IDAHO STATE BEHAVIORAL HEALTH PLANNING COUNCIL

STATE OF MIND 2019

SUPPORTING BEHAVIOR HEALTH SYSTEMS THAT ARE COORDINATED, EFFICIENT, ACCOUNTABLE, AND FOCUSED ON RECOVERY

REPORT TO THE GOVERNOR, STATE LEGISLATURE, AND JUDICIARY

Thank you!

The Idaho Behavioral Health Planning Council would like to express our gratitude to the Governor and the Idaho Legislature for their ongoing support of services designed to meet the behavioral health needs of Idaho citizens. These services not only are a direct benefit to Idahoans through promoting mental and physical health and hope to individuals, but they also provide a very real indirect benefit to the health, happiness and stability of families and communities throughout the state. We are excited for the opportunities that Medicaid expansion is projected to provide in terms of reaching even more Idahoans with behavioral health challenges.

Legislative support and continued funding for Youth Empowerment Services (YES) is vital for making the system of care sustainable. Though we are all concerned about making fiscally responsible decisions, YES has and continues to be focused on developing a system of care that is no longer reactive and crisis-based to a proactive and recovery-based system. Crisis-based models are the most expensive way to run a system not only in terms of costs but also in the impact to individuals, families, and communities that falter under the weight of ongoing mental health crises. Ongoing work continues towards crisis management, suicide prevention, and early intervention that will provide Idaho citizens with security, stability, and support.

With Medicaid expansion, it is our hope that Idaho will provide access to substance use disorder treatment and recovery support services to many Idaho adults who have previously struggled to find a life in recovery without these services. As this country and this state struggle with an unprecedented opioid crisis, access to treatment (including Medication Assisted Therapy, or MAT) is literally the difference between life and death for many Idahoans. In this respect, we can expect to immediately start saving lives lost to opioids with expanded Medicaid coverage. However, as Idaho continues to watch the opioid-related death toll climb, methamphetamine, cocaine, and alcohol continue to plague our streets and communities.

As we move forward into 2020, the State Behavioral Health Planning Council and the Idaho citizens are confident that the Governor and Idaho Legislature have the breadth of knowledge and vision to recognize the needs of Idaho individuals, families, and communities and appropriate funds in the most effective way possible. We have the upmost confidence in our state representatives and appreciate their dedication and willingness to tackle complex and controversial issues for the betterment of all Idahoans.

In this report you will find our successes as a State, which could not have been achieved without your support, as well as our view of current gaps and needs in the areas of behavioral health.

Your compassion and support are appreciated not only by the State Behavioral Health Planning Council but also by the Idahoans who receive behavioral health services, their families, and their communities. Thank you for your continued support!

State Behavioral Health Planning Council

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SYSTEMS OF CARE FOCUSED ON

RECOVERY

In behavioral health and substance use, we often hear the word "recovery." But what does this word really mean? People do not recover from mental illnesses in the same way that they might recover from a cold or pneumonia. Instead, recovery is a lifelong process of wellness. The U.S. Substance Abuse and Mental Health Services Administration adopted this working definition of recovery in 2011:

> Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. (Source, SAMHSA, 2017).

Idaho's approach to behavioral health and substance use treatment focuses on the recovery model of care. The goal is to help all of our citizens live their best possible lives.

INTRODUCTION

The State Behavioral Health Planning Council (BHPC) was established through the passage of Senate Bill 1224 in 2014. This bill amended Idaho Code 39-3125 (Appendix One), and replaced the previous "Idaho State Planning Council on Mental Health" with the "State Behavioral Health Planning Council." It also expanded the focus of the newly established council to include both mental health and substance use disorders. The Behavioral Health Planning Council was formally established as a new body on July 1, 2014.

As defined in both state and federal law, the purpose of the Council is to:

Serve as an advocate for children and adults with behavioral health disorders.

Advise the state behavioral health authority on issues of concern, on policies and programs, and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan.

Monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis, as well as the effectiveness of state laws that address behavioral health services.

Ensure that individuals with behavioral health disorders have access to prevention, treatment, and rehabilitation services.

Serve as a vehicle for policy and program development.

Present to the Governor, the Judiciary, and the Legislature an annual report on the Council's activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state to adults and children.

Establish readiness and performance criteria for the Regional Behavioral Health Boards (RBHB) to accept and maintain responsibility for family support and recovery support services.

The 2019 Planning Council membership covers the full spectrum of mental health and substance use disorder services, including members from state agencies, private service providers, and prevention programs, as well as consumers, family members, and others representing the diversity of Idaho citizens. This unique cross-section of individuals makes up the State Behavioral Health Planning Council (BHPC).

The diversity of the membership creates a broad knowledge base for the BHPC, allowing us to work with and support many aspects of the behavioral health system. Most of the work done by the BHPC is completed by its workgroups. These workgroups are focused on several projects including Youth Empowerment Services, continuing support for crisis and recovery centers, and suicide prevention.

The BHPC looks forward to continued active participation in the improvement of Idaho's Behavioral Health System. The membership is eager to partner with all of the system's stakeholders by sharing our knowledge, expertise, and lived experience in order to improve the lives of all Idahoans.

BHPC WORKGROUPS

- CHILDREN'S MENTALHEALTH
- CRISIS & RECOVERY CENTERS
- PREVENTION, EDUCATION & LEGISLATION
- REGIONAL BEHAVIORAL HEALTH BOARD SUPPORT

BEHAVIORAL HEALTH CRISIS CENTERS

Crisis centers offer immediate services to adults experiencing a behavioral health crisis. These centers provide communities with an alternative to emergency department (ED) or jail stays, when appropriate. Crisis centers are intended as short term (less than 24 hour) solutions to help individuals stabilize and connect with services to prevent future crises. Idaho now has crisis centers in Coeur d'Alene, Moscow, Lewiston, Orofino, Caldwell, Boise, Twin Falls, Pocatello, and Idaho Falls, covering all seven Idaho Department of Health and Welfare (IDHW) regions.

NORTHERN IDAHO CRISIS CENTER (NICC)

The Northern Idaho Crisis Center (NICC) served 1,216 clients in 2019, 604 (49.7%) of which were unduplicated visits. In Quarter 3, 46 individuals (11.6%) were sent directly to a higher level of care (ED, inpatient psychiatric treatment, or inpatient substance use disorder), and 339 (85.4%) clients were discharged directly from the NICC with safety plans. Services were provided to 15 self-identified veterans and 159 clients who self-identified as homeless. The average monthly census for the second quarter was 132 clients and the average length of stay was 7.9 hours.

Primary presenting problems included 74 (21.8%) presentations for suicidal ideation; 84 (24.8%) for anxiety or depression; 14 (4.1%) for psychosis; and 3 (1.47%) for mania. High numbers of clients with complex case management needs were also seen, with 103 (25.9%) clients whose primary need was shelter/housing; 42 (10.6%) seeking help with substance use disorder challenges; and 54 (13.6%) seeking case management and counseling assistance.

In addition to in-person client encounters, NICC tracks telephone crisis intervention. In the time since NICC opened, telephonic crisis intervention has proven to be a substantial component of the work being done by the NICC team. In the Q3 of 2019, NICC responded to 260 crisis intervention phone calls and 204 resource/information calls. Crisis calls included individuals seeking help for suicidal ideation, psychosis, depression, anxiety, domestic violence, family/relationship problems, and others. In this manner, NICC has demonstrated that it is an important supplement to existing regional crisis lines, as well as a central resource for questions related to healthcare system navigation. NICC has continued to conduct standard follow-up contact with all persons who have received services at NICC 48 hours following discharge. In some cases, additional follow-up contacts may be incorporated into a client's safety plan prior to the standard 48 hours.

REGION ONE

339 (85.4%) clients were discharged directly from the NICC with safety plans. Services were provided to 15 self-identified veterans and 159 clients who self-identified as homeless.

This region continues to struggle with inadequate resources in key areas. These include a dire lack of emergency shelter, transitional housing, sober living, and supportive housing for individuals with severe mental health diagnoses. Each of these has direct impact on our community's existing resources, especially impacting overutilization of emergency services and increased burden on law enforcement. Other shortage areas include severe lack of outpatient psychiatric providers and a chronic shortage of inpatient psychiatric beds. The crisis center is heavily involved in community initiatives that are targeting these areas, but substantial changes continue to be slow.

The NICC has maintained its role as a central resource for the community in identifying high frequency utilizers of the mental health and emergency health care system. Many of the individuals who have high impact on the emergency department and law enforcement agencies also frequently utilize NICC. This places our team in a position to proactively collaborate with our community partners in "upstream case management" to seek solutions that reduce the impact of these clients on our community. The crisis center has hosted numerous collaborative care meetings related to such clients

which bring all involved community partners to the table to formulate a cohesive care strategy. These efforts have directly impacted policy and intervention strategies among our law enforcement agencies, the ED, and community mental health care teams, and ultimately serve to improve care for these complex clients.

NICC participates in regular conference calls between the directors of all existing crisis centers in Idaho. These calls provide an important opportunity for networking, collaboration and the sharing of best practices. These collaboration calls have led to efforts to improve uniformity between crisis centers and within DHW, especially regarding data collection and reporting, as well as policies and practices.

Analysis of clients seen during 2019 has identified 198 clients who would have likely presented to a local Emergency Department if the NICC had not been available. This figure includes those clients presenting with suicidal ideation, hallucinations and/or severe anxiety or other acute mental health issues, and those who would likely have been brought to the ED by law enforcement. Using a baseline figure of $2,600 per behavioral health emergency department visit, we estimate that the NICC achieved at a minimum $516,100 in cost avoidance due to 198 likely Emergency Department diversions during the first quarter of operations.

Similarly, based on data from local law enforcement, we conservatively estimated that the NICC was responsible for cost avoidance to local law enforcement due to reduced law enforcement man hours devoted to mental health calls. NICC can account for at least a 4-hour reduction in law enforcement manpower for each mental health call that was brought to NICC. There were 39 individuals brought to the crisis center by law enforcement in the first quarter. Additionally, it is estimated that roughly 42 other client encounters would likely have involved law enforcement if NICC had not been available. Based on these numbers, and using a baseline rate of $35 per hour for LE manpower, it is estimated that NICC has accounted for $11,340 of cost avoidance to local law enforcement.

These figures do not include cost avoidance from averted jail stays or Fire/EMS services that would otherwise be involved if NICC were unavailable. NICC will continue to work with local Fire/EMS services to develop a reliable methodology to account for avoided costs in these areas. In the third quarter alone, our total estimated savings is $527,440.

NICC has established itself as a central component of our region's mental health system. The crisis center has become a vital resource for area law enforcement and emergency service personnel as a first-line resource for individuals in complex crises who may not meet the threshold of hospitalization. NICC has helped hundreds of individuals initiate help-seeking that otherwise would have nowhere to go, and no idea where to start. Our role continues to grow as we increase our partnerships with our area hospitals and law enforcement agencies and as we continue to position ourselves as a central organizing hub for some of our community's most challenging behavioral health issues. NICC has begun to see systems-level changes beginning to occur in our region as a direct result of this agency's advocacy and community involvement. We are excited to continue this great work as we move forward in 2020 and the years to come.

THE RURAL CRISIS CENTER NETWORK (RCCN)

The Rural Crisis Center Network in Region 2 provides crisis intervention services over a huge land mass area spanning east and west from the Montana state border to the Washington state border and north and south from Potlatch to Riggins. Region 2 does not have a distinct concentrated population area but is distributed over five counties covering 13,337 square miles. While Region 2 only accounts for 6.25% of Idaho's total population, it covers 16% of Idaho's land mass. Developing a crisis center to meet the needs of citizens in remote locations required developing a model that conformed to the statutory requirements while responding to the rural nature of the area.

To meet the need in this rural environment, Region 2 designed a dispersed model where crisis interventions can be accessed across the region through a network of providers in the larger communities. Region 2 incorporates "mini" crisis centers in three locations: Moscow, Lewiston and Orofino, with plans to include Grangeville within the next few months. Services are available 24 hours per day 7 days per week, 365 days per year on an "as needed" basis.

A region-wide toll-free number (877-897-9027) sets intervention services into motion. During business hours at our partner agencies, individuals can call this number or walk into the center. After hours, just calling the number starts the process. The toll-free number is manned 24 hours per day by a licensed master's level clinician who responds immediately to the need.

Opening the crisis centers and welcoming our first patients began in stages in August 2019. Lewiston opened its doors on August 1, 2019, with Orofino following on September 1, 2019. The Moscow location, initially scheduled to open in July 2019, experienced some structural setbacks but forged ahead with the help of professionals and volunteers and was able to open on November 1, 2019. A total of 27 patients were seen in the centers. Demographics for the first quarter of operations are low in comparison to stand alone centers across the state. This is due in part to opening in stages. However, our numbers are consistent with the historically low number of behavioral health crises experienced in Region 2. It is too early for us to assess the cost benefits because we do not have enough data.

REGION TWO

One of the first patients at the Moscow locations was an 18-year-old who left a suicide note on his high school instructors' desk. Law enforcement intervened and transported the young adult to the crisis center, where he was evaluated, developed and implemented a safety plan, and was able to access housing and initiate appointments for both medication and counselor services.

While there is a lack of specific cost savings data at present, our anecdotal data far surpasses the invested cost of developing and maintaining a dispersed model. Here are some examples:

Community: The Region 2 communities have welcomed the crisis centers and support their daily activities with donations including food, clothing, volunteers and a genuine willingness to be involved. This model has positively impacted relationships between behavioral health treatment providers and law-enforcement. Law enforcement officers consistently praise these efforts that allow them to return relatively quickly to their roles to protect and serve.

Partnerships: When a student is in crisis, and the college counseling center is confident that the crisis center is the answer, good things happen. One student who was referred was able to connect with family, resolve issues leading to depressive symptoms, suicidal ideation, and substance use. In addition to reconnecting with family, the student arranged appointments for ongoing counseling, medication management, and peer support through the Recovery Center. Working together with the counselor on campus, the student did not harm themselves and was able to return to classes without a costly and traumatic hospital visit.

Suicide Prevention: One of the first patients at the Moscow locations was an 18-year-old who left a suicide note on his high school instructors' desk. Law enforcement intervened and transported the young adult to the crisis center, where he was evaluated, developed and implemented a safety plan, and was able to access housing and initiate appointments for both medication and counselor services. He was connected with a peer support specialist and has been able to follow-up with care options.

The Rural Crisis Center Network is in the process of establishing itself into the fabric of behavioral health care throughout Region 2. We are quickly becoming a vital resource to law enforcement, EMS personnel, families, schools and the courts. We view ourselves as an alternative to higher costs of care including hospitalization and incarceration. Working closely with behavioral health providers and law enforcement, we will position ourselves as

a partner in addressing some of the most complex mental health issues in our area. Challenges abound including transportation, professional personnel, stigma, and funding. During 2020, Region 2 will be working towards becoming credentialed through OPTUM to increase sustainability. As we work closely with our community partners and join in guiding and supporting systemic changes, we have the opportunity to impact the quality of lives for all those living in our region.

WESTERN IDAHO COMMUNITY CRISIS CENTER

The Western Idaho Community Crisis Center (WICCC) began operations on April 23, 2019. WICCC is a partnership between the Idaho Department of Health and Welfare (IDHW), Southwest District Health (SWDH), and Lifeways Inc. Since its opening, the crisis center was accessed for 334 individual admissions. Outreach continues to encourage increased participation from other Region 3 counties, which include Adams, Canyon, Gem, Owyhee, Payette, and Washington. The first and second quarter show that 74% of the individuals accessing WICCC identify Canyon County as their county of residence. To address reduced access from outlying counties, ongoing outreach efforts have continued and been re-focused, with an emphasis toward not only increasing awareness and participation, but also to breaking down some of the geographical barriers that exist for a rural district such as Region 3. Participation from counties and states outside of Region 3 has occurred, and those individuals were provided with access and care, keeping true to the "no wrong door" philosophy that is at the core of the crisis center model.

In the second quarter, the average length of stay decreased from 14 hours and 5 minutes to 13 hours and 41 minutes. Medicaid is the leading reported insurance provider. Self-referrals are the primary source for individuals seeking services. While in crisis, providing accurate information can sometimes be difficult for clients due to interfering symptoms which prevent communication or trust. An additional barrier to collecting personal information, including information related to insurance, is the fear and embarrassment that an individual may associate with the stigma of seeking behavioral health or substance use care. There were a total of 37 law enforcement drop off since the crisis center opened. Male and female participants are nearly equal to each other. In the second quarter, 94 Individual Experience Surveys were completed; the average score from these surveys was 3.86 out of 4.

Lifeways began tracking calls to the crisis center in September, a total of 81 calls were made and received triage by staff at the crisis center. In November, Lifeways established telehealth services to provide access to rural communities. Lifeways secured a grant from United Way allowing WICCC the ability to provide assistance with transportation from the crisis center.

The WICCC Advisory Committee began meeting in September. The advisory committee was developed from the original crisis center workgroup that met prior to the opening of the crisis center. Two workgroups were created from the advisory committee one is the sustainability workgroup that is actively working with payers on reimbursement for services, county/city contributions, and other means for sustainability. The other is the outreach and marketing workgroup, which meets regularly to increase knowledge of the crisis center.

REGION THREE

Since its April 2019 opening, the crisis center was accessed for 334 individual admissions.

The total cost savings to the community, in the first two quarters of its operation the crisis center, is an estimated $99,100 from diversions to hospitals, jail, and law enforcement time.

PATHWAYS COMMUNITY CRISIS CENTER OF SOUTHWEST IDAHO (PCCCSI)

The Pathways Community Crisis center of Southwest Idaho (PCCCSI) in Boise opened its doors on December 12, 2017. The center continues to experience positive outcomes and has developed strong relationships with local community agencies. From July 1, 2018 to July 1, 2019, PCCCSI had 1,337 full admissions and 399 non-episode contacts which constitute a mixture of calls and visits to the center where someone is requesting referral information and does not warrant a full admission to the facility. This is a total of 1,736 interactions with individuals experiencing a behavioral health crisis over this reporting period. Only 16% of these interactions were previously served clients, while 84% were new contacts, suggesting that our outreach efforts in the community are effective.

REGION 4 PATHWAYS CLIENT COMMENTS

"I would be dead, or worse, without this resource. 10/10 will recommend to others."

"Extremely compassionate people. I wasn't aware of resources available to me until now. Thank you for providing me with a safe place to be able to decompress where otherwise I would not have been able to do it on my own."

"I came in with very little knowledge and confused about where my life was going. I am leaving with insight and information offering resources I wasn't aware of. This in turn is a start to giving my life direction. Thank you."

"The staff is amazing. Caseworkers were able to create miracles for me and my dog. I'm so grateful! I'd love to pay it forward."

"This place is a wonder to the community and is a great asset. The staff made this work. They filled in where I was empty. Thank you!"

In addition to facilitating de-escalation and delivering solution based therapy, crisis centers connect clients to resources within the community so that they can continue their long-term recovery. Pathways requires its case managers to make appointments on behalf of any clients who present to the center and consent to such appointments. This can hopefully increase compliance with the crisis center's recommendations for continuing care, as well as potentially reduce participants' reliance on crisis services in the future.

Clients are referred from a variety of places throughout our community. The majority of participants (485) state that they were self-referred, meaning they had heard about the crisis center and decided on their own to come to the center. The next largest referral source for the crisis center was from hospitals (287). It is important to maintain a positive relationship and strong process with the hospitals in order to increase diversions from more costly services, as well as to ensure there is room in the ED's to treat medical emergencies. Community agency referrals were third (197); these include physicians' offices, community mental health agencies, and other assistance organizations.

The next largest referral source is from law enforcement (134). This indicates to us that the crisis center is doing its job in terms of offering diversion from the jail. It also means that law enforcement's experience when bringing participants to the center is a positive one. It is important that the crisis center and law enforcement continue to work together to create smooth processes for officers so that they can bring clients to the center quickly, and then move on to protecting our community.

To calculate savings through diversions from the Emergency Department, we used research and data from Nicks and Manthey's research on the average cost to an ED to board psychiatric patients, and multiplied that by the number of participants who said they would have gone to the ED had the crisis center not been in existence. We

also add in all clients who stated that they would have hurt themselves, assuming that if they hurt themselves, they would need ED care.

Demonstrating a savings for law enforcement and other first responders is also important. Again, using client self-report, in addition to tracking law enforcement drop offs to the crisis center, we were able to determine that the average savings for a mental health call to police is roughly $1,000 per call. This estimate assumes four officers earning $41 per hour who arrive to the call, plus additional consideration for administrative personnel (i.e., dispatch, additional back up support) and other costs (i.e., cost of operations) associated with the process.

Based on these estimates, it seems clear that the crisis center is having enormous success at creating a savings for the overall community. It also illustrates that the crisis center is admitting and treating the properly targeted demographic. Information received by the Boise Police Department has equated self-referrals to the crisis center as an alternative to welfare checks having to be completed by the police department. Their estimate is based on an average of 45 minutes multiplied by two officers at $50.00 per hour. This equates to $75.00 per welfare check. The crisis center has had 485 self-referrals over the reporting period, which would represent considerable diversionary savings. While definitive methodologies to determine exact cost savings continues to be a challenge due to soft data points, we estimate an overall savings of $1,684,302.00 for the reporting period.

Sustainability Efforts: Pathways Community Crisis Center of Southwest Idaho continues to explore avenues of sustainability toward the goal of sustainability in perpetuity. With Medicaid expansion, the center is currently constructing a viable billing structure to aid in funding of the center. The center recently was granted $25,000 from St. Luke's Hospital and we are exploring other potential donors within the business community and other hospital entities within the Ada County area. The center has become a closed pantry food bank in cooperation with the Idaho Food Bank to offset food costs. This status also allows the center to distribute food to clients in need upon their discharge. Finally, the center was fortunate to renew the $10,000.00 grant from the United Way to cover the cost of discharging client transportation.

Participant Satisfaction: The Pathways Community Crisis Center of Southwest Idaho wants all our guests to feel safe, respected, and comfortable returning to us if they ever feel the need to. Upon discharge, we ask each client to fill out an anonymous Crisis Center Client Survey to evaluate their perception of their stay with us. The crisis center saw 585 completed surveys during the reporting period, with an average satisfaction score of 28.8 out of 30 possible points.

The survey also asks participants, 'If you were to experience a crisis again, would you return to the crisis center?' 98 % of respondents stated that they would return to the crisis center. Participants also have the option to add comments or recommendations for the Crisis center, so that we can identify areas for improvement or assess someone's experience here in their own words. We continue to be humbled by participant responses to the center.

CRISIS CENTER OF SOUTH CENTRAL IDAHO

From July 2018-July 2019, we served 3,482 individuals. The number of clients served has continued to rise each year. Over the course of the last three years, our primary population has been male. Traditionally, men near the poverty level have not had easy access to mental health services unless they were disabled, had VA benefits, or qualified for state substance abuse funding. Staff at the crisis center are eagerly anticipating Medicaid expansion, where many of our clients who have not had access to medical care, mental healthcare, and substance abuse treatment will now be able to use these valuable resources. The Department of Health & Welfare partnered with Optum to create billable services for the

crisis centers, which will provide the centers with sustainability and continued support for clients in need and for the critical services we offer our community. Our staff have been working hard to help clients determine eligibility and pre-enroll in order to access services as soon as possible, starting on January 1, 2020. Medicaid expansion provides hope for clients who are in desperate need of ongoing mental healthcare, medication, medication management, and substance use disorder treatment. Clients who have previously been denied services now have a real obtainable path for increased wellness. Since Optum has also removed some barriers, such as requiring pre-authorization, clients will be able to self-present for treatment and have access to same-day services.

To spread awareness and build community partnerships, the crisis center has participated in several community events and trainings, including the Mental Health Awareness Fun Run/Walk and the Veterans Mental Health Summit at the College of Southern Idaho, the Riverside Walk for Wellness in Heyburn, the annual QRU (Quick Response Units) fundraiser at Fairgrounds in Filer, and the Snake River Wellbriety & White Bison Drum Circle Gathering at Banbury Hot Springs. The crisis center participated in Designated Examiner (DE) training provided by the Department of Health & Welfare in order to better assess client level of care and to provide meaningful documentation when escalating clients. Our employees held fundraisers to pay for client medication, with much appreciated donations from families of clients we have helped. and local organizations including Veterans of Foreign Wars.

REGION FIVE

Medicaid expansion provides hope for clients who are in desperate need of ongoing mental healthcare, medication, medication management, and substance use disorder treatment. Clients who have previously been denied services now have a real obtainable path for increased wellness.

We participated in several trainings to provide better service to our clients and the community. Tiffany Warren, LCPC, our lead clinician, attended Accelerated Resolution Therapy (ART) training, co-sponsored by the Veteran's Court through the Veteran's Association. ART is a scientifically proven therapy that resolves serious and multi-year trauma symptoms, often in just one session. We have partnered with the VA to offer this service at no cost to Veterans who do not qualify for VA benefits. Three local law enforcement officers, a therapist from the IDHW, and Jill Quaintance, our Head Peer Support Specialist, attended a five-day Train the Trainer course in order to learn how to provide local Mental Health First Aid trainings. We continued to coordinate with District 5 Felony Probation and Parole in order to continue providing preventative and rehabilitative services for individuals who would otherwise face expensive incarceration stays.

In order to better address the needs of clients suffering from the opioid epidemic, our Crisis Center Director, Kim Dopson, attended the Opioid Summit in Vancouver, Washington through funding provided by the Department of Health & Welfare. We have seen an increase in individuals requiring an opioid detox at the crisis center. We have also partnered with Dr. Hadlock in Twin Falls, who is a Medication Assisted Treatment (MAT) provider, as part of referring clients into comprehensive treatment and preventing more substance use-related deaths.

The rural nature of our community creates unique challenges. Clients will sometimes call the crisis center in need of services but without transportation. At first, we provided taxi vouchers, and we later received a grant from the Idaho Department of Transportation, which provided us with a handicap-accessible seven-seat passenger van. We are now able to pick up clients and bring them in for assessment, transport them to get resources in place, and then take them home. Additionally, Optum has also created a free platform for telehealth in order to provide services to clients in more rural areas, and we are exploring how to integrate this service for our clients.

People may be surprised by the amount of homelessness we have in this region, and how a lack of safe housing continues to create barriers for those just starting their recovery journey. Rising homelessness and the loss of both Victory Home and Salvation Army based in Twin Falls has left us with fewer options for safe and sober housing in Region 5. According to the government Substance Abuse and Mental Health Services Administration (SAMHSA),

64% of persons who are homeless have an alcohol or substance use disorder. This study has identified "long term housing, treatment, and life affirming services" as the solution that creates stability in mental health and reductions in substance abuse over time. Providing housing also reduces criminal justice involvement by 38% and prison stays by 84%.

The Crisis Center continues to be the first step in engendering hope for the future for those we serve. We currently receive extensive assistance from the faith-based community who provide clients with scholarships that pay for short term sober housing. It is our hope that the community will continue to offer short term support, but we also hope to work together to create long term solutions.

SOUTH EAST IDAHO BEHAVIORAL CRISIS CENTER

The South East Idaho Behavioral Crisis Center (SEIBCC) opened in Pocatello, Idaho on April 15, 2019. SEIBCC serves seven counties: Bannock, Bingham, Bear Lake, Caribou, Franklin, Power, and Oneida. Since opening, SEIBCC has had 1,366 clients receive crisis stabilization and case management. That is an average of 195 clients per month or 6 new clients per day.

Much of the population served by SEIBCC is Caucasian, homeless, and uninsured. Case managers are now educated and trained on Medicaid Expansion. In 2020, SEIBCC will become a site dedicated to help the uninsured become connected to Medicaid. While 75% percent of the population served is Caucasian, SEIBCC continues to reach out to our area's underserved populations. Continued outreach efforts into the Hispanic and Native American communities has proven fruitful. SEIBCC's second and third largest population is 10% Hispanic and 9% Native American.

One of the primary missions for crisis centers across the State of Idaho is to help reduce the strain on emergency rooms and local law enforcement. Law enforcement drop off time averages 12.5 minutes at SEIBCC. The average drop-off at the ED takes 4-6 hours, and the jail 30 minutes. Law enforcement dropped off clients 84 times in our first seven months of operation. Dropping clients off at the ED would have resulted in 420 hours additional time, or 42 hours for jail drop offs. Instead, law enforcement spent a total of 17.5 hours referring to SEIBCC. This is a 96% decrease in time for ED drop-offs or a 58% decrease in time for jail admissions. The crisis center allows law enforcement to return to the community more quickly and reduces the medical professionals' time at the ED, allowing them to focus on those with serious injuries.

REGION SIX

Law enforcement drop off time averages 12.5 minutes at SEIBCC. The average drop-off at the Emergency Department takes 4-6 hours.

Admission numbers have been increasing since the crisis center opened. The future of SEIBCC is bright as we continue to make strong relationships with stakeholders in the community. Future goals of SEIBCC include further outreach into the seven counties, fostering our relationship with tribal members of Fort Hall, breaking the barriers between mental health and treatment in the Hispanic community, and become a stronger advocate for mental health wellness and substance use recovery state-wide.

BEHAVIORAL HEALTH CRISIS CENTER OF EAST IDAHO (BHCC)

The Behavioral Health Crisis Center of East Idaho (BHCC) has been open since January 2015. Since the BHCC opening, we have seen a 40% increase in episodes. In 2019, the BHCC has had 1,567 episodes. Of the clients who seek BHCC services, 42% are for behavioral health issues; 35% for mental health relief; and 15% for substance use

disorders. The remaining 8% declined to state their reasons or lacked information.

The BHCC currently covers 11 counties, with utilization primarily from Bonneville, Bingham, Jefferson, and Madison. Transportation to the crisis center remains the largest barrier to treatment. Our client demographic continues to remain consistent during 2019. Most areas saw a +/- fluctuation of a few percentage points. The most notable change this quarter was an increase in veteran clients from 4% to 8%. Medicaid expansion should decrease the number of uninsured clients. We should see these changes in the second and third quarters of 2020.

BHCC is doing its part in reducing homelessness. With 55% of our clients identified as homeless on admission, only 15% are discharged back to the streets. That is a 40% decrease in homelessness in the last three months. A majority (39%) are discharged to their homes. Another 10% are placed in shelters and 10% in sober living, while 8% are reuniting with family and friends. Of the clients we served, 8% needed a higher level of care and were referred to the hospital. The remaining 10% were split among assisted living facilities, hotels, group homes, other crisis centers, and jail. BHCC made 2,901 referrals into the community this quarter.

REGION SEVEN

With 55% of our clients identified as homeless on admission, only 15% are discharged back to the streets. That is a 40% decrease in homelessness in the last three months.

As clients discharge from BHCC, they are asked to complete exit surveys. Clients reported feeling positive (4.75 out of 5) about how they were treated at the center, with 92% rating their experience as positive. 96% said they would recommend the crisis center and would return if they needed help. According to the exit survey, 25% of the clients reported they would have been sleeping outside while 16% said they would have gone to the emergency room. Law enforcement dropped off clients 42 times, and 33 clients were referred from the ER. We continue to reduce the strain on the ER and law enforcement. Applying an overall cost savings to this section is difficult due to the variation from county to county and hospital to hospital.

Regarding sustainability, Medicaid expansion will benefit our operations because crisis centers across the state will have the ability to help enroll individuals into Medicaid coverage. The daily rate for crisis centers is set to begin January 1, 2020. If we were able to bill this quarter with the daily rate of $310, we would have billed $181,970 toward sustainability.

ACCESSIBLE AND AFFORDABLE HOUSING

Housing opportunity and affordability is one of the largest challenges facing all Idaho regions, but it is especially impactful on Idahoans with behavioral health needs. Because of income-earning limitations for those experiencing behavioral health needs, many rely on fixed-income sources like social security benefits, causing them to live in poverty. There are only 27,045 available affordable housing units that are income-based or subsidized for the 86,066 households living in poverty in Idaho. This 3:1 ratio of need versus supply is a stark demonstration of the gap of needed affordable housing in Idaho. The vacancy rate of less than one percent in most communities across Idaho has resulted in ever-increasing housing costs. Individuals and households surviving on fixed-incomes have little to no opportunity to supplement their rising housing costs with other sources of income. This leads many to become unstably housed, and in too many cases, homeless.

At minimum, Idaho homelessness systems serve at least 5,500 individuals each year. However, Idaho school districts report an additional 8,800 homeless students (not including other family members). In total, it is estimated that Idaho has at least 20,000 homeless or precariously housed individuals. At least 34% of these individuals self-report a disabling condition, and many of these involve behavioral health challenges. This figure does not include the many non-diagnosed or non-self-reported behavioral health challenges that undoubtedly exist as a result of trauma encountered by those experiencing homelessness.

Most housing opportunities for individuals with behavioral health needs come in the form of federally-funded homelessness or rental assistance programs. These resources are extremely limited, and those with behavioral health needs must compete against other demographics for these resources. Nonetheless, many positive strides have been made in advancing housing opportunities for persons with behavioral health needs. New Path Community Housing located in Boise offers 40 one-bedroom units to chronically homeless individuals, and housing is accompanied with extensive services and supports using the Housing First model.

In 2020, Valor Point, a similar supportive housing community in Boise, will offer 26 one-bedroom units to homeless veterans, many of whom have behavioral health needs. Several permanent supportive housing units for persons experiencing homelessness are also now included in each affordable housing development created using federal resources. Furthermore, local resources are being committed to create additional housing opportunities that will benefit this population. The Idaho Housing and Finance Association has secured increased federal program funds in recent years and dedicated millions of its own revenue towards addressing homelessness and supporting affordable housing projects. Advancements are also being made in the homelessness response system that assess each household to determine their needs in an effort to identify the programs that are most appropriate.

As positive as the homeless-specific resources and efforts have been, we must continue to strive for more housing resources dedicated to persons with behavioral health and substance use needs. Considering their limited income potential, lack of housing projects suited for their needs, the competitive rental market, and current imbalance between affordable housing needs and supply, there is no doubt additional housing resources dedicated to persons with behavioral health needs is paramount to providing care.

For more information on homelessness in Idaho, see the Idaho Homelessness Community report here: www.idahohousing.com/homelessness-services-programs/idaho-homelessness-community-report/.

RECOVERY COMMUNITY CENTERS

Idaho has nine recovery community centers located in Coeur d'Alene, Moscow, Lewiston, Emmett, Caldwell, Boise, Twin Falls Pocatello, and Idaho Falls. 2019 saw major focus on two important new efforts, along with several ongoing activities to support recovery and to create strong local recovery communities.

Recovery community centers have increasingly formed a continuum linking crisis intervention to recovery support. This continuum partners with Idaho's network of crisis centers, now operating in all regions of the state. If a person in a mental health or substance use disorder crisis contacts the recovery community center, they can be escorted to the nearest crisis center. In several communities, the recovery community center and crisis center are co-located, facilitating immediate access to services. The Recovery Community Center may provide a recovery coach or a center-trained volunteer to provide experienced companionship during the crisis center period of stay.

At the other end of the spectrum, when a person is discharged from the crisis center (which is limited to 23 hours in a single day), they can be immediately connected to the recovery community center. At this time, the recovery community center can provide recovery coaching to help the client to develop a recovery plan, access a wide variety of community resources, and connect with other individuals on a pathway to ongoing recovery. Clients are welcome to continue participating in activities that support recovery available at the recovery community center. The Lewiston and Moscow recovery community centers are actually operating crisis center services

In several communities, the recovery community center and crisis center are co-located, facilitating immediate access to services.

The second new initiative involves extending recovery community activities to rural communities in each region. Each center has been connecting with potential recovery community members in smaller communities to organize recovery supportive activities and establish a community of support as clients engage in recovery activities. This outreach effort received one year of funding through the Millennium fund to begin these outreach activities, and outreach efforts were further supported by statewide implementation of an AmeriCorps VISTA project (Volunteers in Service to America). VISTA members dedicate a year of effort through the Corporation for National and Community Service by helping centers to build capacity in organizing, volunteer recruitment, and resource development. These members are an important resource for each center where they are assigned to carry out the planned outreach work.

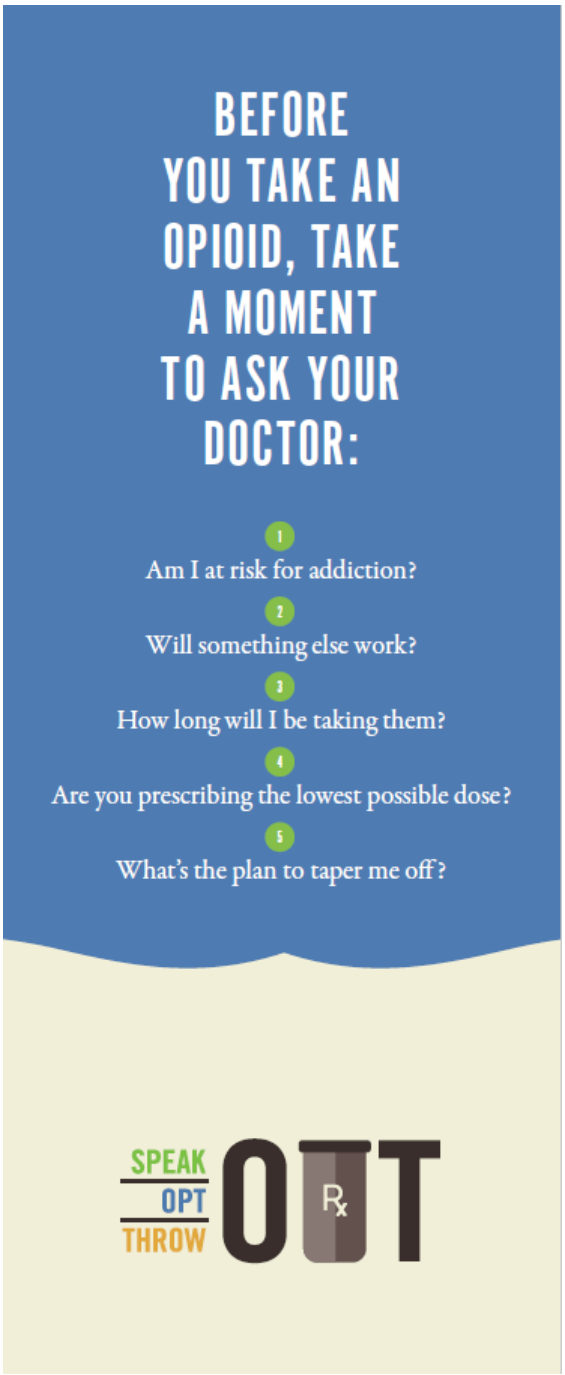
The national Substance Abuse and Mental Health Services Administration identifies health as one of four domains of recovery. Idaho centers are working to implement health related programs in their operations. A special program called Whole Health Action Management (WHAM) began this year. This peer-to-peer health improvement and management program will assist and support people in developing goals to strengthen their health and combat the current reality of drastically reduced life expectancy for people with mental illness and substance use disorders. In a related health area, recovery centers have expanded opportunities for community members to learn about opiate overdose reversal and suicide prevention as well as providing mental health first aid trainings.

In the past year, centers participated in the Idaho Recovery Open Awareness Ride (IROAR), a statewide motorcycle ride supported by Optum, kicking off September's national Recovery Month. There were stops at local recovery celebrations, each featuring a variety of activities ranging from barbecues and breakfasts to live music, games, and family fun. Despite a tragic crash during the early phase of the ride, IROAR went on to promote and celebrate recovery, ending in Emmett with a party in the park and a welcome to the riders from Governor Brad Little.

SUBSTANCE USE DISORDER PREVENTION

The Office of Drug Policy (ODP) and Idaho's substance use prevention partners are committed to planning and implementing a comprehensive community-based system of substance use disorder prevention programs.

In fiscal year 2019, approximately $4,000,000 in combined funding from the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Partnerships for Success Grant (PFS) was awarded to 54 prevention providers, 7 public health districts, and 17 law enforcement agencies to engage in a comprehensive array of evidence-based prevention strategies. Approximately 20,100 youth participated in evidence-based direct service prevention programs, and an estimated one million Idahoans were served by environmental, or community-based, prevention strategies.



Integrating substance misuse and prevention programming with behavioral health services requires a team approach. Grant funded programs capitalized on key partnerships across Idaho to:

- disseminate educational information;
- deliver prevention education and training to affect critical life skills including social skills, decision making and refusal skills;
- facilitate parenting and family programs;
- support alternative drug-and-alcohol-free activities, and;
- encourage community organizing, planning and coalition building efforts designed to have an environmental impact and change community norms, attitudes and behaviors.

In June 2019, ODP assumed leadership in carrying out the Governor's Executive Order (EO) 2019-09 establishing the Opioid and Substance Use Disorder Advisory Group. The Group is tasked with researching, evaluating, and providing recommendations to the Governor that will help Idaho build effective plans to prevent and combat opioid and other substance misuse.

Implementation of Idaho's Opioid Misuse and Overdose Strategic Plan moved into its third year with significant successes recorded within each of the four critical success factors: 1) Education of providers, patients and public; 2) Improvement of opioid prescription practices; 3) Strengthening and supporting families; and 4) Decreasing the number of Idahoans with untreated opioid use disorder (OUD).

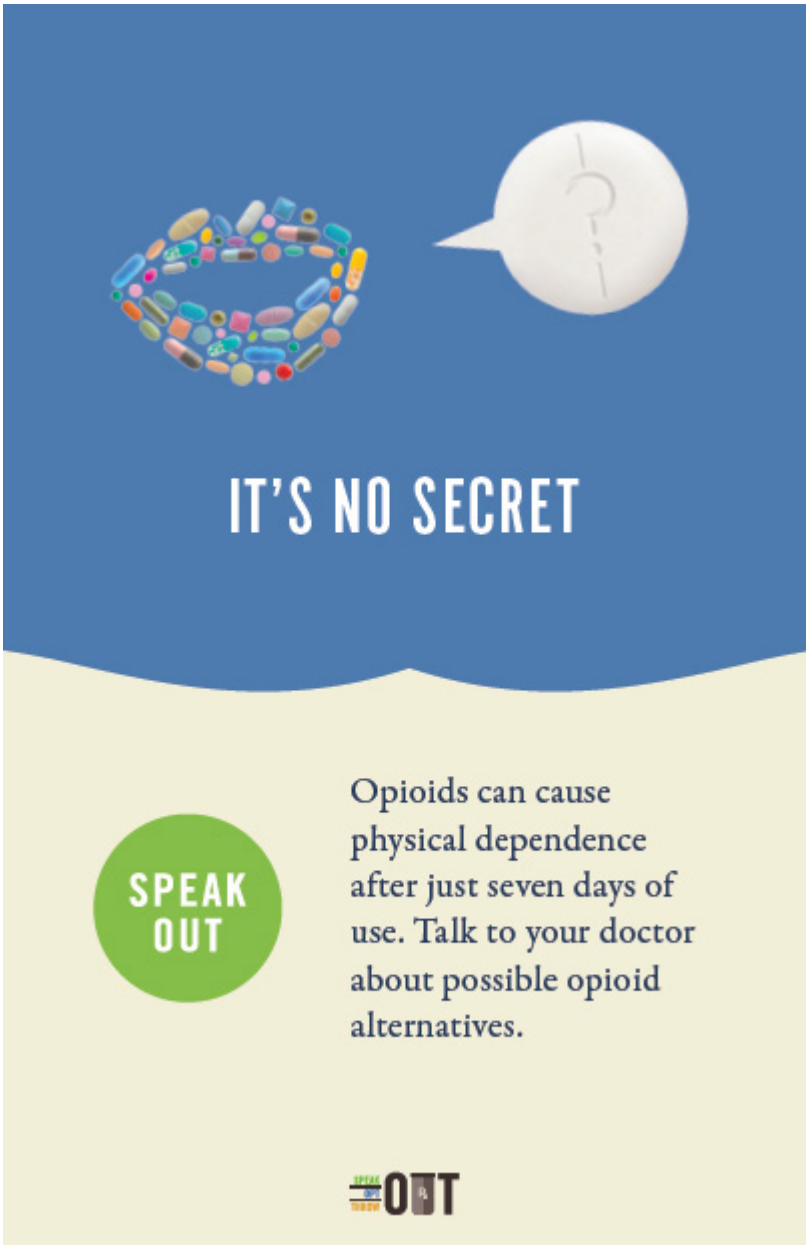
EXAMPLES OF SUCCESS

Provider registrations and use of the Idaho Prescription Monitoring Program (PMP): The Drug Overdose Prevention Program (DOPP) supported the purchase of Gateway/

NarxCare licenses and implementation fees through a contract with Idaho Board of Pharmacy to facilitate the integration of the PMP into everyday prescriber workflow. This allows clinicians at the point of care to quickly identify patients who may be at risk for prescription drug misuse, overdose, and death. The Board of Pharmacy reported the number of unique providers checking the PMP increased from 44.4% in FY 2017 to 65.1% in FY2019.

Naloxone Distribution: Funding from the Substance Abuse and Mental Health Services Administrations' (SAMHSA) State Targeted Response to the Opioid Crisis grant (STR) allowed the Office of Drug Policy to provide 1,472 naloxone (an opioid antagonist) kits to 65 first responder agencies, resulting in 37 reported overdose reversals.

Hospital-based Campaign: Additionally, ODP utilized a Millennium Fund grant to introduce a prescription opioid misuse prevention campaign in five hospitals across the state. The state and federally funded campaign's underlying message encouraged patients to "speak out" when prescribed opioids and ask their provider relevant questions, "opt out" of opioids whenever possible and explore available alternatives to pain medications when appropriate, and properly "throw out" any expired, unused or unneeded medications. Seventy-seven Idaho pharmacies and community organizations also joined the cause disseminating more than 86,000 pieces of related educational materials.



Idaho's prevention partners are committed to investing in prevention education that works by focusing on the use of evidence-based programs and practices in Idaho's schools and communities. While it is encouraging that the 2016-17 National Survey on Drug Use and Health (NSDUH) ranked Idaho at or below the national average for most illicit drug categories, it is equally disheartening to see that Idaho's past year meth use, in that same publication, ranks ninth in the nation, making the continued investment in front-end prevention efforts more important than ever.

IDAHO RESPONSE TO THE OPIOID CRISIS (IROC)

Idaho's Response to the Opioid Crisis (IROC) program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is administered by the Department of Health and Welfare, Division of Behavioral Health (DBH). The IROC program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for Opioid Use Disorders (OUD). OUD includes addiction to prescription opioids as well as illicit drugs such as heroin.

Idaho received its initial $2 million award through the SAMHSA State Opioid Response (SOR) grant in May 2017. Since that time, Idaho has been awarded a total of $10 million to implement and/or continue the efforts described below. This funding will be available through September 2020.

SOR funding has been used to expand access to Medication-Assisted Treatment (MAT) including methadone, suboxone, and buprenorphine. The data included in this report reflects only the October 2018–September 2019 time period. Please see previous reports for earlier data. During this time period, 701 Idahoans accessed traditional substance use disorder treatment, and of these individuals, 313 of them received MAT.

Recovery coach services can play a critical part in an individual's recovery journey.

From October 2018–September 2019, IROC also provided funding to multiple prevention and recovery initiatives including the following:

The distribution of 2,944 doses of naloxone, the opioid overdose reversal drug, to 65 organizations across the state through the Office of Drug Policy. These organizations have reported 48 naloxone administrations and 37 overdose reversals. The figures are certainly higher as organizations receiving naloxone through this program are not required to report number of administrations or reversals.

The provision of funding to Recovery Idaho and Idaho's nine Recovery Community Centers to support their efforts in providing early engagement services to individuals with an OUD discharging from hospitals, crisis centers, jails, and prisons.

Over the last year, the Department of Behavioral Health (DBH) has used the SOR grant to expand Idaho's recovery-oriented system of care, specifically with the addition of recovery coaching services in Emergency Departments and coordinated jail/prison reentry efforts. Beginning a year ago, this funding provided the opportunity for a Law Enforcement Assisted Diversion (LEAD) pilot program to be implemented in Boise. Through LEAD, ten individuals were given the opportunity to become enrolled in an opioid use disorder treatment program in lieu of going through the criminal justice process for crimes they were being charged with. Upon successful completion of treatment, these individual's original charges were not processed through the court system. As of December 2019, this limited pilot was showing a 50% success rate. DBH is working with the communities of Moscow and Idaho Falls to implement similar LEAD programs.

The Department of Behavioral Health also provided funding opportunities to Idaho's five federally recognized Tribes in Idaho to address the individual needs of their communities. Three of Idaho's tribes, Shoshone Bannock, Shoshone-Paiute, and Coeur d'Alene, have taken this opportunity to address the opioid

epidemic from multiple fronts including implementing MAT programs, provider and first responder trainings, as well as launching opioid awareness campaigns.

In December 2019, DBH announced a funding opportunity for medical facilities within Idaho that provide emergency response services to receive funding for implementing warm handoff programs within their clinics. Specifically, this funding would cover the cost of a recovery coach(es)' salary for up to one year. The recovery coach would then be able to provide immediate intervention services to individuals who have survived an opioid overdose, assisting these individuals with accessing treatment, including MAT, and recovery support services throughout their communities.

Recovery coach services can play a critical part in an individual's recovery journey. To ensure this service is available statewide, DBH has partnered with both Recovery Idaho and the Shoshone Bannock tribe to provide low cost recovery coach trainings across the state. These trainings will be completed over the next year with the goal of increasing the number of certified recovery coaches in Idaho who can provide these critical peer-to-peer services.

For more information on IROC, please visit the website: https://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/AccessIROCServices/ or contact Rachel Gillett at (208)332-7243.

IDAHO DEPARTMENT OF CORRECTIONS (IDOC)

The Idaho Department of Correction (IDOC) remains a critical component in Idaho's system of behavioral health care. Community based behavioral health services available to IDOC probationers and parolees include substance use disorder (SUD) services and mental health services. Providing felony offenders with community-based services rather than through incarceration and delivery in a state facility reduces their risk of reoffending with a corresponding cost avoidance through reduced incarceration rates.

As of June 30, 2019, 41.5% of IDOC offenders were on community supervision for drug crimes and 13.2% for an alcohol offense. In total, 5,757 (45.8%) probationers and 1,014 (23.8%) parolees had a current substance use disorder problem and would have benefitted from SUD services. The IDOC budget for SUD services in FY19 was $7,926,695. Funding provided community-based drug and alcohol treatment services for adult felons through a statewide private provider network. Available treatment services included assessment, outpatient/intensive outpatient care, residential care, and recovery support services including case management, drug testing, safe/sober housing, life skills, and transportation. In FY19, 5,825 IDOC offenders received SUD services through the private provider network.

41.5% of IDOC offenders were on community supervision for drug crimes and 13.2% for an alcohol offense. In total, 5,757 (45.8%) probationers and 1,014 (23.8%) parolees had a current substance use disorder problem.

State general funds also supported IDOC clinical staff positions in all seven judicial districts. The primary job duties for IDOC clinical staff involved the delivery of SUD aftercare treatment to reentering offenders, completion of presentence alcohol and drug assessments, and the monitoring of client treatment engagement via care coordination.

In FY19, the Idaho Department of Health & Welfare managed $5.4 million in state general funds to provide community based mental health services to IDOC's probation and parole population. Available services include assessment, individual and group therapy, and medications/medication management through Idaho's Federally Qualified Health Clinics. In FY19, IDOC referred 1,666 clients for a mental health assessment.

VETERANS' BEHAVIORAL HEALTH NEEDS

Soldiers struggle with many of the same behavioral health issues that civilians face. With several of our behavioral health boards and communities supporting education and treatment programs specifically for veterans, preventative health is progressively becoming the primary focus. With preventative healthcare comes awareness.

In Idaho, we offer veteran education programs for suicide prevention, substance use disorders, and trauma. Although veterans are covered for behavioral health services under TRICARE, the coverage does not include treatment for pornography and sex addiction, which can dehumanize, desensitize, and cause relationship problems. These addictions are often at the core of divorce, suicidal ideation, poor resiliency, isolation, loneliness, and substance use disorders. Sex-trafficking is a more severe symptom of these issues.

Additionally, TRICARE's low reimbursement rates for covered behavioral health conditions have resulted in lack of access to care for veterans. Many providers are unwilling or unable to accept TRICARE, often leading to soldiers/veterans seeing providers who do not specialize in specific areas of need and are therefore not as qualified or effective. Another issue is that many providers who are still willing to accept TRICARE are unable to see qualified patients because TRICARE has dropped them as approved providers. Northern Idaho has been especially affected by these issues. Ultimately, we need more awareness of the behavioral health concerns our veterans are facing, so that key stakeholders will play their parts in addressing the need for access to effective, comprehensive behavioral health care.

"We remember those who were called upon to give all a person can give, and we remember those who were prepared to make that sacrifice if it were demanded of them in the line of duty, though it never was. Most of all, we remember the devotion and gallantry with which all of them ennobled their nation as they became champions of a noble cause." -Ronald Reagan

SUICIDE PREVENTION

Idaho continues to see an increase in the number of deaths by suicide. During 2018, 418 of Idaho residents died by suicide with an overall rate of 23.8 per 100,000 residents. Idaho remains among the states with the highest suicide rate, with suicide being the second leading cause of death for all Idahoans aged 15-44. Suicide prevention work remains an important priority statewide. During the summer of 2018 the suicide prevention program (SPP) and various stakeholders participated in a strategic planning process to establish the five-year Suicide Prevention Plan and the shorter-term Action Plan with a goal of achieving a 20% reduction in Idaho's suicide rate by 2025. The new plan, which is consistent with the National Strategy for Suicide Prevention, identifies 12 goals and 58 objectives that will guide the State of Idaho's suicide prevention efforts.

Since the new plan's creation, the SPP, in collaboration with the Idaho Suicide Prevention Action Collective (ISPAC), a large stakeholder group focused on implementing the five-year plan and ensuring suicide prevention activities are occurring statewide, is now focusing efforts on the new strategic plan specifically across the following priorities:

Between 2014 and 2018, 125 Idaho school children (ages 6-18) died by suicide.

1. Youth Education and Prevention
2. Zero Suicide Care Provision
3. Idaho Suicide Hotline
4. Training & Technical Assistance
5. Regional Collaboratives
6. Statewide Collaborative tied with Communications and Outreach

Youth education and prevention continues to a be top priority. Between 2014 and 2018, 125 school children (ages 6-18) died by suicide; 31 of those deaths were among children age 14 or younger. The State Department of Education continues to contract with the Idaho Lives Project (ILP) to help local schools across the state implement prevention, intervention and postvention activities. Funding was used to hire three regional coordinators who worked with 17 new schools as they implemented the evidence- based Sources of Strength program. The mission of the Sources of Strength program is to prevent suicide by increasing help seeking behavior, developing resiliency skills, and promoting healthy connections with peers and caring adults. The ILP has also been actively working with schools to fully implement the Jason Flatt Act, which was passed in 2018. Regional coordinators provided gatekeeper training to school administration, students, and parents to increase awareness of suicide prevention and intervention. ILP staff worked to aid school administration, students, parents and communities with the healing process after the death of a student.

It is imperative that law enforcement be trained and competent in attending to the needs of individuals engaging in suicidal behavior. To address this initiative, efforts were directed to assist local law enforcement officers in attending Crisis Intervention Team (CIT) training by offering grants to cover personnel costs for temporary staff to cover the typical one-week absence of the assigned staff member(s) attending the CIT Training and to cover travel costs for assigned staff members(s) to attend the CIT Training. The Training and Technical Assistance working group has also been developing a list of suicide prevention training options and identifying local trainers able to conduct the training. These lists will serve as a valuable resource to local and regional suicide prevention partners. The Communication and Outreach work group has been assessing and developing various resource material available through the SPP website to assist our state partners implement community and outreach suicide prevention activities.

Local suicide prevention efforts began in Public Health Districts 1, 3, and 6 last year. Funds have been allocated to allow for a part time staff within each health district to bring together local planning groups to implement the suicide prevention plan within all counties of the district. Additionally, a Zero Suicide Academy was held in Health District 6 in April 2019, with 14 health facilities participating in this two-day training. Zero Suicide Academies support local health facilities to implement suicide screening and follow up within those facilities. As a result of this initiative, the SPP and the Zero Suicide Care Provision working group are currently developing tools for health care facility reporting. Screening and referral services by care providers is a critical component to reducing deaths by suicide as most individuals who are contemplating suicide seek medical and behavioral health services.

IDAHO DEPARTMENT OF JUVENILE CORRECTIONS

COLLABORATION: THE FOUNDATION OF IDAHO JUVENILE JUSTICE SUCCESS

As we approach the 25th anniversary of the Juvenile Corrections Act (JCA) of 1995, Idaho continues to improve in our efforts to serve at-risk youth. The strength of partnerships and collaborative efforts with the judiciary, counties, and local communities allows for significant advancement in the juvenile justice system. This collaboration resulted in the lowest census (212) since the Department's inception, while approximately 95% of justice-involved youth received services at the county level. County probation and detention offices, in partnership with the Idaho Department of Juvenile Corrections (IDJC), implement the Balanced Approach and Restorative Justice philosophy, which emphasizes four priorities: community safety, accountability, competency development, and restoration to victims and communities. Through this approach, both the counties and the state work together to ensure juvenile justice in Idaho is a system that provides the best possible opportunities for youth to lead productive lives in the future. By applying the Balanced Approach and Restorative Justice Model and taking into account the developmental stage of the offender and the severity of the offense, Idaho's juvenile justice system fosters individual responsibility, protects the community, and enhances Idaho citizens' quality of life. Research consistently demonstrates that serving youth in the community leads to the best outcomes possible.

BEHAVIORAL HEALTH

This year, the IDJC Community Operations and Program Services (COPS) Division announced the creation of the Behavioral Health Unit. To support this new entity, the programs formerly known as the Mental Health Program (MHP), Community Incentive Program (CIP), and Re-Entry Program (REP) and all associated funding were consolidated into one program now titled Community-Based Alternative Services (CBAS).

Substance Use Disorder Services (SUDS)

- Targeted Services: substance use disorder treatment
- Total funds utilized: $2,316,814
  Total youth served: 731
-

Community-Based Alternative Services (CBAS)

- Targeted Services: mental health treatment, commitment/recommitment prevention, behavioral addiction treatment
- Total funds utilized: $812,568
- Total youth served: 547

Detention Clinician Project

- Targeted Services: support detention clinician positions in Idaho's juvenile detention centers
- Total funds utilized: $657,110
- Total youth served: 956

In FY19, the IDJC's funding continued for community-based programs that demonstrated positive outcomes for youth and effective use of state funds. These funds focus on youth at risk of commitment to the IDJC, youth with behavioral health issues, and youth re-entering communities after state commitment. These funds complement Idaho's Behavioral Health System (Medicaid) by maximizing its valuable resources while also providing additional gap services to youth involved in Idaho's juvenile justice system. As a result, Idaho's youth have a full spectrum of community-based treatment for their behavioral health needs in their home communities.

IDAHO JUVENILE JUSTICE DEMOGRAPHICS 2019

Gender: Male 84% Female 16% **Average Age:** 17.2 years **FY19 Average Length of Custody:** 19.8 months
FY19 Recidivism Rate: 29% **FY19 Recommitment Rate:** 16%
Race/Ethnicity: White 63% Hispanic 17% Black 8% American Indian 7% Other 5%
Crime: Property 34% Person 28% Sex Offense 24% Other 14%
Crime Level: Felony 54% Misdemeanor 46% **Mental Health Diagnosis:** 45%
Co-occurring Disorders (substance use and mental health diagnosis): 29% **Substance Use Disorders:** 61%

YOUTH EMPOWERMENT SERVICES (YES)

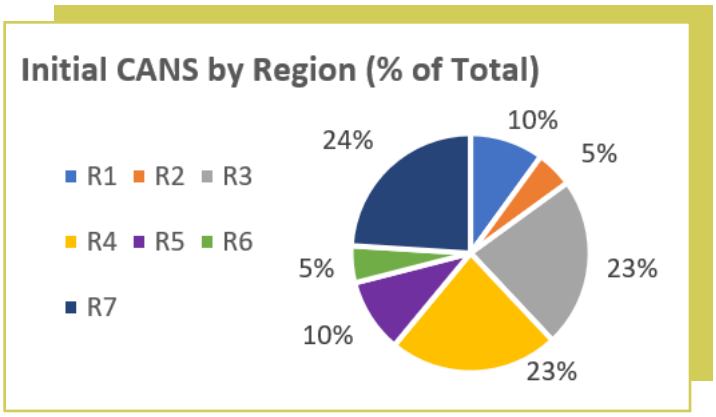
Idaho is in the fourth year of the development of the Youth Empowerment Services (YES) system of care for children, youth, and families. The goal of YES is to develop, implement, and sustain a youth and family-driven, coordinated, and comprehensive mental health delivery system. The development of YES is the combined work of the Department of Health and Welfare's divisions of Medicaid, Behavioral Health, and Family and Community Services; the Idaho Department of Juvenile Corrections; and the State Department of Education. These five entities, Idaho's YES system partners, are committed to developing statewide capacity to provide services and supports that meet the needs of children, youth, and families in scope, intensity, and duration.

ACHIEVEMENTS

Idaho has made significant advances over the past year in the development of the YES system of care. Some of these achievements are summarized below.

Increased the Number of Children and Youth who Have Medicaid Benefits

As of December 2019, there are 1,973 members in the Medicaid YES Program. This program provides Medicaid benefits to children and youth with serious emotional disturbance (SED) whose household income is under 300% of the federal poverty limit. Of these members, 581 are children who would not otherwise qualify for Medicaid benefits because their household income is too high for other programs.



Child and Adolescent Needs and Strengths (CANS) Used Statewide to Assess for Mental Health Needs

As of July 2019, the CANS is the approved functional assessment for children statewide with mental health needs in Idaho. The Division of Behavioral Health (DBH) used the CANS throughout the review period. Medicaid network providers began using the CANS mid-year. Optum Idaho (Medicaid's managed care contractor) contracted with The Praed Foundation to provide in-person and online training in each region of the state to help network providers transition to using this assessment tool.

All assessments are recorded in the ICANS platform, which allows the YES partners to monitor outcomes and identify quality improvement and training opportunities. Data indicates that CANS assessments are occurring in every region of the state. In April, May, and June 2019, there were 2,955 youth who received an initial CANS. The following pie chart shows the distribution across regions.

Initiated the Implementation of Wraparound Services

The Department of Behavioral Health initiated the implementation of a high-fidelity Wraparound Program and is providing Wraparound in all seven regions in the state.

Region	IDHW, DBH, Region 1	IDHW, DBH, Region 2	IDHW, DBH, Region 3	IDHW, DBH, Region 4	IDHW, DBH, Region 5	IDHW, DBH, Region 6	IDHW, DBH, Region 7	Total
Number receiving services	15	15	9	26	32	14	31	142

Based on the projected rollout of Wraround, the goal was to provide services to 150 children and families by Dec 31, 2019. DBH is on track to achieve that target. While the Wraparound Program is still evolving with the support of the Portland State University System of Care Institute, DBH is completing the training for staff that will allow an increase in the capacity of Wraparound over the next four months. Additionally, DBH is focused on establishing a coaching model to support the development of the practice in Idaho.

Increased Family and Stakeholder Engagement

Families and community stakeholders have played a crucial role in the development of the YES system of care. Two new committees were implemented that serve as conduits for bringing their voices to the awareness of those with decision making authority:

- The Quality Management Improvement and Accountability (QMIA) Family Advisory Subcommittee (QFAS).
- The IGT's Clinical and Training subcommittee (ICAT).

The families and community stakeholders worked with the state partners by providing feedback on proposed services, training, policies, processes, and communication materials. Through open communication about how these changes will affect providers, parents, and members, the state was able to identify and address potential risks and issues when operationalizing the services and processes.

Enhanced Service Array

Through service development work with the YES stakeholder groups, Optum Idaho was able to improve the practice standards and operational processes for current children's mental health services. In addition, Optum Idaho developed new services and programs to increase treatment options in the Idaho Behavioral Health Plan (IBHP) for children with SED.

These services include but are not limited to the following:

- Targeted Care Coordination/Case Management
- Youth Peer Support Services
- Behavior Modification Services
- Crisis Intervention Services
- Development of individualized person-centered plans that address behavioral treatment goals
- Implementation of the Child and Adolescent Needs and Strengths (CANS) assessment to clearly identify areas of significant functional impairment which are integrated into the treatment plan and goals
- Introduction of child focused skill building services designed to target the functional impairments identified using the CANS
- Medicaid covered respite

Dear Representatives,

We appreciate your work over the past year, and especially last session, regarding Children's Mental Health in Idaho. As it was before we adopted our two boys, it is incredibly difficult to imagine and understand the myriad of issues, roadblocks, concerns and, unfortunately, violence that families with children with mental health concerns must manage on a daily basis.

Ultimately, the work that can be done at the earliest stages, before adolescence in my experience, will reduce overall costs to the state and make society safer if there are resources available to families. Idaho's resources are imperfect, but other states can share their templates for success with wrap-around, respite, informed therapists, and school districts that throw out the old thinking of restraint "for safety" when in fact is traumatizes everyone involved.

Please continue to keep your ears, eyes and hearts open to the most vulnerable of your constituents.

The Callahan-Giuntini Clan, Boise, ID

CONTINUING WORK

Availability of Services

The availability and delivery of publicly funded children's mental health services continues to be a challenge. The availability of mental health providers in Idaho (there is a statewide designated healthcare provider shortage for mental health), difficulties in both recruiting new qualified providers and in retaining providers, the growth of the state population, and access in both rural and frontier areas of the state are factors that impact the availability of services. Optum Idaho has reported that providers in the urban areas of Idaho have been much more likely to be early adopters as they serve larger populations, are more likely to be agencies rather than sole practitioners, and have more resources available to expend on new service implementations.

Our family's journey had been one of isolation until we discovered the Idaho Parent Network and the YES System of Care. It was as if a light had been ignited, showing us we were not the only family facing these challenges, that we were not the only family forced to have their child placed out of state to receive treatment. Instead of fighting these battles alone, we realized we had a tribe surrounding us. The journey is still long, and we continue to run into roadblocks, but we are not alone. More and more families discover they too are not alone in this battle to help their children be their best selves. -A family in Latah County

To address availability to care, YES partners are researching best practices to increase the effectiveness of services, enhancing coaching and training, implementing new strategies for increasing the number of healthcare providers (for example, DBH and Medicaid are working to develop plans for enhancing the number and training for Youth Peer Specialists and Family Support Partners), and increasing the focus on development and expansion of the use of telehealth.

Continue to Develop a Centralized Complaints Process

Based on agreement from the YES Partners, DBH published the current DBH Children's Mental Health (CMH) Complaint Line as the YES Complaint Line, however each partner agency has its own individual process for addressing and responding to complaints as required in federal regulations or state IDAPA rules. This lack of system integration has contributed to families feeling that they do not know where or how to file a complaint. Although a considerable amount of work is being done to address individual family concerns, the state has not arrived at a plan for a centralized and integrated complaints system.

The QMIA Council has been tasked with providing a plan for a long-term solution to establishing a centralized complaints process and anticipates providing this plan to the IGT by the end of 2019.

Finalize Quality Review plan

The QMIA Council is working on drafting a plan for the Quality Review process required in the Agreement. It is expected that there will be three components to the Quality Review that will be included in the plan:

A survey or focus groups with families and/or youth who have received YES services.

A detailed review of client records.

A review of the outcomes of services which will be measured by changes in the CANS tool.

YES partners will work with the Plaintiffs to develop the plan for conducting Quality Review in January of 2020.

Finalize YES Success Measures

Continue to develop methods to report out on success measures that the parties have agreed demonstrate state compliance with the Implementation Plan in time to use it before June 2020.

REGIONAL BEHAVIORAL HEALTH BOARD REPORTS

The Regional Behavioral Health Boards (BHBs) are a critical component to Idaho's transformed Behavioral Health System. The Behavioral Health Planning Council continues to support and encourage effective communication between the BHPC and each of the BHBs. Below are brief updates about the activities of each of the seven regional BHBs from the past fiscal year.

REGION 1

Access to mental health care has remained about the same for Region 1 when compared with 2018. The region

continues to experience long wait lists for psychiatric evaluations and counseling appointments. Positive efforts have been made by the Children's Mental Health committee's implementation of Trust-Based Relational Intervention (TBRI) in our region to assist youth and their families. Bonner County has opened limited supportive housing for men and women. Multiple media campaigns in the community focusing on education and anti-stigma messages were completed in the spring and summer of 2019. The Region 1 Behavioral Health Board continues to reach out to the community to determine where and how we can make a difference.

Region 1's top three goals for 2019 were as follows:

1. To assist in developing alternatives to hospitalization for youth and establish a youth crisis center.
2. To assist in establishing suitable housing for individuals and families with severe mental illness (SMI) and substance use disorders (SUD).
3. To promote access to treatment for mental health and SUD.

To accomplish these goals, we developed the following action items:

1. Advocate for a youth focused crisis center or availability of 24/7 crisis services.
2. Collaborate with local agencies for housing solutions particularly for those individuals discharged from state hospitals and advocate for additional HART homes.
3. Advocate for step down treatment programs as an alternative to hospitalization or as a support post hospitalization to prevent readmissi on. Promote behavioral health integration in primary care.

"Region 1 has a suicide rate that is almost twice that of the national average. A focused effort to improve service delivery for those suffering from mental health and substance use disorder must be a priority. A loss of one life is too many."—Region 1 Behavioral Health Board

To date, the Region 1 Children's Mental Health subcommittee has successfully trained 50 people from northern Idaho in Trust-Based Relational Intervention (TBRI) and have moved forward with integrating TBRI training and practices in our region. We supported and assisted in the opening of a men and women's house in Bonner County. Our adult Behavioral Health committee has connected with and is assisting North Idaho Connections as a continually updated resource guide to services in our area which can promote access to care.

We also participated in several community events including TBRI practitioner training, SPAN Suicide Awareness Walk, Opioid Symposium, Community Health Assessment, Shoshone Farmers Market, Family Fun Fair for Children's Mental Health week, two CIT police officer academies, creation of sensory toolkits for TBRI trainings in the region, "Before the Movie" ads to end stigma for three months at the well-attended Discount Theatre, and we partnered with OPTUM for billboards for Stop the Stigma information.

Access to substance use disorder services continue to be a challenge in Region 1 due to fluctuation in funding and provider availability. Positive work in the community is being supported by the Region 1 Behavioral Health Board, including the Panhandle Health District's work in prevention, harm reduction, and community resources for opioid use disorder and the PFS grant. The board has also worked to support the Kootenai County Recovery Center in

various ways. Finally, the board is seeking information on the need for youth substance use disorder providers and treatment and is providing information to the community regarding resources and solutions.

REGION 2

In 2019, we saw some improvement in mental health services in our region; however, with the closure of St. Joseph's Regional Medical Center outpatient mental health clinic, the closure of Department of Health and Welfare's Behavioral Health services, and Sequel Alliance leaving Idaho, access to care is decreasing rapidly. We have seen no improvement this year in children's mental health inpatient access. An ongoing concern is that financial support for our rural Crisis Centers is decreasing.

Region 2's top three goals were as follows:

1. Increase workforce capacity.
2. Increase sober housing in rural and frontier counties.
3. Increase community outreach and education about the YES program.

To accomplish these goals, the board developed the following action items:

1. Increase workforce capacity in prevention and telehealth. Develop a list of tele-behavioral health counselors in Idaho and post on our website. Bring tele-behavioral health training and certification to Region 2.
2. Research a homeless shelter in Lewiston. Participate in a community housing forum.
3. Assist YES program specialists in disseminating YES information quarterly to public, clinicians and CMH in D2.

"Proper support of mental health services is the most economical and ethical way for the State of Idaho to help all of its citizens. It is proven to result in decreased hospital and incarceration costs and returns productive citizens to our society."—Darrell Keim, Latah Recovery Center Director

As of September 1, 2019, two of our proposed four rural crisis center networks are open and serving the public. Medicaid expansion details are being monitored and implemented by the State Department of Health and Welfare. However, no ongoing State funding for Recovery Centers has been established.

We participated in a variety of community events and trainings, including the Latah Recovery Festival, CIT training, ICADD conference and training, QPR trainings, Hands Across the Bridge, DiTep training, and Strengthening Families trainings.

We have seen improvement in substance use disorder recovery services with our two Recovery Centers in Moscow and Lewiston, but fundraising for these services has proven to be challenging. Our two Recovery centers are reaching into other rural areas, but this is one-year funding only. We have seen no improvement in access to treatment resources for substance use disorders. We have seen no improvement in children's access to treatment, due to a shortage of providers.

REGION 3

In 2019, we have seen access to services increase in Region 3 due to the opening of the new Western Idaho Community Crisis Center and the collaboration with our long-time successful Recovery Centers in Emmett and Caldwell. Due to lengthy travel distances within Region 3 from county to county, we still lack adequate transportation from outlying areas to obtain services. Many of our clients in those outlying areas prefer in-person visits rather than telehealth services.

Region 3's top three goals for 2019 were as follows:

1. Develop a five-year strategic plan.
2. Create an Adolescent Resource Guide and update the Canyon County Self Rescue Manual https://selfrescuemanual.com/
3. Open our Crisis Center.

To accomplish these goals, we developed the following action items:

1. Develop five goals, strategies, and measurable outcome indicators.

2. Identify and locate resources based on gaps and needs, community feedback, and regional needs. Boise School District is gracious enough to house the resources on their website and provide edits at no charge.

3. Reviewed Crisis Center requests for proposals and assembled/participated in an advisory workgroup, generated community support, and opened our doors in April 2019

We have completed and deployed a survey to select three goals for 2020. The three goals were selected, and the board is providing ongoing updates to the strategic plan. Our gaps and needs assessment has been created and deployed. We awarded a contract for the crisis center and are working on a sustainability plan.

We participated in several education and community events including the Idaho Integrated Behavioral Health Network (IIBHN) conference, and we worked to promote awareness of Region 3 in our area. We also sponsored one scholarship. Since September 2019 is National Recovery Month, members of the Board participated in the kick-off Pancake Breakfast of I-Roar at the Canyon County Recovery Center and the Governor's delivery of the Proclamation in Emmett, Idaho where the I-Roar event concluded at the Gem County Recovery Center. [PICTURES]

Region 3 attended ICADD (Idaho Conference on Alcohol and Drug Dependency) as a vendor and sponsored five full scholarships for community members to attend the conference. The Idaho Department of Health and Welfare held a 32-hour CIT (Crisis Intervention Team Training) in Emmett, Idaho, and the Board sponsored the speaker for one full day of the training. There were 43 in attendance. We supported the Annual Prevention Conference in Sun Valley by offering five scholarships to attend; however, there weren't any accommodations available at the conference, so no one applied for the scholarships.

"The Region 3 Behavioral Health Board provides several opportunities to serve the community by both Board membership and through Community Partners. This is a working Board preparing to take on tasks"—Region 3

REGION 4

In 2019, access to mental health services has improved in some respects, but we have also faced challenges. There is not enough support to keep up with the population growth in our community, and we still face numerous access challenges in the rural areas. We are hopeful that Medicaid expansion will help our clients to connect with services.

Region 4's top three goals in 2019 were the following:

1. Improve continuity of care through education and awareness, including education for policy makers and working with the Department of Behavioral Health to identify statutes that inhibit care.

2. Improve crisis response.

3. Standardize response and treatment protocols.

To accomplish these goals, we developed the following action items:

1. Educate legislators and continue to foster relationships, including hosting educational event for legislators and key decision makers.

2. Educate providers and stakeholders.

3. Update and expand the use of the self-rescue manual.

The Region 4 Behavioral Health Board has hosted two legislator Meet & Greet events and will host a third this winter. These events give the board members an opportunity to meet with and educate legislators and other stakeholders on the behavioral health needs of the community. The board's goal is to host two meetings a year that focus on legislators in an effort to foster these relationship and continue to be a resource.

"Our Behavioral Health Services are a lifeline linking the individual to our community resources. I think behavioral health services are the greatest asset we have in the community. Without behavioral services, those in the community are left without a lifeline." —Shirley Freer, Region 4 peer and community member

In addition to these Meet & Greet events, we also participated in the second annual Idaho Integrated Behavioral Health Network (IIBHN) Conference, the 2019 Community Information Resource Fair, ICADD and Mental Health Awareness Month in May 2019, and Mental Health Awareness night at the Boise Hawks game. For substance use disorders, we supported the 2019 Recovery Rally and participated in the Treasure Valley Partnership Opioid Response workgroup. We presented at the Southwest Idaho Peer Support Connections Conference.

Access to SUD services has improved particularly in response to the opioid crisis. Other populations still struggle to access services and funding. We are also hopeful that Medicaid expansion will help with access to SUD services.

REGION 5

The Region 5 board continues to operate within our mission and vision statements by striving to improve systems of care for those affected by behavioral health issues. We also continue to build relationships as a community partner with other organizations aligned with our mission.

In Region 5, our board identified the following goals for 2019:

1. Access to care, including mobile care and telehealth.
2. Public education and outreach, including youth services, first responder trainings, and education for the general public as well as legislators and county administrators.
3. Housing, including crisis housing, transitional housing, and permanent housing.

We took the following actions to meet these goals:

1. We researched transportation options.
2. We provided mini-grants to numerous community organizations including Idaho Federation of Families, NAMI Wood River (youth services), The Walker Center, and the Jerome Fire Department.
3. We provided mini grants to Men's Second Chance Living for transitional housing and to the Crisis Center.

In addition to providing microgrants to the community organizations mentioned above, we participated in the Children's Mental Health Services Mental Health Services in Schools project.

REGION 6

In Region 6, we feel that the ability to fund services and the type of services that are reimbursable has improved in 2019. Our community now has a Crisis Center, and we are preparing for Medicaid expansion, which will allow many individuals to access much needed behavioral health services. However; as a community we are now facing the next challenge in developing a network of providers to deliver those services and accessibility to those services.

Region 6's top three goals for 2019 included the following:

1. Provide education, awareness, and resources to our community and agencies within our region on behavioral health needs.
2. Identify barriers to the accessibility of behavioral health treatment and work collaboratively to decrease those barriers.
3. Provide education and advocate for support services, such as peer support specialists, recovery coaches, and caregiver supports.

To accomplish these goals, we developed the following action items:

1. Promoted local trainings including Crisis Intervention Team (CIT), QPR, Mental Health First Aid, Annual CMH Sub-Committee Conference for the community, ICADD scholarships, and increased awareness on Medicaid expansion.

2. Facilitated discussions regarding barriers to behavioral health treatment and identified ways to decrease those barriers, which include housing, access to treatment in our rural communities, recovery support services, and caregiver supports.

3. Attended and supported various community events to share information about behavioral health resources and to increase awareness of the goals of the Region 6 Behavioral Health Board.

"Every community has members who suffer from mental health issues and/or substance use. As human beings, we must support and strengthen our communities by providing access to appropriate treatment, medication management, and support systems. With proper services, people can manage mental health symptoms, families can heal, and people recover." —Region 6 concerned community member

As a board, we have grown our membership and have every position filled. We have worked hard to unify and to collaborate on behavioral health needs in our region. We have advocated for a Recovery Center and Crisis Center, which are now both operating with success. We continue to educate and provide resources regarding services available within our region and to support community events. We are excited about the Partnership for Success Grant and are implementing prevention strategies for our youth.

We participated in a variety of education and community events last year. These included a Children's Mental Health sub-committee event "Youth at Risk." Approximately 5000 people attended the community's Ghostly Gatherings, where our Children's Mental Health Committee partnered with the Juvenile Justice committee to distribute information. We participated in the Opportunity Community (American Falls) resource fair. Information was provided at this resource fair to families on how to access mental health services.

We provided information and resources about overall behavioral health treatment services at events including Recovery Fest, Farmers Market, Idaho State University's Health Fair, and the Welcome Back Orange and Black event. We held monthly community meetings in partnership with Juvenile Justice, sponsored scholarships for members to attend the ICADD Conference, and held a 2018 SIPH/Region 6 Behavioral Health Board Legislative Update Dinner.

As noted above, we now have a Crisis Center and a Recovery Center which provide much needed substance use disorder and mental health services within our region. Medicaid expansion will allow many individuals the ability to access substance abuse treatment and medication assisted treatment. However, we need to develop a provider network to deliver those types of services and accessibility to those services. We continue to have a great need for safe and sober housing and recovery coaching.

REGION 7

When we surveyed our Region 7 Behavioral Health Board members about 2019 mental health care, they reported that while services have improved, the quality is not always consistent and the available providers still do not meet community needs. Crisis centers and recovery centers, as well as more psychiatric beds at the behavioral health center, have all contributed to improved care. However, board members noted the ongoing need for awareness and resources.

Region 7's top three goals were the following:

1. Fund projects that support our mission and strategic plan priorities.

2. Address issues of homelessness in behavioral health population.

3. Share and provide education, resources, and training opportunities for the community and behavioral health professionals.

To accomplish these goals, we developed the following action items:

1. Reviewed and voted on applications/funding requests paying attention to their alignment with the R7BHB mission.

2. Commissioned via Voice Advocacy a housing study to assess the issues relating to homelessness in the BH population.

3. Provided educational presentations and trainings for board members at each Region 7 Behavioral Health Board meeting. Resources related to these presentations/trainings are also then shared with the public/community partners through the R7BHB e-mail list serve and website (https://eiph.idaho.gov/RBHB/rbhbmain.html).

"The importance of mental health is pivotal to overall health. It is imperative that we all work together to increase awareness, improve access to treatment, and remove the stigma associated with mental health." —Stephanie Taylor-Silva, who holds the Region 7 board seat of Substance Use Disorder Consumer Representative. She is also the re-entry specialist at District 7 Probation and Parole.

In 2019, Region 7 funded a total of seven projects including CIT (Crisis Intervention Team) training, ICADD, TRAPPED, Upper Valley Child Advocacy Center, TRPTA, Voice Advocacy (housing study), and Syringa Senior Residential Facility at State Hospital South. The results of our housing survey are still pending.

We participated in several community and education events including ICADD, Celebrate Youth, Community Suicide Prevention's (formerly SPAN Eastern Idaho) golf tournament and monthly meetings, Chukars baseball game, Community Conversations with Voice Advocacy, presentations at The Center for Hope (our recovery center), Region 6 Housing Coalition meeting, Butte County Criminal Justice meeting, Madison Memorial Hospital Community Needs Assessment group meeting, Salmon Suicidal Patients meeting, Earth Day event in April, Upper Valley County Commissioners and Community Coalition meetings.

We provided numerous community trainings and resources including motivational interviewing, substance use disorder data collection and interpretation, Healthy Minds Partnership between schools and BH professionals, YES (Youth Empowerment Services), Medicaid expansion training, Medicaid and transportation, Optum services and trainings, grief, loss, and trauma informed care, the Idaho Criminal Justice Commission (ICJC), underage drinking (supported by a PFS grant), youth drug prevention, housing issues for people with behavioral health issues, regional transportation, vocational rehab referrals, and suicide prevention/Suicide Prevention Month.

We also promoted Mental Health Awareness month and Addictions and Recovery Month, providing information about mental health conditions, opioid addition prevention, and support services and pilot programs for recovery. Finally, we provided support groups for those living with chronic pain and survivors of suicide loss.

GAPS AND NEEDS ASSESSMENT

In FY 2019, we asked our Regional Behavioral Health Boards to report their gaps and needs by assessing their top six concerns from a list of common issues. We found a fair degree of consistency across the state in terms of challenges. The most commonly identified concern was access to treatment providers, which placed as the top concern in four of the state's seven regions. Stable housing was the top concern for two regions and placed in the top six concerns for all but one region. Suicide prevention resources were also identified as a critical need. While transportation was not listed as a separate concern on the survey, most regions reported challenges in providing reliable transportation for clients to and from medical appointments and/or employment.

These reports demonstrate that while we are making progress, especially with the operation of crisis centers, we still must address the shortage of providers and the lack of stable housing in order to improve the quality of life for people living with mental illness and substance use disorders. Below are each region's self-identified (narrative) gaps and needs reports as well as their top six responses

REGION 1

Region 1's greatest gaps and needs include the following:

1. Lack of access to psychiatric providers and counselors. Our clients experience long wait lists, which often leads to avoidable hospitalizations.

2. Lack of adequate housing for those discharged from state hospitals and generally those with severe mental illness, particularly those who are elderly. We also lack sober living situations to support those in recovery.

3. Lack of services for youth in crisis.

Critical Needs	Rank
Access to treatment providers	1
Children/Adolescents Mental Healthcare	2
Stable Housing	3
Suicide Prevention Resources	4
Community Crisis Center	5
Substance use disorder treatment centers	6

REGION 2

Region 2's greatest gaps and needs include the following:

1. Shortage of workforce in recovery support and mental health.

2. Affordable substance use disorder housing in all counties, especially our rural and frontier counties. In 2019, our homeless shelter closed, leaving a large gap in resources in our largest county as well.

3. Need for telehealth technology, including bandwidth, providers, and training.

Critical Needs	Rank
Access to treatment providers	1
Children/Adolescents Mental Healthcare	2
Substance use disorder treatment centers	3
Stable Housing	4
Other: Transportation	5
Veteran's Mental Healthcare	6

REGION 3

Based on our August 2019 survey by the Board of the Strategic Plan, Region 3 has identified the following as our top gaps and needs in behavioral health:

1. Prevention, enrichment, and resiliency for all.

2. Crisis assistance for all.

3. Basic needs for all, including housing, behavioral healthcare, healthcare, and employment.

Critical Needs	Rank
Suicide Prevention Resources	1
Anti-Stigma education	2
Caregiver supports (including education, training, emotional support, respite care)	3
Peer supports (including education, training, emotional support, etc.)	4
Crisis Intervention Team (CIT) training for law enforcement officers	5
Community Crisis Center	6

REGION 4

Region 4's primary gaps and needs in 2019 reflect the rapid population growth in our region and include the following:

1. Lack of affordable, accessible housing for chronically mentally ill, those with substance use disorders, offenders, and hospital releases.

2. Increasing need for suicide prevention efforts across the region and state.

3. Continued need for improved coordination of care and system improvements.

Critical Needs	Rank
Stable Housing	1
Suicide Prevention Resources	2
Access to treatment providers (i.e. transportation)	3
Anti-Stigma education	4
Peer supports (including education, training, emotional support, etc.)	5
Substance use disorder treatment centers	6

Additionally, reliable transportation and access to services continue to be barriers to optimal behavioral health in our region.

REGION 5

The top three identified gaps and needs in Region 5 include the following:

1. Housing, including crisis, transitional, and permanent, for people with mental illness and substance use disorders.

2. Transportation: no access to services and/or employment opportunities.

3. Access to care in rural areas, including telehealth or repurposing of local structures for satellite care facilities.

Critical Needs	Rank
Stable Housing	1
Access to treatment providers	2
Substance use disorder treatment centers	3
Children/Adolescents Mental Healthcare	4
Anti-Stigma education	5
Peer supports (including education, training, emotional support, etc.)	6

We also identified gaps and needs in medication management, lack of psychiatric bed availability, need for law enforcement training, public education and outreach, substance use disorder referrals to Optum, and a need for translators.

REGION 6

Region 6's top three gaps and needs are as follows:

1. Lack of behavioral health service providers.

2. Lack of supportive services including peer support specialists, recovery coaches, caregiver supports, and housing.

3. Accessibility to services, especially in rural communities, and lack of transportation to services.

Critical Needs	Rank
Access to treatment providers	1
Stable Housing	2
Substance use disorder treatment centers	3
Mental Health Court	4
Children/Adolescents Mental Healthcare	5
Peer supports (including education, training, emotional support, etc.)	6

REGION 7

When Region 7 surveyed our members, it was a challenge to identify the top three gaps and needs in our region as several items tied for urgency. These include the following:

1. Housing and transportation for people with behavioral health issues.

2. Crisis Center/crisis care

3. Behavioral health treatment including lack of treatment beds, lack of inpatient substance use disorder treatment, lack of funding for treatment, lack of resources and education about treatment, etc.

Critical Needs	Rank
Access to treatment providers	1
Children/Adolescents Mental Healthcare	2
Stable Housing	3
Substance use disorder treatment centers	4
Crisis Intervention Team (CIT) training for law enforcement officers	5
Community Crisis Center	6

RECOVERY IS A JOURNEY OF HOPE

CONCLUSION

The State Behavioral Planning Council is grateful to the Governor and the Legislature for ongoing support of behavioral health services in Idaho. Thanks to your help, we have expanded Crisis Center care to all seven regions, continued to address the opioid crisis and substance use disorders, and improved children's mental health services through our YES Youth Empowerment Services program. Continued improvement depends on a continued commitment to sustainability and recovery. As we begin the next fiscal year, we express our support for the following:

- The work of Regional Behavioral Health Boards in their partnership with their communities to provide mental health and substance use disorder support.
- Continued efforts to increase access to behavioral health services, including telehealth, transportation, and provider recruitment.
- The YES program to improve services for children diagnosed with Serious Emotional Disturbance (SED) in Children's Mental Health.
- Ongoing use of Recovery Centers and Crisis Centers to provide emergency stabilization.
- Ongoing support for suicide prevention and education efforts across the state.
- Supportive transitional housing for people living with serious persistent mental illness (SPMI) as well as exploration of more permanent housing solutions.
- The criminal justice system's continued efforts to collaborate with behavioral health providers.
- Peer support services to assist clients in all aspects of living in recovery.

We look forward to partnering with you to improve the lives of all Idahoans as together, we continue to work toward a sustainable model for recovery.

THANK YOU!

The Behavioral Health Planning Council, Regional Behavioral Health Boards and the Idaho citizens we serve are grateful for your support.