EXECUTIVE SUMMARY

Purpose

In November 2004, the State of Idaho - Department of Health & Welfare (DHW) engaged Myers-Anderson Architects in association with The Estimé Group, Inc. (MA-TEG) to conduct a study to determine the future infrastructure needs to support the ongoing operations of the Mental Health program within the State of Idaho. Based on national trends for mental health services delivery and population demographics, the consultant team was asked to provide recommendations as to the future direction of mental health services and identify necessary improvements to existing infrastructure to meet projected needs. It is anticipated that DHW will use information in this report to guide key decisions relating to future resource allocation and funding requests for mental health services.

The primary focus of this study was to evaluate current and projected demand for community based residential beds, crisis intervention and inpatient psychiatric hospital beds. The study does not address strategies or resource requirements to support outpatient mental health services.

Methodology

Three strategies were used to collect data for this study. First, DHW provided copies of previous studies and reports to the consultant team for review and analysis. Second, a planning questionnaire was developed and distributed to all administrators and department heads at State Hospital North (SHN), State Hospital South (SHS), and Idaho State School & Hospital (ISSH). Finally, a series of interviews were conducted with over 50 key stakeholders throughout the State to discuss demand for mental health services, prioritize needs, and identify opportunities for improvements in the continuum of care. Participants included members of the state legislature, a representative from the Governor's office, heads of the state medical and hospital associations, hospital administrators, program managers and regional directors, policy makers, and representatives from the Department of Corrections.

Ten-year population projections were developed using a trend analysis based on annual population estimates developed by the Idaho Department of Commerce, and the U.S. Census Bureau. Mental health service utilization projections were developed using various statistical methods including utilization trends on a region-by-region basis.

Due to the lack of a centralized database to track utilization of mental health services throughout the State, the consultant team had to rely on data collected and managed by individual providers, agencies and institutions. As a consequence, the level of consistency of the data used to generate the analyses in this report differs by source.

Insufficient Community Based Crisis Intervention & Acute Care Beds:

Currently, the State operates an eight-bed crisis facility (Franklin House) in Boise through a contract with St. Alphonsus Regional Medical Center. The State relies heavily on 215 community hospital beds to accommodate mental health emergencies and crisis needs. The majority of community hospitals in the State do not have appropriate facilities or the trained mental health professionals to adequately treat mental health patients during crisis situations. At any given moment, there are between 25 to 35 people on a waiting list for an inpatient psychiatric hospital bed due to the lack of community-based facilities. Based on data from the Substance Abuse & Mental Health Services Administration, the State of Idaho has less than 40% of the number of psychiatric beds to support its population as compared to the national average. The lack of community based short-term crisis facilities and transition beds are forcing an increase in the utilization of more expensive acute care settings. Given the State's large geographic area and low population densities in most counties, the one location in Boise is woefully inadequate.

Fragmentation of Mental Health Services:

The challenges in the mental health service delivery are further exacerbated by the lack of service coordination and communication between local providers, counties and the State. For various reasons, including lack of resources, some counties have used creative mechanisms to shift responsibility for serving people with mental illness to DHW. Coordination of services between the Department of Corrections and DHW is marginal at best. The lack of investment in a dedicated and well-managed information management system is another factor contributing to the lack of coordination among service providers. Consequently, there is no reliable method to track and measure performance, and outcome on a statewide basis. The lack of reliable and accessible information limits providers' ability to share resources to serve common populations.

The following section provides a brief summary of major issues at the three state operated mental health hospitals.

1. State Hospital North

- Based on our discussions with the clinical staff and administrators, the hospital appears to be providing a good quality service. The key challenge remains the hospital's inability to recruit a psychiatrist. Inadequate physician staffing level is the primary reason that the hospital is not operating its full capacity of 50 beds. We believe the State's inadequate compensation structure for these professionals is the primary reason for the lack of progress. Idaho's starting base salary of $150,000 and two weeks of paid vacation is not competitive in the northwest market. Other institutions in the northwest offering $190,000, four weeks paid vacation and assistance with educational loans are having difficulty filling available positions.
- The facility was originally designed to accommodate 30 psychiatric and 30 chemical dependency treatment beds. The design of the chemical dependency unit differed from that of the psychiatric unit because the clients in the chemical dependency unit were voluntary

the facility. At the time of our site visit, one of the two elevators in the building was not operational. The elevators in the building are not reliable. Ideally, this unit should be accommodated in a one-story building.

- From a risk management perspective, there are two multi-story buildings on campus that should be demolished. The F and G buildings have major structural, mechanical, electrical and life safety problems. These buildings no longer serve any functional or useful purpose.

- State Hospital South has an open campus with no fencing around its perimeter to limit or control access to its facilities. If a patient manages to exit a building, there are no security barriers in place to prevent an individual from leaving the campus. Overall, security for the site and buildings need significant improvements.

3. Idaho State School & Hospital

- The Idaho State School & Hospital is situated on an 85 acres campus with 18 buildings. Five of these buildings were constructed approximately three years ago. The paint shop and grounds building were constructed in the late 1990s. The remaining buildings were constructed between 1916 and 1964. Several of the older buildings are used primarily for storage because the heating and ventilation systems are no longer operational.
- The medical building has five wings; only two wings are used to accommodate clients/patients.
- There are three boilers in operation in central plant building; only one is required to support the load during the winter months.
- The facility was originally designed to accommodate approximately 1,100 patients. Currently, ISSH is providing care for 92 clients. The site and facilities are well beyond what is required to support the current patient volume.
- During the March 2005 survey, ISSH was cited for inadequate staffing by hospital reviewers. Other recent citations included client-to-client assaults and high levels of staff injury that are most likely caused by inadequate staffing.
- Due to an aging population, total patient volume at ISSH is expected to continue to decline.

- Regions-I: located in or near Coeur D'Alene. Construction Cost- $1.2 mil.; Potential annual additional cost impact - $1.46 mil.
- Region-III: located in or near Nampa. . Construction Cost- $1.2 mil.; Potential annual additional cost impact - $1.46 mil.
- Region-VI: located in or near Pocatello. . Construction Cost- $1.2 mil.; Potential annual additional cost impact - $1.46 mil.
- Region-VII: located in or near Idaho Falls. . Construction Cost- $1.2 mil.; Potential annual additional cost impact - $1.46 mil.

Building these facilities now will delay for a decade the need to construct a new state hospital that would likely costs more than $50 million.

3. Construct a Forensic Facility in Region IV

The State Legislature should allocate the required funds for the Department of Corrections to construct a forensic facility in or near Boise. A rough-order-of-magnitude project costs range for a 200-bed medium and high secure facility (approx. 170,000 square feet) is $46.0 to $55.3 million. It would be more cost efficient to develop only one facility however, development of two separate facilities may be more appropriate.

Given their geographic locations with respect to the major population centers within the state, inadequate security and staffing limitations; SHN and SHS should not be considered as potential sites for a new forensic facility.

4. Develop Public-Private Partnerships to Develop & Operate New Facilities

We strongly recommend that the State of Idaho allocate the required funding immediately and address the following needs:

- Detoxification facility: 21-Day program. Private sector investment.
- Transitional Housing: This requires a combination of private sector and State funded developments. Potential costs are dependent on the number and size of these facilities, and the operational model implemented.

APPENDIX A

TABLE 2.3 ESTIMATED NUMBER OF PERSONS WITH SERIOUS MENTAL ILLNESS BY REGION FOR 2015

Region/County	Weighted 2015 Pop. Project.	Children & Adolescents	Adults
Region I:	220,207	2,004	8,799
Region II:	110,991	1,010	4,435
Region III:	300,601	2,735	12,012
Region IV:	487,768	4,439	19,491
Region V:	198,878	1,810	7,947
Region VI:	188,530	1,716	7,534
Region VII:	214,475	1,952	8,570
State Total	**1,721,450**	**15,665**	**68,789**

APPENDIX B

TABLE 4.3 NUMBER OF MENTAL HEALTH HOSPITAL BEDS REQUIRED BY REGION FOR 2015

Region/County	Weighted 2015 Pop. Project.	Number of Total Beds	Number of State Beds	Available Private Beds	State of Idaho Beds
Region I:	220,207	169	47	20	0
Region II:	110,991	85	24	18	50
Region III:	300,601	231	64	11	0
Region IV:	487,768	375	103	77	0
Region V:	198,878	153	42	25	0
Region VI:	188,530	145	40	21	136
Region VII:	214,475	165	45	22	0
State Total	**1,721,450**	**1,322**	**365**	**194**	**186**
Rate per 100,000 population		76.80 (All organizations)	21.20 (State Rate)	11.24 (Idaho Rate)	10.80 (Idaho Rate)

APPENDIX D

PSYCHIATRISTS COMPENSATION STRUCTURE ANALYSIS

Current Structure:

Physician Average Base Pay	$144,000
Fringe Benefits at 30%	$43,200
Total Compensation	$187,200

Approach A: Use Locum Tenens for Unfilled Position

Physician Cost per hour	$130
Total hours per year	2,080
Total Cost	$270,400

Approach B: Increase Base Pay & Fringe Benefits

Physician Average Base Pay	$200,000
Fringe Benefits at 40%	$80,000
Total Compensation	$280,000

Annual Net Difference Between Approach A & B:

Existing Physisians (3)	$278,400
New Physician	$9,600
Total	**$288,000**

APPENDIX F

CRISIS BEDS REQUIRED BY REGION THROUGH 2015

Region	No. of Beds	Building Costs	Annual Costs
Region I	5	$750,000	$912,500
Region II	2	$300,000	$365,000
Region III	6	$900,000	$1,095,000
Region IV	10	$1,500,000	$1,825,000
Region V	4	$600,000	$730,000
Region VI	4	$600,000	$730,000
Region VII	5	$750,000	$912,500
Total	**36**	**$5,400,000**	**$6,570,000**