

DRAFT Minutes of the
Mental Health and Substance Abuse Treatment Delivery Systems
Interim Committee

Tuesday, October 31st, 2006
House Majority Caucus Room, Statehouse
Boise, Idaho

The meeting was called to order at 10:03 am by Chairman Skippen. Present were Senators Stegner, Compton, Coiner, Broadsword, and Werk; and Representatives Wood, Block, Garrett, and Henbest. Staff members present were Caralee Lambert, Amy Castro, Richard Burns, Cathy Holland-Smith and Lisa Kauffman, Legislative Services Office. Also present were Representative Nicole LeFavor, District 19; Jim Tibbs, Idaho Drug Czar; Bethany Gadzinski, Dick Shultz, David Butler, and Ray Millar, Department of Health & Welfare; Quane Kenyon, Idaho Department of Health & Welfare Board Member; Brent Reinke, Paul Carroll, and Sharon Harrigfeld, Idaho Department of Juvenile Corrections; Dr. Mary Perrien and David Hass, Idaho Department of Correction; Patti Tobias, Judicial Branch; Kipp Dana, District 7 Drug Court Treatment; Bud Langerak, Bonneville County Sheriff's Office; Sara Nye, Office of the Governor, Molly Steckel, Idaho Medical Association and Idaho Psychiatric Association; Bob Seehusen, Idaho Medical Association; Woody Richards, Intermountain Hospital; Jim Baugh, Comprehensive Advocacy, Inc.; Courtney Lesler, Idaho Federation of Families for Children's Mental Health; AJ Burns, Office of Performance Evaluations; Sarah Woodley and Amy Holly Priest, Business Psychology Associates; and Tony Poinelli, Idaho Association of Counties.

Co-chair Skippen welcomed everyone and stated that there were three presentations scheduled and the rest of the time would be used for committee discussion to discuss recommendations to present to the Legislature in the 2007 session.

Senator Stegner made a motion to approve the committee minutes from the August 15th, 2006 meeting. Motion was seconded by Senator Broadsword and the committee voted unanimously to accept the motion.

Senator Compton made a motion to approve the committee minutes from the September 19, 2006 meeting. Motion was seconded by Representative Wood and the committee voted unanimously to accept the motion.

Dr. Mary Perrien, Chief, Division of Education and Treatment, Department of Correction, spoke to the committee about the need for a secure Mental Health Facility and presented a phased in plan to accomplish that.

Dr. Perrien stated that approximately 1/3 of the inmates have been identified as having some type of mental health issue and at least 240 of those meet the definition established by the Department of Health and Welfare for chronic and persistent mental illness.

In Idaho Code, the Department of Correction has been mandated to "...establish, operate, and maintain" an identifiably separate facility for the assessment and treatment of the mentally ill. Currently, this facility is located within one housing unit at maximum security institution and only 12 beds are identified for the most acute mentally ill. Since there are so few beds to house those patients, gridlock occurs within the system which prevents the DOC, Courts, County Jail, and DHW of providing treatment to all of those who need it. There are not enough beds to serve everyone. Dr. Perrien also stated that there are not established treatment programs and facilities available to help the mentally ill patient who needs treatment but who is not prone to criminalization. In a combined meeting with DOC and DHW, DHW stated that they alone would need 40-50 beds annually in order to serve this need.

The solution is to build and establish an Idaho Secure Mental Facility. The population served would be the ones who are sentenced and mentally ill or who are pre-adjudication dangerously mentally ill or dangerously mentally ill civil commitments, and both male and female populations.

Dr. Perrien stated that there are two types of inmates that come to the attention of mental health staff. The first is a criminal, first and foremost. They become frustrated with the staff when their criminal behavior is interfered with by incarceration. They experience adjustment difficulties and seek assistance from the mental health staff to help with the life adjustment. These are not the people that they are talking about treating in the Idaho Secure Mental Facility. The person they are talking about treating is the second type of person, the one who is mentally ill first and foremost, but because of a lack of community structure to maintain these individuals in the community either because the mental illness is untreated or inadequately treated, they end up in DOC. These people, if the resources and treatment in

the community were available, would never come to the attention of the DOC. These people are truly mentally ill by definition.

The goal is to establish the Idaho Secure Mental Facility, to provide treatment to get the patients stabilized, to improve their skill sets so once they are released from prison, with the help of outside treatment programs they will be able to live productive and criminally free lives and not come back to the facility.

Dr. Perrien presented the plan that is a joint venture with DHW and includes the following phases:

- Phase 1: Physical plant design with joint mission focus; Capital Request during this next budget cycle
- Phase 2: Staffing analysis; staffing would vary by acuity
- Phase 3: In two years, plan to request FTPs and ongoing operating funds
- Phase 4: Recruiting and hiring
- Phase 5: Establishing policies and standards
- Phase 6: Activation

Senator Stegner asked what Dr. Perrien's timeline was for fully implementing this project and Dr. Perrien replied that it would be 3 years for activation of the facility.

Senator Werk inquired as to how many beds total the plan is projecting for and Dr. Perrien replied that it would be for a 300- bed facility.

Senator Werk asked if this facility would treat adults only or if they would be treating juveniles as well. Dr. Perrien replied that this facility would treat adults only.

Representative Henbest asked if this hospital would only serve the mentally ill with criminal needs or would it serve those with no criminal past who needed acute hospitalization. Dr. Perrien replied that their vision is that this facility would serve those that were sentenced mentally ill inmates, those that were pre-adjudication and incompetent to stand trial because of their illness, and then those that have no criminal charges at all against them but their behavior makes them inappropriate and too dangerous to be placed in the current State Hospital system.

Representative Wood asked what the Capital Request would be and Dr. Perrien replied that it is \$55 million for the design and building of the facility.

Amy Castro, Analyst, Legislative Services Budget and Policy Analysis, presented three flow charts to the committee showing how individuals currently flow through the system:

1. Chart 1 showed how adults navigate the system. They can get into the system by community based treatment offered by DHW or they can commit a crime and be adjudicated and then flow through the criminal justice system. If they commit a crime, the judge has two options; one, to put the individual through alternative sentencing (Mental Health Court/Drug Court or the DOC Rider Program but if the individual fails those options they go to incarceration) and if they come out rehabilitated then go into the DHW service options.
2. Chart 2 showed how juveniles navigate the system. They can get into the system by community based treatment offered by DHW or they can commit a crime and then go under the Counties jurisdiction first. The County works with that juvenile to put them through some type of community treatment program or probation. This year there is a new option in that there is a direct counselor mental health treatment program which was funded by the Legislature this past session. If the juvenile's behavior escalates to a higher level, then they would move into the State's jurisdiction and would go to DJC. DJC works to facilitate that juvenile and can place them on probation so they would flow back to the County system or they can release the juvenile back to the family and serve out their term. The final option DJC has is if they can't release them on probation or send them back to the family due to the high level of mental illness they keep them in a facility up to the age of 21. At that point upon release, they are referred to the DHW for continued treatment if they meet the criteria DHW has for the definition of mental illness.
3. Chart 3 showed how an adult or juvenile would navigate the DHW State Hospital system which is the involuntary commitment of individuals in crisis. All of the designated exams are completed by DHW staff.

Ms. Castro then reviewed the packet passed out to the committee which contained the remarks presenters in past meetings had consistently reiterated were the top system needs, including access issues and gaps in service. Ms. Castro and Ms. Lambert then offered suggestions as to how to solve some of those issues.

The areas were grouped into the following:

State Hospitals & Secure Mental Health Treatment

Gaps in Service Include:

- a. State hospitals and private providers do not have the capacity to meet the current needs of eligible individuals.
- b. Idaho Code requires a stand alone secure mental health facility, but currently one is not available.
- c. State hospitals do not currently take voluntary commitments, thus someone has to commit a crime or be considered a 'danger to themselves or others' before treatment is provided.

Possible Legislative Actions:

1. Supporting a secure mental health facility that would house individuals authorized under Idaho Code.

Access to Substance Abuse Services

- Current funding for treatment statewide is not sufficient to meet the eligible population's treatment needs.
- Eligibility is limited to 175% of poverty level and priority populations which excludes a large percentage of the need population. (DHW has chosen the financial limitation; ATR and Substance Abuse Block Grant have designated priority populations.)
- The current system excludes a large portion of the eligible population that does not meet DHW's priority populations.
- Lack of resources available for adolescent substance abusers.

Gaps in Service Include:

- a. There is not timely substance abuse treatment available for the eligible population of juveniles and adults.

Possible Legislative Actions (Idaho Code modifications):

1. Create a substance abuse treatment system specifically designed for juveniles.

2. Mandate a statewide assessment tool.
3. Allow judges to order community based treatments from standard statewide assessments and track exceptions to assessment.
4. Increase funding and capacity, and require designated agency that receive the funding to track spending by the individual and effectiveness through outcome based measures for treatment based on the various substance addicted population.

Offender Populations

Gaps in Service Include:

- a. There is not a cohesive oversight authority that is responsible for managing the range of treatment options for offenders and matching the appropriate treatment for an offender after assessment.
- b. Limited choices for community based treatment for offenders have led to the over-incarceration of non-violent offenders.
- c. System is lacking in transitional and reintegration services for offenders, especially female and criminally mentally ill.
- d. No access to forensic services for severely criminally mentally ill.

Possible Legislative Actions:

1. Create regionally based diversion options for judges that provide treatment and services for the mentally ill and substance abusers. This maintains the continuity of family and treatment with the individual.
2. Create one specific agency responsible to conduct a range of assessments prior to sentencing in order to coordinate placement that may include treatment and support alternatives to incarceration.
3. Support an increase in probation officers so that caseloads shrink and probation officers can more closely interact with the rehabilitated offenders.

Overall System Issues

- No consistent assessment tools for all state agencies.
- It continues to be unclear whether there is a lead agency responsible for paying and coordinating services regardless of where the individual enters the mental health system.
- No state hospital services available for voluntary commitments.
- A need for crisis intervention training at all levels of public safety.

- There is a system need for transitional housing for all populations.
- Credentialing of professional providers needs improvement.
- No current established system to treat parents and their children at the same time.
- Definition in Idaho Code and DHW rules limit eligibility for services. In some cases, DHW rule is more restrictive than Idaho Code.
- Current DHW system has private providers assessing and treating clients without any direct oversight from DHW staff.
- Lack of available state beds for children in psychiatric crisis.
- Lack of available state hospital beds in the Treasure Valley.

Possible Legislative Actions:

1. Support funding for the Legislature to hire an independent consultant to review Idaho's current Mental Health and Substance Abuse system. The consultant would assess treatment capacity, cost, areas of responsibility, and make recommendations to improve Idaho's current system by creating appropriate oversight and service levels for a state system. The consultant would work with the Legislative Services Office and an Interim Committee during the 2007 interim and the consultant would submit a final report in 2008 to include a reorganization/restructure of this system.

Representative JoAn Wood and Bud Langerak, Bonneville County Sheriff's Office, briefly reviewed their District 7 Pilot Project that was previously presented and updated the committee on a working budget that was developed for this project. The object of the Pilot Project was to slow the flow into DOC by working in a regional manner where people would be treated for their illness instead of going straight to prison. This project would focus on co-occurring treatments, substance abuse and mental health, and the assessment tools would be based on treating both conditions together, resulting in a savings to DOC by diverting those people away from the system by providing treatment instead of incarceration as the only option. The Judges involved in this workgroup stated that they would like to retain local jurisdiction and let the people follow the process and receive co-occurring treatment since most of the people have both substance abuse and mental health problems. By treating all their needs in this program and by

providing support in the community, they are hoping that this will decrease the recidivism rate and thus slow the flow into DOC.

Representative Wood presented a 4-year projected cost estimate for the District 7 Pilot Project. In the first year of this program they are projecting a cost savings of \$1.5 million to the State, and in 4 years, a cost savings of \$12-15 million. The cost per day in this project would be \$46.58 vs. the current DOC rate of \$52.00 per person. They plan to serve 120 clients per year for 4 years which is 54% of the potential clients from the State. The projected 4-year cost for this District 7 Pilot Project would be approximately \$6,056,950.

The committee then discussed the various options and came up with the following motions. These motions were voted on and approved by this committee as recommendations to present to the Legislature in the 2007 session:

1. Mandate that multiple agencies collaborate to develop a standard statewide assessments for substance abuse and for mental health with such assessments to be determined by January 1, 2008.

Motion by Coiner, seconded by Compton. Ayes: Stegner, Compton, Coiner, Broadsword, Werk, Skippen, Wood, Block, and Henbest. Nays: None. Absent and excused was Representative Garrett. Motion passed.

2. Endorse the proposal by the Department of Corrections for the establishment of a secure mental health treatment facility.

Motion by Stegner, seconded by Broadsword. Ayes: Stegner, Compton, Coiner, Broadsword, Werk, Skippen, Wood, Block, Garrett, and Henbest. Nays: None. Motion passed.

3. Support legislation to modify the regional mental health board grant program to broaden the scope of such grants to include multiple agency, multiple year programs to address mental health as well as substance abuse needs, provided such grants shall be made on a competitive basis on an accelerated timeframe.

Motion by Stegner, seconded by Broadsword. Ayes: Stegner, Compton, Coiner, Broadsword, Werk, Skippen, Wood, Block, Garrett, and Henbest. Nays: None. Motion passed.

4. Support increased funding and capacity for substance abuse services, and require the designated funding agency to track by individual spending and effectiveness through outcome-based measures for treatment based upon the various substance-addicted populations.

Motion by Henbest, seconded by Werk. Ayes: Stegner, Compton, Coiner, Broadsword, Werk, Skippen, Wood, Block, Garrett, and Henbest. Nays: None. Motion passed.

5. Support legislation to allow judges to order community-based treatments from standard statewide assessments and provide for tracking of exceptions to assessments.

Motion by Stegner, seconded by Broadsword. Ayes: Stegner, Compton, Coiner, Broadsword, Werk, Skippen, Wood, Block, Garrett, and Henbest. Nays: None. Motion passed.

6. Request that the Department of Health and Welfare, Division of Medicaid, present in the 2007 Legislative Session to the Senate and House Health and Welfare Committees a cost analysis and consequences to include therapeutic foster care, residential care, respite care and family support services, as well as an analysis of Medicaid funding for juveniles in detention and any other federally-paid services not currently included in the Children's Mental Health treatment system.

Motion by Henbest, seconded by Werk. Ayes: Stegner, Compton, Coiner, Broadsword, Werk, Skippen, Wood, Block, Garrett, and Henbest. Nays: None. Motion passed.

7. Support ongoing efforts to improve and enhance psychiatrist residency programs in Idaho.

Motion by Compton, seconded by Stegner. Ayes: Stegner, Compton, Coiner, Broadsword, Skippen, Wood, Block, Garrett, and Henbest. Nays: None. Absent and excused was Senator Werk. Motion passed.

8. Support funding for the Legislature to hire an independent contractor to revise Idaho's current mental health and substance abuse treatment delivery system. The contractor would assess treatment capacity, cost, eligibility standards, and areas of responsibility and would make recommendations for how to improve Idaho's current system by creating appropriate oversight and service levels for a state system. Study areas and components would include but not be limited to:
 - a. Creation of a mental health and substance abuse treatment system specifically designed for children and their families to receive immediate treatment.
 - b. Determine whether there is a lead agency in Idaho responsible for paying for and coordinating services regardless of where an individual enters the mental health or substance abuse system and study the possibility of restructuring the current system via the creation of a separate agency combining mental health and substance abuse services in Idaho
 - c. Review capacity of the current state hospital system as well as the need for voluntary commitments, beds for children in psychiatric crisis, and the need for state hospital services in the Treasure Valley.
 - d. The need for crisis intervention training at all levels of public safety.
 - e. Regarding the offender population, creation of one specific agency responsible to conduct a range of assessments prior to sentencing in order to coordinate treatment and support alternatives to incarceration.
 - f. Increase the number of probation officers so caseloads shrink and probation officers can more closely interact with the rehabilitated offenders.
 - g. Evaluation of the concept of a regionally-based mental health and substance abuse treatment delivery system, including a review of other states with such a system and any positive results or shortcomings of such systems.

The Legislative Health Care Task Force would be the oversight body for the study and the results of the study would be reported to the

Legislative Health & Welfare and Judiciary & Rules germane committees during the 2008 Legislative Session.

Motion by Stegner, seconded by Henbest. Ayes: Stegner, Compton, Coiner, Broadsword, Skippen, Block, Garrett, and Henbest. Nays: None. Absent and excused were Senator Werk and Representative Wood. Motion passed.

Meeting was adjourned at 5:02 pm.