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Department of
Health and Welfare

Community Mental Health Services Division of Behavioral Health

Ross Edmunds

Division Administrator

Joint Finance-Appropriations Committee

January 19, 2016



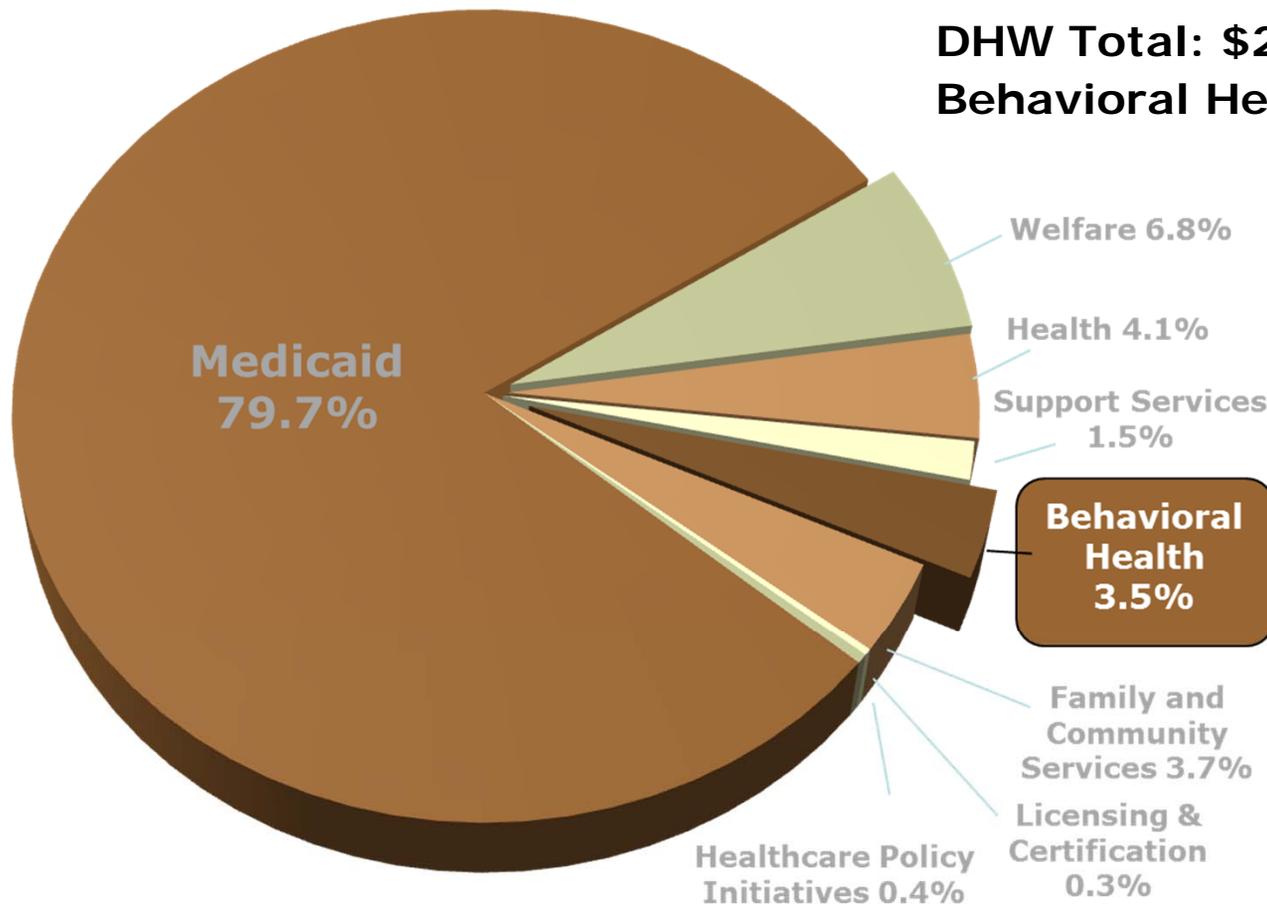
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FY2017 DHW Overview



DHW Total: \$2.78 B.

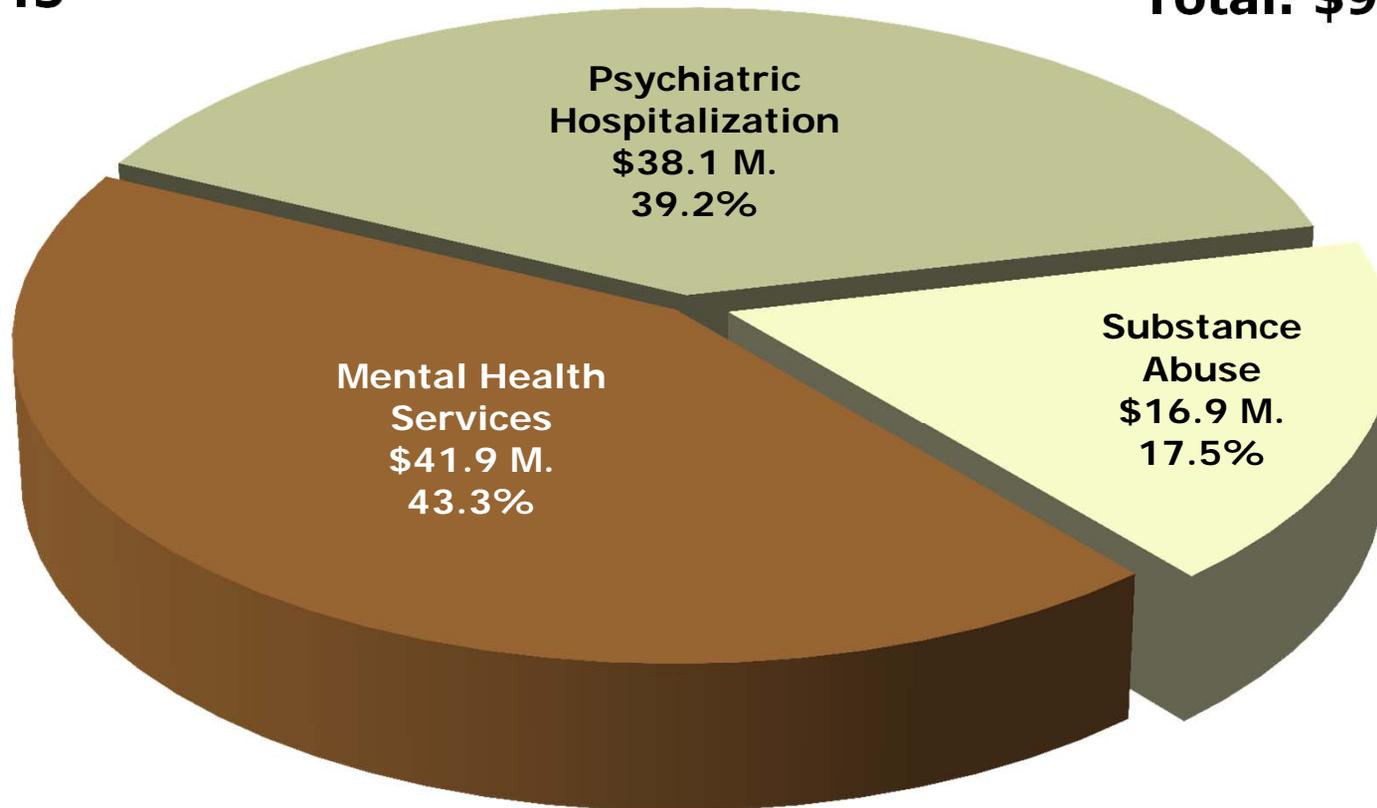
Behavioral Health: \$96.9 M.



FY2017 Behavioral Health Appropriations

LBB: 2-45

Total: \$96.9 M.





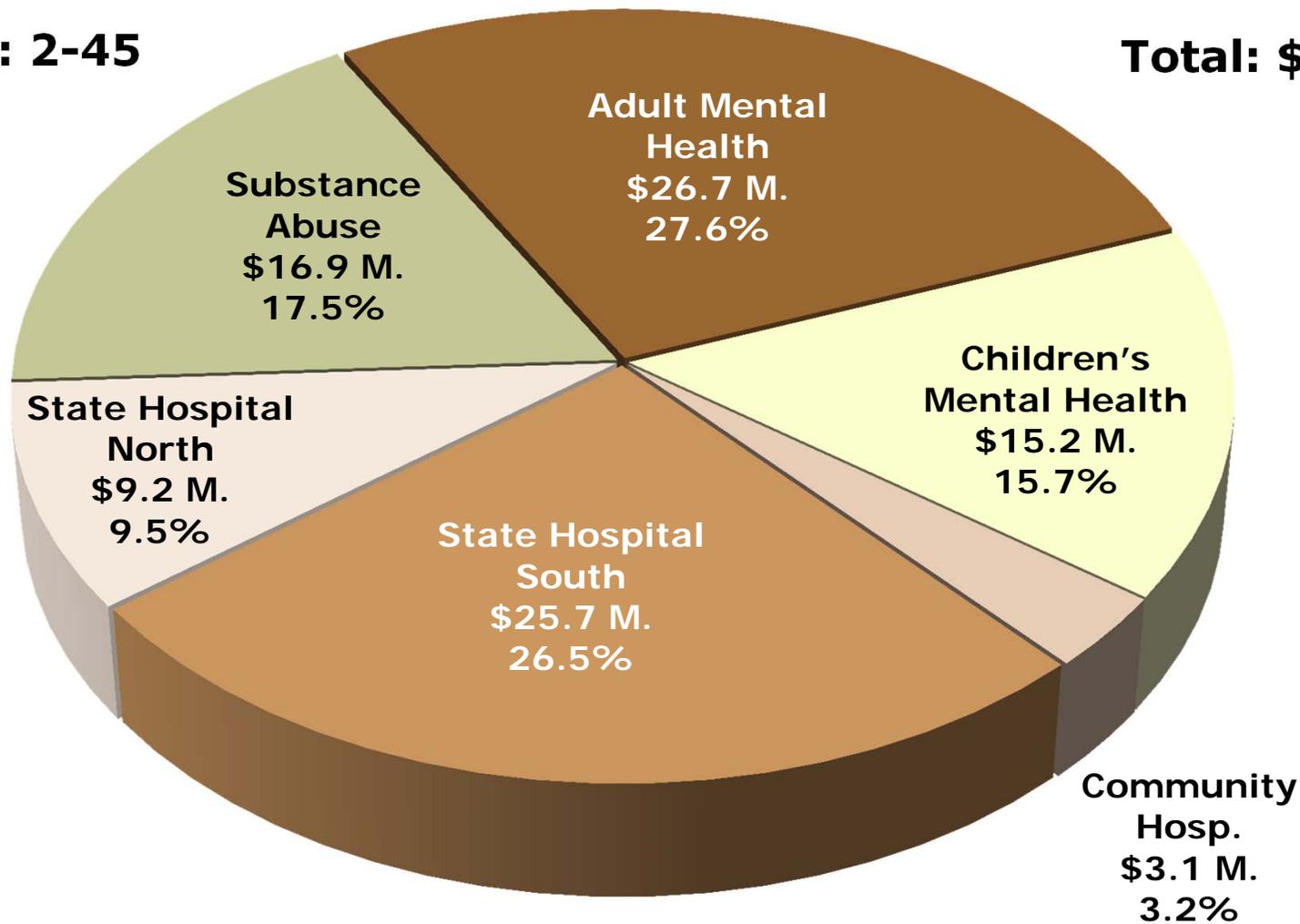
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FY2017 Behavioral Health Programs

LBB: 2-45

Total: \$96.9 M.



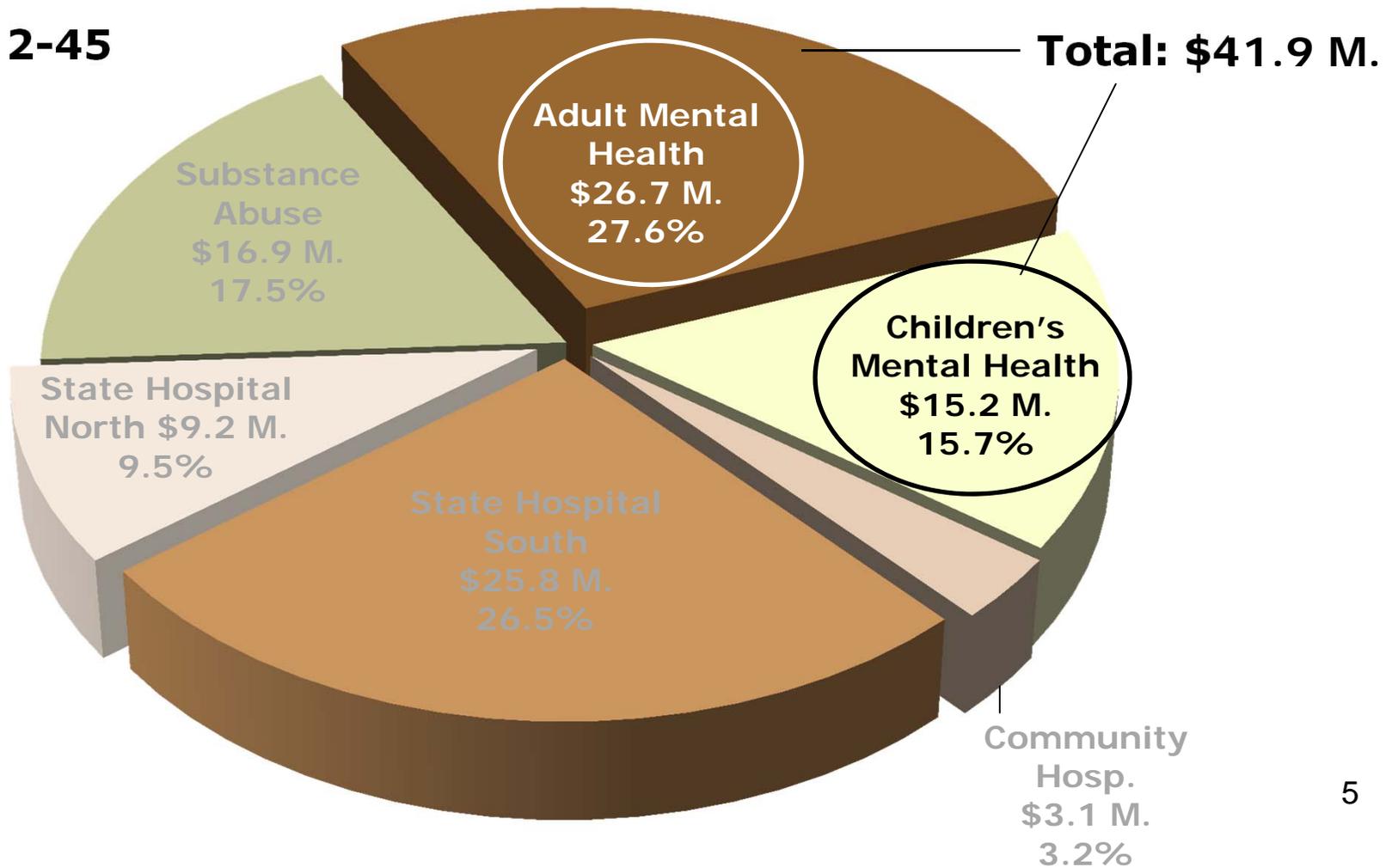


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FY2017 Mental Health Programs

LBB: 2-45





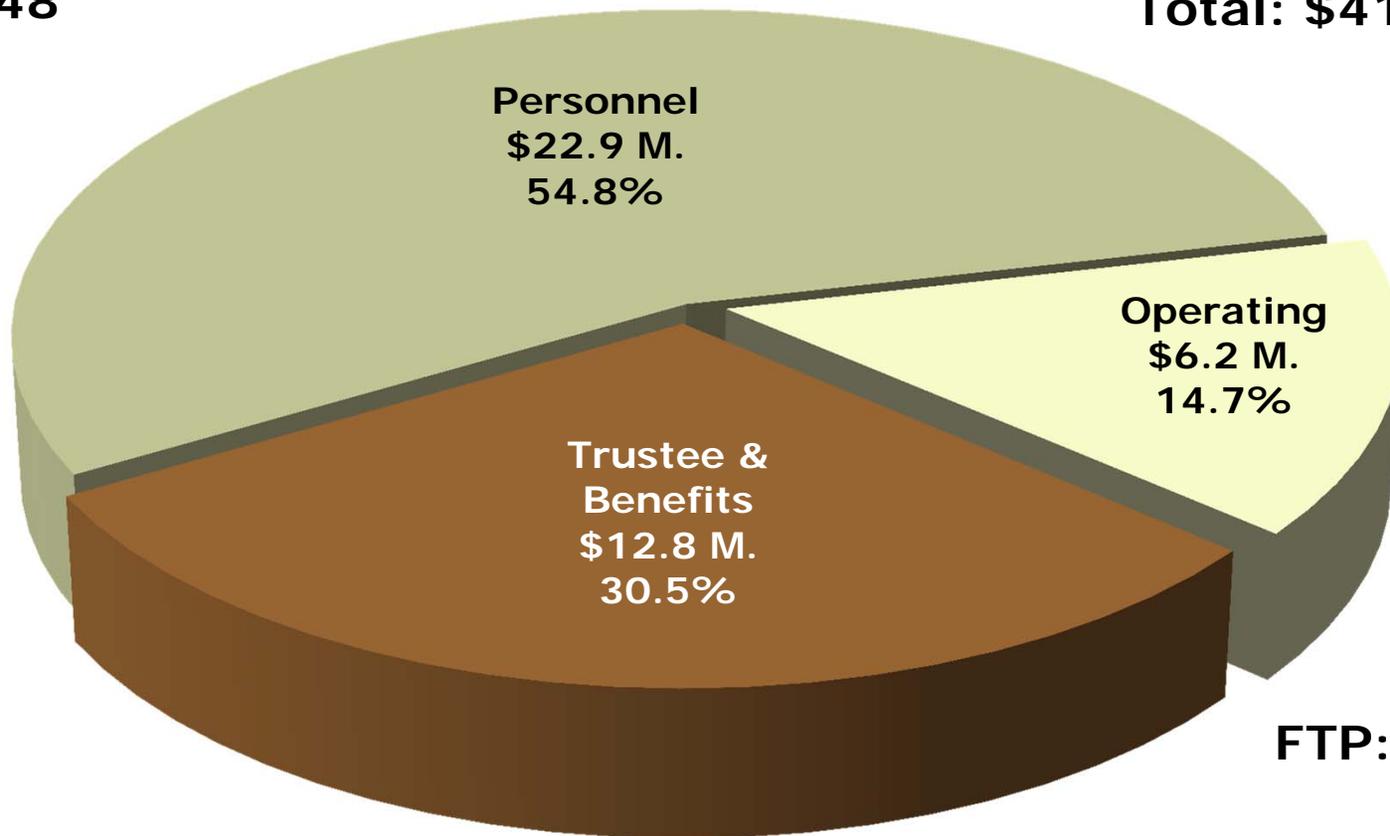
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FY2017 Mental Health Services by Category

LBB: 2-48

Total: \$41.9 M.



FTP: 288.2



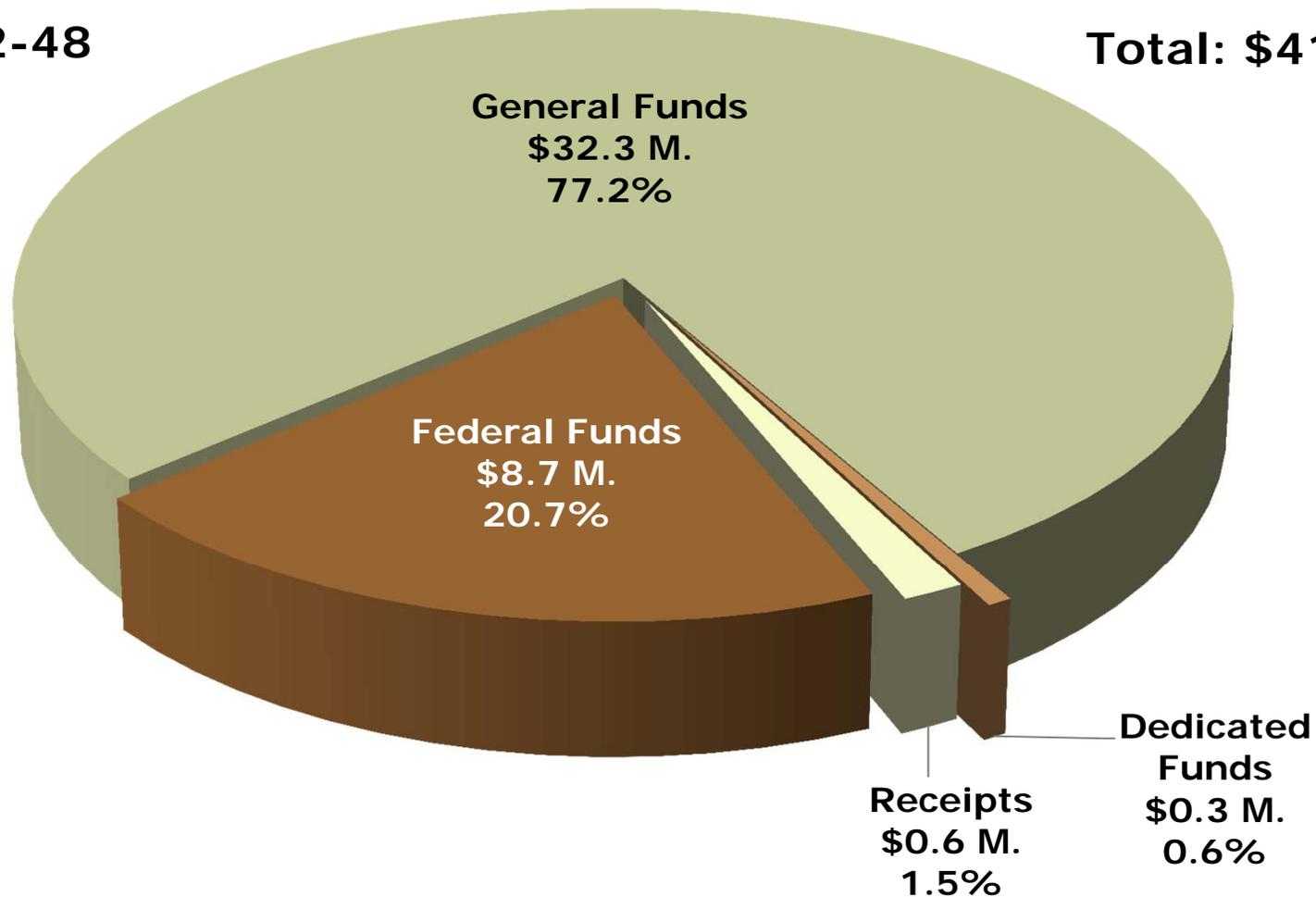
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FY2017 Mental Health Service by Fund Source

LBB: 2-48

Total: \$41.9 M.





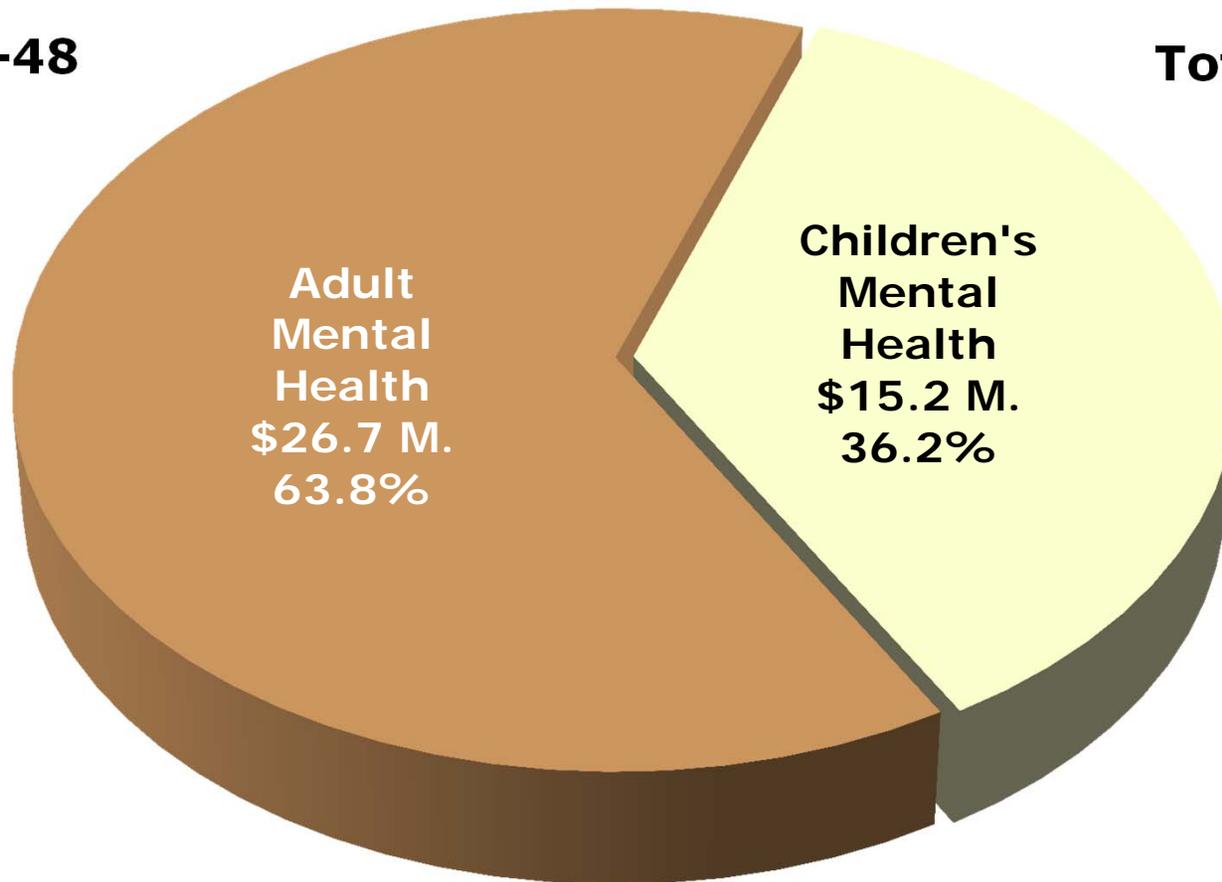
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FY2017 Mental Health Programs

LBB: 2-48

Total: \$41.9 M.





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Behavioral Health System of Care

Who needs services?

Three categories...

- 1. Individuals dealing with a mental health crisis; typically short term, often life threatening, need immediate intervention.**
- 2. Individuals with chronic, severe mental illness; typically lifelong and debilitating, require intensive long-term management and support.**
- 3. Individuals with serious mental illness that need ongoing maintenance; i.e. medication, checkups, brief assistance when minor challenges manifest.**



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Behavioral Health System of Care

What we have accomplished...

1. **Crisis centers** to more effectively and efficiently assist people experiencing a BH crisis.
2. **Crisis Intervention Teams (CIT)** statewide in partnership with law enforcement.
3. **Regional BH Boards** to provide leadership in communities and establish/manage recovery support services.
4. **A network of specialty BH providers** consistently managed by contractors, BPA Health and Optum.
5. **Recovery centers** to support people in recovery from BH disorders remain in recovery.



Behavioral Health System of Care

What we are working on...

1. **Safe and stable housing** for adults with chronic mental illness who may never be able to live independently.
2. Better access to ongoing **healthcare** for people with BH disorders, which is integrated with physical health into seamless delivery.
3. A more **effective BH system** to intervene with **children and families** as early as possible to reduce the impact of BH illnesses later in life.



Behavioral Health System of Care

What we need to work on next...

1. We need **better access** to ongoing effective mental health and substance use disorders specialty treatment services.
2. Better access to effective treatment for offenders in the **criminal justice system**.
3. Opportunities to access services in **rural communities**, possibly through **technology**.
4. **More highly trained providers**; particularly psychiatrists, mid-level practitioners & psychologists.
5. A treatment for dealing with **trauma**.
6. Possibly most importantly, a **cultural shift** in the way we view BH illnesses and how we treat people with BH disorders.



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Behavioral Health System of Care

Who needs services?

Three categories...

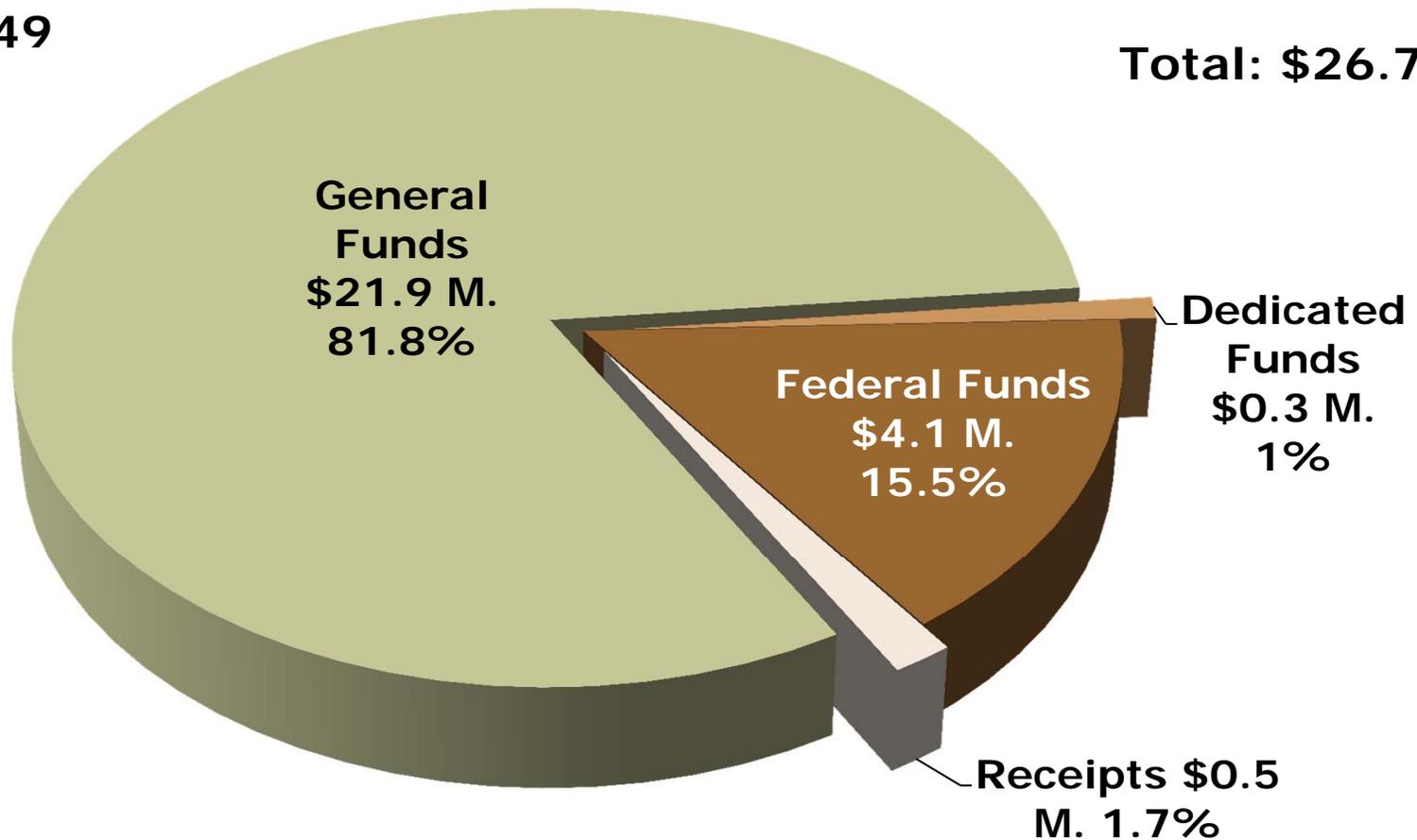
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FY2017 Adult Mental Health by Fund Source

LBB: 2-49

Total: \$26.7 M.





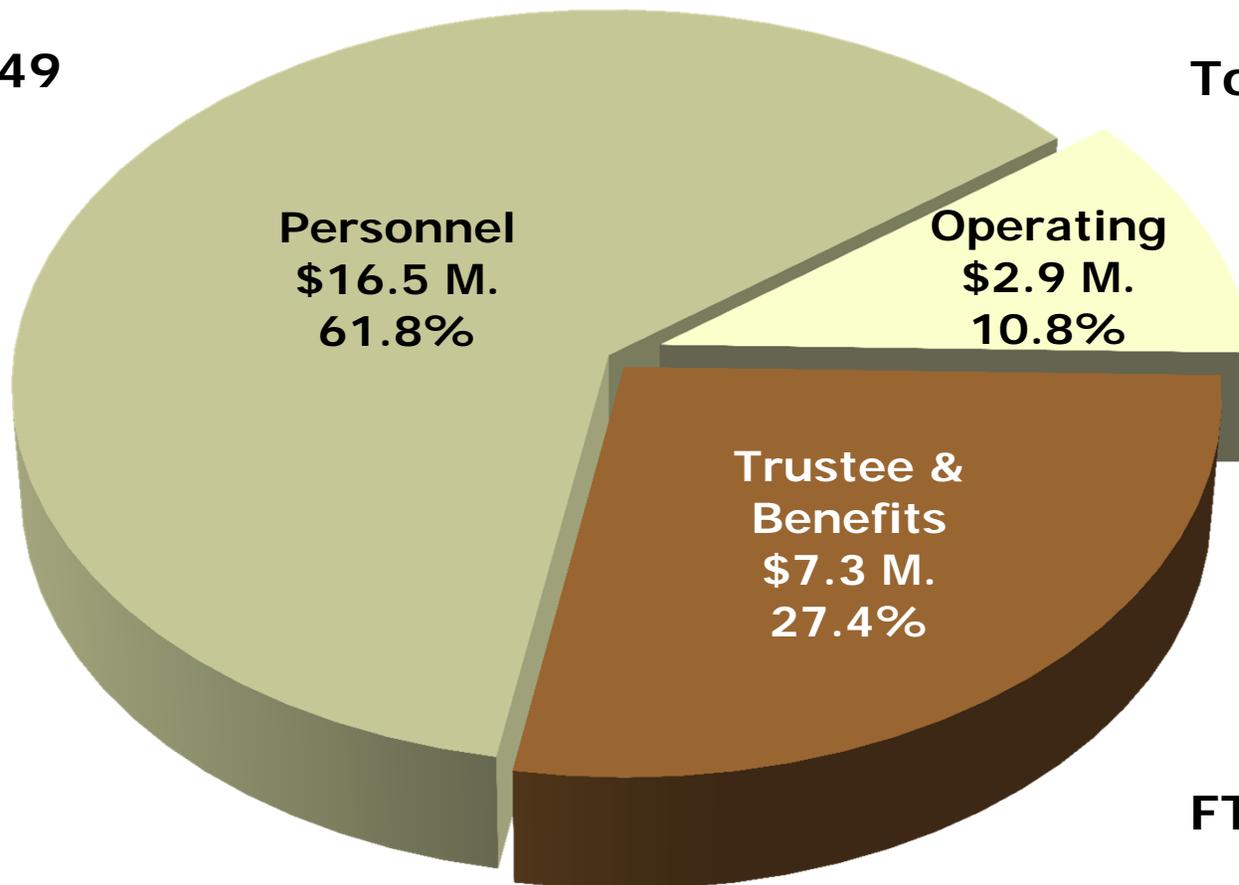
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FY2017 Adult Mental Health by Category

LBB: 2-49

Total: \$26.7 M.



FTP: 208.6



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Line Item Recommendation (LBB: 2-50)

Community Crisis Center

Total Recommendation:	\$1,720,000
Ongoing:	\$1,520,000 (GF)
One-time:	\$ 200,000 (GF)

- **Crisis Centers currently operating in Eastern Idaho and Northern Idaho.**
- **Contracts with crisis centers include a requirement to develop a plan to move to 50% local funding.**

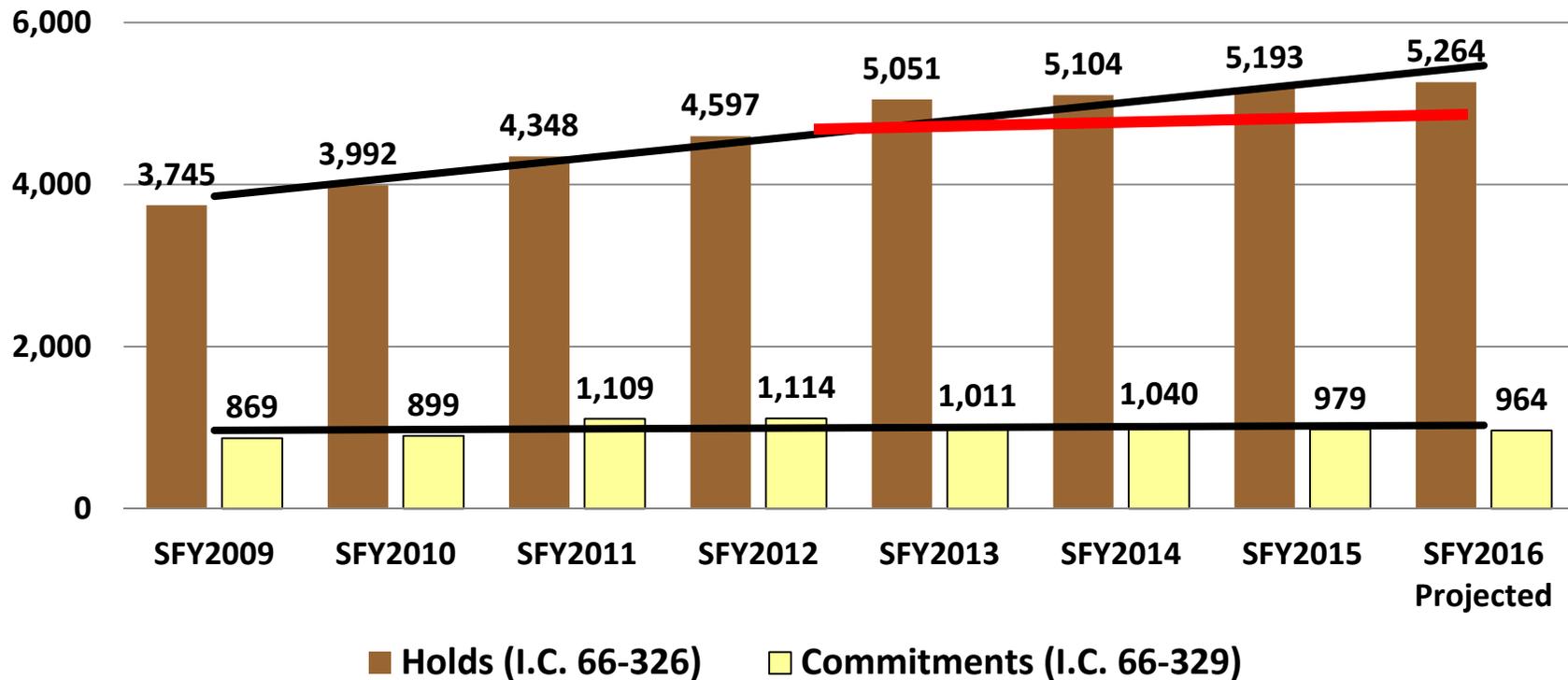


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Increased Demand for Crisis Services

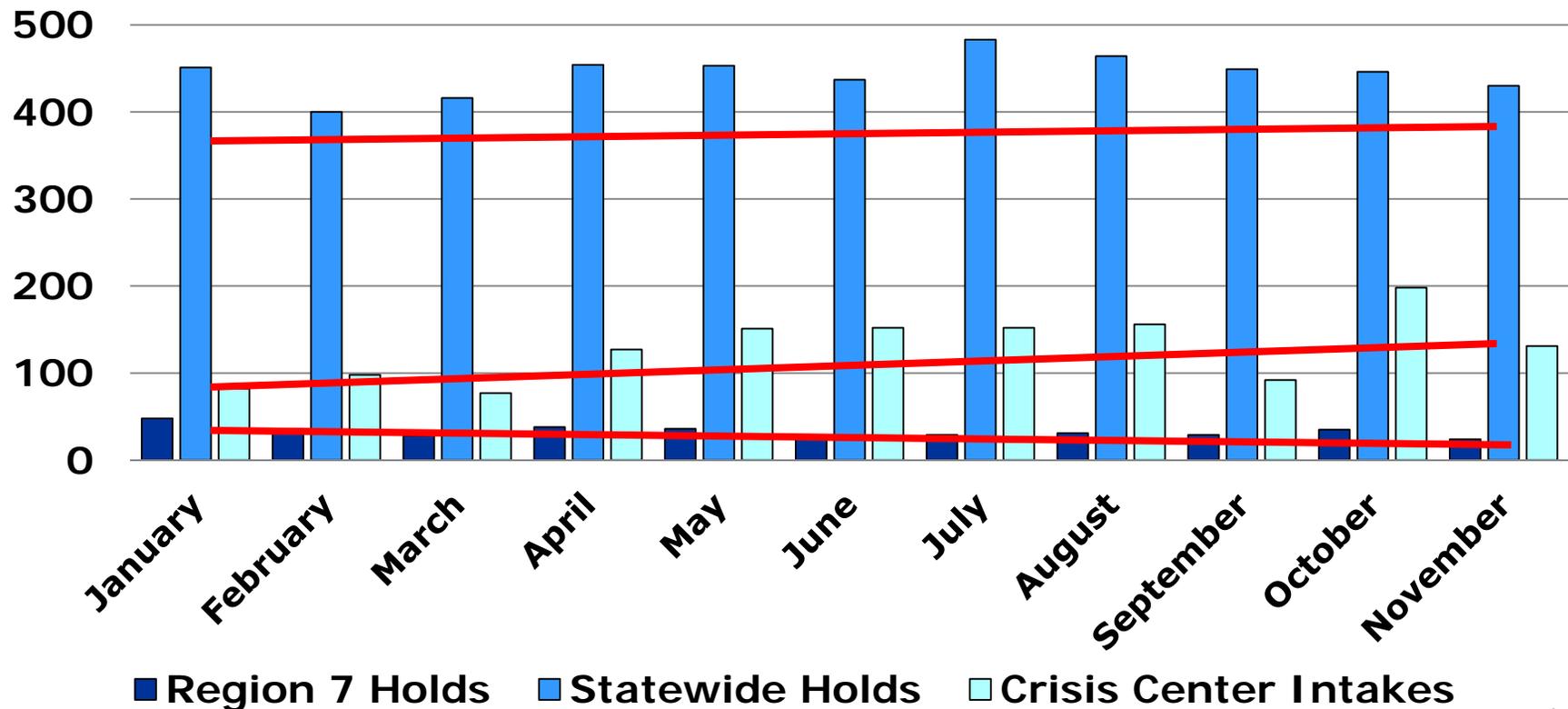
Protective Holds and Civil Commitments





Community Crisis Centers Update

2015 Civil Holds (I.C. 66-326) and Behavioral Health Crisis Center of Eastern Idaho Intakes





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Community Crisis Centers Update

Eastern Idaho Crisis Center (opened 12/2014) :

- **2,349 Patients served**
 - **1,536 admissions and 813 assessment and referral**
- **259 Law enforcement referrals**
 - **Estimating nearly 1,200 hours of saved time**
- **228 Hospital referrals/138 diversions from hospitalization**
 - **\$280,000 estimated savings in Emergency Dept. costs**
 - **\$450,000 estimated savings in hospitalization**
- **14 hours 39 minutes, average level of stay for admissions**

Northern Idaho Crisis Center (opened 12/2015):

- **66 Patients served**
- **8 Law enforcement referrals**
- **4 Hospital referrals**



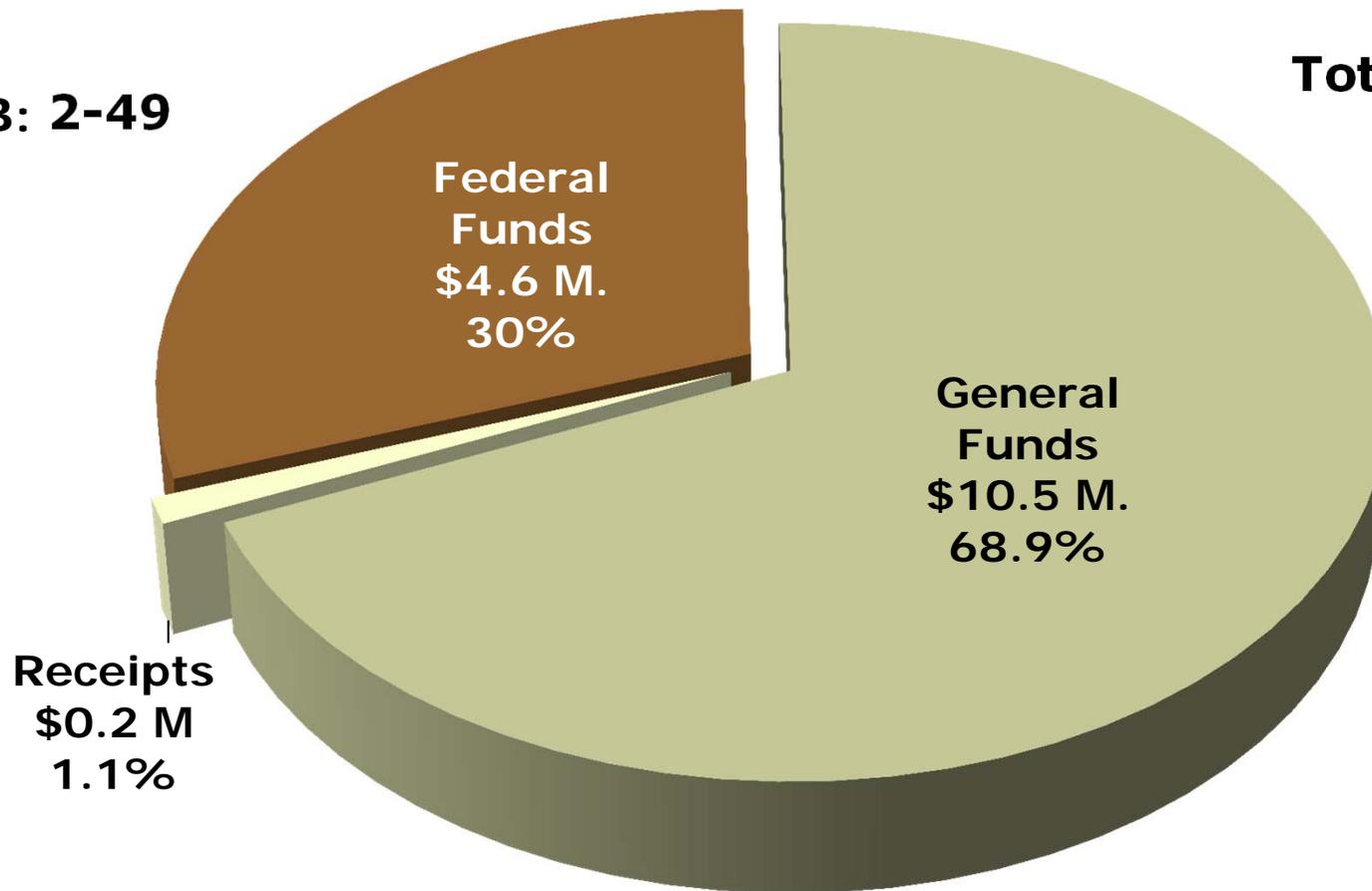
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FY2017 Children's Mental Health by Fund Source

Total: \$15.2 M.

LBB: 2-49





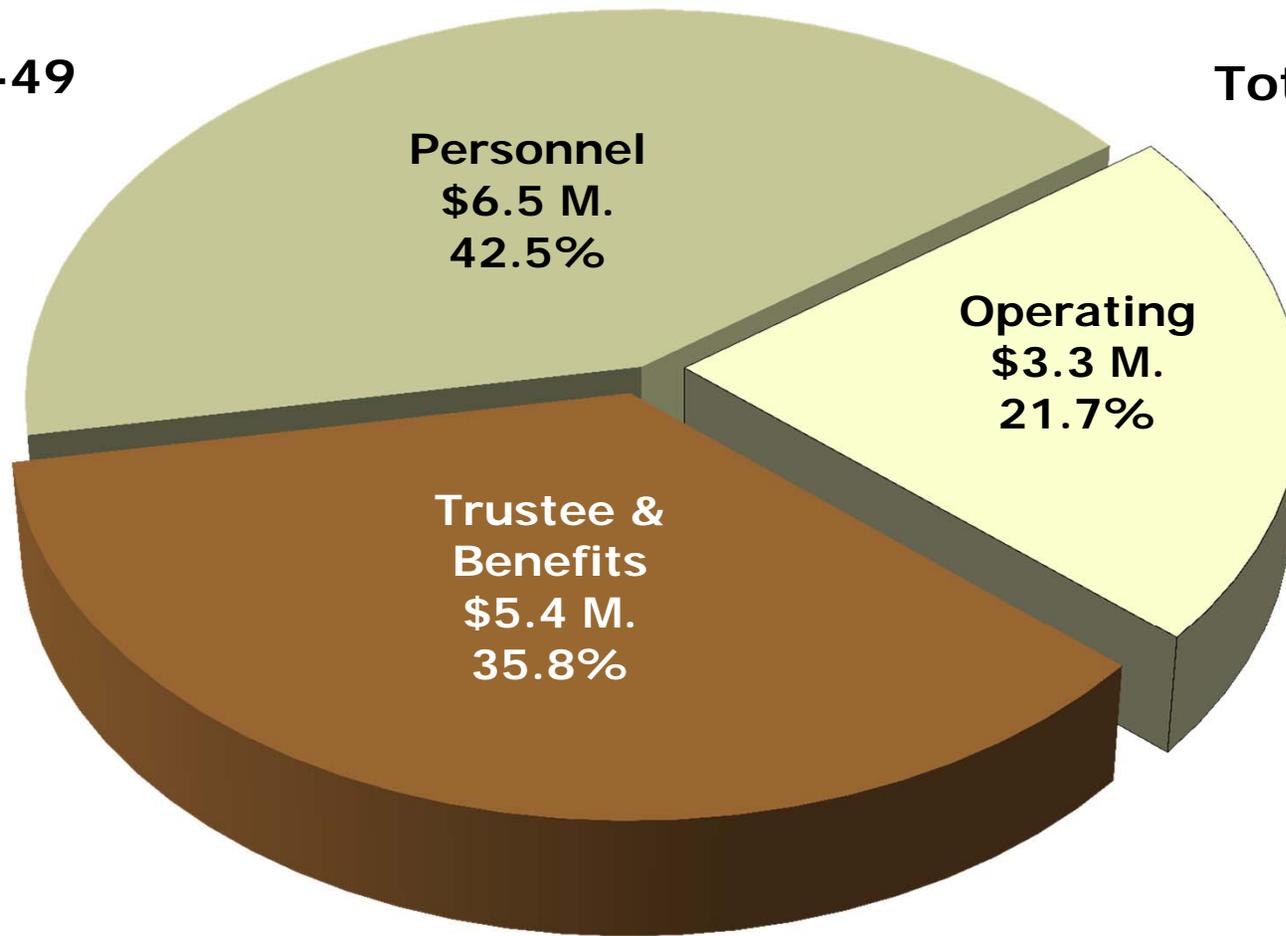
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FY2017 Children's Mental Health by Category

LBB: 2-49

Total: \$15.2 M.



FTP: 79.7



Jeff D. Update

Timeline to Dismissal

- Settlement agreement accepted by the Federal Court (June, 2015).
- Currently developing implementation plan (due end of March, 2016).
- Four years to implement the plan (2020).
- Two to three years of monitoring following implementation (2024).
- Joint motion of dismissal, provided successful implementation (2025 expected resolution).



Jeff D. Update

Core Elements of the Settlement Agreement

- Medicaid will serve as the backbone for the system.
- Research suggests 5 to 7% of general population (approximately 9,000) of children <18 years have serious emotional disturbance, with less than half accessing services.
- Better cross-system coordination.
- Access to an effective continuum of services.
- Focus on better case/care management, particularly for the most severe.
- Families as full partners in their own care and in the system design, delivery, and evaluation.



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Line Item Recommendation (LBB: 2-51)

Children's Mental Health Respite Care

Total Recommendation: \$ 847,000

100% General Fund/Trustee & Benefit

- **Current budget for respite care is \$125,000. This increase will provide for a total respite care budget of \$972,000.**
- **Respite care is a core component of the Jeff D. settlement agreement.**
- **Respite is defined as a temporary break from caregiving responsibilities.**



Line Item Recommendation (LBB: 2-51)

Child & Adolescent Needs and Strengths Assessment (CANS)

Total Recommendation: \$1.3 million

\$1.1 million one-time (GF)

\$200,000 ongoing (GF)

- The CANS instrument is a researched, industry accepted tool for identifying child and family needs and strengths, but also indicating outcome achievement.
- Negotiated as part of Jeff D settlement agreement.



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Legislative Audit Finding 12F-10

Internal Controls to ensure compliance with Social Services Block Grant (SSBG) requirements.

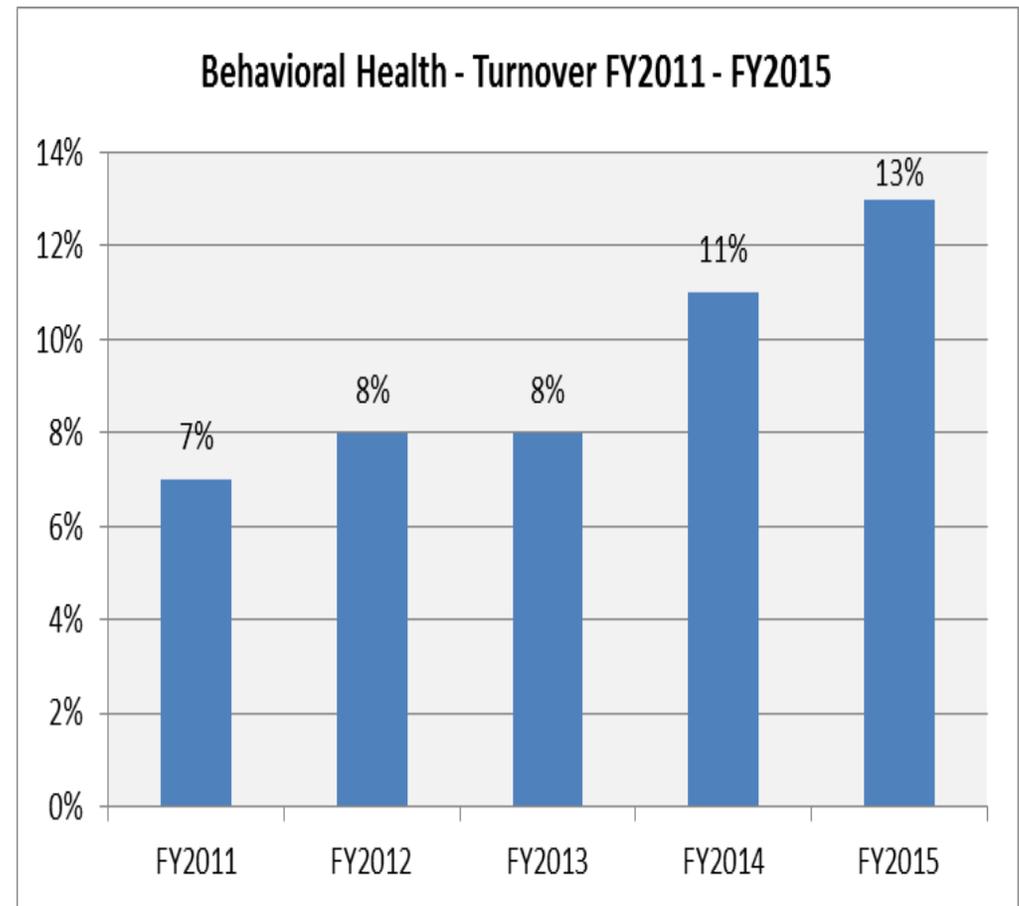
- **Ensure funding is only used for families below 200% of poverty.**
- **Internal process developed to review the percentage of poverty prior to each transfer.**
- **Process approved by Legislative Audit, has been fully implemented and observed successful over the past three quarters.**

Finding resolved, expecting closure.



Changes in Workforce

- **Increased voluntary separations the past two years**
- **The top two reasons for separation are retirement and pay**
- **Dedicated staff**
- **Support Governor CEC**





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