MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 13, 2018

TIME: 8:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Perry, Vander Woude, Redman, Blanksma, Hanks, Kingsley, Zollinger, Wagoner, Chew, Rubel

ABSENT/ EXCUSED: Representative(s) Zollinger

GUESTS: Monty Prow, Sharon Harrigfeld, Lynn Viner, and Cindy Orr, IDJC; Kelli Brassfield, IAC; Sara Thomas, ISC; Colby Cameron, Sullivan & Reberger; Lee Flinn, Id. Primary Care Assoc.

Chairman Packer called the meeting to order at 8:30 a.m.

MOTION: **Rep. Redman** made a motion to approve the minutes of the March 8, 2018, meeting. **Motion carried by voice vote.**

Russ Barron, Director, Department of Health and Welfare (DHW), began the presentation on Idaho's Public Behavioral Health (BH) System, stating it is a complex issue involving many agencies, government levels, and a lot of funding.

Ross Edmunds, Administrator, Division of BH, DHW. The BH program has five areas: adult mental health (MH); children's MH outpatient; substance use disorders (SUD); State Hospital South; and, State Hospital North. There are three client categories: persons needing psychiatric emergency intervention; persons with chronic severe mental illness who cannot live independently; and, persons needing minor intervention with consistent maintenance services.

Adult MH priorities include services for psychiatric emergencies, committed clients, court-ordered clients, MH court participants, and voluntary patients without benefits. A focus on the voluntary patients without benefits would decrease escalation to the other categories.

Hallmarks of the Youth Empowerment Services Program (YES) include cultural shifts, a broadening array of service and supports, intense case management, and coordinated care.

Matt Wimmer, Administrator, Division of Medicaid, DHW. The Medicaid client base is largely lower income, which has a higher risk for trauma, toxic stress, and conditions that predispose them to BH conditions and services.

The YES Medicaid contractor, Liberty Healthcare, uses the Child and Adolescent Needs and Strengths (CANS) assessment tool. Implemented in January, respite is now available to families of children with serious emotional disturbances. Beginning in July, skills building educational services based on a CANS assessment will be available statewide.

The intensive outpatient program focusing on BH and SUD began in 2017 and continues to grow, targeting persons between psychotherapy and hospitalization. Billing codes have been implemented to support BH, primary care integration, and MH needs. Homes with Adult Residential Treatment Services (HART) offer individualized treatment plans and services delivered in the home.

Greg Lewis, Deputy Chief, Community Corrections, Department of Correction (IDOC) said during the initial diagnostic, new inmates receive SUD and MH evaluations to determine levels of care and services. The four MH classification types range from functionability within the general population to the maximum security population. Of the inmates, 26% are there for drug and alcohol related crimes and 70% have a drug and alcohol problem.

Community Corrections BH services are provided through Federally Qualified Health Centers (FQHC). Initial referrals began in February, 2018, in regions 3 and 4, with all regions to be on line by April 1, 2018.

SUD community services are administered through the IDOC with level-of-care assessed treatment. Up to 240 days of wrap-around drug and supportive services are provided in a treatment episode. The allocated resources are a good investment when compared to incarceration costs. These services help individuals participate in their communities, their families, and be taxpayers.

Monty Prow, Quasi Parole Director, Department of Juvenile Corrections (IDJC), said holding juveniles in communities provides better long-term outcomes. IDJC facilities provide evidence-based programs, including family engagement, Think Trauma, suicide prevention, and YES. They also partner with the DHW to fund county detention MH centers. Risk need profiles and service matching groups help identify right bed, right youth, right time.

These efforts have led to a 28% recidivism rate, 15% recommitment rate, and receipt of the 2017 Barbara Allen-Hagen Award.

Sara Thomas, Administrative Director, Courts, said there are now 71 Problem-Solving Courts (PSCs) and five court types. The courts are designed as an alternative for offenders with high criminogenic risk and high treatment needs. Eligibility varies by court type and uses a validated tool. PSCs require inter-branch, state, county, and private partnerships. PSC teams include a presiding judge, coordinator, prosecutor, public defender, probation officer, law enforcement officer, and treatment providers. Funding is received from the state, counties, and participant monthly fees.

Improvement efforts include update or development of standards, guidelines, and a quality assurance plan.

Kelli Brassfield, Idaho Association of Counties. Whether voluntary or involuntary, this population mainly consists of single, young adult males. The indigent budget covers physical and mental health expenses, non-medical (burial, rent, utility) assistance, and public defense.

They continue work with the BH Cooperative. Data centralization development includes training and collection from the Catastrophic (CAT) Fund. The weighted blanket program, through IDOC, has proven successful and is being expanded to the Pocatello Women's Correctional Center.

Liza Tupa, Western Interstate Commission for Higher Education (WICHE). Seventeen western states and territories have formed this compact dedicated to improving BH systems through technical assistance, education, consulting, and research. There has been progress addressing the recommendations in the 2008 WICHE Report. The new WICHE review provides additional specific recommendations.

A statewide public awareness and stigma reduction campaign is needed with targeted MH first aid. Screenings need expansion for substance use, depression, anxiety, and suicide. Treatment/case identification needs additional triggers and avenues for early identification and assessment. The First Episode Psychosis (FEP) programs need statewide expansion.

Also needed are expansion of ACT services with rural modifications, case management services, peer navigation services, and outpatient services to prevent crisis and hospitalization. Residential care options need to be created, including the elderly and individuals transitioning from inpatient treatment.

Continued work is needed with Medicaid and Optum to increase crisis services for Medicaid enrolled individuals. Funding is needed for transportation services to expand mobile crisis assistance, especially in rural areas.

Support is needed for employment and volunteer programs for individuals in recovery. Review and expansion is needed for the recovery and aftercare services to identify the best outcomes. Provision is needed for housing and treatment options.

Additional expansions include the BH workforce and jail diversion programs.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:59 a.m.

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Representative Packer
Chair

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Irene Moore
Secretary