Idaho State Planning Council
on Mental Health

FY2013 Report to the Governor and State Legislature

“Simply put, treatment works.”*
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INTRODUCTION

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

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

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

Because of our deep appreciation of mental health issues, we understand that mental health is part of overall health. Unlike physical health problems, mental illness requires more than traditional medical interventions. Communities that are successful in promoting individuals’ recovery from mental illness find ways to provide supportive housing and employment and peer support in addition to services typically covered by health insurance plans. Recovery-oriented services in the long run save community’s money as they prevent more costly interventions such as hospitalizations.
Executive Summary
Idaho State Planning Council on Mental Health Activities FY13

SIGNIFICANT EVENTS OF THE YEAR

Three significant events affecting mental health services in Idaho occurred during the FY13 fiscal year. First, the move Medicaid into a contracted managed care system moved forward. The Council is keeping a careful eye on the Medicaid managed care contract that is in process at the time of the writing of this document. We are hopeful that the new system will increase rather than decrease the availability of providers to eligible individuals and families. We participated in Technical Assistance on Medicaid Managed care last year. We are aware that other states have moved in this direction without significant negative impact on Medicaid recipients who qualify for these benefits if the managed care contract is written with consumer needs as a priority.

The second significant event affecting mental health services in Idaho was the introduction of the Behavioral Health Transformation legislation. Council has been and continues to support the concept of behavioral health which combines mental health and substance abuse programming. We were in the forefront of advocating for “co-occurring” programming for individuals with both mental health and substance abuse treatment needs. We have continued to encourage the legislative changes needed to transform our Council into a true Behavioral Health Planning Council whose mission is to address and improve the full spectrum of behavioral health programs available in Idaho. We supported the Behavioral Health Transformation Legislation. As the legislation is reintroduced during the next legislative session, we hope regions will have the flexibility to expand services to include not just adults with Serious and Persistent Mental Illness (SPMI), but also those with Serious Mental Illness (SMI), a group of individuals with slightly less severe symptoms. By allowing flexibility in the regions, the funding for expansion of such services would also be given to the regional Behavioral Health Authorities. Finally, the Council wholeheartedly supports the need for allocation of at least $50,000 per region for the development of the Behavioral Health regional boards proposed in the legislation. While several regional mental health boards and substance abuse councils have started to meet together, these early meetings indicate that technical assistance and administrative support will be required in order for the two missions to be fully merged.

Finally, the availability of a Suicide Hotline in Idaho has been a positive addition to statewide services. The Council has promoted the development of this service to assist Idaho citizens in
crisis and provide support for them and their families. We STRONGLY encourage the development of improvements in our crisis response system. Specifically, we support the development of PLACES where individuals in crisis can go short of hospitalization. Voluntary Crisis Centers, have been found to serve this purpose in other states. We STRONGLY recommend support for a funding decision unit to establish such centers in Idaho should it be submitted.

The Early Intervention Specialist – clinicians in school to serve at risk youth, which has had a three year pilot and demonstrated cost effective outcomes (ID Code16-2404a). For FY 14 we STRONGLY encourage funding for and implementation of Early Intervention Specialists in middle schools and high schools in order to identify and assist at risk youth.

COUNCIL ONGOING ACTIVITIES

- The Council has continued to have representation on the Governor’s Behavioral Health Interagency Cooperative Committee, with one of our members, Teresa Wolf, providing regular input and participation.

- The Council provided education on behavioral health issues through presentations to the Governor’s Health Task Force, and the Legislative Subcommittee on Health.

- In our effort to reward individuals and agencies who have provided exemplary advocacy for/about mental health issues, the Council continues to confer annual awards in four areas: Legislative, Media, Judiciary and Community Advocacy.

- The Council emphasized stewardship of funds in a time of reductions in all departments by prudent use of teleconference connections rather than more expensive flights/lodging gatherings to conduct business.

- The Council has identified gaps and needs in publically funded services together with the Regional Mental Health boards. It is now up to local communities to find ways to address the gaps and needs through regional collaborations. Through representation on regional boards, the Council will assist local efforts and provide communication and support across the state.

- The Council supported the development of a System of Care for the citizens of Idaho impacted by mental illness, and we worked to improve community education about mental health with special emphasis on trying decrease the stigma associated with mental illness in many sectors of our communities.

- The Council supported maintaining reliable data to assess improvements and service gaps. We will continue to support improved data collection systems that reliably report...
service outcomes and monitor the impact of decreases in state funding for mental health services.

- The Council worked to promote a common understanding that children and youth diagnosed with emotional, behavioral or mental health challenges did not choose to develop an emotional, behavioral or mental health challenge and should not be shamed or isolated because of their illnesses or challenges. They have caregivers that deeply love their children and did not cause their child’s emotional, behavioral or mental health challenge and should not be shamed or isolated for caring for their children that have illness or challenges. These young Idahoans have strengths and make valuable contributions to their families and in their community. They have a right to safely participate in community life, live with their families and attend school. They come from diverse backgrounds and must be treated with dignity and respect, and they must receive all the services and supports necessary to achieve their potential to enjoy life as caring and contributing members of their community.

- The Council recognizes that utilizing Peer Support Specialists (people in recovery) in the behavioral health workforce is critical for individuals served. The Council recognizes that services provided by peer staff generate equivalent outcomes as those services provided by non-peer staff in similar roles (Davidson, 2012). The Council supported the utilization of Peer Support Specialists and will work to promote utilizing them in all aspects of mental health and substance abuse treatment programs.

- The Council believes that early intervention, community-based services, and seamless/coordinated access to care result in improved outcomes, reduced hospitalizations and overall revenue savings. We continue to advocate for Legislative support for early access to community-based treatments for low income and uninsured individuals as well as Medicaid-eligible persons with mental health and substance use disorders. Currently our mental health system focuses on crises, which are more costly.

**FY14 COUNCIL GOALS**

In addition to continue to support the Behavioral Health Transformation legislation, monitor the Medicaid managed care implementation, and advocate for the development of peer run Voluntary Crisis Centers, the Council will be working to accomplish the following goals for the reasons stated below.

Goal 1.
Implement at least one new program in each region that has proven efficacy and measurable outcomes.

Goal 2.
Assure that Idaho’s behavioral health care system develops into a system that is trauma-informed. Increase the number of mental health and substance abuse providers who attend trauma-informed training.

Goal 3.
Limited safe and affordable housing and employment opportunities for individuals living with severe mental health and substance use disorders are available statewide. Increase one affordable housing and employment opportunity for persons with serious mental illness in each region.

Goal 4.
Closing gaps in the services provided for children and youth suffering from mental illnesses. Increase at least one respite care provider in each region of the state.

**Goal 1: Promotion and support for services with proven positive outcomes.**

Mental illness is treatable. Recovery from mental illness symptoms is possible when access to appropriate treatments and recovery supports are available. The Council is interested in adding services to the public mental health system, but the services that are added should be proven to be effective and are evidence based (EBT). The Substance Abuse and Mental Health Services Administration (SAMHSA)* publishes a list of treatment programs that have been found to have empirical support for their effectiveness in addressing the needs to adults and children impacted by mental illness. In addition to treatment, other community interventions are needed to assist individuals and families affected by mental illness. The following is a partial list of the programs/services that have been shown to be effective in decreasing costly re-hospitalizations and incarcerations, and that have been of particular interest of the Council.

- Respite Care for Families
- Peer Support Specialists and Family Support Specialists
- Trauma-Informed Treatment
- Specialty Courts (Mental Health Court; Drug Court)
- Community Intervention Training (CIT) for law enforcement

The Council conducted an informal survey of the availability of these effective programs. The outcome of our survey indicated that these programs are not yet available to all Idaho citizens, particularly those who live in rural areas.

**Respite:** The Idaho Federation of Families is contracted with DHW to do Respite Care Training in the state. Training webinars occur monthly, and usually have 1 to 4 participants. Once they finish the training, they must pass a background check. The Federation's Boise office keeps an updated list of trained providers for each region of the state.

**Peer Support:** The Idaho Peer Specialist Training and Certification Program offers training on an annual basis. State funding covers the training of 14 persons per year – two from each of Idaho’s seven mental health service regions. The five-day course teaches the concepts and stages of recovery; the role of a Peer Specialist; skills in effective listening, goal setting,
problem-solving, and promoting whole health; Peer Specialist ethics; and other topics. Those who complete the course are invited to take a Certification exam to become eligible for employment as a Certified Peer Specialist. Most regions employ part time peer specialists who work with the Assertive Community Teams. Reimbursement for the work provided by peer specialists remains a problem in Idaho.

Trauma Informed Care: Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. The purpose of trauma informed care is to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" SAMHSA has established a National Center for Trauma-Informed Care. Our regional mental health staff have been participating in trauma informed care training. Following recent staffing changes at the regional level, the availability of state funded providers who have undergone such training is limited to the population centers in the region.

CIT: The State Planning Council encourages all communities in Idaho to organize Crisis Intervention Training (CIT) of law enforcement. CIT allows law enforcement the opportunity to learn and develop methods to better assess the needs of individuals in crisis and get them to appropriate resources in an effort to avoid, in some cases, unnecessary hospitalizations.

Goal 2. Access to Safe and Affordable Housing, and Employment Opportunities

Unlike persons affected by physical illnesses, recovery from symptoms of mental illness requires supports above and beyond medicine and services that can be provided in a hospital or doctors office. The additional services are not covered by health insurance, including government insurance such as Medicaid, because they are beyond the scope of a typical medical treatment. Housing and supported for persons with mental illness is an example of a needed and in some case critical service to assist individuals who are recovering from their symptoms of mental illness. Available transitional housing following hospitalization or incarceration and movement into permanent, affordable housing continues to be a significant gap within the regions. It is important that once a person has received treatment, he/ she is properly integrated into normal activities. If a person does not have proper housing, even for the short term, he or she is at risk of relapsing and again requiring assistance from family, agencies, local hospitals, law enforcement and counties. Fear and perceived public safety should not be the driving force to promote jail or prison over access to safe and affordable housing. There is a greater number of homeless in Idaho then the number of available and affordable housing units.

Stable, affordable, and suitable housing is a key component to the overall health and wellbeing of any individual. It is a major factor in the ability of an individual with mental illness to move with some degree of success towards recovery. People who have a mental illness often experience interruption in relationships and are denied the feelings of satisfaction that come with being employed, feeling safe, having regular meals, permanent housing, or sleeping in a bed that is their own. The Homeless Resource Center and SAMSHA report that for chronically homeless
individuals, the nationally-reported average is that 30% of the homeless are also experiencing a mental health condition, and about 50% have co-occurring substance use disorder problems:

"A considerable amount of public dollars is spent essentially maintaining people in a state of homelessness," said the study lead author, Dennis P. Culhane, associate professor of social welfare policy at the University of Pennsylvania. "What this study proves is that by putting those same dollars into supportive housing, the solution can pay for itself. States and the federal government should follow New York’s lead and do the right thing here. The public good demands it.” A study for Mental Health Policy and Services Research concludes that, “on average, the homeless mentally ill use $40,500 a year in public funds for shelter, jail and hospital services. But providing them with supportive housing would cost the same amount while also providing them with comprehensive health support and employment services.”

[University of Pennsylvania]

The Council believes that transitional housing, with access to permanent and affordable housing, remains a key element in the recovery process for individuals living with serious mental illness. We encourage the Legislature to compare the costs of incarceration, hospital-based care and prolonged contact with court systems to the cost of one month in rental assistance and community-based services. Programs like ShelterPlus Care are documented as being very effective in Idaho; identifying the costs of communities establishing individual housing options is to be kept in the equation for Idaho. Finally, establishing more supportive employment opportunities for eligible recipients can provide them with personal accomplishments and financial means that will help them sustain their homes. We are pleased that Idaho has Medicaid for Workers with Disabilities, known as the Medicaid buy-in option. It is important that individuals with disabilities be encouraged to utilize this opportunity in order to assist them in long term employment.

3. Seriously Limited Services for Children and Youth

Identified Gaps and Needs:
Changes in Medicaid services will have potential impact on the adequacy of services to our youth. Medicaid Developmental Therapy may no longer be available in schools. Psychosocial Rehabilitation (PSR) certification may not be billable in schools by 2014. Without assistance local school districts with large numbers of youth in foster care, group homes, that need educational services will not able able to meet the needs of this special group of youth.

Cultural competency in our children’s mental health programs need to be improved. Latino and Native children not well accommodated. Youth struggling with sexual orientation issues also need to be addressed.
Improved mental health services, including prevention oriented programming, for our youth should be a priority in Idaho’s educational system. Such programs include Bullying Awareness and support for extracurricular activities and the necessary resources to participate in social and wellness activities, e.g., sports, music, community activities, and competitions.

CONCLUSION

The Idaho State Planning Council on Mental Health believes it is of upmost importance to keep the “vision” of the Interagency Cooperative in the forefront of all agendas of proposed system changes: *Idaho citizens and their families have appropriate access to quality services provided through the publicly funded mental health and substance abuse systems that are coordinated, efficient, accountable, and focused on recovery.* The Council reported in the FY2011 and FY2012 Governor’s Report the necessity of the State leadership to believe in and support this vision. **The Council’s position on this issue has not changed.** [Behavioral Health Transformation Work Group 2010]

The Council’s prior reports to the Governor and State Legislature provided an overview of the issues and problems arising from the budgetary cuts to the state mental health system. The issues from those reports remain the same, and the Council believes more problems are inevitable, as demonstrated in the gaps, and needs analyses we have conducted within our regions. The state continues to fund services for crises and has failed to find ways to avoid costly hospitalizations.

The Council supports the concept of Behavioral Health Transformation. In anticipation of the successful passage of the Behavioral Health Transformation legislation, we are moving forward with plans to change the Council from a Mental Health Council to a Behavioral Health Council that oversees issues related to mental health, substance use disorders and co-occurring diagnoses. This change will help the Council be more in line with the direction taken by the SAMHSA and moves the Council a step closer to transformation.**

The Council is committed to improve the services available to persons and families affected by mental illness in Idaho. These specialized services are targeted to a sector of Idaho citizens whose needs are frequently misunderstood and often overlooked until tragedy occurs. We commit our service to the Governor’s Office and the Legislature as we all seek to improve mental health services in Idaho.

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

APPENDICES

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

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

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

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

Appendix 2: Council Roster
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<tr>
<th>Name</th>
<th>Agency or Organization Represented</th>
<th>City</th>
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<tr>
<td>Martha Ekhoff</td>
<td>Region IV MH Advisory Board - Consumer</td>
<td>Boise</td>
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<td>Stan Calder</td>
<td>Region I MH Advisory Board - Consumer</td>
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<td>Region V Advisory Board - Consumer</td>
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<td>Lynne Whiting</td>
<td>Region VII Advisory Board – Family/Agencies/CMH service provider</td>
<td>Blackfoot</td>
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<td>Children’s Chair Executive</td>
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<td>Teresa Wolf</td>
<td>Social Services</td>
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<td>Executive Committee – Ex-Officio</td>
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<td>Region I Advisory Board - Family</td>
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<td>Jennifer Griffis</td>
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