Budget Brief

Mental Health and Substance Abuse in Idaho

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Mental Health and Substance Abuse Services
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Mental Health and Substance Abuse Services
Statewide Report by Functional Area

Functional Area	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. Mental Health					
Health & Human Services					
General	50,780,932	61,677,364	69,896,247	72,456,393	83,446,518
Dedicated	13,420,400	6,570,100	6,898,100	11,615,400	5,036,700
Federal	46,440,157	61,563,962	72,515,173	85,937,328	96,418,982
Total	110,641,489	129,811,426	149,309,520	170,009,121	184,902,200
Medicaid Portion	*59,388,281*	*73,432,851*	*90,330,089*	*102,506,711*	*115,447,200*
Percentage of Gen. Funds	*34.7%*	*35.4%*	*38.4%*	*42.0%*	*41.1%*
Percentage of Total Funds	*53.7%*	*56.6%*	*60.5%*	*60.3%*	*62.4%*
Education					
General	105,765	118,890	103,344	126,856	130,662
Dedicated	169,133	262,030	322,202	267,581	275,608
Total	274,898	380,919	425,546	394,437	406,270
Public Safety					
General	1,662,741	1,647,504	1,696,291	2,035,344	2,936,248
Dedicated	108,603	84,418	117,977	247,830	657,500
Federal	42,476	36,245	184,141	71,671	43,400
Total	1,813,820	1,768,167	1,998,409	2,354,845	3,637,148
Total Mental Health	***112,730,207***	***131,960,512***	***151,733,475***	***172,758,403***	***188,945,618***
II. Substance Abuse					
Health & Human Services					
General	2,988,500	3,121,200	3,697,800	3,164,300	1,830,900
Dedicated	1,707,200	2,154,200	2,042,800	1,371,200	3,439,700
Federal	8,164,000	8,814,300	7,778,800	13,779,200	14,239,000
Total	12,859,700	14,089,700	13,519,400	18,314,700	19,509,600
Education					
Dedicated	4,636,950	4,477,619	4,691,716	4,700,000	5,500,000
Public Safety					
General	4,989,844	4,539,492	4,877,224	5,181,636	7,369,963
Dedicated	21,941	729,642	899,250	1,031,876	1,133,450
Federal	962,578	1,204,690	1,603,498	1,149,927	1,211,057
Total	5,974,363	6,473,824	7,379,972	7,363,439	9,714,470
Total Substance Abuse	***23,471,013***	***25,041,143***	***25,591,088***	***30,378,139***	***34,724,070***
Grand Total	**136,201,220**	**157,001,655**	**177,324,563**	**203,136,542**	**223,669,688**

Mental Health and Substance Abuse Services
General Fund by Agency

Agency	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. Department of Health and Welfare					
a. Community Hospitalization	781,900	1,539,700	1,628,700	3,010,400	2,160,400
b. State Hospital North	3,701,600	3,955,100	4,590,000	5,887,600	6,437,500
c. State Hospital South	7,363,000	9,415,500	10,079,800	7,590,400	11,182,200
d. Adult Mental Health	10,370,000	11,615,100	12,589,600	12,909,300	16,181,600
e. Childrens Mental Health	10,926,112	13,342,408	14,180,111	12,614,200	13,197,000
f. Medicaid	17,638,319	21,809,557	26,828,036	30,444,493	34,287,818
Mental Health Total	50,780,932	61,677,364	69,896,247	72,456,393	83,446,518
g. Substance Abuse Services	2,988,500	3,121,200	3,697,800	3,164,300	1,830,900
Health & Welfare Total	**53,769,432**	**64,798,564**	**73,594,047**	**75,620,693**	**85,277,418**
II. Public School Support					
a. Idaho Safe & Drug-Free Schools	0	0	0	0	0
III. Vocational Rehabilitation					
a. Community Supported Employmer for the Mentally Ill	105,765	118,890	103,344	126,856	130,662
III. Judicial Branch					
a. Mental Health Courts	0	0	0	0	42,200
b. Drug Courts	389,921	71,697	75,197	75,197	42,200
Judicial Branch Total	**389,921**	**71,697**	**75,197**	**75,197**	**84,400**
IV. Department of Correction					
a. Mental Health Services	697,400	644,700	636,200	723,400	923,600
b. Attitude & Orientation	451,275	514,344	568,897	693,270	638,634
c. Substance Abuse Services	349,456	351,992	405,890	462,356	382,296
d. Therapeutic Community (TC)	1,551,508	1,648,369	1,869,216	2,072,010	1,937,145
e. CAPP Program	0	0	0	0	1,504,500
f. IDOC Carryover	0	0	0	250,200	848,000
Department of Correction Total	**3,049,639**	**3,159,405**	**3,480,203**	**4,201,236**	**6,234,175**
V. Department of Juvenile Corrections					
a. DJC - Nampa	662,055	642,519	920,943	955,549	1,013,740
b. DJC - Lewiston	580,016	543,349	590,412	631,345	970,801
c. DJC - St. Anthony	5,788	7,266	7,666	8,579	8,881
d. Contract Providers	1,451,100	1,274,300	1,007,900	726,400	662,400
e. Federal Grants	0	0	0	0	0
f. Mental Health Services	514,066	488,460	491,194	618,674	1,331,814
Juvenile Corrections Total	**3,213,025**	**2,955,894**	**3,018,115**	**2,940,547**	**3,987,636**
General Fund Total	**60,527,782**	**71,104,450**	**80,270,906**	**82,964,529**	**95,714,291**

Mental Health and Substance Abuse Services
Total Funds by Agency

Agency	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. Department of Health and Welfare					
a. Community Hospitalization	781,900	1,539,700	1,628,700	3,010,400	2,160,400
b. State Hospital North	5,773,800	5,802,000	6,120,400	6,863,300	7,354,100
c. State Hospital South	16,510,900	16,779,900	17,417,100	19,536,600	17,904,900
d. Adult Mental Health	16,438,100	17,910,300	18,565,800	19,269,610	22,272,200
e. Childrens Mental Health	11,748,508	14,346,675	15,247,431	18,822,500	19,763,400
f. Medicaid	59,388,281	73,432,851	90,330,089	102,506,711	115,447,200
Mental Health Total	110,641,489	129,811,426	149,309,520	170,009,121	184,902,200
g. Substance Abuse Services	12,859,700	14,089,700	13,519,400	18,314,700	19,509,600
Health & Welfare Total	**123,501,189**	**143,901,126**	**162,828,920**	**188,323,821**	**204,411,800**
II. Public School Support					
a. Idaho Safe & Drug-Free Schools	4,636,950	4,477,619	4,691,716	4,700,000	5,500,000
III. Vocational Rehabilitation					
a. Community Supported employment for the Mentally Ill	274,898	380,919	425,546	394,437	406,270
III. Judicial Branch					
a. Mental Health Courts	0	0	127,194	268,062	693,100
b. Drug Courts	421,813	982,870	1,652,124	1,447,222	1,496,877
Judicial Branch Total	**421,813**	**982,870**	**1,779,318**	**1,715,284**	**2,189,977**
IV. Department of Correction					
a. Mental Health Services	697,400	644,700	636,200	723,400	923,600
b. Attitude & Orientation	493,751	550,853	629,342	744,709	688,634
c. Substance Abuse Services	457,413	527,040	604,909	661,563	592,596
d. Therapeutic Community (TC)	1,590,619	1,709,195	1,929,482	2,099,121	2,007,395
e. CAPP Program	0	0	0	0	1,504,500
f. IDOC Carryover	0	0	0	250,200	848,000
Department of Correction Total	**3,239,183**	**3,431,788**	**3,799,933**	**4,478,993**	**6,564,725**
V. Department of Juvenile Corrections					
a. DJC - Nampa	725,425	725,096	920,943	955,549	1,013,740
b. DJC - Lewiston	589,984	592,494	590,412	631,345	970,801
c. DJC - St. Anthony	7,145	7,266	7,666	8,579	8,881
d. Contract Providers	1,451,100	1,274,300	1,007,900	726,400	662,400
e. Federal Grants	730,864	655,563	666,536	583,460	609,280
f. Mental Health Services	622,669	572,614	605,673	618,674	1,331,814
Juvenile Corrections Total	**4,127,187**	**3,827,333**	**3,799,130**	**3,524,007**	**4,596,916**
Total of all Funds	**136,201,220**	**157,001,655**	**177,324,563**	**203,136,542**	**223,669,688**

Idaho Department of Health and Welfare
Community Hospitalization

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual [1]	FY 2007 Estimate
I. *Appropriation by Fund Detail*					
A. General Fund	0	0	0	2,870,700	2,160,400
Total Appropriation	**0**	**0**	**0**	**2,870,700**	**2,160,400**
Budgeted FTP	0.00	0.00	0.00	0.00	0.00
II. *Expenditures by Fund Detail*					
A. General Fund	781,900	1,539,700	1,628,700	3,010,400	2,160,400
Total Actual Expenditures	**781,900**	**1,539,700**	**1,628,700**	**3,010,400**	**2,160,400**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	781,900	1,539,700	1,628,700	139,700	0
% Difference Over or (Under)				*4.6%*	*0.0%*

NOTE: The number of commitments and expenses for private care has risen dramatically over the last three years. In SFY 2003 the Department paid $781,900 for 374 patients placed in State custody who were treated in private psychiatric hospitals as they waited for room at the State hospitals to become available. In SFY 2005, the Department paid $1.6 million for the care of 633 clients. This is a 69 percent increase in the number of patients, while expenses have more than doubled. To address the growth in Community Hospitalization, the Department received $968,100 in supplemental funds plus $750,600 in one-time funds to cover expenditures incurred in SFY 2005 that were not paid until SFY 2006. Despite the supplemental there was not enough funds to pay all the SFY 2006 bills. At year end there was approximately $202,000 in unpaid bills of which $139,700 was transferred from Adult Mental Health, leaving unfunded expenditures of $62,000.

Program Description: The Division of Behavioral Health's Community Hospitalization budget activity was established to account for funds allocated to the Department of Health and Welfare to pay for the costs of treatment of a committed mentally ill individual beginning 24 hours after the date of commitment into the state's custody. Community Hospitalization funds are 100% general funds dedicated to reimbursing local psychiatric hospitals for the usual and customary costs of inpatient psychiatric services provided to adults while committed to the Department of Health and Welfare. Payment begins 24 hours after the date of commitment until the individual is admitted to a state psychiatric hospital or is discharged from the local psychiatric hospital.

Program History: HB579 was passed in the 2000 Legislative session which amended Idaho Code 66-327 requiring that the state assume costs of treatment beginning with the day after notice that an individual has been dispositioned to the custody of the state.

The purpose of the bill was to require the Idaho Department of Health and Welfare to assume financial responsibility once an individual has been involuntarily committed to the state therefore relieving the burden of financial payment on the counties when a psychiatric hospital bed is not available at a state facility. Adults with a mental illness are typically committed by county courts to the Department because they have become so ill that they are assessed to be dangerous to themselves or others and cannot be treated voluntarily. Once this commitment is made, the State is responsible for providing psychiatric hospitalization or paying for this service in the private sector. Idaho's two state psychiatric hospitals have limited capacity for patients, with both having a waiting list for new admissions. If a person is committed to the Department and the state hospitals are full, these patients are cared for in private psychiatric hospitals until room is available at one of the state hospitals. The Department pays for this interim private care through Community Hospitalization funds, which are entirely funded through general funds. On any given day, there are approximately 20-30 people on a waiting list for State care who are receiving private psychiatric hospital services.

Community Hospitalization services are purchased with general funds and are authorized under Idaho statute in Idaho Code 66-327. The Department is responsible as follows in 66-327b:

"The department of health and welfare shall assume responsibility for usual and customary treatment costs after the involuntary patient is dispositioned to the custody of the state of Idaho, beginning on the day after the director receives notice that a person has been committed into the custody of the department, until the involuntary patient is discharged and after all personal, family and third party resources are considered in accordance with section 66-354, Idaho Code."

Adults experiencing acute psychiatric crisis who are committed by county courts to the Department of Health and Welfare for treatment are the core recipients. A person must meet commitment criteria which includes being a danger to self, a danger to others or gravely disabled. Once this commitment is made, the State assumes the responsibility for providing psychiatric hospitalization or paying for this service in the private sector if an admission to one of the two state psychiatric hospitals is not immediately available.

Idaho Department of Health and Welfare
State Hospital North

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	4,031,000	3,930,100	4,584,200	5,314,700	6,437,500
B. Economic Recovery Fund	0	0	0	158,500	143,800
C. Alcohol Intoxication Treatment Fund	726,300	727,900	727,900	727,900	0
D. Miscellaneous Revenue Fund	404,200	228,300	262,100	143,100	143,100
E. SHN Endowment Income	1,085,300	915,800	540,500	0	629,700
Total Appropriation	**6,246,800**	**5,802,100**	**6,114,700**	**6,344,200**	**7,354,100**
Budgeted FTP	98.50	90.50	89.39	89.39	109.39
II. ***Expenditures by Fund Detail/Grant***					
A. General Funds	3,701,600	3,955,100	4,590,000	5,887,600	6,437,500
B. Economic Recovery Fund	0	0	0	158,500	143,800
C. Alcohol Intoxication Treatment Fund	725,200	727,900	727,900	727,900	0
D. Miscellaneous Revenue Fund	270,700	199,300	257,300	84,900	143,100
E. SHN Endowment Income Fund	1,076,300	915,700	540,400	0	0
F. Federal Grant Allocation	0	4,000	4,800	4,400	629,700
Total Actual Expenditures	**5,773,800**	**5,802,000**	**6,120,400**	**6,863,300**	**7,354,100**
Actual FTP	90.50	89.39	89.39	0.00	0.00
Spent More or (Less)	(473,000)	(100)	5,700	519,100	0
% Difference Over or (Under)	*(8.2%)*	*(0.0%)*	*0.1%*	*7.6%*	*0.0%*

Program Description: State Hospital North in Orofino provides psychiatric inpatient treatment for Idaho's adult citizens with the most serious and persistent mental illnesses. The Hospital is part of Idaho's Mental Health system comprised of seven regional Mental Health centers, State Hospital South in Blackfoot, and private community hospitals. State Hospital North treats acute involuntary patients aged 18 or older who are committed to the Department of Health and Welfare according to civil statute Title 66 Chapter 3 (Hospitalization of Mentally Ill) or criminal statute Title 18 Chapter 2 (Fitness of Defendant to Proceed). Citizens are civilly committed for involuntary hospitalization if the person is mentally ill and likely to injure himself or others or is gravely disabled due to mental illness. Involuntary hospitalization is considered the treatment of last resort, if the person cannot be safely cared for in another less restrictive setting. Hospitalization includes evaluation and treatment, until the person is stable and able to return to community living and outpatient care.

Program History: In 1905 Idaho legislature authorized the Northern Idaho Sanitarium and Insane Asylum. The legislature created a commission charged with establishing another mental asylum in north Idaho because the Idaho Sanitarium and Insane Asylum located at Blackfoot was overcrowded. Governor Frank Gooding was chairman of the site selection committee which chose Orofino. The bill authorized a bond issue of $30,000 and set aside 40,000 acres of State land as an endowment. In 1931 the legislature changed the name to State Hospital North.

During the 70s and 80s services included Alcoholism Treatment/Chemical Dependency and Detox, and Juvenile Diagnostic Services. In the mid 90s, the hospital provided dual diagnosis services for patients suffering from mental illness and chemical dependency. Since FY 2002 admissions have been involuntary psychiatric patients.

Referrals for hospitalization are made through our regional Mental Health centers. Professionals make recommendations about mental health status to the court and the court determines if the patient is to be admitted.

Typically a patient must exhibit a primary, major mental health diagnosis that places the patient at risk to gain admission to the state hospital. The hospital referral process includes the patient's suitability for the program offered, a review of bed availability, a review of our ability to manage acute medical problems manifested by the patient, a discussion of any history of violence or aggression that might place other patients or employees at significant risk, a review of the patient's psychiatric treatment history and diagnosis, and consideration of legal status. The facility performs a review of the patient's financial status at admission to determine ability to reimburse services received. The patient population served by State Hospital North has very limited resources and care is typically rendered at State expense.

The facility undergoes periodic service delivery reviews by the state licensing entity. State Hospital North is not accredited by any external independent organization such as the Joint Commission on Accreditation of Hospitals. The facility does, however, attempt within its capabilities to adhere to national standards of care.

Full-Time Equivalent Positions: Treatment is provided by an interdisciplinary team and support services personnel. Fiscal Year 2006 authorized 89.39 FTP will increase to 109.39 FTE in FY 2007, to care for increased capacity up to 55 patients.

Beginning FY 2007:

Physicians and Nurse Practitioner 3.5 FTE
Clinicians & Clinical Supervisors 6.0 FTE
RNs 20.0 FTE
Lon's 5.0 FTE
Psychiatric Technicians 13.5 FTE
Therapeutic Recreation Specialists 4.0 FTE
Pharmacy and Laboratory 3.0 FTE
Admin, Training and QI 4.0 FTE
HIM 7.5 FTE
Dietary 10.0 FTE
Maintenance 4.0 FTE
Custodial 7.0 FTE

Additional FTE to be established effective October 2006

Idaho Department of Health and Welfare
State Hospital South

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	8,118,300	9,415,500	9,684,600	6,995,400	11,182,200
B. Economic Recovery Fund	0	0	0	436,000	177,700
C. Miscellaneous Revenue Fund	6,284,200	546,400	857,200	1,456,200	1,460,900
D. Mental Hospital Endowment Fund	1,905,000	1,664,300	2,064,600	5,291,400	1,051,500
E. Federal - Medicaid	29,800	4,315,300	4,438,800	3,960,500	4,032,600
Total Appropriation	**16,337,300**	**15,941,500**	**17,045,200**	**18,139,500**	**17,904,900**
Budgeted FTP	273.30	265.30	259.22	259.22	259.22
II. ***Expenditures by Fund Detail***					
A. General Fund	7,363,000	9,415,500	10,079,800	7,590,400	11,182,200
B. Economic Recovery Fund	0	0	0	436,000	177,700
C. Miscellaneous Revenue Fund	7,213,100	782,400	1,567,800	2,231,900	1,460,900
D. Mental Hospital Endowment Fund	1,905,000	1,664,300	2,064,200	5,291,400	1,051,500
E. Federal - Medicaid	29,800	4,917,700	3,705,300	3,986,900	4,032,600
Total Actual Expenditures	**16,510,900**	**16,779,900**	**17,417,100**	**19,536,600**	**17,904,900**
Actual FTP	264.30	259.22	259.22	259.22	259.22
Spent More or (Less)	173,600	838,400	371,900	1,397,100	0
% Difference Over or (Under)	*1.1%*	*5.0%*	*2.1%*	*7.2%*	*0.0%*

NOTE: FY 2003 variance is due to transition to Hub consolidation for DMS, ITSD and HR functions, and undercollection of receipts. The variance in FY 2006 is General Funds and Receipts (one-time) program transfers to State Hospital South for Change in Employee Compensation and target classifications, facility projects, and upgrading the automated BHIS and Pharmacy systems.

Program Description: Located in Blackfoot Idaho, State Hospital South (SHS) has operated continuously for the past 120 years serving the most acute mentally ill citizens of Idaho. Created and sustained over the years by the Idaho Legislature, the principle laws and procedures governing the hospital's operation today are put forth in Idaho Code -- Title 66. The Idaho Administrative Code (IDAPA 16.03.14.470) also sets forth minimum standards and expectations for hospitals in Idaho, including the state hospitals.

Currently, SHS is licensed and funded to provide 90 adult psychiatric beds, 16 separate and distinct adolescent beds, and 29 skilled nursing home beds. It also maintains a statewide program to restore competency of criminal justice patients. Since 2001, SHS has been formally accredited by the Joint Commission on Accreditation for Healthcare Organizations. SHS also maintains certification from the Center for Medicare and Medicaid Services.

Note: For a more detailed orientation to the work and performance of State Hospital South, please see section below entitled: Program History.

Program History: As noted in the Institutional / program description in section one above, SHS is currently licensed and funded to provide 90 adult psychiatric beds, 16 separate and distinct adolescent beds, and 29 skilled nursing home beds. It also maintains a statewide program to restore competency of criminal justice patients. Since 2001, SHS has been formally accredited by the Joint Commission on Accreditation for Healthcare Organizations. SHS also maintains certification from the Center for Medicare and Medicaid Services.

Services to Adult and Adolescent patients are provided within a modern Psychiatric Treatment Facility built in 1988. The 29 bed geriatric/psychiatric facility is housed in a renovated but dated 1930s era on-campus structure (See patient care unit profiles below).

The majority of patients/consumers at SHS are between 25 and 45 years-old. Since the mid-1990s, virtually all patients – 60% of which are male -- are court committed on the basis of presenting a danger to themselves or others, or are gravely disabled (see history of admissions by judicial commitment outlined below). These highly vulnerable patients/consumers almost always have one or more major mental illness which prevents them from living successfully and safely in a non secure community setting.

The mission of SHS is to treat and stabilize these patients within 30-90 days and, where possible, return them to community living. Approximately 60% of our adult patients return to a community-based environment within 35-40 days. The remainder is transferred to longer term care units, usually at SHS, for approximately 90-180 days. Relatively few patients/consumers remain here for more extended periods of time. For most patients/clients, SHS functions as a "safety net provider" or treatment facility of last resort.

Treatment is provided through an interdisciplinary team, including psychiatrists and other physicians, psychologists, nurses, therapeutic recreational specialists, and social workers. The team works with patients and their families to develop and implement individual treatment plans. Treatment includes evaluation, medications, individual and group therapy, education, recreation, and discharge counseling.

During the previous fiscal year 2006 (July 1, 2005 through June 30, 2006), SHS admitted 312 adult patients, 79 adolescent patients, and 14 geriatric (nursing home) patients. Most adult patients at SHS are diagnosed with schizophrenia, bipolar disorder, or depression. Fifty-five to 75% of the adult patient population also have substance abuse problems, with 55% formally dually-diagnosed, and 75% with a documented history of substance abuse. (See utilization data and related statistics outlined below).

As noted, the hospital also maintains a 16 bed adolescent unit which serves as a safety net provider for youth, ages 12-17, who have not responded favorably in less-restrictive community settings. The adolescent unit was established in 1984 largely in response to and as partial resolution of the high-profile "Jeff D" lawsuit. Many of today's adolescent patients are also dually diagnosed with either a substance abuse or developmental disability in addition to a severe mental and/or behavioral disorder.

Important Institutional Trends, Issues, and Challenges

1. Shortage of Acute Care Beds: The daily waiting list for patients needing admission to a state hospital in Idaho typically ranges between 10-25+. Admissions are carefully and aggressively coordinated between the (7) DHW Regions and two (2) State Hospitals. In FY2006, the DHW expended over $2.8M for private community hospitalization at rates ranging from $700 - $1,000+ per day.

2. Increasing acuity and complexity of patients: Patient acuity at State Hospital South has increased in recent years evidenced by increasing percentage of patients needing seclusion and restraint, and the increasing frequency of staff and patient injury. Also, the number and percentage of forensic patients has increased measurably, further contributing to the increasing acuity and danger of our patient mix. Patients with both medical and psychiatric problems and requiring treatment for the same have likewise increased.

3. Co-occurring disorders: The number of patients diagnosed with both mental illness and substance abuse disorders has increased over the past several years. Presently, SHS is not licensed or accredited to directly provide treatment for the substance abusing population. A contract with "Road to Recovery" allows for evaluation, education and referral services to this increasingly common patient clientele.

4. Recruitment and retention challenges: Recruitment of high demand, skilled personnel including RNs, pharmacists, physicians, and social workers has long been a challenge for State Hospital South as these personnel typically have extensive opportunities to work in other environments for significantly more pay. Efforts have been made and will continue to be made to lessen the disparity in pay between the private and public workforce.

5. Increasing regulatory requirements: State Hospital South is routinely surveyed – licensed, accredited, or certified – by JCAHO as well as State Licensing and various other external review groups. As with the entire healthcare industry, the hospital is experiencing an ongoing tightening and expansion of regulations required for ongoing accreditation/certification. The man-hours and other expenses related to this can be significant.

Key National and Environmental Trends

1. Reduction/Elimination of Seclusion and Restraint: President Bush's New Freedom Commission on Mental Health and the National Governor's Conference in 2005 endorsed efforts to reduce or eliminate seclusion and restraint in State hospitals throughout the United States. Over the past 12-24 months, SHS has focused considerable energy on complying with this expectation. Accordingly, the hospital has experienced an approximate 45% and 20% reduction in seclusion and restraints respectively since January of this year.

2. Mental Health Recovery: A report in 1992 produced by National Association of State Mental Health Program Directors (NASMHPD) and the National Technical Assistance Center for State Mental Health Planning (NTAC) entitled "Mental Health Recovery," set the stage for a new conceptual paradigm for organizing and delivering mental health care in the United States. Essentially, the recovery movement incorporates resilience of the consumer, natural supports within the community, and the assistance each State can provide to facilitate recovery.

   Each patient leaving the hospital requires community supports to resume the responsibilities and benefits of citizenship. Assistance to reconnect with family, friends, peer and supportive services may be needed. Going forward, State Hospital South will need to continue to facilitate patients active involvement in treatment to develop both the internal/personal qualities needed to succeed in the community and to ensure that the "safety net" of DHW and other supports will be available to assist the patient in his or her recovery.

3. Trauma Informed Care: The recognition of the importance of trauma-informed care dates back to at least 1994, when the "Dare to Act: Trauma Survivors, Practitioners, Researchers, and Policymakers Creating a Blueprint for Change" was sponsored by SAMHSA and the National Trauma Consortium. Since that time, many conferences, national dialogue, and research have made it clear that the prevalence of trauma, especially among persons with mental and addictive disorders is much higher than previously thought. Importantly, the recognition that many of the practices in hospitals treating the mentally ill may re-traumatize patients has led to changes.

   Today, most state hospitals appear to be developing programs that are sensitive to and consider the role of past trauma in the lives of patients. Similarly, State Hospital South is striving to develop a positive non-coercive treatment environment with increased involvement of consumers and reduction of potential problematic interventions such as seclusion and restraint.

Idaho Department of Health and Welfare
Adult Mental Health

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	11,049,100	11,670,600	11,867,600	11,440,500	14,891,500
B. Economic Recovery Fund	0	0	0	347,500	162,600
C. Miscellaneous Revenue Fund	2,786,600	2,840,700	2,861,000	2,659,000	2,281,400
D. Court Services Fund	0	0	0	266,700	266,700
E. Federal Fund	4,296,000	3,966,500	3,862,000	3,679,000	4,670,000
Total Appropriation	**18,131,700**	**18,477,800**	**18,590,600**	**18,392,700**	**22,272,200**
Budgeted FTP	223.72	214.27	221.20	229.20	252.10
II. ***Expenditures by Fund Detail***					
A. General Fund	10,370,000	11,615,100	12,589,600	12,909,300	16,181,600
B. Economic Recovery Fund	0	0	0	347,500	162,600
C. Miscellaneous Revenue Fund	2,230,100	2,280,500	1,740,500	1,779,200	1,469,500
D. Court Services Fund	0	0	0	266,700	266,700
E. Federal Fund	3,838,000	4,014,700	4,235,700	3,966,910	4,191,800
1. MHBG	*1,275,000*	*1,009,700*	*1,460,800*	*642,200*	*1,367,800*
2. DIG	*48,800*	*166,700*	*55,200*	*43,410*	*130,300*
3. PATH	*260,900*	*321,400*	*245,600*	*260,600*	*288,000*
4. Medicaid	*1,836,200*	*2,032,700*	*2,022,000*	*2,449,500*	*1,837,400*
5. TANF	*266,000*	*135,300*	*119,500*	*172,200*	*43,300*
6. Other Federal	*151,100*	*348,900*	*332,600*	*399,000*	*525,000*
Total Actual Expenditures	**16,438,100**	**17,910,300**	**18,565,800**	**19,269,610**	**22,272,200**
Actual FTP	264.30	259.22	259.22	259.22	259.22
Spent More or (Less)	(1,693,600)	(567,500)	(24,800)	876,910	0
% Difference Over or (Under)	*(10.3%)*	*(3.2%)*	*(0.1%)*	*4.6%*	*0.0%*

NOTE:
FY06 - Agency wide personnel actions.
FY07 - Supplemental funding request from the General Fund to replace declining loss of Medicaid receipts.

Program Description: The State of Idaho Adult Mental Health Program (AMHP) is a publicly funded mental health program administered by the Division of Behavioral Health within the Idaho Department of Health and Welfare (DHW). Our mission is to protect the health and safety of Idahoans and our vision is to provide leadership for the implementation of an integrated sustainable mental health service delivery system in Idaho.

The Adult Mental Health Program provides services through seven regional, state-owned and operated community mental health centers (CMHC's) which includes 22 field offices across the state. A close working relationship exists between the regional CMHC's and the two state psychiatric hospitals. The central office Adult Mental Health program provides system coordination and leadership, policy and standards development, rule promulgation and interpretation, technical assistance, training and consultation to support and expand an organized statewide system of care that is consumer guided, recovery oriented and community-based as well as supervision of the Mental Health Authority unit.

The Mental Health Authority Unit was established to centralize and standardize the care management functions for the Medicaid Psychosocial Rehabilitation (PSR) Option. The unit consists of the centralized prior authorization

unit which includes eight staff responsible for the prior authorization and review of all PSR services. There is also six staff assigned as field representatives with one staff assigned to each of the seven regions excluding regions 3 and 4 which share a single field representative. The field representatives are responsible for provider relations and continuous quality improvement activities.

This option continues to afford private agencies the opportunity to provide psychosocial rehabilitation services through public/private partnerships with the Department of Health and Welfare. In these partnerships, private agencies provide direct psychosocial rehabilitation services while the Mental Health Authority Unit performs managed care duties including service prior-authorization and quality assurance. These functions had previously been managed in both the seven adult and children's regional mental health programs.

The Adult Mental Health program primarily serves persons who are lower income or indigent. The regional programs are responsible for coordinating the involuntary treatment system including overseeing the provision of Designated Examiner services. Additionally, the programs serve as a gatekeeper for access to the state hospital system and provide pre-screening for Medicaid eligible young adults (18-21) admitted to inpatient psychiatric services.

The following is a list of the core adult mental health services that are provided by all seven regional community mental health centers.

a. Screening: Screening for eligibility of services through Regional Mental Health Programs. If an individual meets population criteria, he or she is accepted for services either on an ongoing basis or for short-term intervention. Individuals not meeting above criteria are referred out to appropriate community agencies.

b. Crisis Intervention Services: These services provide for the delivery of both center-based and community-based crisis intervention in psychiatric emergencies, including 24-hour telephone crisis intervention services. Community emergency resources and providers are mobilized in order to stabilize the crisis situation and to provide immediate and/or continuing treatment.

c. Psychosocial Rehabilitation Services: Psychosocial Rehabilitation Services (PSR) is outcomes oriented and are provided to assist consumers in functioning maximally in community settings within the limits of their disabilities. Services include comprehensive assessment and treatment plan development, individual and group psychosocial rehabilitation, pharmacological management, nursing services, community crisis intervention services, and psychotherapy.

d. Assertive Community Treatment: An intensive case management program delivered by the use of assertive outreach to the community. The majority of treatment and rehabilitation intervention takes place in the community in the consumer's natural environment. The services include direct assistance with symptom management, medication monitoring, meeting basic needs, skills development/teaching, and assistance in vocational reintegration, financial monitoring and 24 hour crisis availability

e. Psychiatric Services: These services include psychiatric evaluation, medication prescription and monitoring, consultation and education as well as psychiatric nursing.

f. Short-Term Mental Health Intervention: Short-Term mental health treatment is provided to an individual 18 and above who may not have a severe and persistent mental illness but nevertheless is in acute psychiatric crisis, including suicidal and/or homicidal behavior. Without an immediate mental health intervention, these individuals are at high risk of hospitalization. Such interventions are time limited and not to exceed 120 days. Services include short-term therapy, medication prescription and monitoring, referral to community agencies, designated examinations and dispositions and short term PSR services following discharge from state psychiatric inpatient facility.

g. Service Coordination (Targeted Case Management Services): Service Coordination services are provided to severely and persistently mentally ill clients. Services include comprehensive

assessment and service plan development, monitoring and coordination of service delivery, linkage with requisite services, client advocacy and crisis support services.

Program History: Prior to the late 1960's mental health services in Idaho were provided on a very limited basis by individual counties. Available services varied by county. Beginning in the late 1960's, as part of the Federal Community Mental Health Centers Act, the federal government made available to states Federal Staffing Grants and Federal Construction Grants. The Staffing Grants were essentially seed monies to support personnel and provided some operating costs to encourage states to develop Comprehensive Mental Health Centers throughout the state. Initially, states were required to provide five elements of service: Outpatient, Inpatient, Emergency, Consultation-Education and Partial Hospitalization for persons of all ages. The grants were for an eight year period of time, with decreasing funding each year with the intent that states would assume the support for their operations when the grant term ended. The final grant in Idaho (Region V) finally ended in the late 1970's.

The Federal grants required states to serve both adults and children and provided a broad range of mental health services on a sliding fee scale. No one could be refused service due to their ability to pay. The state in order to implement the comprehensive mental health system passed the Regional Mental Health Services Act, Idaho Code Title 39, Chapter 31 in 1969. Idaho Code statute 39-3124 designates the state mental health authority as the Idaho Department of Health and Welfare.

In 1980, under President Reagan, the Federal grant program was eliminated and the Federal Block Grant Program for Mental Health and Substance Abuse was implemented. The amount of money applied to the individual state's allocation was formulated on the amount of money previously paid to the state under the Staffing Grant Program. The amount of funding allocated to Idaho was limited under the allocation formula. Over the next several years, as mental health funding continued to be limited at both the federal and state levels, the federal government attached a variety of restrictions to the block grants limiting the populations eligible to be served and the type of services that could be provided with Block Grant funds. The eligible populations were limited to those with a serious mental illness. The state due to funding limitations further limited services to persons with a severe and persistent mental illness. In order for the state to continue delivering mental health services in Idaho, the Department of Health and Welfare, relied increasingly on Medicaid services to fund the mental health programs until the late 1990's when psychosocial rehabilitation services were expanded to the private sector.

AMHP services are prioritized to individuals and families most in need. The target population includes individuals with severe and persistent mental illness (SPMI) and those persons experiencing severe psychiatric crisis. AMHP services are provided regardless of ability to pay. By statute, Adult Mental Health Program (AMHP) fees are administered based on a sliding schedule according to household income. According to the Center for Mental Health Service based on 2004 US Census data, there are approximately 1,020,851 adults residing in Idaho. 204,170 Idaho adults (20%) will experience a mental disorder in their lifetime. Further, it is estimated that 52,125 Idaho adults suffer from "serious mental illness" and 26,542 will develop a "severe and persistent mental illness". The AMHP has experienced a 64% increase in total clients served from FY02 (12,225) to FY06 (20,051).

Persons seeking services from the Adult Mental Health program are assessed through a screening process which included an assessment intake and diagnostic evaluation in order to determine eligibility for services through the Regional Mental Health Programs. If an individual meets target population criteria as defined below, he or she is accepted for services either on an ongoing basis or for short-term intervention. Individuals not meeting target population criteria are referred out to appropriate community agencies.

The target population for the Adult Mental Health Program is any individual 18 years of age or older who has a severe and persistent mental illness and who meets the following two criteria:

(1) The individual must have a diagnosis under DSM-III R or DSM-IV of schizophrenia, schizoaffective disorder, major affective disorder, delusional disorder or a borderline personality disorder; and,

(2) This psychiatric disorder must be of sufficient severity to cause a disturbance in role performance or coping skills in at least two of these areas on either a continuous or an intermittent (at least once per year) basis: Vocational/academic, financial, social/interpersonal, family, basic living skills, housing, community or health.

In addition to the above population, the Adult Mental Health Program also serves:

Any individual 18 years of age or older who is experiencing an acute psychiatric crisis, including suicidal and/or homicidal behavior and who may end up in an inpatient psychiatric facility if mental health intervention is not provided promptly. Only short-term treatment or intervention, not to exceed 120 days, is provided to this population.

Federal Grants:

1. Mental Health Block Grant (MHBG) - This grant requires a continuing Maintenance of Effort requirement and is a capped grant and award varies from year to year. States are required to maintained State expenditures for community mental health services at a level that is not less than the average of these expenditures for the 2-year period proceeding the year of the award.

2. Data Infrastructure Grant (DIG) - This grant requires a 100% state match and funds are to be used for collecting, processing, and reporting mental health data. This project and funding ends 9/29/07.

3. Projects for Assistance in Transition from Homelessness (PATH) - This grant requires a 25% state match and is capped at $300,000 federal funds per year.

4. Medicaid - Medicaid match resulting from hits in Random Moment Time Study and cost allocation of the Mental Health Cost Pool

5. Temporary Assistance for Needy Families -- Capped welfare grant

6. Other Federal Funds - Other Federal Funds resulting from Off the Tops cost allocation.

Full-Time Equivalent Positions: Fiscal Year 2006 -- After Navigation transfers authorized FTP of 233.32 will increase to 249.32 in FY07 with the addition of 16 ACT Team positions. Total established positions of 249.61 are as follows:

1. Technical Records Specialists 10.0
2. Social Workers 28.6
3. RN's and LPN's 26.5
4. Psychosocial Rehab Specialists 12.0
5. Project Managers 0.5
6. Program Specialists 2.0
7. Program Managers & System Specialists 1.5
8. Physicians 2.8
9. Office Services Supervisors and Specialists 17.36
10. Information Systems Coordinator 1.0
11. Human Svsc Reg Program Spec & Supervisors 5.0
12. Field Program Mangers 3.5
13. Division Administrator 1.0
14. Customer Service Reps 2.54
15. Client Services Technicians 3.6
16. Clinicians, Clinical Supervisors and Specialists 118.3
17. Chief of Social Work 1.0
18. Chief of Psychology 1.0
19. Administrative Assistants 11.41
20. FY07 ACT Positions To Be Established 2.0
21. Positions over authority to be deleted (one position is new Division Administrator position) (2.29)
22. Temporary Positions 8.0

Idaho Department of Health and Welfare
Children's Mental Health

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	6,757,100	6,757,100	6,757,100	12,803,200	13,097,600
B. Economic Recovery Fund	0	0	0	139,200	0
C. Miscellaneous Revenue Fund	0	0	0	114,500	164,500
D. Federal Fund	496,600	496,600	496,600	7,287,300	6,517,200
Total Appropriation	**7,253,700**	**7,253,700**	**7,253,700**	**20,344,200**	**19,779,300**
Budgeted FTP	0.00	0.00	0.00	92.20	92.20
II. ***Expenditures by Fund Detail/Grant***					
A. General Fund	0	0	0	12,614,200	13,197,000
B. Economic Recovery Fund	0	0	0	139,200	0
C. Miscellaneous Revenue Fund	0	0	0	152,200	160,900
D. Federal Fund	0	0	0	5,916,900	6,405,500
1. TANF	*0*	*0*	*0*	*2,318,900*	*1,597,800*
2. IV-E Foster Care Administration	*0*	*0*	*0*	*640,800*	*630,400*
3. IV-E Adoption Assistance	*0*	*0*	*0*	*88,900*	*85,100*
4. IV-E Foster Care Benefits	*0*	*0*	*0*	*1,306,000*	*1,444,800*
5. CMHI	*0*	*0*	*0*	*778,000*	*829,700*
6. SSBG	*0*	*0*	*0*	*158,100*	*1,034,200*
7. MHBG	*0*	*0*	*0*	*453,700*	*411,200*
8. Federal - Medicaid	*0*	*0*	*0*	*172,500*	*372,300*
Total Actual Expenditures	**11,748,508**	**14,346,675**	**15,247,431**	**18,822,500**	**19,763,400**
Actual FTP	0.00	90.64	82.44	95.30	95.30
Spent More or (Less)	4,494,808	7,092,975	7,993,731	(1,521,700)	(15,900)
% Difference Over or (Under)	*38.3%*	*49.4%*	*52.4%*	*(8.1%)*	*(0.1%)*

NOTE:

FY 2006 - Underspent CMHI grant; variance in T&B related to ramp-up time of clinical contractual expenditures. Received funds for 7 new positions in FY06 for which staffing took time to fill after the new positions were established.

FY 2005 and prior - cannot identify appropriation specific to CMH, however all but administration expenditures can be identified by activity.

Program Description: The Children's Mental Health Services Act, Idaho Code Title 16, Chapter 24, is the guiding Idaho law for the services the Department provides under this program. This statute was passed by the 1997 legislature and became effective in July 1998. Prior to July 1, 1998, children were served under Idaho Code Title 66, Chapter 3, the Hospitalization of Mentally Ill and Idaho Code Title 39, Chapter 31, Regional Mental Health Services. The services were provided as part of the state's mental health system which is further outlined in the Adult Mental Health program information. In July 1998, a distinct children's mental health program was established as part of the Division of Family and Community Services.

The Federal Government provides funding in the form of a block grant to states for mental health services. The block grant requirement for the children's mental health program include a) community based services, b) targeted toward children with a serious emotional disturbance, c) provided in an coordinated fashion with other services and systems such as schools, juvenile corrections, etc, d) addressing rural and homeless populations of

children with serious emotional disturbance, and e) training of providers. The Department submits an annual plan and report for the block grant outlining how these requirements are met.

The Department is under a court agreement related to the Jeff D lawsuit concerning children's mental health services. This lawsuit was filed in 1980. The three major concerns at that time were the co-mingling of children and adults at State Hospital South, the lack of community based services, and the high number of children sent out of their communities and the state for services. There is a separate unit at State Hospital South for children and very few children are placed out of state for services. The ongoing issue in the lawsuit is the number of children served and number of community based services available. A needs assessment was conducted in 1999 as part of a court agreement. In 2001, a plan was negotiated between the parties and accepted by the court. This court plan has approximately 250 action items related to the recommendations in the 1999 needs assessment. A trial is scheduled for September 2006 in federal court to determine the state's compliance with those action items.

Services under the Children's Mental Health Services Act (CMHSA) are targeted towards children with serious emotional disorders (SED). The Act is primarily a voluntary services act with provisions for parental consent and agreements between parents and the Department for services. Parents do not have to give custody to the state for a child to be placed in out of home care such as a psychiatric hospital or residential care. The act also provides for involuntary treatment in the event parents are unable to consent, unwilling to consent or unable to provide the treatment and the child is SED and a danger to self or others. Parental involvement, interagency coordination, and community based services are all emphasized in the legislative intent of the CMHSA (16-2402)

The CMHSA appoints the Department as the lead agency in establishing and coordinating services (16-2404(1)). It also requires that the "department of health and welfare, the state department of education, the department of juvenile corrections, counties, and local school districts shall collaborate and cooperate in planning and developing comprehensive mental health services and individual treatment and service plans for children with serious emotional disturbance" (16-2404(2)).

The CMHSA defines children with serious emotional disturbance as children with a diagnosed mental health disorder, in need of treatment, and a substantial impairment of functioning in family, school or community. The only exclusion to the mental health disorders is a diagnosis of substance abuse disorder with no other mental health diagnosis. The Department through its rules has defined SED in a narrower fashion that excludes developmental disorders, substance abuse disorders and conduct disorder when they are the only diagnosed disorder. Functional impairment is measured through the use of the Child and Adolescent Functional Assessment Scale (CAFAS), a standardized, reliable method for assessing functional impairment. The CAFAS provides a numeric score and can track functional impairment over time by comparing scores. The Department uses a score of 80 or higher to determine that a child's functioning is impaired.

The most common method for access to services is through an application for children's mental health services. An assessment is conducted by clinical staff upon application. The assessment includes a diagnosis and the CAFAS. The results of the assessment and need for services is discussed with the family. If the child is SED, then the child/family is eligible for Department services. Family income is not a factor in determining eligibility. The Department and family enter into a voluntary agreement for those services. Parents can be charged for mental health services using a sliding fee scale. Placement out of the home in residential care, psychiatric hospitalization or foster care may also be agreed upon. Parents are then charged child support using the Idaho Supreme Court Child Support Guidelines. If the child is not SED the results of the assessment and need for services is discussed with the family and appropriate referrals and information is provided.

The court can order the Department to do an assessment, develop a plan and pay for services under that plan through Idaho Code Section 20-511A. This section of code is under the Juvenile Corrections Act. It allows the court to enter this order when a child is under the jurisdiction of the court through the Child Protection Act or Juvenile Corrections Act. The Department then conducts an assessment, develops a plan and pays for services under that plan without parental consent based upon the court order. Parents may also be charged for Department paid mental health services based upon the sliding fee scale. Placement out of the home in residential care, psychiatric hospitalization or foster care may be ordered by the court. Parents are then charged child support using the Idaho Supreme Court Child Support Guidelines.

Children on Medicaid may access mental health services using Medicaid private providers. Medicaid paid services includes outpatient therapy, psychiatric services, psycho-social rehabilitation services, and psychiatric hospitalization. These services are accessed by direct parental contact and consent with private providers.

The Governor established the Idaho Council on Children's Mental Health (ICCMH) in 2001. The establishment of the ICCMH is part of the court plan and also addresses the CMHSA 16-2404(2) requirement to "collaborate and cooperate in planning and developing comprehensive mental health services and individual treatment and service plans for children with serious emotional disturbance". The ICCMH is a multi-agency, multi-stakeholder group that will, among other things, "serve as a vehicle for inter- and intra-agency policy and program development." The ICCMH has also established community councils which are local multi-agency/stakeholder groups working at the local level on collaboration, cooperation, and services for children with SED and their families.

Performance Measures:
Utilization of services is tracked over time. Both Medicaid paid services accessed through the private provider community and CMH program contracted services are tracked.

Child functioning is tracked over time by using the CAFAS which provides a numeric score. Families are provided a satisfaction survey at 120 day intervals that provides information on their perception of Department services.

Federal Grants:

1. Temporary Assistance for Needy Families (TANF) Family Preservation - Capped welfare grant
2. IV-E Foster Care Administration (11601A) - Uncapped grant at 50% state match
3. IV-E Adoption Assistance (11701A) - Uncapped grant at 50% state match
4. IV-E Foster Care Benefits (11605A) - Uncapped grant at 30.09% state match
5. IV-E Foster Care Training (11604A) - Uncapped grant at 25% state match
6. Children's Mental Health Initiative (CMHI) - Capped grant at 50% state match changing to 67% state match in 10/06 and 100% state match in 10/07. Project and grant ends 9/29/08
7. Social Services Block Grant (SSBG) - Capped grant
8. Child Welfare Services (CWS) - Capped grant with 25% state match
9. Mental Health Block Grant (MHBG) - This grant requires a continuing Maintenance of Effort requirement and is a capped grant and award varies from year to year. States are required to maintained State expenditures for community mental health services at a level that is not less than the average of these expenditures for the 2-year period proceeding the year of the award.
10. Medicaid match resulting from hits in Random Moment Time Study and cost allocation of the Social Services Cost Pool
11. Other Federal Funds - other Federal Funds resulting from Off the Tops cost allocation.

Full-Time Equivalent Positions:

CMH authorized and established 95.3 positions for FY06 and FY07 consist of:
Administrative Assistants 1.75
Children's Mental Health Chiefs 7.0
Clinicians and Clinical Supervisors 68.5
Customer Service Reps .25
Field Program Managers 3.5
Program Specialists 2.0
Human Services Reg Program Specialists 1.2
Office Services Supervisors and Office Specialists 5.75
Physicians .35
DHW Program Manger 1.0
Project Manager 1.0
Public Information Officer 1.0
Technical Records Specialist 1.0
Training Specialist 1.0
Temporary Positions 2.0

Idaho Department of Health and Welfare
Medicaid (Mental Health Expenditures)

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Expenditures by Fund Detail***					
A. General Fund	16,790,849	19,147,616	26,575,112	30,661,807	34,349,005
B. Federal Funds	42,597,432	54,285,235	63,754,977	71,844,904	81,098,195
Total Appropriation	**59,388,281**	**73,432,851**	**90,330,089**	**102,506,711**	**115,447,200**
Budgeted FTP					
II. ***Expenditures by Service Type***					
A. MH Clinic Services	16,416,028	24,315,797	29,448,671	30,803,675	34,227,700
B. Rehab Option (PSR Services)	24,231,686	34,958,359	45,452,086	56,182,425	62,425,700
C. TCM-MH	4,907,963	2,758,545	2,988,037	3,117,111	3,297,400
D. Acute Inpatient MH	13,832,604	11,400,150	12,441,295	12,403,500	15,496,400
Total Actual Expenditures	**59,388,281**	**73,432,851**	**90,330,089**	**102,506,711**	**115,447,200**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Program Description: At the current time the State of Idaho Medicaid Program does not cover Substance Abuse services. However, we do cover medical conditions that arise as a result of a participant experiencing a Substance Abuse Disorder. The State of Idaho has two plans that cover mental health services; they are the Basic and the Enhanced Plan.

1. The Basic Plan includes the following:
    a. Required to be enrolled in Primary Care Management Program-Healthy Connections
    b. In-Patient limit 10 days must meet medical necessity criteria
    c. Out-Patient limit is 26 visits per calendar year. Includes: psychotherapy; med mgmt, group, family and evaluation or diagnostic and case plan development services.
    d. No PSR or Partial available

2. The Enhanced Plan includes the following:
    a. Required to be enrolled in Primary Care Management Program-Healthy Connections
    b. In-Patient No limit must meet medically necessity criteria
    c. Out-Patient:
        i. Mental Health Clinic:
            1. Psychotherapy-individual, family or group: 45 hours per calendar year
            2. Evaluation and diagnostic services: 12 hours per calendar year
        ii. Partial:
            1. Limited to 36 hours per week
            2. Individuals under 21 qualifying under EPSDT (Early and periodic screening, diagnosis and treatment), may receive partial care treatment in excess of the 36 hours per wk.
        iii. PSR-Psychosocial Rehab:

1. Evaluation and diagnostic limited to 6 hours per calendar year
2. Psychotherapy –individual, family or group: 24 hours per calendar year
3. Community crisis support services limited to maximum of 5 consecutive days and MUST BE PRIOR AUTHORIZED
4. Individual and group psychosocial rehabilitation limited to 20 hours per wk and MUST BE PRIOR AUTHORIZED.

iv. Case Management Services:

1. Ongoing case management services 5 hours per calendar month
2. Crisis case management 3 hours are available if the individual meets the established criteria.

Payment for case management services under the Enhanced Benchmark Benefit Package does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Program/Activity History: Community mental health services have been part of the state Medicaid program since its inception. In order to qualify for Enhanced Mental Health Services, a participant must obtain a Comprehensive Assessment from a qualified mental health professional. The assessment for PSR, Partial Care and Psychotherapy must provide documentation of the medical necessity for each service to be provided.

General Participant Criteria: In order for a participant to be eligible for services, the following criteria must be met and documented:

1. Other services have failed or are not appropriate for the clinical needs of the participant.
2. For each participant, the service can reasonably be expected to improve the participant's condition or prevent further regression so that the current level of care is no longer necessary or may be reduced.

Eligibility Criteria for Children: A child under the age of eighteen who has a serious emotional disturbance.

Eligibility Criteria for Adults: An individual eighteen years or older who has a severe and persistent mental illness.

Idaho Department of Health and Welfare
Substance Abuse Services

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	2,988,500	3,121,200	3,149,100	3,159,500	1,830,900
B. Economic Recovery Fund	0	0	0	25,200	100
C. Prevention of Minor's Access to Tobacc	71,400	71,500	71,500	71,500	71,500
D. Alcohol Intoxication Treatment Fund	1,697,900	1,578,400	1,578,400	1,578,400	2,332,900
E. Miscellaneous Revenue Fund	189,500	622,000	881,900	1,202,700	676,700
F. Substance Abuse Treatment Fund	8,800	8,800	8,800	8,800	9,000
G. Liquor Control Fund	0	0	0	0	650,000
H. Federal Funds	8,759,400	8,772,900	16,364,900	14,114,500	19,186,100
Total Appropriation	**13,715,500**	**14,174,800**	**22,054,600**	**20,160,600**	**24,757,200**
Budgeted FTP	8.98	9.98	12.64	12.64	15.64
II. ***Expenditures by Fund Detail/Grant***					
A. General Fund	2,988,500	3,121,200	3,697,800	3,164,300	1,830,900
B. Economic Recovery Fund	0	0	0	25,200	100
C. Prevention of Minor's Access to Tobacc	25,600	26,800	71,500	55,100	71,500
D. Alcohol Intoxication Treatment Fund	1,339,000	1,407,400	1,578,300	910,100	2,332,900
E. Miscellaneous Revenue Fund	342,600	680,000	393,000	380,800	376,200
F. Substance Abuse Treatment Fund	0	40,000	0	0	9,000
G. Liquor Control Fund	0	0	0	0	650,000
H. Federal Funds	8,164,000	8,814,300	7,778,800	13,779,200	14,239,000
1. Substance Abuse Block Grant	*6,858,700*	*8,401,500*	*6,238,000*	*7,268,800*	*6,451,800*
2. Access to Recovery Grant	*0*	*0*	*1,097,000*	*6,498,400*	*7,500,000*
3. Drug Free Schools	*529,400*	*136,100*	*19,600*	*0*	*0*
4. DASIS, SEOW & Other	*775,900*	*276,700*	*424,200*	*12,000*	*287,200*
Total Actual Expenditures	**12,859,700**	**14,089,700**	**13,519,400**	**18,314,700**	**19,509,600**
Actual FTP	9.98	9.98	12.64	0.00	0.00
Spent More or (Less)	(855,800)	(85,100)	(8,535,200)	(1,845,900)	(5,247,600)
% Difference Over or (Under)	*(6.7%)*	*(0.6%)*	*(63.1%)*	*(10.1%)*	*(26.9%)*

NOTE: The Access To Recovery (ATR) grant was awarded and appropriated during SFY 2005. Federal expenditures during SFY 2005 were significantly less than what was appropriated, due to the time required to establish the Access To Recovery program. Actual FTE for SFY 2006 was greater than what was appropriated, as the department was granted funds for three additional staff with the ATR federal grant. These three positions are limited service positions. The program had one temporary staff member as of 6/30/06.

Program Description: The Alcoholism and Intoxication Treatment Act (Idaho Code, Title 39 Chapter 3) governs the provision of treatment services in Idaho. It designates the Department of Health and Welfare as the state substance abuse authority, establishes an advisory committee structure, and charges the Department with establishing a comprehensive program for treatment, including rules for approval of treatment programs. The Idaho Liquor Act sets the legal age of purchase at 21 years of age and establishes an amount of the liquor taxes to be dedicated to the alcoholism treatment account. The operations of the substance abuse services, funded by the Substance Abuse Prevention and Treatment Block Grant, State funds and ATRI funds, is maintained in the state substance abuse authority's Division of Family and Community Services, Substance Abuse Program.

Funding is used to support programs for prevention and treatment of alcohol and drug abuse. Programs are defined as the delivery of services to individuals and communities including monitoring and support services for

prevention and treatment. The planning area for the state substance abuse program is the State of Idaho, divided into seven Department of Health and Welfare service regions and three Integrated Service Areas (ISAs). ISA I is Regions 1 and 2, ISA II is Regions 3 and 4 and ISA III is Regions 5, 6 and 7. The ISAs organize the regions into geographic zones for planning and delivery of service purposes.

Service delivery for prevention and treatment services occurs through contracts with non-profit organizations, community groups and other governmental agencies. Technical assistance services are provided by Department of Health and Welfare Substance Abuse Program staff. Program approval and contract monitoring activities are conducted by Substance Abuse Program staff. Licensing of residential substance abuse treatment programs for children is administered by the Department of Health and Welfare, Division of Family and Community Services staff. There is currently no requirement for licensing of prevention programs, individual counselors, or prevention specialists.

Prevention

A variety of prevention services target age groups ranging from early childhood up to adults. Prevention services are designed to develop anti-use attitudes while building the social and learning skills that assist youth in living drug-free lives. Services include educational programs for youth as well as parents, programs for children of addicts, mentoring and after-school programs, life-skill programs, and community coalition building. The Substance Abuse Program requires that all community-based programs that receive funds are able to demonstrate the need for the program and identify the target population, use research-based practices and evaluate services provided.

In an effort to assist current and potential prevention providers in meeting the increasing requirements, the Substance Abuse Program provides the Idaho Substance Abuse Prevention Institute. The Institute is five days in length and focuses on specific skills and knowledge prevention providers need to have to respond to requirements for accountability. The Institute is based on the Substance Abuse Specialist Training developed by the Western Center for the Application of Prevention Technologies.

The Substance Abuse Program contracts with Boise State University to maintain the Idaho RADAR Network Center. The RADAR Network Center provides information and educational materials to schools, prevention and treatment programs, social service providers, health care providers, other professionals and the general public statewide. The Idaho RADAR Network Center is also charged with working with the Idaho Commission on Hispanic Affairs (ICHA) to assist them in providing culturally relevant substance abuse information and education materials through their Hispanic Substance Abuse Prevention Program. In addition the Network Center assists the Substance Abuse Program with researching issues through the internet and providing information and educational materials to various programs within the Substance Abuse Program.

Treatment

Since July 1, 2003 the State Substance Abuse Program has contracted with one statewide HIPAA compliant Management Services Contractor (MSC) to manage the substance abuse treatment service system of care. The management includes selecting and managing a network of state approved alcohol/drug treatment service providers, managing prior authorization and utilization review (i.e., care management), claims payment, quality assurance and client outcomes. The MSC conducts client financial and clinical eligibility screenings utilizing a toll-free number that is accessible state wide. Once a potential client is deemed financially and clinically eligible for treatment, a referral is made for an assessment with a local provider. The MSC Care Management Unit reviews the assessment work of the provider to confirm clinical eligibility, reviews the assessment summary with placement recommendations to assure correct use of the American Society of Addiction Medicine Patient Placement Criteria, Second Edition, Revised (ASAM PPC2R), authorizes service units and conducts concurrent reviews on residential care and intensive outpatient levels of care, to authorize continuing care and collects client discharge data.

The current substance abuse clinical treatment services are screening, risk assessment, assessment, individual and group counseling, education, social setting residential and detoxification services and halfway house. The intensity of the treatment services varies according to client needs. There is no cap on the amount of services

delivered to individual clients; however, there is a set amount of funds available in each of the service regions. The amount of funds for each region is based on the percent of the statewide poverty population residing in that region. The MSC is responsible for ensuring services are provided continuously throughout the contract year. The MSC also manages substance abuse treatment of drug court participants and re-entering prisoners through its network of providers.

Idaho has seen a dramatic rise in methamphetamine addiction in both adolescent and adult populations. As the usage rises, IDHW is working to develop both better and increased numbers of meth treatment programs. Methamphetamine treatment programs are more intensive, longer in duration, and more expensive per client than other alcohol/drug programs.

Five years ago, IDHW began a plan to fund "best practices" substance abuse programs. These are programs identified by the federal government as the most effective programs for preventing substance abuse. Idaho is currently implementing some of these programs with the goal of eventually adopting them all. In July 2003, IDHW initiated a four-year strategic plan to enhance the performance of the treatment system. This includes the development of services for people with co-occurring disorders, such as substance abuse and mental health disorders, substance abuse and criminal justice issues, and substance abuse and child protection issues.

Access to Recovery (ATR): is Idaho's federally funded grant project to improve access to treatment and recovery support services while enhancing treatment outcomes. The concept is that no single treatment approach is appropriate for every individual. ATR uses three basic principles to provide a variety and access to services that best suit individuals' needs. The principles are built around consumer choice, outcome, and increased consumer services/access to services. The approach to ATR includes the following:

- ATR-I will be catalyst to expand Idaho's continuum of treatment and recovery support services
- Make more and better services available
- Build on current initiatives – prisoner re-entry, drug courts, child family review, methamphetamine treatment
- Expand services to Native Americans and Hispanic Populations
- Access to Recovery Alliance
- Portal to Recovery
- Management Services Contractor
- Access Advocates
- Memorandum of Understanding between State of Idaho and Tribal Nations
- Defined Relationship with Faith-based Organizations
- Approved Clinical Treatment and Recovery Support Providers

To guide the implementation of Idaho's Access to Recovery Grant, the ATR alliance, lead by First Lady Patricia Kempthorne, was created. The ATR Alliance is a 25 member committee that has been meeting since September, 2004. The goals of the alliance include using the three year grant period to create a broad coalition to sustain the program, provide a framework for understanding the costs associated with untreated addiction and promoting an advocacy strategy for the continuation of ATR past the grant period.

Currently, the priority populations being served by ATR funding are Hispanics, Native Americans, youth and persons under court supervision.

Drug Courts

The Idaho Drug Court Act was created in 2001 and set the groundwork to establish at least one drug court in each of the seven judicial districts in Idaho. The intent was to serve at least 75 participants for a year in each district. There are currently 36 drug courts in Idaho managed by the Idaho Supreme Court. For those drug courts receiving state funds, the SSA provides the substance abuse treatment of the participants and approves the programs providing the treatment. The breakdown of drug courts per region and the number of participants served per year follows: Region 1 -- 3 felony courts, 1 misdemeanor court and 1 juvenile court, serving 150 per year; Region 2 -- 4 felony courts, serving 45 per year; Region 3 -- 2 felony courts, serving 70 per year; Region 4 -- 1 felony court and 1 juvenile court, serving 175 per year; Region 5 -- 2 felony courts and 2 juvenile courts, serving 100 per year; Region 6 -- 2 felony courts, 4 misdemeanor courts and 1 juvenile courts, serving 150 per year; and,

Region 7 -- 3 felony courts, 4 misdemeanor courts, 4 juvenile courts, 1 mental health court and 1 child protection court, serving 200 per year.

Drug court treatment includes several days during each week of participation in group and individual counseling, educational sessions, attendance at self-help support groups such as Alcoholics or Narcotics Anonymous, reading and writing assignments, community service, drug-use testing, and regular appearances in front of the drug court judge. Failure to adhere to the treatment requirements and expectations results in the assessment of sanctions including additional educational assignments, work details, community service, and even jail times. Participants move from more to less intensive phases of treatment during their drug court participation. Graduation comes when the participant has lived alcohol/drug and crime-free for a significant period of time and has reestablished a productive and contributing lifestyle.

Program History: The Substance Abuse program began in the mid 1970's to address the prevention of and treatment for substance abuse and addiction. It was created through the Idaho statute title 39 chapter 3, Alcoholism and Intoxication Treatment Act. The program is further defined in Idaho Administrative Code IDAPA 16.06.02 and 16.06.03

The population intended to be served is:

Prevention. Idaho Elementary and High School Students and Idaho parents
Treatment. Idaho adults and adolescents who are addicted or abusing substances and make 175% or below the poverty line. Under the Federal Substance Abuse Treatment and Prevention Block grant, we must prioritize pregnant women, women with children and IV drug users. Under the ATR grant, we have prioritized Hispanics, Native Americans, Adolescents and person who are under court supervision.

To access prevention programs, one needs to sign up for the program with the individual agency providing the program. A list of programs and locations can be found on preventionidaho.net. To access treatment, one calls 1-800-922-3406. Or, if the person has an open Children Protection case, the program can be accessed through one of the 7 Children Protection/Substance Abuse Liaisons located in each of the 7 regions.

For Drug Court clients, the program is accessed through the Drug Court Coordinator. For all treatment, other than Drug Court, the person/household needs to earn 175% or below the poverty level. Drug Court does not use financial criteria. Additionally, the person must medically qualify for treatment based on the American Society of Addiction Medicine criteria.

There are no qualifications to accessing prevention.

Fund Detail/Grant:

1. General Funds (Cooperative Welfare Fund)
2. Economic Recovery Fund - 100% Dedicated Funds
3. Prevention of Minor's Access to Tobacco - 100% Dedicated Funds (from Tobacco Fines & Penalties)
4. Alcohol Intoxication Treatment (AITA) - 100% Dedicated Funds (from Beer / Wine / Liquor Tax)
5. Miscellaneous Revenue Fund (Cooperative Welfare Fund)
6. Substance Abuse Treatment Funds - 100% Dedicated Funds (from Illegal Drug Stamp Tax)
7. Substance Abuse Block Grant - 100% Federal Funds - Capped Grant - Approx $6.9M - on FFY
8. Access to Recovery Grant - 100% Federal Funds - Capped Grant - Approx $7.5M - Aug to Jul
9. Drug and Alcohol Services Information Systems (DASIS) - 100% Federal Funds - Approx $38k - on FFY

10. State Epidemiological Outcomes Workgroup (SEOW) - 100% Federal Funds - Approx $100k - Mar to Mar

Full-Time Equivalent Positions: Currently the Substance Abuse program has the following permanent and limited services FTP's

1) 5 permanent Program Specialist FTP's - 4 located in Central Office, 1 located in Region 7
2) 1 permanent Administrative Assistant FTP - located in Central Office
3) 7 permanent, half time, Community Resource Development Specialists - located in each of the 7 regions under the direction of the Regional Director (total of 3.5 FTP's)

TOTAL OF 9.5 permanent FTP's

4) 2 limited service Administrative Assistants - located in Central Office
5) 1 limited service Project Manager - assigned to the ATR grant - located in Central Office
6) 1 limited service Program Specialist - assigned to ATR grant - located in Central Office
7) 1 limited service Epidemiologist - assigned to the Substance Abuse Epidemiological Outcome Workgroup grant (SEOW) - located in Central Office
8) 1 limited service Research Analyst - assigned to the Substance Abuse Epidemiological Outcome Workgroup grant - located in Central Office

TOTAL OF 6 Limited Service FTP's

Vocational Rehabilitation
Community Supported Employment for the Mentally Ill

App Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund					
B. Rehabilitation Revenue and Refunds					
C. Miscellaneous Revenue Fund					
D. Federal Fund					
Total Appropriation	**0**	**0**	**0**	**0**	**0**
Budgeted FTP	0.00	0.00	0.00	0.00	0.00
II. ***Expenditures by Fund Detail/Grant***					
A. General Fund	105,765	118,890	103,344	126,856	130,662
B. Rehabilitation Revenue and Refunds	16,019	14,566	19,068	4,532	4,668
C. Miscellaneous Revenue Fund	134,073	232,865	285,130	247,077	254,490
D. Federal Fund	19,041	14,598	18,004	15,971	16,450
Total Actual Expenditures	**274,898**	**380,919**	**425,546**	**394,437**	**406,270**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	274,898	380,919	425,546	394,437	406,270
% Difference Over or (Under)	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*

NOTE: Community Supported Employment for the Mentally Ill does not receive an appropriation for mental health and substance abuse specifically. This treatment is part of our Vocational Rehabilitation program. Many clients we serve with this appropriation are evaluated for mental health or substance abuse conditions, but are ultimately determined not to have this disability. Amounts spent for evaluation for clients without the condition are not included. The appropriation above is for that program as a whole.

Program Description: Vocational Rehabilitation is a program funded by 78.7% Federal government funds and 21.3% non-federal source funds provided by State General funds enhanced by dedicated funds collected by the agency. Clients must meet eligibility criteria including the presences of a physical or mental impairment, which constitutes a substantial impediment to employment and there is the expectation that the individual can benefit in terms of an employment outcome from Vocational Rehabilitation services.

42.5% of all clients served in FY2006 were determined to have a mental health or substance abuse condition as one of their disabilities. Of these clients, 62.8% have mental health or substance abuse as their primary disability. $3,694,047 of a total of $9,752,647 was spent on these clients for direct services. A total $517,884 was spent by the agency in FY 2006 on mental health and substance abuse treatment for all VR clients. Of that amount, $394,437 was spent for mental health and substance abuse treatment on those clients with mental health and substance abuse as one of their disabilities. The amounts below are only those payments for mental health and substance abuse treatment for those clients with that disability.

Fund Detail/Grant: The 21.3% match requirement is made up of State General Funds and funds deposited into the Miscellaneous Revenue Fund. These deposits consist of refunds, cooperative agreements with school districts to provide services to students who qualify in transition from high school, agreements between partners like corrections that provide support for services provided to the inmate population eligible for our services, and funding from Health and Welfare.

In FY 2006, we received $191,000 from the Department of Health and Welfare for our Community Mental Health. We have six counselors stationed at mental health offices around the state- usually located in the Health and Welfare local office- that serve this population.

Full-Time Equivalent Positions: The Vocational Rehabilitation program has a total of 148 FTP. Of these, there are a total of six VR locations statewide that are dedicated to serving mental health clients. There are a total of six counselors that service this population.

Department of Correction
Mental Health Services

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	660,400	665,500	754,800	853,400	923,600
Total Appropriation	**660,400**	**665,500**	**754,800**	**853,400**	**923,600**
Budgeted FTP	12.00	12.00	13.00	14.00	14.00
II. ***Expenditures by Fund Detail***					
A. General Fund	697,400	644,700	636,200	723,400	923,600
Total Actual Expenditures	**697,400**	**644,700**	**636,200**	**723,400**	**923,600**
Actual FTP	12.00	12.00	13.00	14.00	14.00
Spent More or (Less)	37,000	(20,800)	(118,600)	(130,000)	0
% Difference Over or (Under)	*5.3%*	*(3.2%)*	*(18.6%)*	*(18.0%)*	*0.0%*

Program Description: The IDOC currently has a state-wide mental health services system. This system provides mental health services to inmates with major mental illnesses.

Program Overview: Mental Health Services are provided to all inmates who have a mental health need and suffer from a major mental illness. Inmates are evaluated upon arrival for the presence of a mental illness. Inmates may also be referred or self-refer at any point in their incarceration for the evaluation for the presence of a mental illness. These Mental Health Services are constitutionally-mandated. The services provided include psychiatric medication, medication management, and therapeutic intervention (e.g., group therapy).

Full-Time Equivalent Positions: There are currently 13 clinician positions and one Chief of Psychology position dedicated to Mental Health Services. There are also psychiatric technician, psychiatry and one psychologist position funded through the current Health Services contract (currently CMS).

NICI: North Idaho Correctional Institution (Cottonwood) - one clinician position
ICIO: Idaho Correctional Institution (Orofino) - two clinician positions
ISCI: Idaho State Correctional Institution (Boise) - five clinician positions
IMSI: Idaho Maximum Security Institution (Boise) - one clinician position
SBWCC: South Boise Women's Correctional Center - one clinician position
SICI: South Idaho Correctional Institution (Boise) - one clinician position
Boise Complex (PCN under ISCI) - one clinician position
PWCC: Pocatello Women's Correctional Center - one clinician position
Central Office - one Chief of Psychology position

Department of Correction
Attitude and Orientation Services

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	453,810	505,917	613,677	723,726	638,634
B. Inmate Labor Fund	0	0	3,300	6,600	6,600
C. Federal Funds	44,300	43,400	43,400	44,800	43,400
Total Appropriation	**498,110**	**549,317**	**660,377**	**775,126**	**688,634**
Budgeted FTP	26.00	26.00	26.00	26.00	26.00
II. ***Expenditures by Fund Detail***					
A. General Fund	451,275	514,344	568,897	693,270	638,634
B. Inmate Labor Fund	0	264	3,498	2,574	6,600
C. Federal Funds	42,476	36,245	56,947	48,865	43,400
Total Actual Expenditures	**493,751**	**550,853**	**629,342**	**744,709**	**688,634**
Actual FTP	26.00	26.00	26.00	26.00	26.00
Spent More or (Less)	(4,359)	1,536	(31,035)	(30,417)	0
% Difference Over or (Under)	*(0.9%)*	*0.3%*	*(4.9%)*	*(4.1%)*	*0.0%*

Program Description:

Breaking Barriers. Gordon Graham designed the "Breaking Barriers" comprehensive program which provides tools and techniques to assist individuals and groups in breaking barriers that hold them back from using their skills and talents in the most effective manner. A wealth of modern psychological techniques has been condensed into practical concepts that are easy to understand and apply. Offender change programs are designed to change behavior, thinking, and attitudes known to contribute to criminality. Breaking Barriers classes address the dynamic risk factors that, if changed, reduce the likelihood of future criminal behavior. Breaking Barriers includes the following six relapse prevention components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Advanced relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Cognitive Self-Change (CSC), Idaho Model. Studies the connection between thinking, feeling, and behavior, and how patterns of thinking can drive habitual ways of behaving. CSC is a method of self-change enabling the offenders to learn about and practice, breaking patterns of thinking, feeling, and behaving that lead to criminal behaviors.

Thinking for a Change. This program consists of 22, two-hour sessions that integrate three cognitive based approaches: Cognitive Self-Change, Social Skills, and Problem Solving. A creative design and delivery strategy provides for increased flexibility and adaptability in various correctional settings. It integrates 3 cognitive -based approaches: Cognitive Self Change, social skills and problem solving. This program has the capacity to be tailored to the needs of the offender in order to emphasize the offender's strengths, enabling them to overcome the weaknesses that may be barriers to the change process.

Program Overview:

Offender Case Management. A case management team develops offender plans for each individual offender. The assessments for risk, offense patterns, medical, mental health, educational and programming needs are conducted at a Reception and Diagnostic Unit (RDU) or District Probation and Parole office when the offender enters the system. The current Offender Management Plan (OMP) is available electronically to all case managers at all sites and community offices. Case managers work with the offender to identify and accept goals that will provide opportunity for offenders to change and develop attitudes, knowledge and skills necessary to become prosocial productive members of society. Continuous review and revision to offender plans documents offenders' progress and provides valuable information to case managers and administrative decision-makers.

Offender Assessment and Need Procedure. Idaho Department of Correction offenders are assessed during the pre-sentencing phase or at the Reception and Diagnostic Unit (RDU) to identify each offender's risk to re-offend and programmatic needs. An offender plan is prepared establishing clear and achievable goals. The offender plan is located in the IDOC web-based data collection/offender management system (CIS) in the Offender Management Plan (OMP) and is accessible to all correction's staff for offender case management, program planning and monitoring.

Offenders receive assessments to determine programming needs and educational levels. Additional assessments are administered to determine medical, mental health concerns, sex offender assessment, classification and assignment. Evaluations also provide case mangers with critical offender information and provide clinicians information to administer additional assessments and evaluations as needed to address offender's risk and needs.

Pre-Sentence Investigation Report. Prior to offenders' sentencing, a thorough, investigative background is ordered by the district court and performed by IDOC presentence investigators. The investigation includes an interview that provides personal, criminal, demographic, and family information for the sentencing court. The information provides in-depth and insightful offender information for the presiding court, as well contributes to reliable offender management and research data collection for IDOC.

Reception and Diagnostic Unit (RDU). Offenders receive assessments to determine their medical condition and mental health at the Reception and Diagnostic unit. These assessments also include dental screening; psychological screening that identifies probability or history of self-injury behavior, special education, victimization and medication monitoring. Additional classification determines security risk and housing assignments.

Level of Service Inventory – Revised. Offender goals are established with the participant's case manager and include careful assessment of the offender's risk/needs through the LSI-R assessment tool. The Level of Service Inventory – Revised (LSI-R) is a risk and need assessment designed to predict the likelihood of recidivism and identify life areas to target essential programming. LSI-R is designed to identify problematic life areas that can be targeted through programming that in turn reduce risk to recidivate. The LSI-R is comprised of 54 items grouped into 10 different domains (life areas). These domains include the following: criminal history, education/employment, finances, family/marital, accommodations, leisure time, criminal friends/acquaintances, drug and/or alcohol use, emotional/personal and anti-social attitudes. Based on research data, these domains have proven to be the best predictors of recidivism. It requires a fairly extensive interview. Scoring is based on information elicited during the interview, facts contained in the offender's file, and collateral sources.

Texas Christian University Drug Screening II. TCU is a public domain instrument containing 15 questions, 9 of which are scored, that adheres to the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. The tool measures alcohol dependency as well as drug dependence. The instrument has been nationally researched with favorable results. The tool is written at an 8th grade level and can be administered as either a self-rating test or verbally during interview (PSI or RDU). The TCU-DS II does not have any education or certificate requirements for administration.

Test of Adult Basic Education. Test of Adult Basic Education (TABE) assists examiners with offender case management and setting realistic educational goals for offenders. TABE measures course placement criteria and, in alignment with high school standards and curricula, monitors offender's educational progress.

Additional Screening and Assessments. Clinicians can perform additional assessments at their discretion. These secondary assessments may include, but are not limited to, the following:

• Psychopath Checklist-Revised (PCL-R Hare) - assesses tendencies for destructive psychopathy.

• Millon Clinical Multiaxial Inventory (MCMI-III) - a personality disorder assessment that has been normed specifically for anti-social offenders.

• Minnesota Sex Offender Screening Tool Revised (MnSOST-R) - risk and need assessment for sexual offenders.

• House-Tree-Person (H-T-P) - interpretive exam to determine offender's view of the world, safety, home, and relationships through assigned drawing assignments.

• Sentence Completion - interpretive personality test that allows offenders to complete prearranged sentences to determine and reinforce personality traits.

• Personality Assessment Inventory (PAI) - general personality test for offenders.

Fund Detail/Grant: Attitude and Orientation Domain Programs are funded primarily from the General Fund, with the following exceptions: A Drug and Alcohol Rehabilitation Specialist (DAR) at the South Idaho Correctional Institution (Boise) is funded by a federal grant, and some operating expenses at Idaho State Correctional Institution (Boise) are funded by Inmate Labor Funds.

Department of Correction
Substance Abuse Services

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	480,122	375,228	371,493	460,284	382,296
B. Miscellaneous Revenue Fund	0	0	1,700	3,400	3,400
C. Federal Funds	195,200	239,300	181,300	213,300	206,900
Total Appropriation	**675,322**	**614,528**	**554,493**	**676,984**	**592,596**
Budgeted FTP	20.50	20.50	21.50	21.50	21.50
II. ***Expenditures by Fund Detail***					
A. General Fund	349,456	351,992	405,890	462,356	382,296
B. Miscellaneous Revenue Fund	0	136	1,802	1,326	3,400
C. Federal Funds	107,957	174,912	197,217	197,881	206,900
Total Actual Expenditures	**457,413**	**527,040**	**604,909**	**661,563**	**592,596**
Actual FTP	20.50	20.50	21.50	21.50	14.00
Spent More or (Less)	(217,909)	(87,488)	50,416	(15,421)	0
% Difference Over or (Under)	*(47.6%)*	*(16.6%)*	*8.3%*	*(2.3%)*	*0.0%*

Program Description:

Cognitive Behavior Therapy. An open-ended short term cognitive -behavioral program to help offenders identify their substance abuse patterns and triggers related to using alcohol and drugs. Upon completion of this phase, they begin developing drug refusal skills and a relapse prevention plan. Role-playing practice is essential for learning to change their emotions, friends, social milieu, and recreation habits. Participants are encouraged to participate in a 12 Step group. Offenders should have drug-alcohol education before entering this program. As part of Relapse Prevention, IDOC provides Drug and Alcohol Education-This gives tools to understand the effect of alcohol and drugs to the individual, work, family, and community.

Helping Women Recover. This program provides gender-specific programming on alcohol and drug abuse and addiction. Recovering women will have the opportunity to understand addiction and the signs and symptoms experienced by women who struggle with substance abuse and dependence. In this seventeen-session program, women use a journal. They examine the connection between substance abuse and high-risk behaviors and learn facts about alcohol and other drugs and how they affect women. This program consists of relapse prevention, problem solving, and skills training with one-on-one counseling provided in a community setting. The program is conducted with a minimum of nine hours per week of direct services to address significant drug usage.

Intensive Outpatient Treatment. This program consists of relapse prevention, problem solving, and skills training with one-on-one counseling provided in a community setting. The program is conducted with a minimum of nine hours per week of direct services to address significant drug usage.

New Directions. A six-manual cognitive-behavioral intensively delivered program for offenders with substance abuse problems. The offender population receiving the program is housed together in a Community Model at NICI. New Directions has a standardized aftercare component for graduates. Duration: 90-days of intensive treatment.

New Directions Aftercare. Designed as a continuation of treatment for those offenders who participated in the New Directions Program while incarcerated. The program focuses on implementing, practicing, and reinforcing relapse prevention knowledge and skills obtained in the New Directions Program.

New Directions Relapse Prevention. New Directions Relapse Prevention is one component of the six-manual program. It is offered as a stand-alone structured program specifically targeting the understanding and prevention of relapse.

New Directions Varied Level. An abbreviated New Directions (3 books).

Meth Matrix. This is a treatment model based upon the established, empirically supported chemical dependency treatment principles to treat meth users. The clinical outpatient protocols that are used in this model have been continuously adapted and revised over the last two decades. The model provides chemically dependent persons and their families the most thorough and up-to-date knowledge, structure, education, and support possible so than can achieve long term recovery.

Recovery Skills. These groups help develop skills to maintain abstinence from mind-or-mood altering substances. These skills include: 12 step meeting attendance, family support, utilizing relapse prevention plan and pro-social leisure and recreation activities.

Substance Abuse Treatment Program (SATP). Uses peer support to enhance the skills learned in the SATP in the community at large. Required while housed at East Boise Community Work Center or as determined by case manager. (Ancillary program).

Program Overview:

Offender Case Management. A case management team develops offender plans for each individual offender. The assessments for risk, offense patterns, medical, mental health, educational and programming needs are conducted at a Reception and Diagnostic Unit (RDU) or District Probation and Parole office when the offender enters the system. The current Offender Management Plan (OMP) is available electronically to all case managers at all sites and community offices. Case managers work with the offender to identify and accept goals that will provide opportunity for offenders to change and develop attitudes, knowledge and skills necessary to become prosocial productive members of society. Continuous review and revision to offender plans documents offenders' progress and provides valuable information to case managers and administrative decision-makers.

Offender Assessment and Need Procedure. Idaho Department of Correction offenders are assessed during the pre-sentencing phase or at the Reception and Diagnostic Unit (RDU) to identify each offender's risk to re-offend and programmatic needs. An offender plan is prepared establishing clear and achievable goals. The offender plan is located in the IDOC web-based data collection/offender management system (CIS) in the Offender Management Plan (OMP) and is accessible to all correction's staff for offender case management, program planning and monitoring.

Offenders receive assessments to determine programming needs and educational levels. Additional assessments are administered to determine medical, mental health concerns, sex offender assessment, classification and assignment. Evaluations also provide case mangers with critical offender information and provide clinicians information to administer additional assessments and evaluations as needed to address offender's risk and needs.

Pre-Sentence Investigation Report. Prior to offenders' sentencing, a thorough, investigative background is ordered by the district court and performed by IDOC presentence investigators. The investigation includes an interview that provides personal, criminal, demographic, and family information for the sentencing court. The information provides in-depth and insightful offender information for the presiding court, as well contributes to reliable offender management and research data collection for IDOC.

Reception and Diagnostic Unit (RDU). Offenders receive assessments to determine their medical condition and mental health at the Reception and Diagnostic unit. These assessments also include dental screening;

psychological screening that identifies probability or history of self-injury behavior, special education, victimization and medication monitoring. Additional classification determines security risk and housing assignments.

Level of Service Inventory – Revised. Offender goals are established with the participant's case manager and include careful assessment of the offender's risk/needs through the LSI-R assessment tool. The Level of Service Inventory – Revised (LSI-R) is a risk and need assessment designed to predict the likelihood of recidivism and identify life areas to target essential programming. LSI-R is designed to identify problematic life areas that can be targeted through programming that in turn reduce risk to recidivate. The LSI-R is comprised of 54 items grouped into 10 different domains (life areas). These domains include the following: criminal history, education/employment, finances, family/marital, accommodations, leisure time, criminal friends/acquaintances, drug and/or alcohol use, emotional/personal and anti-social attitudes. Based on research data, these domains have proven to be the best predictors of recidivism. It requires a fairly extensive interview. Scoring is based on information elicited during the interview, facts contained in the offender's file, and collateral sources.

Texas Christian University Drug Screening II. TCU is a public domain instrument containing 15 questions, 9 of which are scored, that adheres to the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. The tool measures alcohol dependency as well as drug dependence. The instrument has been nationally researched with favorable results. The tool is written at an 8th grade level and can be administered as either a self-rating test or verbally during interview (PSI or RDU). The TCU-DS II does not have any education or certificate requirements for administration.

Test of Adult Basic Education. Test of Adult Basic Education (TABE) assists examiners with offender case management and setting realistic educational goals for offenders. TABE measures course placement criteria and, in alignment with high school standards and curricula, monitors offender's educational progress.

Additional Screening and Assessments. Clinicians can perform additional assessments at their discretion. These secondary assessments may include, but are not limited to, the following:

• Psychopath Checklist-Revised (PCL-R Hare) - assesses tendencies for destructive psychopathy.

• Millon Clinical Multiaxial Inventory (MCMI-III) - a personality disorder assessment that has been normed specifically for anti-social offenders.

• Minnesota Sex Offender Screening Tool Revised (MnSOST-R) - risk and need assessment for sexual offenders.

• House-Tree-Person (H-T-P) - interpretive exam to determine offender's view of the world, safety, home, and relationships through assigned drawing assignments.

• Sentence Completion - interpretive personality test that allows offenders to complete prearranged sentences to determine and reinforce personality traits.

• Personality Assessment Inventory (PAI) - general personality test for offenders.

Fund Detail/Grant: Substance and Abuse Programs are funded primarily by the General Fund, with the following exceptions: The Residential Substance Abuse Treatment (RSAT) Program and the Criminal Alien Assistance Program are both Federally funded.

Department of Correction
Therapeutic Communities

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	1,638,090	1,748,470	1,844,145	2,085,485	1,937,145
B. Inmate Labor Fund	21,550	21,300	24,650	24,000	24,650
C. Federal Funds	43,400	44,000	45,600	45,500	45,600
Total Appropriation	**1,703,040**	**1,813,770**	**1,914,395**	**2,154,985**	**2,007,395**
Budgeted FTP	45.00	45.00	45.00	45.00	45.00
II. ***Expenditures by Fund Detail***					
A. General Fund	1,551,508	1,648,369	1,869,216	2,072,010	1,937,145
B. Inmate Labor Fund	21,941	22,644	24,487	25,725	24,650
C. Federal Funds	17,170	38,182	35,779	1,386	45,600
Total Actual Expenditures	**1,590,619**	**1,709,195**	**1,929,482**	**2,099,121**	**2,007,395**
Actual FTP	45.00	45.00	45.00	45.00	45.00
Spent More or (Less)	(112,421)	(104,575)	15,087	(55,864)	0
% Difference Over or (Under)	*(7.1%)*	*(6.1%)*	*0.8%*	*(2.7%)*	*0.0%*

Program/ Description:

Therapeutic Communities. These communities target offenders with chronic criminal and substance abuse histories. TC is a drug-free correctional residential setting, using a hierarchical model of treatment stages reflecting increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills. TC's differ from other treatment approaches principally in their use of the community. The key agents of change are treatment staff and those in recovery. TC members interact in structured and unstructured ways to influence each other's attitudes, perceptions, and behaviors that are associated with drug use in a comprehensive holistic approach. Alternative Names: Friends at the Idaho Correctional Institution in Orofino; Lifeline at the Idaho Correctional Center (Private Prison) in Boise; Pre-Release Center at the State Idaho Correctional Institution; and Striving Towards Active Recovery (STAR) at the South Boise Women's Correctional Center.

Therapeutic Community Peer Support. TC Aftercare is peer support or peer based aftercare that is professionally monitored. Offenders begin in the Therapeutic Community and continue the TC culture, language, styles of confrontation, and support into their post-release transition to free society independence. Some of the goals expected from peer support groups are empowerment, role modeling, peer confrontation, trial and error learning, learning from successes and failures of peers, re-socialization, sharing faith, hope and strength, along with emotional support. The primary goal of peer support is to utilize the skills learned in Therapeutic Community for practical use in the community at large. Required for 6 months while on parole.

Program Overview:

Offender Case Management. A case management team develops offender plans for each individual offender. The assessments for risk, offense patterns, medical, mental health, educational and programming needs are conducted at a Reception and Diagnostic Unit (RDU) or District Probation and Parole office when the offender enters the system. The current Offender Management Plan (OMP) is available electronically to all case managers at all sites and community offices. Case managers work with the offender to identify and accept goals that will

provide opportunity for offenders to change and develop attitudes, knowledge and skills necessary to become prosocial productive members of society. Continuous review and revision to offender plans documents offenders' progress and provides valuable information to case managers and administrative decision-makers.

Offender Assessment and Need Procedure. Idaho Department of Correction offenders are assessed during the pre-sentencing phase or at the Reception and Diagnostic Unit (RDU) to identify each offender's risk to re-offend and programmatic needs. An offender plan is prepared establishing clear and achievable goals. The offender plan is located in the IDOC web-based data collection/offender management system (CIS) in the Offender Management Plan (OMP) and is accessible to all correction's staff for offender case management, program planning and monitoring.

Offenders receive assessments to determine programming needs and educational levels. Additional assessments are administered to determine medical, mental health concerns, sex offender assessment, classification and assignment. Evaluations also provide case mangers with critical offender information and provide clinicians information to administer additional assessments and evaluations as needed to address offender's risk and needs.

Pre-Sentence Investigation Report. Prior to offenders' sentencing, a thorough, investigative background is ordered by the district court and performed by IDOC presentence investigators. The investigation includes an interview that provides personal, criminal, demographic, and family information for the sentencing court. The information provides in-depth and insightful offender information for the presiding court, as well contributes to reliable offender management and research data collection for IDOC.

Reception and Diagnostic Unit (RDU). Offenders receive assessments to determine their medical condition and mental health at the Reception and Diagnostic unit. These assessments also include dental screening; psychological screening that identifies probability or history of self-injury behavior, special education, victimization and medication monitoring. Additional classification determines security risk and housing assignments.

Level of Service Inventory – Revised. Offender goals are established with the participant's case manager and include careful assessment of the offender's risk/needs through the LSI-R assessment tool. The Level of Service Inventory – Revised (LSI-R) is a risk and need assessment designed to predict the likelihood of recidivism and identify life areas to target essential programming. LSI-R is designed to identify problematic life areas that can be targeted through programming that in turn reduce risk to recidivate. The LSI-R is comprised of 54 items grouped into 10 different domains (life areas). These domains include the following: criminal history, education/employment, finances, family/marital, accommodations, leisure time, criminal friends/acquaintances, drug and/or alcohol use, emotional/personal and anti-social attitudes. Based on research data, these domains have proven to be the best predictors of recidivism. It requires a fairly extensive interview. Scoring is based on information elicited during the interview, facts contained in the offender's file, and collateral sources.

Texas Christian University Drug Screening II. TCU is a public domain instrument containing 15 questions, 9 of which are scored, that adheres to the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. The tool measures alcohol dependency as well as drug dependence. The instrument has been nationally researched with favorable results. The tool is written at an 8th grade level and can be administered as either a self-rating test or verbally during interview (PSI or RDU). The TCU-DS II does not have any education or certificate requirements for administration.

Test of Adult Basic Education. Test of Adult Basic Education (TABE) assists examiners with offender case management and setting realistic educational goals for offenders. TABE measures course placement criteria and, in alignment with high school standards and curricula, monitors offender's educational progress.

Additional Screening and Assessments. Clinicians can perform additional assessments at their discretion. These secondary assessments may include, but are not limited to, the following:

• Psychopath Checklist-Revised (PCL-R Hare) - assesses tendencies for destructive psychopathy.

• Millon Clinical Multiaxial Inventory (MCMI-III) - a personality disorder assessment that has been normed specifically for anti-social offenders.

• Minnesota Sex Offender Screening Tool Revised (MnSOST-R) - risk and need assessment for sexual offenders.

• House-Tree-Person (H-T-P) - interpretive exam to determine offender's view of the world, safety, home, and relationships through assigned drawing assignments.

• Sentence Completion - interpretive personality test that allows offenders to complete prearranged sentences to determine and reinforce personality traits.

• Personality Assessment Inventory (PAI) - general personality test for offenders.

Fund Detail/Grant: Therapeutic Communities are funded from the General Fund with the following exceptions: Federal Grant Funds are used to pay for 66% of the Personnel costs for the Program Manager at the Idaho Correctional Institution in Orofino, and Inmate Labor Funds are used to pay for one Drug and Alcohol Rehabilitation Specialist at the East Boise Community Work Center.

Department of Correction
Correctional Alternative Placement Program

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	0	0	0	0	1,504,500
Total Appropriation	**0**	**0**	**0**	**0**	**1,504,500**
Budgeted FTP	0.00	0.00	0.00	0.00	7.00
II. ***Expenditures by Fund Detail***					
A. General Fund	0	0	0	0	1,504,500
Total Actual Expenditures	**0**	**0**	**0**	**0**	**1,504,500**
Actual FTP	0.00	0.00	0.00	0.00	7.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)					

Program Description: The Department of Correction received an appropriation to contract with a private provider who will build, own, and operate a community treatment facility in Idaho. The name for this facility/program will be the Correctional Alternative Placement Program (CAPP). The selected contractor will provide programs and housing for the reentry of IDOC offenders from prisons and diversion programs to help prevent community supervised offenders from revoking to prison for substance abuse reasons. The basic programmatic concept will incorporate evidence-based principals and practices, including social learning theory and cognitive restructuring. Its environment will provide a residential, 24-hour per day, seven-day a week intensive learning experience in which offenders' behaviors, attitudes, values, and emotions are continually monitored, corrected, and reinforced as part of the daily regimen. The vision of CAPP is to reduce the need for additional prison beds by successfully diverting offenders from prison, by reducing the length of stay prior to parole for appropriate offenders, and by successfully reintegrating offenders from prison back into the community. As currently envisioned, this will be a 400-bed facility located in the Southwest Idaho region.

This facility and treatment program will add a very important component to the IDOC system. This treatment facility will provide intensive residential substance abuse and cognitive programming in a multi-custody facility. It will also provide a much needed sanction and intervention capability to probation and parole officers to help them effectively manage their offenders. The proposed CAPP facility and program will also provide much needed beds to house offenders, it will help reduce prison population growth, and it will help make Idaho communities safer.

Four main offender populations will participate in this facility and its programming efforts, and will be housed and maintained in separate units within the facility.

The first group, or about 120 beds, will be term offenders assessed with substance abuse and cognitive issues that place them slightly below the Therapeutic Community participation threshold. Often these are the same offenders that the Commission for Pardons and Parole require to participate in a Therapeutic Community.

The second group will be comprised of parole violators, or 180 beds. These are the offenders who, at the parole violation hearing, were deemed appropriate for this treatment program instead of being placed directly into prison. The department estimates that about 80% of parole violators may be appropriate for this program. Upon completion, or program failure, the Commission for Pardons and Parole would hold a revocation hearing to determine reinstatement to parole or revocation to term.

The third group, or 20 beds, will be made up of offenders on parole supervision who, in conjunction with their parole officer's sanction/request (based on conditions of supervision), agree to participate in the community treatment facility in lieu of a violation. If they successfully complete the program, they will return to supervision.

The last population in this facility (about 80 beds) will be comprised of probation offenders who, as a result of a sanction or intervention, participate and complete this program in lieu of a probation violation. The offenders involved in this treatment approach are anticipated to perform better in the community and to have a lower recidivism rate.

The department indicates that actual expenses will increase in fiscal year 2008, due to annualizing the costs for this program in the second year. The dollar amount approved in the budget for fiscal year 2007 is based upon a six month operation with a phased-in approach. This is a multi-year plan with a long-term, ongoing commitment.

Two-Year Fiscal Impact:

Description	FTP	General	Dedicated	Total
FY 2007 Gov's Rec	7.00	1,475,100	29,800	1,504,500
Less One-Time			(29,800)	(29,800)
FY 2008 Base	7.00	1,475,100	0	1,475,100
Annualization	0.00	6,700,900	0	6,700,900
FY 2008 CAPP Total	**7.00**	**8,176,000**	**0**	**8,176,000**

Full-Time Equivalent Positions: Staff approved for this program include one program manager to coordinate inmate placement; two correctional officers to transport offenders between facilities; one contract monitor to oversee the contract and to ensure compliance; two drug and alcohol rehabilitation specialists; and one systems integration analyst to provide support to contractor's staff using the department's Correctional Integrated Systems (CIS).

Department of Correction
Carryover Authority

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	0	0	0	353,900	848,000
Total Appropriation	**0**	**0**	**0**	**353,900**	**848,000**
Budgeted FTP	0.00	0.00	0.00	0.00	7.00
II. ***Expenditures by Fund Detail***					
A. General Fund	0	0	0	250,200	848,000
Total Actual Expenditures	**0**	**0**	**0**	**250,200**	**848,000**
Actual FTP	0.00	0.00	0.00	0.00	7.00
Spent More or (Less)	0	0	0	(103,700)	0
% Difference Over or (Under)					

Program Description: Reappropriation of unexpended and unencumbered balance of General Fund moneys that were appropriated to the Department of Correction for fiscal year 2005. The reappropriation is to be used exclusively for the expansion of community-based mental health and substance abuse services. Fiscal Year 2006 reappropriated funds are to be used exclusively for the replacement of any funding lost through the Residential Substance Abuse Treatment (RSAT) grant, as well as for the expansion of community-based mental health and substance abuse services.

Department of Juvenile Corrections
Substance Abuse Services – Nampa

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	662,055	642,519	920,943	955,549	1,013,740
B. Federal Funds	63,370	82,577	0	0	0
Total Appropriation	**725,425**	**725,096**	**920,943**	**955,549**	**1,013,740**
Budgeted FTP	16.75	18.75	21.00	22.00	22.00
II. ***Expenditures by Fund Detail***					
A. General Fund	662,055	642,519	920,943	955,549	1,013,740
B. Federal Funds	63,370	82,577	0	0	0
Total Actual Expenditures	**725,425**	**725,096**	**920,943**	**955,549**	**1,013,740**
Actual FTP	16.75	18.75	21.00	22.00	22.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Program Description: The state program in our department with the longest history of specific focus on drug and alcohol treatment is the Choices Program in the JCC-Nampa facility. The Choices program is in a locked highly secure facility for up to 36 male residents who receive treatment for mainly criminal misconduct and drug and alcohol problems. The program operates as a therapeutic community in which the whole environment and all staff are part of therapeutic milieus designed to reduce the likelihood of relapsing into the abuse of substances. The total cost of the program could be viewed as drug and alcohol treatment, but the most specific budget items related to drug and alcohol treatment are the specialized treatment personnel and the curriculum materials used.

Fund Detail/Grant: General Fund and Residential Substance Abuse Treatment funds (RSAT) from the Idaho State Police.

Full-Time Equivalent Positions: The primary positions in this area are Rehabilitation Technicians, and Rehabilitation Specialists (Drug and Alcohol Counselors).

Department of Juvenile Corrections
Substance Abuse Services – Lewiston

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	580,016	543,349	590,412	631,345	970,801
B. Federal Funds	9,968	49,145	0	0	0
Total Appropriation	**589,984**	**592,494**	**590,412**	**631,345**	**970,801**
Budgeted FTP	13.00	13.00	14.00	21.00	21.00
II. ***Expenditures by Fund Detail***					
A. General Fund	580,016	543,349	590,412	631,345	970,801
B. Federal Funds	9,968	49,145	0	0	0
Total Actual Expenditures	**589,984**	**592,494**	**590,412**	**631,345**	**970,801**
Actual FTP	13.00	13.00	14.00	21.00	21.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Program Description: Five years ago the JCC-Lewiston facility opened and is similar in structure and program to the Choices Program in Nampa. The specific program there is the Milestone program and is a modified therapeutic community. The program originally opened with the capacity to serve 36 male residents, but in fiscal year 2003 the facility was downsized to a capacity of 24 due to statewide budget reductions. In about the last 2 months the facility was reinstated to its former capacity of 36. Both the Milestone and Choices programs place strong emphasis on involving the youths' families in the counseling. Both programs also received funding from a Residential Substance Abuse Treatment (RSAT)) grant until fiscal year 2004. Since that time the programs have been funded through general state funds.

Fund Detail/Grant: General Fund and Residential Substance Abuse Treatment funds (RSAT) from the Idaho State Police.

Full-Time Equivalent Positions: The primary positions in this area are Rehabilitation Technicians, and Rehabilitation Specialists (Drug and Alcohol Counselors).

Department of Juvenile Corrections
Substance Abuse Services – St. Anthony

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	5,788	7,266	7,666	8,579	8,881
B. Federal Funds	1,357	0	0	0	0
Total Appropriation	**7,145**	**7,266**	**7,666**	**8,579**	**8,881**
Budgeted FTP	0.00	0.00	0.00	1.00	1.00
II. ***Expenditures by Fund Detail***					
A. General Fund	5,788	7,266	7,666	8,579	8,881
B. Federal Funds	1,357	0	0	0	0
Total Actual Expenditures	**7,145**	**7,266**	**7,666**	**8,579**	**8,881**
Actual FTP	1.00	1.00	1.00	1.00	1.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Program Description: The third program to be described is in our JCC-St. Anthony facility where about 140 male and female youth reside in a staff secure unlocked setting. Until the beginning of fiscal year 2007 there was no specific housing area for drug and alcohol treatment on the JCC-St. Anthony campus. Individual youth assessed as having substance abuse treatment needs as a high priority have been referred to treatment groups which meet for 2 hours per week. Two such groups per week have been facilitated by a Clinician who is a Certified Alcohol and Drug Counselor. The same Clinician provided about another two hours of individual counseling per week with a specific focus on substance abuse treatment. A specific housing unit for 10 male youth who have serious drug and alcohol problems began in June 2006. Plans are being developed to provide those services while still attempting to continue the group and individual counseling previously provided.

Fund Detail/Grant: The Drug and Alcohol Specialist has been funded in St. Anthony using General Funds since September 2002. The first two months of FY 2003 were funded by a Byrne Grant from the Idaho State Police.

Full-Time Equivalent Positions: Clinician - Drug and Alcohol Specialist

Department of Juvenile Corrections
Substance Abuse Services – Contract Providers

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	1,451,100	1,274,300	1,007,900	726,400	662,400
Total Appropriation	**1,451,100**	**1,274,300**	**1,007,900**	**726,400**	**662,400**
Budgeted FTP	0.00	0.00	0.00	0.00	0.00
II. ***Expenditures by Fund Detail***					
A. General Fund	1,451,100	1,274,300	1,007,900	726,400	662,400
Total Actual Expenditures	**1,451,100**	**1,274,300**	**1,007,900**	**726,400**	**662,400**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Program Description: In addition to the three state facilities described above, the department has contracted with several programs to serve other youth who have substance abuse as a high priority treatment need. In many cases the youth referred to the contracted programs would have been referred to a state facility if there had been a bed available, but the state facilities are usually full and with a waiting list, especially for youth with serious drug and alcohol problems and need a highly secure setting. The facilities included in this report are :

5 county detention
3 B detention center
Elk Ridge/Patriot Center
Gem Youth Services
Youth and Family Renewal Center

NOTE: In FY 2002, the Department of Juvenile Corrections identified that alcohol was a primary, secondary, or tertiary problem on 55% of all juveniles committed to the department. The percentages for the years in question are:

FY2003 - 50.8%
FY2004 - 52.3%
FY2005 - 51.4%
FY2006 - 52.0%

Expenditures for contracted treatment services were derived by multiplying total contract expenditures by the percentage of offenders identified as having specific substance abuse treatment needs.

Department of Juvenile Corrections
Federal Substance Abuse Grants

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. Combating Underage Drinking	416,104	284,952	23,931	0	0
B. Enforcing Underage Drinking	0	11,714	296,038	315,028	368,145
C. Formula-SA/Access to Treatment	103,598	70,829	128,694	75,087	155,400
D. Juvenile Accountability Block Grant	211,162	288,068	217,873	193,345	85,735
Total Appropriation	**730,864**	**655,563**	**666,536**	**583,460**	**609,280**
Budgeted FTP	0.00	0.00	0.00	0.00	0.00
II. ***Expenditures by Fund Detail***					
A. Combating Underage Drinking	416,104	284,952	23,931	0	0
B. Enforcing Underage Drinking	0	11,714	296,038	315,028	368,145
C. Formula-SA/Access to Treatment	103,598	70,829	128,694	75,087	155,400
D. Juvenile Accountability Block Grant	211,162	288,068	217,873	193,345	85,735
Total Actual Expenditures	**730,864**	**655,563**	**666,536**	**583,460**	**609,280**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Program Description: Federal Funds from the Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). IDJC has three years to spend the funds awarded from OJJDP.

Combating Underage Drinking, changed to Enforcing Underage Drinking Laws is primarily a prevention, education and enforcement grant. The Formula Grant funds are a component of the Juvenile Justice Commission's Three Year Plan and targeted substance abuse in rural areas and accessibility to treatment. Seventy-five percent of the Juvenile Accountability Block Grant Funds are passed through to cities and counties to hold juveniles accountable. Funds listed in this report are from counties that target substance abuse treatment for funding.

Department of Juvenile Corrections
Mental Health Services

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	514,066	488,460	491,194	618,674	1,331,814
1. Personnel	*389,258*	*353,186*	*378,809*	*414,611*	*420,809*
2. Contract Psychiatrists	*11,983*	*7,791*	*21,281*	*41,023*	*43,074*
3. Pharmaceuticals	*112,825*	*127,483*	*91,104*	*163,040*	*167,931*
4. CIP - Mental Health Program	*0*	*0*	*0*	*0*	*700,000*
B. Endowment Fund	108,603	84,154	114,479	0	0
1. Contract Psychiatrists	9,739	23,265	18,603	0	0
2. Pharmaceuticals	98,864	60,889	95,876	0	0
Total Appropriation	**622,669**	**572,614**	**605,673**	**618,674**	**1,331,814**
Budgeted FTP	0.00	0.00	0.00	0.00	0.00
II. ***Expenditures by Fund Detail***					
A. General Fund	514,066	488,460	491,194	618,674	1,331,814
1. Personnel	*389,258*	*353,186*	*378,809*	*414,611*	*420,809*
2. Contract Psychiatrists	*11,983*	*7,791*	*21,281*	*41,023*	*43,074*
3. Pharmaceuticals	*112,825*	*127,483*	*91,104*	*163,040*	*167,931*
4. CIP - Mental Health Program	*0*	*0*	*0*	*0*	*700,000*
B. Endowment Fund	108,603	84,154	114,479	0	0
1. Contract Psychiatrists	9,739	23,265	18,603	0	0
2. Pharmaceuticals	98,864	60,889	95,876	0	0
Total Actual Expenditures	**622,669**	**572,614**	**605,673**	**618,674**	**1,331,814**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	0	0	0	0	0
% Difference Over or (Under)	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Program Description: The overall mental health program for the Idaho Department of Juvenile Corrections consists of a system of contracted psychiatric facilities, contracted psychiatric medical personnel, contracted psychotropic medication services, and department mental health personnel. Each of these items will be described in more detail below.

In the current population of about 425 youth committed to the department's custody, 48% have been given a mental health diagnosis other than substance abuse or conduct disorder. Thirty-three percent of the youth in the total population are diagnosed as having a serious emotional disorder.

A number of these youth with mental health diagnoses are served in state facilities and nonpsychiatric contract placements. The most seriously mentally ill require placement in psychiatric facilities, and those needing highly specialized care are placed in out of state facilities. The in-state psychiatric facilities with which the department contracts with, either now or in the recent past, include the Intermountain Hospital in Boise, the North Idaho Behavioral Health in Coeur d'Alene, the Behavioral Health Center in Idaho Falls, the West Valley Medical Center in Caldwell, and the Canyon View Psychiatric Hospital in Twin Falls. The out-of-state facilities with which the department has contracted with are the Benchmark Behavioral Health System facility in Woodscross, Utah, the Brown Schools facilities in San Marcos, Texas and San Antonio, Texas.

DJC currently has two contracted psychiatrists who provide consultation and medication management. Kelly Palmer, M.D. provides psychiatric services for youth in the St. Anthony Correctional Center 8 hours per month. Si Steinberg, M.D. provides psychiatric services on-site for the Nampa Correctional Center 6 hours per month, and provides tele-medical services for the Lewiston Correctional Center 3 hours per month. Ending in fiscal year 2004, the department had a psychiatric nurse practitioner providing services for the Nampa Correctional Center. Infrequently they use other contracted mental health professionals for specialized services such as neuropsychological evaluations.

In addition, medication services are contracted through Diamond Pharmacy. Medicaid cannot be used to pay for medication in correctional state facilities. A number of juvenile correction's nonpsychiatric contracted facilities also provide medication services to the youth in their programs, with these medications being paid for by Medicaid.

The department mental health personnel consists of a Clinical Services Administrator who is a licensed psychologist, four Clinical Supervisors who are masters level licensed clinicians, and nine Clinicians who have masters degrees in the areas of social work, counseling, and family therapy. The Clinical Services Administrator, Ryan Hulbert, Ph.D., was hired in 2001, and provides direct mental health services about 5% of his time. Beginning in 2004, the department has had four Clinical Supervisors, each overseeing the staff responsible for approximately 100 youth. Prior to 2004 there were three Clinical Supervisors. One Clinical Supervisor is in the Lewiston Correctional Center for Region I in northern Idaho, one is in the St. Anthony Correctional Center for Region III in eastern Idaho, and two are in the Nampa Correctional Center for Region II in southwest and south central Idaho. The Clinical Supervisors provide direct mental health services, on average, about 10% of the time. The nine Clinicians provide mental health services, such as individual counseling, family counseling, suicide risk evaluations, psychological testing, treatment plan development, and consultation services. Five of these Clinicians are in the St. Anthony Correctional Center where about 140 youth reside, three are in the Nampa Correctional Center where about 60 youth reside, and one is in the Lewiston Correctional Center where about 35 youth reside. The Clinicians provide direct mental health services, on average, about 70% of the time.

Beginning in fiscal year 2007 the department will oversee the distribution of $700,000 for services to be provided for youth who have mental health problems and are involved with the juvenile justice system on the county level. The purpose of this effort is to provide mental health services which hopefully will prevent the need of many of those youth being committed to the department.

Also in fiscal year 2007 construction will begin of a 24-bed mental health unit on the grounds of our Nampa Correctional Center. The focus of this unit will be sub-acute psychiatric services to provide stabilization and short-term treatment for those in our custody in need of such services. We expect that this unit will serve youth who currently, and in the past, have been in the residential programs of our in-state contracted psychiatric facilities. We will continue to rely on the in-state psychiatric facilities for acute psychiatric placements. ***Total cost for this project is $4,392,000 - DPW Project #07-532.***

Program History: Since IDJC was created in 1995 there has been a need to provide mental health services to a significant number of youth in its custody. As our department has developed, we have identified the need for a more systematic means for providing services, providing supervision for those services, and making recommendations and approvals for psychiatric placements.

In FY 2003 the 3 Regional Lead Clinicians were reclassified to Regional Clinical Supervisors, and in FY 2005 a 4th Clinical Supervisor position was reclassified from a Placement Manager position to help with the number of youth committed from Ada and Canyon counties. Policies and procedures were developed for the Clinical Supervisors to make recommendations to the Clinical Services Administrator for youth with serious mental problems to be referred to psychiatric hospital residential programs. The same procedure is followed for recommended out-of-state referrals to psychiatric facilities. Those out-of-state referrals are only made for youth with multiple and complicated problems for which no combination of services are available in Idaho.

The referral to psychiatric facilities are made through individual contracts, requiring the involvement of the department contract officers, the clinical services administrator and ultimately the approval and signature of the department director. In Fiscal year 2006 a contracts committee was formed by the department to regularly meet concerning issues of quality of performance by contract providers and follow a standard process in considering

the development of potential new contractors. As part of this process a decision was made to research and develop a contract with the Benchmark Behavioral Health System in Woodscross, Utah to use as an alternative to a placement in Texas for male youth with serious mental health problems. The main purpose for this change was to have the youth closer to Idaho to have more personal contact with their families and with IDJC and county probation staff.

NOTE: Pharmaceutical Costs are for all costs associated with children in State Facilities. These costs include psychotropic medicines but cannot be broken out of the total.

Judicial Branch
Drug Courts

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	389,921	71,697	75,197	75,197	42,200
B. Drug Court/Mental Health/Family Court	0	910,500	893,200	2,082,600	1,842,100
C. SAMHSA/BYRNE (treatment)	31,892	204,311	703,966	367,200	349,277
Total Appropriation	**421,813**	**1,186,508**	**1,672,363**	**2,524,997**	**2,233,577**
Budgeted FTP	0.00	0.00	0.00	0.00	0.00
II. ***Expenditures by Fund Detail***					
A. General Fund	389,921	71,697	75,197	75,197	42,200
B. Drug Court/Mental Health/Family Court	0	706,862	872,961	1,004,825	1,105,400
C. SAMHSA/BYRNE (treatment)	31,892	204,311	703,966	367,200	349,277
Total Actual Expenditures	**421,813**	**982,870**	**1,652,124**	**1,447,222**	**1,496,877**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	0	(203,638)	(20,239)	(1,077,775)	(736,700)
% Difference Over or (Under)	*0.0%*	*(20.7%)*	*(1.2%)*	*(74.5%)*	*(49.2%)*
Administrative Costs	0	0	0	0	0
Direct Services	421,813	982,870	1,652,124	1,447,222	1,496,877

Program Description: Drug Courts in Idaho operate under the statutory authority of the Idaho Drug Court Act, passed in 2001 by the Idaho Legislature, as part of a coordinated criminal justice strategy to address the drug – crime connection.

Program History: Drug courts began in Idaho in September 1998, starting with the Kootenai County Drug Court under Judges James Judd and Eugene Marano followed soon, thereafter, by the Ada County Drug Court, under Judge Daniel Eismann, in March 1999. These two early drug courts established solid operational foundations and demonstrated successful retention of clients in treatment and achievement of several positive outcomes.

Other Judicial Districts also began drug courts prior to the passage of SB 1171. In 2000, drug courts began in Bonneville, Bannock, Jefferson, Fremont, Madison, Power, Teton, and Twin Falls Counties. Just before the new law began, Bingham County started two drug courts, in early 2001. The early Idaho drug courts, through the vision and personal commitment of their judges, the collective efforts of their teams, including prosecutors, public defenders, treatment providers, and drug court coordinators, and the funding acumen of their trial court administrators, built a solid foundation of operational success and public support, paving the way to statewide drug court development and the passage of the Idaho Drug Court Act.

To address the growing court dockets of drug related cases, and to slow, or stop, the revolving door of drug dependent defendants entering Idaho courts, the Idaho Judiciary made expansion of drug courts its number one priority, in the 2000 legislative session. Concurrently, the Governor, faced with requests from the Idaho Department of Correction for major funding for new prison construction, developed a programmatic and budget package to carry out a major statewide substance abuse treatment initiative. This initiative included funds to expand treatment for drug court participants.

Against this backdrop of converging public policy from the executive and judicial branches, the 56th Idaho Legislature took historic action and enacted Senate Bills 1171, 1257, and 1267, a coordinated set of bills enabling both parallel and integrated activity by the Supreme Court, the Department of Correction, and the Department of Health and Welfare. Senate Bill 1171 established a statutory framework for the expansion of drug courts to all judicial districts and addressed eligibility, evaluation, implementation, funding, and participant fees. Senate Bill 1257 provided $576,000 to the Department of Health and Welfare to support the treatment needs of the drug courts while Senate Bill 1267 appropriated $991,000 to address critical operating expenses of drug courts. Through this carefully orchestrated action, all three branches of government articulated a common vision and initiated a strategic investment clearly designed to reduce the devastating and degrading impact of drugs on individuals, families, and communities, across Idaho.

This funding became available July 1, 2001 and by December 31, 2001 there were 17 drug courts in operation. 11 more drug courts began operating between January 1, 2002 and March 31, 2002. Two additional drug courts began operations during fiscal year 2003, and two more began in FY2004. As of December 31, 2003 32 drug courts were in operation serving all Judicial Districts in the State. In addition, following the drug court model, two mental health courts and one child protection / parent drug court have been established.

Fund Detail/Grant: County budgets for DOC probation officers, DHW substance abuse treatment, Clerks of the District Court, county probation officers, and other Judicial resources that support Drug Courts and Mental Health Courts are not reflected in this program summary.

The Drug Court/Mental Health/Family Court Fund generates its revenue from several sources.(Transfers from the Liquor Account, Fines from (IC 19-4705 2b)). Spending is limited to revenue collections and cash flow in the dedicated fund. Revenue collections are yet to meet appropriation levels.

Three federal grants have been obtained by the Supreme Court since September 30, 2002. A three year grant from the Substance Abuse and Mental Health Services Administration in the amount of $400,000 per year provided funds to expand the continuum of treatment available to drug court participants to include residential substance abuse treatment, extended outpatient treatment and structured aftercare, medication assisted treatment and to provide training and technical assistance in implementing evidence based treatment interventions for substance using offenders. This grant also provided for an extension of efforts to determine drug court treatment outcomes post discharge.

The second grant is an OJP Mental Health grant that was obtained in February 2003, provided support for the Bonneville County Mental Health Court. This 2-year grant, totaling $150,000, provided for extended mental health treatment and crisis intervention services, clinical supervision and consultation, access to primary health care services, including emergency dental care, and access to substance abuse treatment for mentally ill offenders with co-occurring substance use disorders.

The third grant, an Edward J. Byrne Memorial grant, administered by the Idaho State Police Bureau of Planning and Grants, in the amount of $975,000 provided statewide juvenile drug court methamphetamine treatment including residential treatment for juvenile offenders in juvenile drug courts, outpatient treatment services, access to mental health evaluations and treatment and family counseling, as well as training and consultation to treatment and court personnel to implement evidence-based treatment efforts. This grant also provided for in-home family assessment and for parents of juveniles in drug court to receive substance abuse treatment if their addiction was a contributing factor to the young person's problems.

Collectively, these grants enabled Idaho drug courts and mental health courts to significantly expand the diversity and intensity of treatment available to participants, to enhance the resulting outcomes from drug court participation and contributed to Idaho' ability to bring the state-of-the-art in offender substance abuse and mental health treatment to the services available to offenders in Idaho's community-based, drug court and mental health court sentencing alternative. As a result, Idaho has come to be seen as a leader in effective drug courts and mental health courts, nationwide.

Judicial Branch
Mental Health Courts

Appropriation & Expenditure History	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate
I. ***Appropriation by Fund Detail***					
A. General Fund	0	0	0	0	42,200
B. Drug Court/Mental Health/Family Cour	0	0	0	257,500	650,900
C. OJP Mental Health Grant	0	0	127,194	22,806	0
Total Appropriation	**0**	**0**	**127,194**	**280,306**	**693,100**
Budgeted FTP	0.00	0.00	0.00	0.00	0.00
II. ***Expenditures by Fund Detail***					
A. General Fund	0	0	0	0	42,200
B. Drug Court/Mental Health/Family Cour	0	0	0	245,256	650,900
C. OJP Mental Health Grant	0	0	127,194	22,806	0
Total Actual Expenditures	**0**	**0**	**127,194**	**268,062**	**693,100**
Actual FTP	0.00	0.00	0.00	0.00	0.00
Spent More or (Less)	0	0	0	(12,244)	0
% Difference Over or (Under)			*0.0%*	*(4.6%)*	*0.0%*

Program Description: Mentally ill offenders frequently experience an increase in the symptoms of their mental illness when incarcerated. Whether in jail or in prison, they represent a major liability and significantly greater management costs to counties or to the state. Repeat psychiatric hospitalizations are a very costly form of treatment. To address these concerns, mental health courts are operating in six of the seven Judicial Districts at the end of 2005. Mental health court capacity has grown from 50 participants at the start of 2005 to a combined capacity of 105 participants by year-end. It is anticipated that these courts will achieve the cost savings found in the 7th District Mental Health Court where participants reduced their jail days by 84% and their psychiatric hospital days by 98% compared with the year before entering mental health court.

Program History: Idaho has become model for development of mental health courts across the country, particularly for rural jurisdictions. Idaho Mental Health courts demonstrate the effectiveness of connecting Assertive Community Treatment, a longstanding evidence-based treatment for severe and persistent mental illness, with effective probation supervision and continuing judicial involvement. Based on this success, the Bonneville County Mental Health Court is a finalist to become a national learning site, through the council of State Governments and U.S. Department of Justice, for mental health courts nationwide. As a additional acknowledgement, Judge Brent Moss was awarded the 2005 Kramer Award for Excellence in Judicial Administration for his leadership in the creation and ongoing achievements of the state's first mental health court.

Fund Detail/Grant: County budgets for DOC probation officers, DHW substance abuse treatment, Clerks of the District Court, county probation officers, and other Judicial resources that support Drug Courts and Mental Health Courts are not reflected in this program summary.

Drug Court/Mental Health/Family Court Fund generates its revenue from several sources. (Transfers from the Liquor Account, Fines from (IC 19-4705 2b)). Spending is limited to revenue collections and cash flow in the dedicated fund. Revenue collections are yet to meet appropriation levels.

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Collectively, these grants enabled Idaho drug courts and mental health courts to significantly expand the diversity and intensity of treatment available to participants, to enhance the resulting outcomes from drug court participation and contributed to Idaho' ability to bring the state-of-the-art in offender substance abuse and mental health treatment to the services available to offenders in Idaho's community-based, drug court and mental health court sentencing alternative. As a result, Idaho has come to be seen as a leader in effective drug courts and mental health courts, nationwide.

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Collectively, these federal grants in both the drug and mental health courts the enabled Idaho drug courts and mental health courts to significantly expand the diversity and intensity of treatment available to participants, to enhance the resulting outcomes from drug court participation and contributed to Idaho' ability to bring the state-of-the-art in offender substance abuse and mental health treatment to the services available to offenders in Idaho's community-based, drug court and mental health court sentencing alternative. As a result, Idaho has come to be seen as a leader in effective drug courts and mental health courts, nationwide.