Blackfoot, ID 83221 208-403-9140 <a href="mailto:Lynniem57@hotmail.com">Lynniem57@hotmail.com</a>
<b>EX –OFFICIO</b> Program staﬀ: Cynthia Clapper Jamie Teeter Ross Edmunds	State Mental Health Agency State Mental Health Agency State Mental Health Agency	Adult MH Program Adult MH Program MH Program	<a href="mailto:ClapperC@dhw.idaho.gov">ClapperC@dhw.idaho.gov</a> <a href="mailto:TeeterJ@dhw.idaho.gov">TeeterJ@dhw.idaho.gov</a> <a href="mailto:EdmundsR@dhw.idaho.gov">EdmundsR@dhw.idaho.gov</a>