

# STATE BEHAVIORAL HEALTH PLANNING COUNCIL



## STATE OF MIND

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

FY2018 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. Not only are these services 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. Expanding medical coverage to Idaho's low-income population will further serve Idahoans by providing access to vital services and supports for those with unmet behavioral health needs. We are excited for the opportunities that Medicaid expansion provides 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. Crisis care is the most expensive way to run a system not only in terms of cost, but also in terms of negative impacts to individuals, families, and communities that falter under the weight of ongoing mental health crises. YES is seeking to transform youth mental health services to a proactive and recovery-based system. We commend you for seeing and understanding the long-term benefit of developing a sustainable system of care that aims to prevent individuals and families from reaching a crisis and instead focuses on achieving intervention and early recovery for the long-term health and benefit of all Idahoans.

Additionally, Medicaid expansion can assist in meeting the requirements of legislation that has already passed, such as the 1915(i) waiver. While Idaho continues to rank in the top ten worst states for suicide, the Office of Suicide Prevention supported by the legislature and Governor in 2015 continues to strive for a goal of Zero Suicides in Idaho. Reducing suicide completions and intervening early to identify and reduce suicidality is vital to the health and safety of all our communities. Using Medicaid expansion funds for appropriation beyond direct services would have a significant positive impact on this joint mission. An example of this potential benefit is the prevention and treatment of Idaho citizens struggling with substance use disorders.

Medicaid expansion will provide access to substance use disorder treatment and recovery support services to many Idaho adults who have struggled to find a life in recovery without these services. As our country and Idaho struggle with an unprecedented opioid crisis, access to treatment, including Medication Assisted Therapy (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. Medicaid expansion can also provide the funding necessary to provide life-saving interventions and services for Idahoans struggling with these addictions as well.

As we move forward into 2019, we have identified several proposed bills in this report that could benefit from funding associated with Medicaid expansion. The State Behavioral Health Planning Council and Idaho's citizens are confident that the Governor and Idaho Legislature have the breadth of knowledge and vision to recognize the needs for Idaho individuals, families, and communities and appropriate funds in the most effective way. We have the upmost confidence in our state representatives and appreciate your 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 by the Idahoans who receive behavioral health services, their families and their communities. Thank you for your continued support!

The State Behavioral Health Planning Council

# WHY BEHAVIORAL HEALTH AND RECOVERY MATTER TO IDAHO



Behavioral health impacts everyone. According to the National Institute of Mental Health and the U.S. Centers for Disease Control:

- Nearly one in five (44.7 million) Americans lives with a mental illness.
- More than ten percent (10.4 million) of Americans live with a serious mental illness that severely limits one or more major life activities.
- Only 43% of those living with any mental illness and only 65% of those living with serious mental illness received mental health treatment in the past year.
- Suicide is a leading cause of death in the United States and in Idaho, with nearly 45,000 deaths nationally each year, and rates of death by suicide are increasing both nationally and in Idaho.
- Mental, developmental, and behavioral disorders begin in early childhood, with 1 in 6 children in the United States diagnosed with these life-altering disorders.

Managing behavioral health challenges can also be costly for state and local governments. But the good news is that mental health conditions are treatable, and that recovery is possible. With the right supports in place, people living with mental illness can have healthy, happy, productive lives.

Investing in mental healthcare is investing in people—in their lives and their livelihoods. Idaho individuals and families are working hard to achieve SAMHSA's defined goals of recovery:

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

Behavioral health matters to all of us—and it affects all of us. By understanding the problem, engaging stakeholders, and providing access to real solutions, we can empower our citizens to live their best possible lives.

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# 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 2018 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). A complete list of the membership is found in Appendix Two. 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 focus on several projects including implementation of Youth Empowerment Services, continuing support for crisis and recovery centers, and suicide prevention.

The BHPC looks forward to continuing active participation in the improvement of Idaho’s Behavioral Health System. Our members are eager to collaborate 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 MENTAL HEALTH
- CRISIS & RECOVERY CENTERS
- PREVENTION, EDUCATION & LEGISLATION
- REGIONAL BEHAVIORAL HEALTH BOARD SUPPORT

# SYSTEMS OF BEHAVIORAL HEALTHCARE

State efforts to address the opioid crisis, suicide prevention, behavioral health crises, and children's mental health services

## IDAHO'S RESPONSE TO THE OPIOID CRISIS (IROC)

Idaho's Response to the Opioid Crisis (IROC) 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. This grant 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 was awarded \$2 million/year for two years, beginning in May 2017 and continuing through April 2019. This funding has been used to expand access to Medication-Assisted Treatment (MAT) including methadone, suboxone, and buprenorphine. Between May 2017 and October 2018, 685 individuals were able to access traditional substance use disorder treatment, and of these individuals, 244 of them received MAT.

IROC has also provided funding to multiple prevention and recovery initiatives including the following:

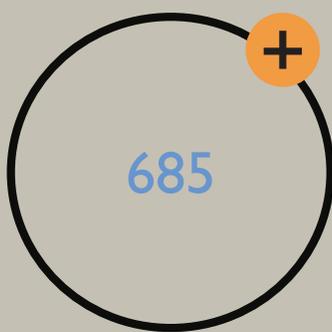
- Delivering 4,368 doses of naloxone, the opioid overdose reversal drug, to first responders across Idaho.
- Providing individualized reports to prescribers which depict their prescribing patterns in comparison to their peers.
- Providing funding to Recovery Idaho and Idaho's nine Recovery Community Centers to support their efforts in providing early engagement services to individuals with an OUD discharging from hospitals, crisis centers, jails, and prisons.

In October 2018, the Department of Behavioral Health (DBH) was awarded an additional \$4 million/year by SAMHSA to enhance our existing IROC program. In addition to expanding access to treatment services, including MAT, this new influx of funding will expand Idaho's recovery-oriented system of care, specifically the

provision of recovery coaching services in Emergency Departments and jail/prison reentry efforts. Prevention efforts will include increasing the availability of naloxone and disseminating materials to educate the public on the dangers of opiates and how to manage an Opioid Use Disorder (OUD). These funds will also be made available to qualifying individuals in a pre-sentencing diversion pilot program. This pilot will provide the opportunity for individuals to become enrolled in an OUD treatment program in lieu of the normal criminal justice system cycle. Additionally, DBH will be collaborating with and providing funding to Idaho's five federally recognized Tribes in Idaho to address the individual needs of their communities.

*For more information on IROC, please visit the website: [www.iroc.dhw.idaho.gov](http://www.iroc.dhw.idaho.gov) or contact Rachel Gillett at (208)332-7243.*

In addition to IROC, Idaho Medicaid has implemented a three-pronged plan to improve the appropriate use of opioids in Medicaid participants. These include improving prescribing practices and policies for opioids,



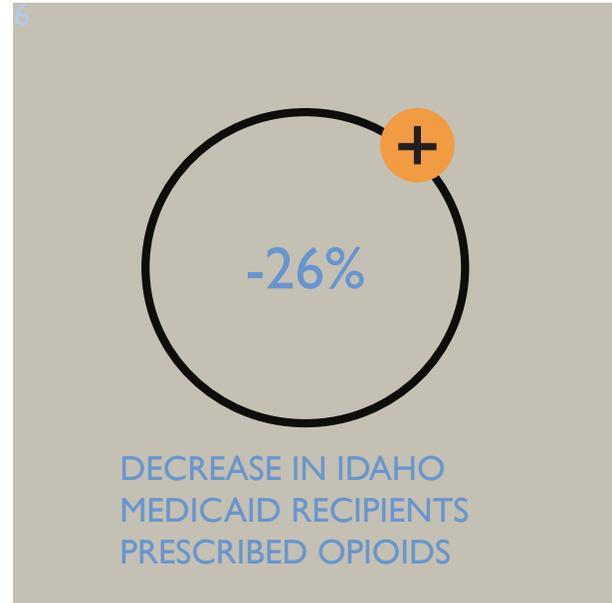
INDIVIDUALS STATEWIDE  
WHO ACCESSED  
SUBSTANCE USE  
DISORDER TREATMENT

improving chronic pain management, and ensuring appropriate substance use treatment. Case management and educational outreach have been the cornerstones of interventions and program changes by the Medicaid Pharmacy Program.

Significant changes have been seen in the number of opioids prescribed and daily dosing of opioids. Between January 1, 2017 and September 30, 2018, Medicaid has seen a 26% decrease in the number of Medicaid participants receiving opioids and a 28% decrease in opioid receiving Medicaid participants receiving greater than the U.S. Centers for Disease Control recommended cumulative daily limit of 90 morphine mg equivalents.

Medicaid continues to explore non-medication and non-opioid medication alternatives to opioids and has removed restrictions on current non-opioid pain medication alternatives including duloxetine, gabapentin, pregabalin and topical lidocaine and diclofenac products.

The Pharmacy Program has continued to work with prescribers of buprenorphine-based medication assisted treatment including quarterly one-on-one case management outreach to providers to discuss any issues with concurrent opioid or benzodiazepine use prescribed by other providers identified through the Prescription Monitoring Program. The Medicaid Pharmacy and the Office of Mental Health and Substance Abuse programs continue to work together to ensure that medication-assisted treatment patients are also receiving concurrent psychotherapy services in addition to the medication.



## SUICIDE PREVENTION

Thanks to the dedication of the Idaho State Legislature and Governor Butch Otter, Idaho's suicide prevention efforts have received a much-needed support in the last few years. In 2018, the Governor requested and the legislature granted more funds for the Idaho Lives Project (ILP) to support suicide prevention programs in public schools. The ILP trains school staff and students in suicide prevention and intervention, as well as guiding schools through postvention in the event of a death by suicide. Because of this increased funding, ILP was able to hire three regional coordinators to help with implementation and maintenance of Sources of Strength programs in public schools across the state.

Sources of Strength is an evidence-based prevention model that teaches youth that they have strengths to rely on when difficult times occur. The program also connects youth to adults; encourages peers to seek help for themselves and others; gives youth a voice to promote resiliency, positivity and connectedness in their school and community; and has been shown to reduce other types of risky behavior.

In 2018, the legislature also passed the Jason Flatt Act, which encourages schools to offer gatekeeper suicide prevention trainings for all staff. This new legislation has not yet been fully implemented as the State Department of Education needs time and funding to introduce ways for schools to comply with the law.

Many Idahoans received special training related to suicide prevention this year. The state's Suicide Prevention Program (SPP) provided three trainings for mental health personnel on how to intervene with and manage

highly suicidal patients. Dr. David Rudd, a national expert on assessing and managing suicidality, and Kim Kane, manager of the SPP, conducted the trainings for 850-900 people in Boise and Coeur d'Alene.

Idahoans also attended suicide prevention conferences. These included the following:

- Suicide Prevention Action Network of Idaho (SPAN Idaho) presented a 1.5 day conference at the Idaho State Capitol Building, with several national experts headlining the event and a training from Dr. David Jobs, a leader in assessing suicidality.
- The Western States Conference on Suicide at Boise State University (BSU), a joint effort of Idaho's Suicide Prevention Coalition and the Speedy Foundation and others, also hosted several nationally known experts in the suicide prevention field and offered participants a second day of training to increase skills in intervening with suicidality with a range of options including the use of story-telling or becoming a certified trainer in Question, Persuade, Refer (QPR).

Although Idaho is still ranked in the top ten nationally and its suicide completion rates, like all other 49 states, are rising, Idahoans are working hard to prevent suicide in a number of ways and will continue to fight for the lives of our citizens.



## BEHAVIORAL HEALTH CRISIS CENTERS

*Crisis Centers are intended to provide immediate services to individuals experiencing a behavioral health crisis. These centers provide communities with an alternative resource to taking these individuals to the Emergency Department or jail. Crisis Centers are intended as short term (less than 24 hours) solutions to help individuals stabilize through a crisis and connect them with on-going services to help prevent future crises. Idaho has four Crisis Centers located in Coeur d'Alene, Boise, Twin Falls, and Idaho Falls, covering four of Idaho Department of Health and Welfare's (IDHW) seven regions. IDHW's goal is to have one crisis center in each region, ensuring access to these critical services statewide (Source: Idaho Department of Health and Welfare).*

## BEHAVIORAL HEALTH CRISIS CENTER OF EAST IDAHO (BHCC)

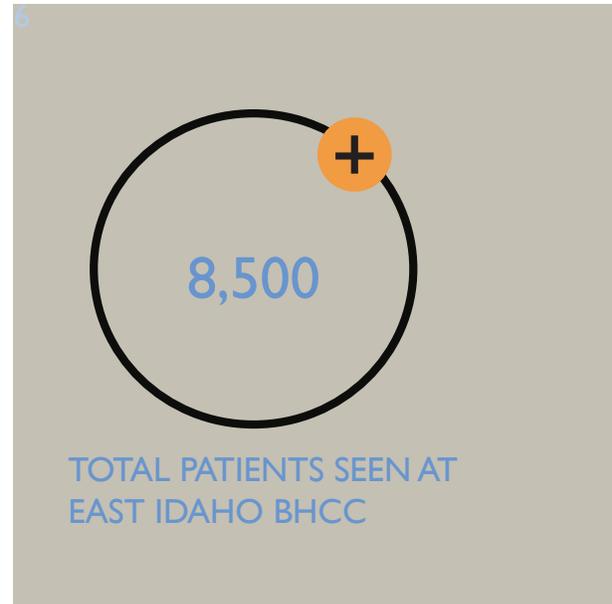
Fiscal year 2018 continued to show positive utilization of the Behavioral Health Crisis Center. During the fiscal year, almost 1,800 patients were admitted to the facility, bringing our total admissions since opening to nearly 8,500. In addition to admissions, during fiscal year 2017, we received approximately 750 information and referral calls and began tracking non-episode visits in 2018 with a total of 313. Approximately 45% of the population we serve report being homeless, and an average of 56% report being indigent; for this reason, we have determined that direct patient billing is not cost-effective at this time.

Though the BHCC currently covers 17 counties, we see utilization primarily from Bonneville, Bingham, Bannock, Jefferson, and Madison. Transportation to the Crisis Center remains the largest barrier to treatment

in our more rural areas. With the opening of the Pocatello Crisis Center in early 2019, we expect to see some changes in utilization, especially for Bingham County residents.

Law enforcement continues to be a strong utilizer of the BHCC. Each month, we continue to see an increase in referrals from law enforcement officers. In fiscal year 2017, over 200 clients brought in by law enforcement officers were admitted in lieu of being taken to the hospital or jail, saving a significant amount of time and money. In addition to cost savings from our partnership with law enforcement, the BHCC has done an outstanding job of keeping the vast majority of our clients in our facility, transferring less than one-fourth of our admitted patients to a higher level of care such as a medical hospital, psychiatric hospital, or jail.

Despite receiving our second 10% budget cut in January 2018, the BHCC has been successful in maintaining sustainability through careful budgeting, staffing efficiencies, grants, and donations. In fiscal year 2018, the BHCC received \$44,567 in outside funds to help with sustainability.

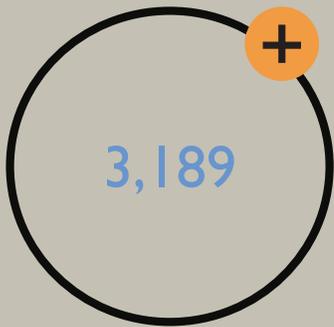


## CRISIS CENTER OF SOUTH CENTRAL IDAHO (CCOSCI)

The Crisis Center of South Central Idaho is located in Twin Falls and partners with community providers to connect adults in mental health crisis with appropriate care. We serve clients in Twin Falls, Gooding, Jerome, Lincoln, Cassia, Minidoka, Blaine, and Camas. In 2018, the Crisis Center served 3,189 people, a 120% increase over the prior year, with the third and fourth quarter experiencing our greatest number of contacts. In August of 2018 alone, we had 352 patient contacts. Our yearly average number of patients enrolled in any given week is approximately 45. As a short-term facility, our goal is to have clients discharged in 23 hours and 59 minutes or less. In 2018, our average hours of client contact per episode were 20.46, placing us well within these parameters.

Self, family, and friends comprised the largest number of 2018 referrals at 2,667. The second largest referral source was law enforcement, with 219 referrals. We continue to coordinate with law enforcement to divert behavioral health clients from jail. The Crisis Center staff tries to help individuals at risk of recidivism with recovery rather than have repeated incarcerations. We also place patients in substance abuse and co-occurring treatment programs if funding is available through BPA. We made 2,278 referrals to substance use treatment programs; however, the funding has drastically decreased in 2018. Patients without insurance were referred to Recovery In Motion where they can participate in free recovery activities.

Our primary population is middle-aged males. After the closure of Victory Home, the only homeless shelter that accepted male clients without conditions, we anticipate a surge in displaced males in our community. We often refer male clients to transitional housing, but the costs and conditions associated with rental can often be prohibitive to clients struggling with employment and mental health issues. Housing resources for women and children exist in Twin Falls, including Valley House and Voices Against Violence.



TOTAL PATIENTS SEEN  
AT CRISIS CENTER OF  
SOUTHERN IDAHO

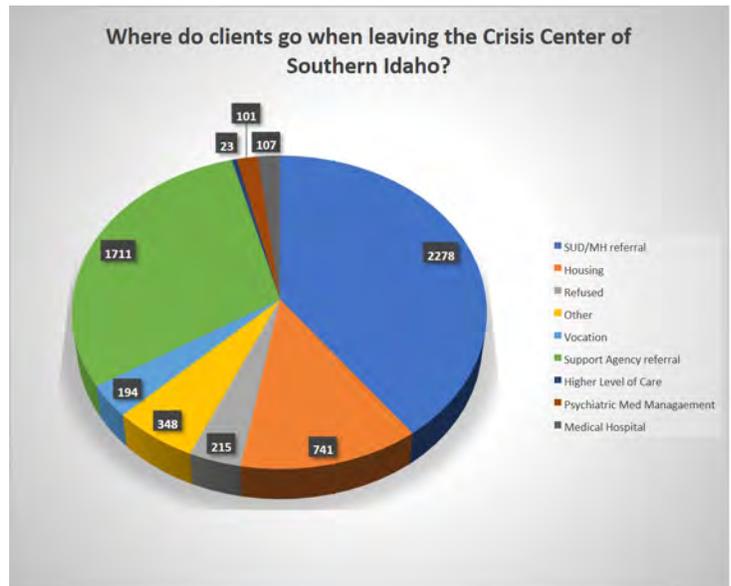
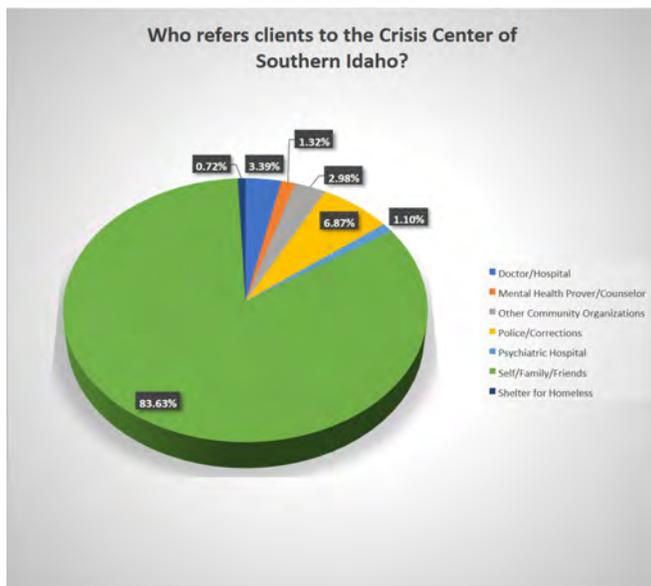
We try to assist patients in obtaining recovery support services that will aid them in acquiring safe and sober housing. The CCSCI staff networks with partners in the community that provide other services such as Vocational Rehabilitation, Deseret Industries Social Services, staffing agencies, Family Health Services, the Wellness Tree, and IDHW for food stamps. Only nine of the patients we served in 2018 were referred for psychiatric inpatient services. This low number may reflect that clients are being assessed appropriately at the Crisis Center and connected with effective stabilization services in a less costly environment.

The majority of patients served at the Crisis Center, 1,880, did not have insurance, which tallied 1,880 individuals. Of individuals with insurance, 975 had Medicaid, and 231 had Medicare, while 697 individuals listed had BPA funding or other benefits such as veteran's benefits. Lack of insurance, lack of personal finances and lack of public transportation all create obstacles for clients to stay engaged in treatment. However, if clients qualify, they may be able to work with a Peer Support Specialist or Recovery Coach, who can aid them in

overcoming barriers. The Crisis Center currently employs Recovery Coaches on our 24-hour staff and is working on creating a Peer Support Specialist program as well.

Given the clear need for our services in our community, one of the most significant challenges we face is to staff the Crisis Center adequately to absorb the fluctuating census and provide safe, effective and appropriate care to our community. It takes time to build trust with individuals who struggle with serious and persistent mental illness and substance use disorder. Additionally, societal barriers such as unemployment, lack of public transportation, lack of affordable sober housing, and lack of access to medical care and medication affect our clients. As noted above, state funding for substance abuse treatment has radically declined in 2018 compared with 2017. Clients who desperately need substance abuse treatment are often denied funding unless they are addicted to opiates or have committed a felony offense that qualifies them for funding through IDOC.

Based on average costs of the legal system, emergency room visits, and other medical treatments, we estimate



that our facility realizes a cost savings of approximately \$1,351,400 per year. We survey our clients about our services, and with 651 satisfaction surveys completed in 2018, our average score on a scale of one to five where five represents the best service was 4.56. We are grateful to our staff, board, and community partners for all they do to provide high quality care.

## NORTHERN IDAHO CRISIS CENTER (NICC)

The Northern Idaho Crisis Center in Coeur d’Alene was the second behavioral health crisis center approved by the Idaho Legislature. Idaho Health partners, comprised of Kootenai Health, Panhandle Health District, and Heritage Health, have joined together in the center’s implementation of services for men and women ages 18 and older in the ten counties of northern Idaho.

The Northern Idaho Crisis Center (NICC) served 422 clients during the first quarter of 2018. This represents a 100% increase in the number of client encounters (210) experienced during the first quarter of 2017. By the third quarter, the total number of clients seen at the center was 1,326 visits, and of the 443 clients seen in the third quarter, only 50 required referral to a higher level of care. A significant number of our clients identify as homeless (177 in quarter 3) or veterans (43). Our average length of stay over the year was less than 10 hours.

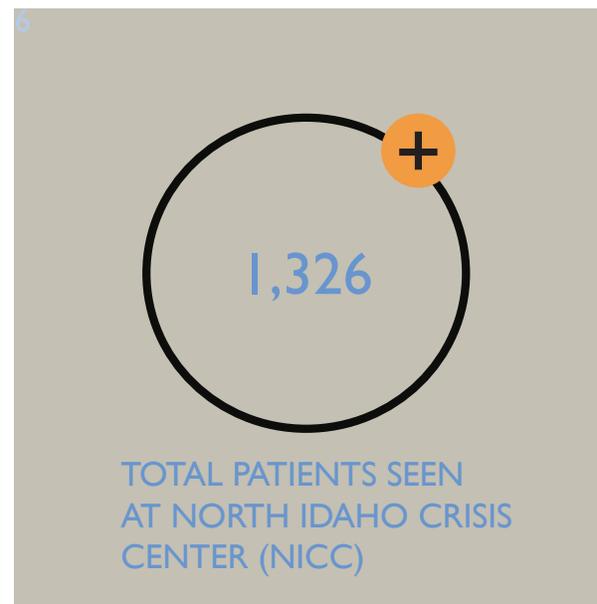
Analysis of clients seen during second quarter of 2018 has identified individual 242 clients that would have likely presented to a local Emergency Department if the NICC had not been available. This figure includes those clients presenting with suicidal ideation, hallucinations and/or severe anxiety or other acute mental health issues.

Although each case may be different, using a base line figure of \$2,600 per Behavioral Health Emergency Department visit we estimate that the NICC achieved at a minimum \$604,540 in cost avoidance and savings in the second quarter of 2018 alone due to 242 likely Emergency Department diversions during the second quarter of operations. Similarly, based on data from local law enforcement we conservatively estimated that the NICC was responsible for savings to local law enforcement due to a reduction in law enforcement man hours devoted to mental health calls.

It should be noted that this figure does not include cost savings from jail stays that were diverted, nor does this figure include likely savings to fire and EMS due to response to suicide calls that were averted by NICC visits. The NICC is working with fire and EMS agencies in order to develop a reliable methodology for calculating such cost savings and it is anticipated that this data will be captured in future reporting. Incorporation of these figures will increase the amount of total estimated savings.

The lack of emergency transitional housing, the chronic shortage of inpatient psychiatric beds and detox resources, as well as accessibility and transportation issues remain some of the more intractable issues encountered by the NICC staff. The lack of resources for the homeless population has been identified as a critical need by community leaders. Based on analysis of client intake data, we believe veterans may be underutilizing our services and plan to address this gap in 2019.

The NICC has initiated an aggressive provider and community outreach program. Presentations have been made to non-profit organizations, social service agencies and healthcare providers with the dual purpose of raising awareness of the NICC’s operations and capabilities as well as publicizing the NICC in support of community-based fundraising efforts.



## PATHWAYS COMMUNITY CRISIS CENTER OF SOUTHWEST IDAHO

The Pathways Community Crisis Center of Southwest Idaho (PCCCSI) in Boise opened its doors on December 12, 2017 and continues to experience growth and success. In our first ten months of operation, PCCCSI has had 1,288 full admissions. Additionally, we tracked 510 non-episode contacts, which constitute a mixture of calls and visits to the center where someone is requesting referral information, for a total of 1798 interactions with individuals experiencing a behavioral health crisis.

**“Lord bless all of you so very much. Thank you, you saved a life, thank you.”**

**“You helped me see the light at the end of the darkness.”**

**“You are all wonderful and caring people. I appreciate everything you have done for me”**

**“Everyone here has been concerned and cared for me. This place was a blessing to have a safe place to go right in the moment I needed help”**

### *Client testimonials*

The Crisis Center connects clients to resources within the community so that they can continue their recovery on a more long-term basis. Pathways Community Crisis Center of Southwest Idaho requires its case managers to make appointments on behalf of any clients who present to the center and consent to such appointments. We hope that this will increase compliance with the Crisis Center’s recommendations for continuing care and 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 state that they were self-referred. The next largest referral source was from hospitals, increasing diversions from more costly services. Community agency referrals, including physicians’ offices, community mental health agencies, and other assistance organizations, were third. The next largest referral source is from law enforcement, indicating that the Crisis Center is successfully offering diversion from the jail. 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 return to protecting our community.

While we are clearly serving our community, tracking specific cost savings has been a challenge for us because of a lack of definitive data. Some of the barriers include not being allowed to ask law enforcement officers

if they would have taken someone to jail, inconsistencies in how calls are labeled, and difficulties in interpreting sometimes conflicting data from different community entities. In order to create a consistent way to track our clients, we ask each person we serve this question: “Where would you have gone today if the Crisis Center had not been here?” This data can suggest how many clients were potentially diverted from more costly services.



To calculate savings through diversions from the Emergency Department (ED), 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 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 determined that the average savings for a mental health call to police is roughly \$1,000 per call. This estimate takes into account 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.

Participants to the Crisis Center sometimes state that they would have called 911 had the Crisis Center not existed. When 911 is called for someone in distress, a fire truck and ambulance will show up to the scene in addition to two-four officers. We calculated the cost of four officers, one fire truck, and one ambulance transporting someone to the hospital. The estimated cost per 911 call for a mental health emergency is \$1,825.

The Crisis Center is having tremendous success at creating a savings to the overall community. Our data 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. BPD's 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 411 self-referrals over the past 10 months, which represents considerable savings.

Finally, Pathways Community Crisis Center of Southwest Idaho takes the satisfaction of its participants very seriously. We want all of our guests to feel safe, respected, and willing to return if they need our services. Upon discharge, we ask each client to fill out an anonymous Crisis Center Client Survey to see their perception of their stay with us. The highest score that the center can receive on a survey is 30 points. In 2018, Pathways collected 381 completed surveys, with an average satisfaction score of 28.8 out of 30 possible points. Additionally, 98 % of respondents stated that they would return to the crisis center.

## **PATHWAYS FAST FACTS**

**1 288 FULL ADMISSIONS**

**5 10 NON-EPIISODE CONTACTS**

**1 798 TOTAL CLIENT CONTACTS**

**MALE: 763 (59.24%)**

**FEMALE: 525 (40.76%)**

**HOMELESS /RISK OF HOMELESSNESS: 470 (36.49%)**

**VETERANS: 94 (7.3%)**

**AVERAGE CLIENT AGE: 39.5**

**TOTAL ESTIMATED COST**

**SAVINGS: \$1,791,509.00**

## YOUTH EMPOWERMENT SERVICES (YES)

The goal of YES is to develop, implement, and sustain a family-driven, coordinated, and comprehensive children’s mental health delivery system. This enhanced system will lead to improved outcomes for children, youth, and families including:

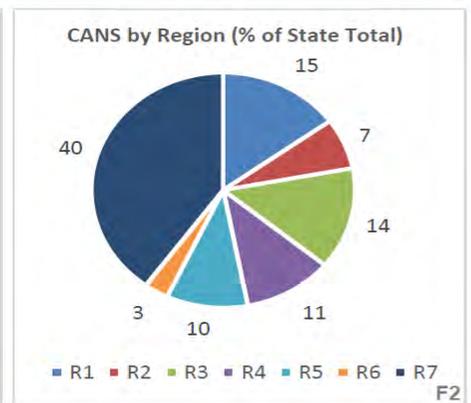
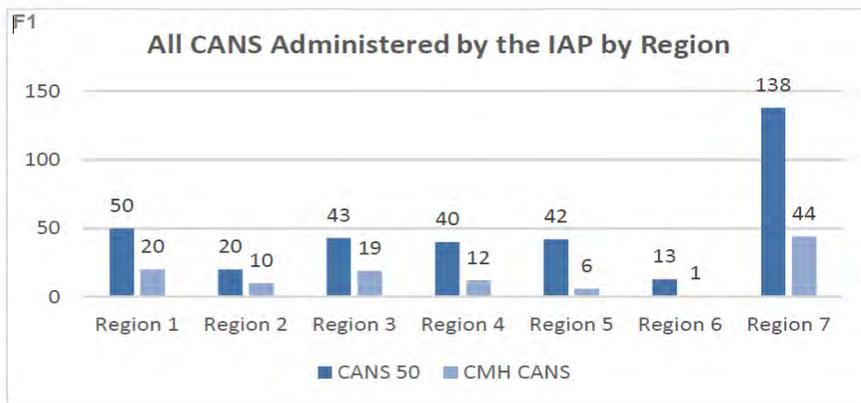
- Children and youth being safe in their own homes and in school.
- Minimization of hospitalizations and out-of-home placements.
- Reduction in potential risks to families.
- Avoidance of delinquency and commitment to the juvenile justice system to receive mental health services.

Idaho uses the Child Adolescent Needs and Strengths (CANS) assessment to identify children who need services. Since January, 790 youth have gone through the Independent Assessment Process (IAP), and 858 youth have received an assessment from one of the Division of Behavioral Health’s seven regional offices. Between January and June of 2018 approximately 1,216 total youth completed the CANS assessment. Of these youth, 1,131 received a CANS recommended level of care rating of 1-3, indicating the presence of a serious emotional disturbance and need for services. For the remaining 85 youth, a serious emotional disturbance was not identified.

To increase access to services, the Division of Medicaid developed and submitted a 1915(i)-state plan option application to the Centers for Medicare and Medicaid Services (CMS) that establishes eligibility to Medicaid for YES program class members with family incomes from 150-300% of the federal poverty level (FPL). A youth who does not have Medicaid coverage, or has Medicaid coverage and would like to access Agency Respite services will be referred to the Independent Assessment Provider (IAP).

Reviewing the CANS assessments for gaps and needs, we found that statewide, 70% of the youth in this cohort identified Family as an actionable need, followed by Emotional/Physical Regulation (67% of youth), Anger

Most Prevalent Diagnoses per Region and Statewide						
State	Attention-deficit hyperactivity disorder, combined type	17%	Oppositional defiant disorder	14%	Generalized anxiety disorder	9%
Region 1	Attention-deficit hyperactivity disorder, combined type	21%	Post-traumatic stress disorder, unspecified	11%	Generalized anxiety disorder	9%
Region 2	Attention-deficit hyperactivity disorder, combined type	34%	Attention-deficit hyperactivity disorder, inattentive type	10%	Generalized anxiety disorder	9%
Region 3	Attention-deficit hyperactivity disorder, unspecified type	13%	Anxiety disorder, unspecified	11%	Major depressive disorder, recurrent severe without psychotic features	8%
Region 4	Attention-deficit hyperactivity disorder, unspecified type	12%	Major depressive disorder, recurrent severe without psychotic features	10%	Oppositional defiant disorder	10%
Region 5	Oppositional defiant disorder	24%	Generalized anxiety disorder	11%	Disruptive mood dysregulation disorder	7%
Region 6	Attention-deficit hyperactivity disorder, combined type	26%	Oppositional defiant disorder	16%	Major depressive disorder, recurrent severe without psychotic features	11%
Region 7	Attention-deficit hyperactivity disorder, combined type	23%	Oppositional defiant disorder	18%	Generalized anxiety disorder	11%



Control (66%), Impulsivity (64%) and Social Functioning (60%). All regions with the exception of Region 2 had Emotional/Physical Regulation as one of their most prevalent actionable needs. Region 2 appears to have a higher percentage of youth identifying needs such as Developmental/Intellectual, Adjustment to Trauma, and Attention/Concentration than any other region.

The CANS also assesses strengths. Statewide, 97% of the youth in this cohort had identified Legal Permanency as a useful strength. Legal Permanency was followed by Relationship Permanence (92% of youth), Family (83%), Cultural Identity (80%) and Talents/Interests (73%). These same strengths were calculated to be the most prevalent in all of the regions, although the percentage of youth that identified these strengths in each region varied significantly.

It is important to note that strengths are not the opposite of needs. The absence of an actionable need does not mean that a useful strength is present, and similarly the absence of a strength does not necessarily mean that there is a need. “Family” has been identified as both a top need and a strength statewide for this cohort of youth.

To further assess needs of youth, Boise State University’s School of Social Work completed a wraparound utilization report to estimate the number of youth who are likely to need/use Intensive Care Coordination (ICC). BSU’s report suggested that 1,350 Idaho youth would have benefitted from Intensive Care Coordination in 2016. For an emerging program, in a pilot phase or in the early stages of implementation, it was estimated that Idaho may serve around 65 youth per year. The “emerging program” utilization goal for the YES Wraparound program is that all seven Division of Behavioral Health Regional Program Specialists will have an initial caseload of four families. At present, there are 35 Care Coordinators trained in wraparound services throughout the state, two of whom are supervisors and are not carrying a caseload.



## IDAHO DEPARTMENT OF CORRECTION (IDOC)

Many Idahoans who need behavioral health services must access them through the criminal justice system, which remains a critical component in Idaho's system of 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 the risk of reoffending with a corresponding cost avoidance to the state.

In Idaho, as of June 30, 2018, 39.6% of offenders were on community supervision for drug crimes and 14.2% for an alcohol related offense. 43.4% of probationers and 24.3% of parolees have a current drug or alcohol problem. This equates to 5,008 probationers and 990 parolees (5,998 total) who could benefit from SUD services.

The IDOC budget for SUD services in FY18 was \$7,062,100. This funding provided community-based drug & 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, such as case management, drug testing, safe/sober housing, life skills and transportation. In FY18 the private provider network served 4,854 IDOC offenders.

State general funds also support IDOC clinical staff positions in all seven judicial districts. The primary job duties for IDOC clinical staff involves the delivery of SUD aftercare treatment to reentering

offenders, completion of presentence alcohol & drug assessments and the monitoring of client treatment engagement via care coordination.

In FY18, the Idaho Department of Health and 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, case management, and medication management via Idaho's Federally Qualified Health Clinics. Mental health services through Department of Health and Welfare funding is not yet available statewide

## SUBSTANCE ABUSE PREVENTION

The Office of Drug Policy's Substance Use Disorder Prevention Programs utilize the science of prevention to prevent alcohol and drug abuse in our communities. In State Fiscal Year 2018, funding from the Substance Abuse Prevention and Treatment (SAPT) block grant and the Strategic Prevention Framework (SPF) grant was awarded to forty-five (45) prevention providers, sixteen (16) community-based coalitions, and ten (10) law enforcement agencies to engage in a comprehensive array of prevention strategies. Grant programs capitalized on key partnerships across Idaho to disseminate educational resources and materials; provide training and technical assistance in delivering evidence-based prevention curricula in schools; facilitate parenting and family programs; support alternative, drug-and-alcohol-free activities for youth; and enhance



THOSE ON PROBATION OR  
PAROLE WHO COULD BENEFIT  
FROM SUBSTANCE USE  
DISORDER SERVICES

our Idaho community coalitions in mobilizing effective environmental strategies designed to change community norms and attitudes.

These partnerships also serve as the foundation in addressing growing challenges related to the opioid crisis. Implementation of Idaho's Opioid Misuse and Overdose Strategic Plan continues, with four key goal areas identified. Funding from the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Targeted Response to the Opioid Crisis grant (STR), allowed the Office of Drug Policy (ODP) to dispense 2,184 naloxone (an opioid antagonist) kits to 93 first responder agencies to reduce opioid-related overdose deaths in Idaho. Additionally, ODP and the Idaho Board of Pharmacy utilized a Millennium Fund grant to purchase and install 26 medication disposal bins in retail pharmacies across the state.

Integrating substance abuse prevention programming with behavioral health services simply makes sense. ODP has recently been awarded SAMHSA's Partnerships for Success grant to strengthen prevention capacity and infrastructure at the State, regional and community levels over the next five years. Sub-recipients of the annual \$2,260,000 grant are Idaho's seven Regional Behavioral Health Boards (RBHB) located in each of the public health districts. The RBHB's will implement prevention services using the awarded funds, and each will target priority substances based on local data. Local law enforcement agencies will also receive funding to conduct compliance checks, shoulder tap operations, and increase interdiction activities.

Building off the previous Strategic Prevention Framework funding from ODP, Community Coalitions of Idaho secured Drug Free Communities (DFC) funding from the Office of National Drug Control Policy (ONDCP) and will continue to provide training and support to community coalitions in Idaho to implement environmental strategies that promote healthy and safe communities.

These activities and partnerships ensure substance use disorder prevention remains an essential component of behavioral health programs and services and will ultimately achieve ODP's vision of an Idaho free from the devastating health, social, and economic consequences of substance abuse.



## VETERANS SERVICES

As we track psychiatric illness amongst our current and former armed forces service members, which most often manifest as PTSD, depression, and increased risk of suicide, it is critical to review the underlying causes of psychiatric dysfunction. While exposure to combat-related stressors can increase the risk of negative symptoms, it is also important to account for the positive impact of constructive purpose, meaningful activity, and the development of resilience in the face of stress.

Our veterans deserve the best available care. We have adequate treatment resources, based on a review of current utilization, in the form of mental health practitioners at the VA hospitals, Veterans Centers, Army and Air National Guards, telehealth, CBOC and community mental health providers. What we lack, however, is treatment that promotes resilience and serves as a protective factor against psychiatric illness.

While there is no simple panacea, we do know that one of the more salient factors of psychiatric wellness is “connection.” In the interest of forming collaborative connections, two of our state behavioral health boards worked together to bring an empirically based, effective treatment training, called ART (Accelerated Resolution Therapy) to improve the delivery of mental health care to our veterans and our service members.

Currently, Eye Movement Desensitization Reprocessing (EMDR) is one of three evidence-based practices for the treatment of trauma, along with CPT (Cognitive Processing Therapy) and PE (Prolonged Exposure). Additional research is being conducted through the Walter Reed Medical Center with an abbreviated form of EMDR called ART, which shows significantly better outcomes at 6 months and 12 months post treatment completion than the current modalities. It does this, in part, by promoting constructive behaviors and solutions, rather than focusing exclusively on eliminating negative or undesirable symptoms. Two of our regional behavioral health boards, Region 6 and Region 7, have funded ART training in an effort to “bridge the gap” between military and civilian providers and veterans. This training is empirically based and found to be effective in as little as one to three sessions, rather than the standard twelve sessions required by the other protocols; and it has better outcomes over longer periods of time post treatment completion.

If this treatment could be available to all of our regions and state as an entirety, we think that trauma, along with addictions and other mental health concerns, could be reduced dramatically, reducing costs in recidivism and the provision of care. Offering cross-sectional training to federal, state, and community providers in the best practices available will further build seamless cohesion across providers and patients alike. With the support of our Governor, Legislature and Judiciary Branches, Idaho could be among those on the offensive line promoting positive and proactive changes for our veterans’ behavioral health.



## RECOVERY CENTERS

In 2018, Idaho added a ninth recovery community center in Twin Falls to the centers located in Coeur d'Alene, Moscow, Lewiston, Caldwell, Emmett, Boise, Pocatello, and Idaho Falls. Each center provides a range of recovery-oriented support services including jail and prison reentry services, hospital and crisis center connections, and an active transfer of individuals to substance use disorder and mental health treatment. The centers' staff have all received training in providing support for people during a period of detoxification and withdrawal from alcohol and other drugs and have provided this service to persons with opiate disorders in over 300 episodes in the past year. The centers also provide ongoing recovery coaching to individuals to help them make connections with needed community resources and to develop sustainable recovery and wellness plans. With recovering peer recovery coaches, centers offer a clear example of hope and healing to individuals struggling with their addiction or mental illness. In addition, the centers provide a host of sober socialization and recreation opportunities, substituting human connection for the all too common isolation of addiction or mental illness.

During 2018, the centers all provided a vital link in the continuum for persons with opioid issues. They provided for recovery from overdoses to ongoing recovery coaching as a part of the Idaho Response to the Opiate Crisis project managed by the Department of Health and Welfare. Through this project, the centers served 2,076 individuals and provided 13,890 contacts in the last 6 months of 2018. These numbers reflect only those with opiate disorders and represent less than half of the centers' client population, as alcohol and methamphetamine remain major substances of abuse and dependence throughout Idaho.

Increasingly, the recovery community centers are serving as a low-barrier, crisis intervention entry point in the system. Centers work closely with the State's currently existing crisis centers, both as a referral point to the crisis center and as a follow-up and ongoing recovery support for people leaving the crisis centers. The recovery community centers have become a major safety net with open access to anyone seeking help and willing to work the most basic recovery plan.

Centers, originally funded by the state Millennium Fund, have all worked in their communities to develop local funding support. Success has varied across the state, but all centers have relied upon diverse fund-raising efforts, such as pancake breakfasts and hot soup lunches, together with grant applications. Local government funding has been limited as local government resources remain challenged to meet multiple growing demands. The federal funding provided under the Idaho Response to the Opiate Crisis funding has been essential to the centers' continued existence, and efforts to establish a stable funding base continue.



# REGIONAL BEHAVIORAL HEALTH BOARD REPORTS

## Highlights from around the state

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

### REGION 1

One of our region's top priorities has been to create safe housing specifically set aside for patients being released from State Hospitals North and South. We are planning to partner with St. Vincent de Paul to rent a suitable property. We are also working on a resource list to help stakeholders throughout the region to coordinate care. In suicide prevention, our partnership with SPAN of North Idaho will enable us to train five Question/Persuade/Refer (QPR) trainers in Bonner and Boundary counties. We have worked with multiple community partners on the YES transformation for youth behavioral health services, and our website with information about YES and the CANS assessment is continually updated. Finally, in the first and second quarters of 2019, Texas Christian University will visit our region to provide training.

### REGION 2

Region Two is a very active and responsive group addressing the behavioral health needs in our region and communities. Training, advocacy, support, recognition and action characterize our efforts. Our ultimate goal is to identify/assess factors of mental illness, substance use disorders and co-occurring disorders to develop strategies to prevent, treat/rehabilitate those suffering from behavioral health conditions.

Our top accomplishments are:

- Growing the number of transitional homes, with two new Oxford homes, one for men, and one for women and children;
- Operating three Rising Sun Houses, two for men, and one for women and children;
- Training, including Crisis Intervention Training, Idaho Coalition for Drug Dependency, Suicide Prevention, and other related training as it comes available;
- Advocating for legislative action including funding for Rural Crisis Response service, which is a decentralized model incorporating five regional hospitals as crisis centers, Medicaid expansion to provide health care to thousands of people with behavioral health conditions, passage of Overdose Prevention law that will save lives and give opportunity for treatment;
- Providing some financial support for Recovery Centers through Idaho Response to Opioid Crisis funds;
- Filling the newly created Prevention Specialist position with a certified prevention specialist on the Behavioral Health Board;
- Receiving the PFS Grant for substance abuse prevention activities;
- Participating in Homeless Point in Time Count in late January;
- Securing Optum expanded telehealth for independently licensed therapists.

Our top needs include base funding for Recovery Centers, implementation of Medicaid expansion, additional transition housing, increased SUD treatment funds, a resource directory to provide knowledge of existing services for those in need, lack of certified prevention specialists and other professional treatment providers, transportation, lack of tele-health services in rural and frontier regions, and ongoing interest and anticipation of Youth Empowerment Services Implementation.

## REGION 3

The three most significant accomplishments of the Region Three Behavioral Health Board include the following:

- Creating a Canyon County Self Rescue Manual and working on completing the Youth Resource Guide through our Children’s Mental Health and Provider Subcommittees.
- Drafting our five- year strategic plan for operations which was derived from our Gaps and Needs Analysis.
- Securing Board approval to begin a pilot Prevention Block Grant Funding opportunity for rural communities and schools.

The main identified needs in our region include the following:

- Increased communication from the State Behavioral Health Planning Council (BHPC) regarding reporting, annual/quarterly/monthly report due dates and needs, as well as a return report to the Regional BHBs regarding the activities of the BHPC.
- A “clearinghouse” placement on the BHPC website for activities/projects other BHBs are working on for potential collaboration regionally or statewide.
- Communication from Statewide agencies where the BHB can participate/collaborate as the expert in behavioral health issues/needs based on their Gaps and Needs Analysis.
- Increased communication from Recovery Idaho and how they would like to report/participate in the Regional BHBs.

The Region Three Behavioral Health Board has worked with the Recovery Centers in both Gem and Canyon Counties to accomplish these goals:

- Provided funding for promotional/donation activities.
- Placed a SUD Recovery Coach on the Board who also worked for the Canyon County Recovery Center for representation.
- Included Recovery Centers in the Strategic Plan to participate and for support where needed.

Southwest District Health has received the direct funding for the Region Three Crisis Center and has assembled a workgroup to assist with direction and feedback, and the Region Three Behavioral Health Board has included the Region Three Crisis Center in their Strategic Plan for support. Lifeways was awarded the contract by Southwest District Health to provide services for the Region Three Crisis Center which they anticipate opening in Spring of 2019.

## REGION 4

Throughout fiscal year 2018, the Region IV Behavioral Health Board has made significant strides in furthering our operations, as well as efforts towards communication, networking, and education within the Region.

Our top three accomplishments include:

- Working with stakeholders, including payor sources, to support and educate the region on statewide shifts in the behavioral health system related to the YES (Youth Empowerment Services) implementation rollouts.
- Increasing overall community education and awareness about our board at major conferences within the Region, as well as our first annual Meet and Greet with legislators.
- Identifying additional needs and gaps that have been captured in our analysis and working with stakeholders to provide education to our board and its committees about existing services, expansions of available and/or new services to the behavioral health system, and new grants or pilot programs that are taking place.

Our committees provide feedback to our Gaps and Needs analysis on an annual basis. Top needs identified include but are not limited to the following:

- Lack of affordable, accessible housing for chronically mentally ill, those with substance use disorders, offenders, and hospital releases.
- A lack of programs and funding to adequately address the homeless population in the region, including homeless youth.
- A continued need for improved coordination of care and system improvements, which means increased coordination between primary care providers and behavioral health providers, increased options needed for transitional housing between needed levels of care, and lack of supportive funding and programs to address gaps in care for higher risk populations, including offender re-entry treatments, patients released from State Hospitals, and IDOC.

## REGION 5

In an attempt to focus on the prioritized needs of our region, the Board developed a process this year for awarding mini-grants to local agencies whose work sought to fill some of those existing service gaps, including the critical need for crisis and transitional housing, especially for single men. Through these mini-grants, we partnered with Men's Second Chance Living in the Wood River Valley to open a new sober/transitional living home for men in the region; In the fall of 2018, the house opened its doors and is currently serving clients in Hailey.

Our region was also able to partner with NAMI to start a program for teens in the Wood River Valley called "Bluebirds." This program provides a safe place for students in the area to discuss mental health and other related issues, as well as providing transportation and access to activities that might otherwise be unavailable to these children and teens, especially in rural areas. Currently, we are discussing the opportunity to expand these programs into Twin Falls and Jerome counties with the help of the individuals behind the NAMI Wood River programs. We also participated in the Federation of Families for Children's Mental Health 5K Fun Run in May 2018 to help reduce the stigma associated with mental health conditions.

We continue to experience a shortage in psychiatric bed availability and in providing behavioral health training for law enforcement. Additionally, we need translators and interpreters to improve access to care.

## REGION 6

A behavioral health crisis center has been approved for this region, and plans are being formulated. Portneuf Health Foundation and Bannock County are collaborating on this project. Funding from the state legislature has been approved for the first three years.

Our accomplishments include the following:

- Provided education to stake holders at yearly event with legislators and presentations to the region 6 chamber of commerce and other organizations.
- Representatives from law enforcement, schools, and treatment centers attended a monthly meeting at the juvenile justice building to coordinate case management among police departments, schools, and treatment centers.
- We provided funding for Idaho conference on alcohol and drug dependency, Recovery Fest, Children's Mental Health Training, Hope & Recovery Resource Center and Accelerated Resolution Therapy all were project partners.

We continue to work with community partners to identify transitional and permanent housing solutions for men, women, and families. The Rising Sun for women and the Moore House for Men are currently operating in Bannock County for safe and sober housing. Supported employment, especially for those with a criminal record, remains a challenge. We plan to work with the Chamber of Commerce to identify "felon friendly" employers in 2019. We continue to support ISU and Hope & Recovery Resource Center in their efforts educate the community through fliers and community events.

In children’s mental health, the Department of Health & Welfare has trained staff to do the CANS assessment. The Children’s Mental Health subcommittee has provided resources cards to schools within Region 6, and we hosted an annual training for children’s mental health and the YES project.

## REGION 7

The Region Seven Behavioral Health Board has had a busy year addressing behavioral health issues throughout our 10-county region. Although we have had great success, many behavioral health needs remain. One of our biggest accomplishments was helping to sponsor the ART (Accelerated Resolution Therapy) training in February 2018. The Region Seven Behavioral Health Board sponsored 10 mental health professionals to attend the training and learn a new mental health treatment. Research has shown ART therapy to be successful in treating post-traumatic stress disorder (PTSD) in both veterans and the general population.

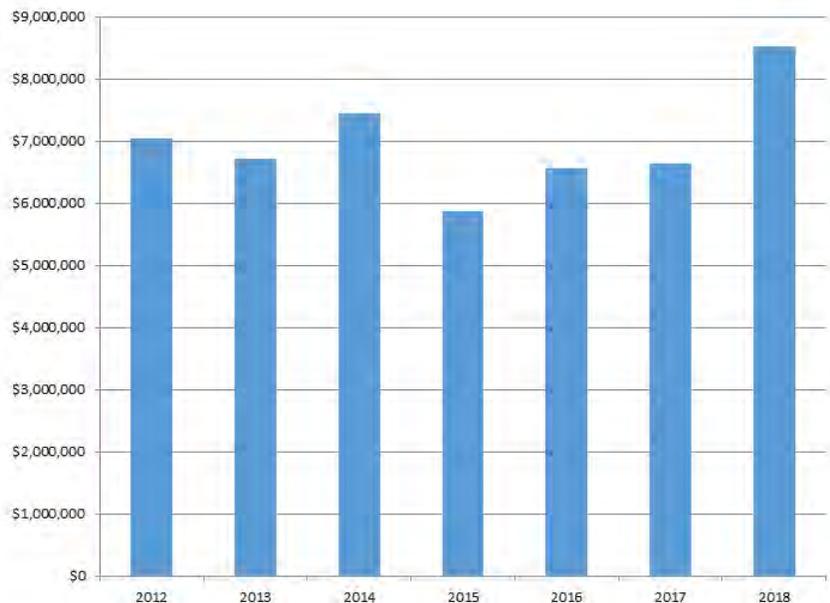
Another success was taking our June meeting to Challis, Idaho, which is one of the most rural areas in our region. The community was very grateful that our Board took the time to travel 3 hours to meet with them and discuss the unique needs of their community. Our meeting in Challis reaffirmed the fact that there is a lack of affordable housing in our region for individuals with behavioral health issues and for those who are re-entering our communities from the criminal justice system. We remain committed to addressing this problem and developing strategies to help address it.



# COSTS AND COMPARISONS IN BEHAVIORAL HEALTH

MENTAL HEALTH CARE COSTS							
FY2017-FY2018							
	FY2017	FY2018			FY2017	FY2018	
ADA	\$2,799,056.87	\$3,891,142.62	39.0%	GOODING	\$58,485.59	\$77,363.71	32.3%
ADAMS	\$22,175.45	\$2,850.00	(87.1%)	IDAHO	\$56,435.57	\$40,126.05	(28.9%)
BANNOCK	\$202,182.09	\$181,377.25	(10.3%)	JEFFERSON	0	0	0.0%
BEAR LAKE	\$20,276.14	\$1,800.00	(91.1%)	JEROME	\$97,541.86	\$108,016.82	10.7%
BENEWAH	\$4,617.00	\$15,536.84	236.5%	KOOTENAI	\$386,735.32	\$330,885.63	(14.4%)
BINGHAM	\$55,132.79	\$42,052.25	(23.7%)	LATAH	\$23,822.03	\$39,020.55	63.8%
BLAINE	\$39,607.39	\$70,982.37	79.2%	LEMHI	\$6,165.76	\$6,228.83	1.0%
BOISE	\$9,600.00	\$19,151.97	99.5%	LEWIS	\$7,512.24	\$26,069.88	247.0%
BONNER	\$25,436.15	\$65,269.82	158.6%	LINCOLN	\$0.00	\$1,813.55	100.0%
BONNEVILLE	\$137,407.72	\$226,916.55	65.1%	MADISON	\$64,220.58	\$12,480.83	(80.6%)
BOUNDARY	\$0.00	\$24,582.60	100.0%	MINIDOKA	\$22,338.36	\$45,296.73	102.8%
BUTTE	\$10,524.95	0	(100.0%)	NEZ PERCE	\$69,122.22	\$106,743.75	54.4%
CAMAS	0	0	0.0%	ONEIDA	\$1,585.00	\$2,075.00	30.9%
CANYON	\$1,735,876.55	\$2,299,019.56	32.4%	OWYHEE	\$100,068.98	\$39,482.23	(60.5%)
CARIBOU	\$0.00	\$29,628.32	100.0%	PAYETTE	\$93,548.16	\$107,202.89	14.6%
CASSIA	\$7,778.24	\$35,355.20	354.5%	POWER	\$15,825.00	\$11,277.30	(28.7%)
CLARK	\$600.00	0	(100.0%)	SHOSHONE	\$3,517.57	\$12,522.64	256.0%
CLEARWATER	0	0	0.0%	TETON	\$0.00	\$7,524	100.0%
CUSTER	\$0.00	\$11,504.43	100.0%	TWIN FALLS	\$226,198.44	\$267,354.67	18.2%
ELMORE	\$144,839.32	\$128,206.18	(11.5%)	VALLEY	\$23,998.09	\$39,103.91	62.9%
FRANKLIN	\$7,899.18	\$28,868.28	265.5%	WASHINGTON	\$33,664.70	\$44,286.49	31.6%
FREMONT	\$11,175.94	\$4,708.32	(57.9%)				
GEM	\$116,066.26	\$115,915.31	(0.1%)	TOTAL	\$6,641,037.51	\$8,519,743.31	28.3%

The chart above compares FY2017 and FY2018 spending by county: 27 counties increased their spending, while 14 counties decreased their spending. There was no change in three counties. The chart (right) compares total state behavioral health expenditures from 2012 through 2018.



# NEEDS AND OPPORTUNITIES IN BEHAVIORAL HEALTH

## Working for positive outcomes in 2019

As we move into 2019 we remain grateful for the Governor's and state legislature's commitment to improving behavioral health services in Idaho. The regional behavioral health crisis centers have provided a critical first-line resource for mental health. However, several areas continue to present significant challenges. These include lack of access to medically necessary services, a fragmented system of care, a need for education and public awareness, and housing, employment, and transportation shortages. Although these challenges exist in all regions, rural communities face even greater barriers in accessing care.



### CRISIS AND RECOVERY CENTERS

#### Providing care and saving costs in our communities

Idaho's four behavioral health crisis centers and nine recovery community centers are integral to our recovery-based model of care, keeping people in the communities where they live. New crisis centers will provide necessary stabilization and cost savings.



### SUICIDE PREVENTION

#### Renewing our commitment to Zero Suicides

While Idaho has historically struggled with high per capita rates of death by suicide, the Office of Suicide Prevention and community partners remain committed to ending death by suicide in our state.



### EDUCATION AND OUTREACH

#### Communicating the importance of behavioral health and ending stigma

We will continue to partner with community organizations to provide outreach and education to parents, youth, veterans and all Idahoans who can benefit from behavior health support. Moving from a reactive to a proactive system depends on building skills and ending stigma.



### YOUTH EMPOWERMENT SERVICES

#### Creating proactive systems of care for Idaho's at-risk children and youth

The Regional Behavioral Health Boards will continue to partner with the Department of Health and Welfare in transforming the system of care for Idaho's most at-risk youth.



### ACCESS TO SERVICES

#### Expanding Medicaid and access to behavioral health services for all

Idaho's rural communities struggle with access to behavioral health services. Recruiting service providers and exploring telehealth options will help us to expand the reach of these services. Medicaid expansion will be a tremendous benefit for behavioral health needs.



### SUBSTANCE USE DISORDERS TREATMENT

#### Supporting people on the road to recovery

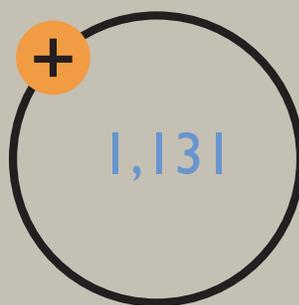
We remain committed to fighting the opioid crisis in Idaho as well as ensuring that our citizens have access to treatment for other substance use disorders including alcohol. Supporting people on their recovery journeys will improve the lives of individuals, families, and communities.

# 2018 BHPC BY THE NUMBERS



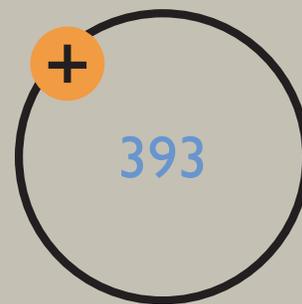
VISITS TO 4 IDAHO RECOVERY CENTERS

Average of almost 5,000 visits per center. In most cases, recovery centers operate on 1.5 staff members.



CHILDREN WITH SED SERVED IN IDAHO

It is estimated that an additional 6,000 children and youth will receive services through the YES system of care.



DEATHS BY SUICIDE IN IDAHO IN 2017

Suicide is the second leading cause of death in our state, and our rate is the eighth highest in the nation. Behavioral health services literally save lives.

## BEHAVIORAL HEALTH MATTERS

According to SAMHSA, every \$1 spent on preventative services translates into \$7 in costs saved over the client's life. With access to effective treatment, including medication, therapy, and social supports, many individuals living with behavioral health challenges can have productive lives in their communities.



# Recovery is a Journey



## CONCLUSION

The State Behavioral Planning Council is thankful to the Governor and the Legislature for ongoing support of behavioral health services in Idaho. 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.
- Medicaid expansion, which will increase access to behavioral health services for at-risk Idahoans.
- 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).
- Ongoing use of Recovery Community Centers and Crisis Centers to provide stabilization.
- Recovery and peer support services to assist clients in all aspects of living in recovery.
- Ongoing support for suicide prevention and education efforts across the state.
- Coordinated ART trauma therapy for veterans.
- Supportive transitional housing for people living with serious persistent mental illness (SPMI).
- Access to substance use disorder treatment for individuals not involved with the criminal justice system.

The BHPC supports the continued investment in prevention programs and activities to reduce substance abuse and protect the health, safety and quality of life for all, especially Idaho's youth. We look forward to partnering with you to improve the lives of Idahoans as together, we continue to work toward a sustainable model for recovery.

## Appendix 1: Statute – IC 39-3125

TITLE 39  
HEALTH AND SAFETY  
CHAPTER 31

REGIONAL BEHAVIORAL HEALTH SERVICES

39-3125. STATE BEHAVIORAL HEALTH PLANNING COUNCIL. (1) A state behavioral health planning council, hereinafter referred to as the planning council, shall be established to serve as an advocate for children and adults with behavioral health disorders; to advise the state behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan; to monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address behavioral health services; to ensure that individuals with behavioral health disorders have access to prevention, treatment and rehabilitation services; to serve as a vehicle for policy and program development; and to present to the governor, the judiciary and the legislature by June 30 of each year a 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. The planning council shall establish readiness and performance criteria for the regional boards to accept and maintain responsibility for family support and recovery support services. The planning council shall evaluate regional board adherence to the readiness criteria and make a determination if the regional board has demonstrated readiness to accept responsibility over the family support and recovery support services for the region. The planning council shall report to the behavioral health authority if it determines a regional board is not fulfilling its responsibility to administer the family support and recovery support services for the region and recommend the regional behavioral health centers assume responsibility over the services until the board demonstrates it is prepared to regain the responsibility.

(2) The planning council shall be appointed by the governor and be comprised of no more than fifty percent (50%) state employees or providers of behavioral health services. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall include representation from consumers, families of adults with serious mental illness or substance use disorders; behavioral health advocates; principal state agencies and the judicial branch with respect to behavioral health, education, vocational rehabilitation, adult correction, juvenile justice and law enforcement, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services or substance use disorders, and related support services; and the regional behavioral health board in each department of health and welfare region as provided for in section 39-3134, Idaho Code. The planning council may include members of the legislature.

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

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

### History:

[39-3125, added 2006, ch. 277, sec. 3, p. 849; am. 2014, ch. 43, sec. 7, p. 109.]

# IDAHO REGIONAL BEHAVIORAL HEALTH BOARD CONTACTS

## **Region 1 Behavioral Health Board**

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## **Region 7 Behavioral Health Board**

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