

Idaho State Planning Council on Mental Health

2010 Report to the Governor and State Legislature



The Cost of Not Providing Mental Health Treatment

TABLE OF CONTENTS

Executive Summary 2

Introduction 3

SNAPSHOT: Increase in Idaho Suicide Rate..... 4

SNAPSHOT: Increased Utilization of Law Enforcement..... 5

SNAPSHOT: Increased Utilization of Hospitals..... 6

Conclusion 7

Appendix 1 Idaho Code 39-3125..... 8

Appendix 2 Membership..... 9-10

Appendix 3 References 11

Appendix 4 Behavioral Health Transformation Work Group Core Services 12-13

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<http://healthandwelfare.idaho.gov/Default.aspx?tabid=320>

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EXECUTIVE SUMMARY

The Idaho State Planning Council on Mental Health (“Council”) was established pursuant to Public Law 99-660 and was placed into Idaho Code in 2006¹. The Council directives include in part:

- Serve as an advocate for adults with a severe mental illness and for seriously emotionally disturbed children and youth;
- 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 the impact on the quality of life that mental health services has on citizens of the state.

The 2009/2010 state cuts to services for individuals with mental illness, have been significant. The Council has the firm belief that the current and anticipated cuts to services for people with mental illness will result in long term increased costs to local communities, the State, and the quality of life of citizens in the state.

A snapshot of budget cut impacts includes:

1. Increase in Idaho suicide rate
2. Increased utilization of law enforcement
3. Increased utilization of hospitals

Resulting in: reduced health and economic well-being of communities.

In Idaho, there is currently no continuum of mental health care that provides appropriate services and support recovery. Idaho’s mental health system needs to be more than crisis intervention. Treating only people in crisis costs more dollars to local communities and the State, causes more personal disruption, and results in lost opportunities for recovery. This is not speculation. This is fact, as supported by this report.

As directed by Idaho Code, the Council plays a key role in the State’s mental health system of care. In this capacity, the 2010 State Planning Council on Mental Health Report to the Governor and State Legislature provides for your consideration (1) valuable information about the state mental health system and its efforts through the Governor’s Behavioral Health Transformation Workgroup, (2) the effect of budget cuts within the system, (3) opportunities for change and improvement, and (4) efforts by the Council to support change and improvement.

¹ See Appendix 1 Idaho Code 39-3125

INTRODUCTION

The Idaho State Planning Council on Mental Health (“Council”) is an active advocate providing a voice for children, youth, adults, and their families on mental health issues. The Council membership² is comprised of dedicated volunteers who give their time, energy, expertise and experience to improve and advocate for a system of care that provides quality mental health service to the people of Idaho.

The Council appreciates and embraces the opportunity to participate on the Governor’s Behavioral Health Transformation Workgroup. The Council has reviewed the work to date, and provided input to establish the Transformation Workgroup’s goals, values and direction. We are excited by this group’s identified future efforts, and we welcome the opportunity to help work through the challenges that transformation will bring to the system. The Council will continue to address needed changes through its active role on the Governor’s Behavioral Health Transformation Workgroup and support of transformation efforts.

2010 Accomplishments

- Developed and implemented a media campaign raising awareness of impending budget cuts and the impact of those cuts on individuals with mental illness;
- Improved communication of regional mental health efforts to the State level;
- Service on the Governor’s Behavioral Health Transformation Workgroup;
- Use by the Regional Mental Health Boards of the Council’s website to post and share minutes with other Regional Boards;
- Hosted annual legislative event and award ceremony (February 2010). This year’s event titled “YOUTH: Our Greatest Resource” focused on children’s mental health issues. Panel members included youth and family members who discussed their challenges and successes within the mental health system. Awards were presented to recipients from the media, the judiciary, law enforcement, the legislature and a community advocate.

The Future

The Council will continue increasing awareness of mental health issues and the impact of budget cuts on recovery. The Council will support the Substance Abuse & Mental Health Services Administration (SAMHSA) 2010 strategic initiatives that support “prevention works, treatment is effective, and people recover from mental and substance abuse disorders.” SAMHSA has set forth: Behavioral health is an essential component of health service systems and community-wide strategies that work to improve health status and lower costs for families, businesses, and governments.

The Council will continue to serve as an advocate for Idahoans with mental illness.

² See Appendix 2 Membership

SNAPSHOT: Increase in Idaho Suicide Rate

Death by suicide is a serious public health issue in Idaho. Suicide devastates Idaho families and communities. Access to mental health and substance abuse treatment is an identified prevention to suicide.

- Data from the Centers for Disease Control and Prevention (2006) ranks Idaho as 10th highest in the nation for number of completed suicides per capita and 3rd highest for suicide among adolescents and young adults.
- Deaths by suicide in Idaho increased by 14% in 2008 (251 deaths) and increased again by 19% in 2009 (300 deaths). This is one death every 29 hours.
- In the last 5 years (2004-2008), Idaho lost 65 students age 10-18 to suicide; 15 of those were between 10 and 14 years old.
- Boise City Police data shows in the first 83 days of 2010 officers responded to 13 attempted suicides, 193 threatening suicides, 104 overdoses, and 3 suicide deaths. These numbers are trending upward.
- The average total hospital cost for treating people who attempt suicide in Idaho is approximately \$8.2 million per year. Average work lost by suicide attempters is \$7.8 million per year.

*Cost versus Lives
We need to ask ourselves:
Is decreasing mental health services the right choice?
Teresa Wolf, Council Chair*

Idaho is the only state without a suicide crisis hotline.

Idaho does not have a nationally certified hotline. The national Lifeline crisis centers accept Idaho calls at Lifeline's expense as a temporary measure and professional courtesy.

Idaho's Lifeline calls have nearly tripled since 2007

The State Planning Council on Mental Health believes suicide is a serious but preventable public health crisis that requires high profile recognition at the state level and a high priority on the state health agenda.

The State Planning Council on Mental Health recommends State leadership identify sustainable funding for an Idaho Suicide Prevention Hotline to avert the human suffering of suicides and attempts and resulting economic costs.

SNAPSHOT: Increased Utilization of Law Enforcement

“Not providing adequate mental health treatment places additional burdens on law enforcement. Because there will be fewer mental health treatment resources, law enforcement will have fewer options for the mentally ill. This may result in more incarcerations in local jails which are exactly what we, in law enforcement, have been working hard to prevent. This will present a great disservice to the mentally ill and the community as a whole.”

*Major Michael Stayner
Deputy Chief of Police
Pocatello Police Department
Council Member*

Increasingly, as budget cuts reduce services, local and State law enforcement is called to be the first responders to crisis involving individuals with mental illness. This places an enormous strain on public funding at the state, county and city levels and increases risk to non-trained law enforcement officers. Training to officers that teaches how to effectively interact with people in mental health crisis or anyone in emotional distress, is critical.

Involvement with law enforcement often results in: an overburdened law enforcement, increased juvenile detention, increased adult incarceration, loss of housing, loss of employment, loss of education opportunity and loss of community.

The City of Boise Community Ombudsman issued an Ombudsman’s Special Report in December 2006 that recommended Crisis Intervention Teams (CIT) in response to homeless persons with mental illness. A CIT is a collaboration between law enforcement, mental health providers, family and consumer advocates. CIT equips officers to interact with individuals experiencing a psychiatric crisis by helping them learn to recognize the signs of psychiatric distress and how to de-escalate a crisis – avoiding officer injuries, consumer deaths and tragedy for the community. In addition, CIT officers learn how to link people with appropriate treatment, which has a positive impact on fostering recovery and reducing recidivism.

Officers trained in CIT rate their program as more effective at meeting the needs of people with mental illness, minimizing the amount of time they spend on “mental disturbance” calls, and maintaining community safety, than officers who rely on a mobile crisis unit or in-house social worker for assistance with “mental disturbance” calls.³

The State Planning Council on Mental Health believes cuts to mental health treatment place law enforcement and people with mental illness at risk.

The State Planning Council on Mental Health recommends State leadership support re-establishing full funding for mental health services and place a priority on Crisis Intervention Training (CIT) for law enforcement.

³ See Appendix 3 References

SNAPSHOT: Increased Utilization of Hospitals

Over utilization of emergency rooms by individuals in mental health crisis, is epidemic. Unfortunately, with the current budgeting levels, the system will continue to force its citizens into emergency rooms for treatment. In addition, placements at State hospitals will continue to increase if the lack of preventative services is not addressed.

It is well established that the cost of a clinician is far lower than the cost of even one day in a facility. In FY 2008, it was reported the state of Idaho's average cost to Medicaid per client accessing community based mental health services was \$4,003. In FY 2008, the average cost per client for hospitalizations related to mental health needs, was \$30,304.⁴

The Behavioral Health Transformation Workgroup (BHTWG) addresses these concerns by proposing a meaningful and efficient system of care. This system of care features availability and access to an array of behavioral health services on as local a level as possible. The intent is to provide a "floor" of services, available in each region, that span prevention, intervention, treatment and recovery so that coordinated efforts are enabled to redirect supports from the more expensive emergent and medically necessary services, to more effective and less costly prevention, intervention and recovery services.⁵

A lack of community services forces many people with mental illness to access services any way they can. According to Dr. Charles Novak, a psychiatrist who is president-elect of the psychiatric staff at St. Alphonsus, more people are showing up in the emergency room and being hospitalized against their wishes because they are judged to be a threat to themselves or other people. That costs taxpayers more than treating patients outside of hospitals.⁶

"Mental Illness is not a crime. It should not be treated as one. Desperate people take desperate actions. Not providing treatment, forces people to act out of the recklessness of despair!!"

*Rick Huber
Council Member*

The State Planning Council on Mental Health believes due to a lack of alternatives, existing services are exploited, over-used, miss-used and become a "catch all" to cover every possible mental health condition.

The State Planning Council on Mental Health recommends the state should apply the resources necessary to develop a full continuum of mental health care that can provide appropriate services with the various levels of care necessary to treat people with mental illness in their own communities, prevent costly hospitalizations and support recovery.

⁴ Presentation by Kathleen Allen to Transformation Workgroup, June 2009

⁵ See Appendix 4 BHTWG Core Services draft: March 10, 2010

⁶ "Thousands in Idaho can't access drug abuse treatment" Idaho Statesman, May 31, 2010

CONCLUSION

The vision of the Governor's Behavioral Health Transformation Workgroup: 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 Idaho State Planning Council on Mental Health believes in this vision. Clearly, the Transformation Workgroup believes in this vision. We now need State leadership to believe in this vision.

The Council's 2010 Report to the Governor and State Legislature has provided an overview of the issues and problems resulting from cuts to the state mental health system. The report highlights and voices the concerns provided by individuals across the state regarding *the cost of not providing mental health treatment*.

The impact of budget cuts in the area of mental health services include:

1. Increase in Idaho suicide rate
2. Increased utilization of law enforcement
3. Increased utilization of hospitals

Resulting in: reduced health and economic well-being of communities.

As previously stated, Idaho's mental health system needs to be more than crisis intervention. Treating only people in crisis costs more dollars to local communities and the State, causes more personal disruption, and results in lost opportunities for recovery. This is not speculation. This is fact.

The State Planning Council on Mental Health will fulfill its mandate on behalf of people with mental illness in Idaho. This will include education, advocacy, continued advisement and guidance to the mental health authority, and ensuring that individuals with severe mental illness and serious emotional disturbance have access to treatment, prevention and rehabilitation services including those services that go beyond the traditional mental health system⁷.

"The cost of mental health services for us, at times, have been a choice of either getting help for our son or putting food on the table. We eventually took loans out & went deeply in debt to pay for the services he needed. Our reason was that the cost of the 11 lives on his "hit list" was far greater than the devastating cost to us financially. If we had not had the resource/assistance of DHW we would never have been able to pay for the services, or we would have had to relinquish our rights as his parents."

~~ Elaine Sonnen Greencreek, ID ~~

⁷ See Appendix 1 Idaho Code 39-3125

APPENDIX

Appendix 1 – Idaho Code 39-3125

TITLE 39
HEALTH AND SAFETY
CHAPTER 31
REGIONAL MENTAL HEALTH SERVICES

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

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

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

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

Appendix 2 – Membership

Name	Agency or Organization Represented	City
Teresa Wolf Chair	Social Services	Lewiston
Pam Hirsch Vice-Chair	Region II MH Advisory Board	Lapwai
Linda Hatzenbuehler, Ph.D. Executive Committee	Region VI MH Advisory Board	Pocatello
Rick Humber Executive Committee	Region V Consumer	Rupert
Lynn Whiting Executive Committee	Region VII Family	Blackfoot
Stan Calder Executive Committee	Region I Consumer	Coeur d'Alene
Shirley Clark Membership Chair	Region V MH Advisory Board	Albion
Corinna Stiles Education Chair	DisAbility Rights Idaho	Boise
Rep. Sharon Block	Legislature	Twin Falls
VACANT	Department of Education	
Kathie Garrett	Idaho Council on Suicide Prevention	Meridian
Pat Guidry	Division of Medicaid	Boise
Gary Hamilton	Department of Vocational Rehabilitation	Coeur d'Alene
Judge Brent Moss In Remembrance	Judicial	Rexburg
VACANT	Criminal Justice	
Julie Williams	Housing	Boise
Kim Wherry Toryanski	Aging	Boise
Robert Bishop	State Mental Health Agency	Coeur d'Alene
Rose Marie Tiffany	Region I MH Advisory Board	St. Maries
Lisa Koltes, MD	Region III MH Advisory Board	Nampa

Courtney Santillan	Region IV MH Advisory Board	Boise
Michael Hinman	Region VII MH Advisory Board	Idaho Falls
Barbara Kauffman	Region II Consumer	Lewiston
Martha Ekhoﬀ	Region IV Consumer	Boise
VACANT	Region VII Consumer	
Bill Harger	Region I Family	Coeur d'Alene
Linda Johann	Region I Family	Post Falls
Christina Lymberopoulos	Region II Parent	Orofino
VACANT	Region III Family	
VACANT	Region IV Parent	
VACANT	Region V Parent	
Michael Stayner	Region VI Family	Pocatello
EX-OFFICIO Program staff: Kathleen P. Allyn Scott Tiffany Cynthia Clapper Jamie Teeter Chuck Halligan Kurt Lyles	Behavioral Health Program Mental Health Program Adult MH Program Adult MH Program Children's MH Program Children's MH Program	Boise

Appendix 3 – References

Page 5:

National Alliance on Mental Illness Web Site: www.nami.org

Borum, R., Deane, M.D., Steadman, H., & Morrissey, J. (1998). "Police perspectives on responding to mentally ill people in crisis: perceptions of program effectiveness." *Behavioral Sciences and the Law*, 16, 393-405.

Services

Array of Core Services

The BHTWG proposes a meaningful and efficient system of care in the State of Idaho. This system of care features availability and access to an array of behavioral health services (both mental health and substance abuse) on as local a level as possible. *Core services* are defined as an array of services including those that are community based, emergent, medically necessary, and required by law. The intent is to provide a "floor" of services, available in each region, that span prevention, intervention, treatment and recovery so that coordinated efforts are enabled to redirect supports from the more expensive emergent and medically necessary services to more effective and less costly prevention, intervention and recovery services. Core services will be provided in accordance with statewide standards which will include, at minimum, monitoring for quality, consistency and timeliness. These services will be delivered from a client-centered perspective. Effectiveness of service delivery will be determined by examining quality of life measures as well as other standardized outcome-based instruments.

The array of core services will be provided for in a way that:

- Is outcome oriented.
- Features accessibility on as local a level possible
- Is integrated across responsible agencies and entities
- Distinguishes between, accommodates the differences, and meaningfully supports the child, the adult, and the transition between them.

Within the context of this proposal, the BHTWG recognizes certain realities, all of which will influence transformation development in a given region. The BHTWG acknowledges that:

1. Each region features a different mix of professional expertise, and that the array of services might be achieved through different types of venues or may have a different configuration from one region to another;
2. Core services will be available in all regions, but the prevalence of any core service may vary among regions as appropriate to reflect the needs of a region's targeted population;
3. Regions will develop local access standards using their own demographics, geography and availability of services within pocketed areas of their region;
4. Some regions might look to their neighboring regions to help make a service available that is not available in their own;

5. There may be an inclination for providing emergent and medically necessary services as a priority over other services, and that preventative and recovery services are critical to effectively supporting an individual;
6. The delivery of preventative and community-based services can in some cases be provided at relatively low cost, and with effective delivery of these services, enhance an individual's quality of life while decreasing the cost of emergent and medically necessary services;
7. The goal is for regions to be able to deliver this array of services without depending upon the state to provide the same services;
8. Regions have the authority and flexibility to build their service delivery systems in good faith, making reasonable attempts to make all core services available;
9. Regions be poised to succeed in ultimately delivering the complete array of core services;
10. This array of core services is intended to provide a consistent "floor" of services for individuals throughout Idaho; regions may opt to provide an array of services that exceed those proposed here, and that such an initiative is desirable;
11. The development of the regional system will occur in a transitional manner, potentially learning from the experience of a pilot region and/or by a phased in approach to making the array of services available.
12. Some functions now managed by the state may be phased into regional responsibility.

Core services are to be targeted to citizens of the state of Idaho on a sliding fee scale basis (to be determined) and will include adults with severe mental illness, children and adolescents with serious emotional disorders, and individuals with substance use and co-occurring disorders.