

## **STATE HOSPITALS & SECURE MENTAL HEALTH TREATMENT**

**GAP IN SERVICE:** State hospitals and private providers do not have the capacity to meet the current needs of eligible individuals.

**GAP IN SERVICE:** Idaho Code §66-1301 requires a stand alone secure mental health facility, but currently one is not available.

**GAP IN SERVICE:** State hospitals do not currently take voluntary commitments, thus someone has to commit a crime or be considered a “danger to themselves or others” before treatment is provided.

**POLICY QUESTION:** How does Idaho meet the needs for eligible populations that require a secure or non-secure hospital like treatment environment?

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### **POSSIBLE LEGISLATIVE ACTIONS:**

1. Supporting a secure mental health facility that would house individuals authorized under Idaho Code §66-1304.

### **NOTES:**

Approximately 236 inmates meet the SPMI definition and are currently housed in the state prison system.

A secure mental health facility is estimated to provide approximately 50 beds for the current state hospital system.

## ACCESS TO SUBSTANCE ABUSE SERVICES

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

**GAP IN SERVICE:** There is not timely substance abuse treatment available for the eligible population of juveniles and adults.

**POLICY QUESTION:** How does the state get timely substance abuse treatment for the eligible population?

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### POSSIBLE LEGISLATIVE ACTIONS:

Review Idaho Code § 39-304 and add or modify the statute to include the following:

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

### NOTES:

- The current waiting list for adults and juveniles who meet the eligibility criteria in the state is 300. Source: Business Psychology Associates
- Last year 2,043 people were placed on the waiting list of those 2,043 people-- 1,174 individuals were removed from the waiting list after 90 days. Source: Business Psychology Associates
- The additional cost statewide to treat the current eligible population is estimated at \$11,932,400 dollars. Source Business Psychology Associates

## **OFFENDER POPULATION**

**GAP IN SERVICE:** There is not a cohesive oversight authority that is responsible for managing the range of treatment options for offenders and matching the appropriate treatment for an offender after assessment.

**GAP IN SERVICE:** Limited choices for community based treatment options for offenders has led to the over-incarceration of non-violent offend

**GAP IN SERVICE:** System is lacking in transitional and reintegration services for offenders, especially female and criminally mentally ill.

**GAP IN SERVICE:** No access to forensic services for severely criminally mentally ill. (Refer to State Hospital section.)

**POLICY QUESTION:** How does Idaho provide appropriate, cost effective, regional and statewide treatment to the non-violent offender population?

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### **POSSIBLE LEGISLATIVE ACTIONS:**

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

## **OVERALL SYSTEM ISSUES**

- No consistent assessment tools for all state agencies.
- It continues to be unclear whether there is a lead agency responsible for paying and coordinating services regardless of where the individual enters the mental health system.
- No state hospital services available for voluntary commitments.
- A need for crisis intervention training at all levels of public safety.
- There is a system need for transitional housing for all populations.
- Credentialing of professional providers needs improvement.
- No current established system to treat parents and their children at the same time.
- Definition in Idaho Code and DHW rules limit eligibility for services. In some cases, DHW rule is more restrictive than Idaho Code.
- Current DHW system has private providers assessing & treating clients without any direct oversight from DHW staff.
- Lack of available state beds for children in psychiatric crisis.
- Lack of available state hospital beds in the Treasure Valley.

**POLICY QUESTION:** How should Mental Health and Substance Abuse services be delivered in Idaho?

**POLICY QUESTION:** Who should be the responsible authority for all individuals within the Idaho Mental Health and Substance Abuse system regardless of how the individual entered the system?

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### **POSSIBLE LEGISLATIVE ACTIONS:**

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

**NOTE:** During fiscal year 2006 37% of patients admitted to State Hospital North reside in Ada or Canyon County. Source: State Hospital North FY 2006 Report

## CONSISTANT PRESENTER SUGGESTIONS

1. Develop individualized, multi-disciplinary treatment plans that address the full range of supervision, control, and habilitation needs that are transferable across all state agencies.
2. Provide a continuum of care for both the mentally ill and substance abusers.
3. Create statewide community based crisis intervention teams that work with all government agencies including DOC, DJC, and local government operations.
4. Create or identify statewide screening and assessment tools that all government agencies interacting with a client can use. Include a component for criminogenic risk if client is offender.
5. Idaho should develop statewide transitional housing and potentially copy the Florida model. Florida purchased a number of cottages around the state that have 24 hour staffing.
6. Review statewide statutes, rules, and protocols for involuntary commitments to eliminate barriers to access.
7. Make a statewide entity responsible for training and consistency within the system.
8. Create a treatment system that allows the courts to mandate treatment and does not criminalize the individual.
9. Review the rules and statues pertaining to mental illness and substance abuse in the State of Idaho to identify barriers to treatment. In addition, it is critical for the state to understand true system capacity. Create a system that provides “wrap around services to families” including:
  - a. Treatment for parents of children with mental illness
  - b. Availability of classes or assistance to individuals of families to:
    - i. Become better parents
    - ii. Employment opportunities
    - iii. Education on their addiction
    - iv. Responsibility of parenthood and keeping families intact