Idaho State Planning Council on Mental Health

Pete T. Cenarrusa Building, 3rd Floor
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June 20, 2012

The Honorable C. L. "Butch" Otter
Governor of Idaho
State Capitol, 2nd Floor, West Wing
P. O. Box 83720
Boise, Idaho 83720

Dear Governor Otter:

The Idaho State Planning Council on Mental Health (Council) respectfully submits for your review the 2012 annual status report, as per Idaho Code 39-3125. This report highlights current challenges of Idaho's publicly funded mental health system.

We strive to offer snapshots of the impact of Idaho's public mental health system on the lives of Idaho citizens who live with mental illness. The report highlights consequences of reduced services and outlines gaps in resources. Documented results have been an increase in suicide rates, over-burden of law enforcement and depleted medical/community resources.

The cost of providing mental health services is ever-present; the challenge is to provide the most cost effective, efficient services that are client-centered and recovery focused.

The Council has continued to participate directly in the efforts of the Behavioral Health Interagency Cooperative. We anticipate also working with you and your office in adequately financing Idaho's transformed mental health system of care.

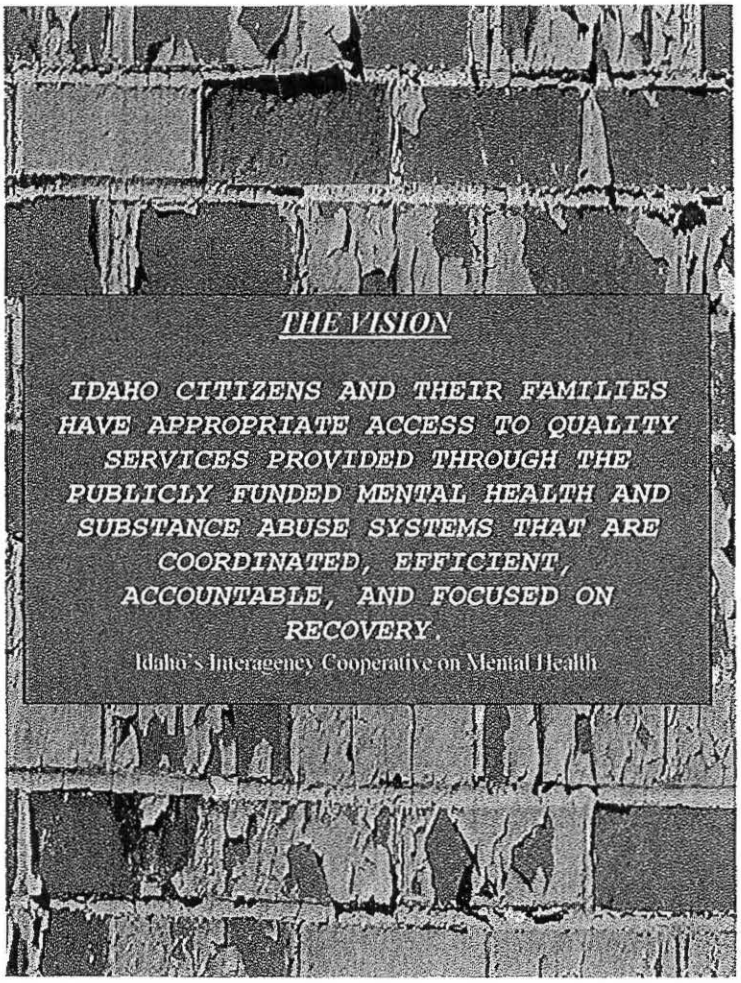
Sincerely,

Pamala Hirsch, LCSW, ACADC
Idaho State Planning Council, Chair

Mental Health is a Critical Part of Overall Health

Idaho State Planning Council on Mental Health

2012 Report to the Governor and State Legislature



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Executive Summary of the Idaho State Planning Council on Mental Health (Council)

Mental health issues are ever present. They appear in the local newspapers, but many of us don't recognize them, as some are hidden in the print of the obituaries. By using the "Vision," outlined by the Behavioral Health Cooperative as a guide, Idaho will have an opportunity to explore options such as providing earlier treatment and developing adequate local recovery support services for housing, employment and transportation. All these options can assist individuals to work towards their own personal recovery goals, while keeping them safe and providing a sense of security to both the individual and to the community.

Idaho is taking steps forward with the Governor's Behavioral Health Interagency Cooperative and Idaho needs to keep up the momentum. The National Alliance on Mental Health reports that "*Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.*" [*National Alliance on Mental Illness*]

Idaho has an opportunity to assist in taking down the "barriers" and move toward a seamless system where all agencies are working in concert to provide a better and more effective system of care for our rural neighbors and to provide better community mental health services and to concentrate on the development and provision of local community behavioral health support services.

ACCOMPLISHMENTS AND THE FUTURE

2011/12 Accomplishments

- The Council maintains membership on the Governor's Behavioral Health Interagency Cooperative Committee and provides direct feedback and communications to Council members and Regional Mental Health Boards on the Cooperative's efforts. The Council is working in conjunction with the Behavioral Health Interagency Cooperative to develop potential legislation for changes in membership and assist in directing the Council to become a Behavioral Health Planning Council;
- The Council provided education on behavioral health issues through the use of a Power Point presentation at the Medicaid Managed Care Forum;
- In January 2012 the Council hosted the annual legislative award ceremony. This year's event featured an awards presentation ceremony to the following recipients: Legislative – Representative, John Rusche; Media – Teton Valley News; Judiciary/Courts – Norma Jaeger; Community Advocates – Ann Wimberley and Deanna Watkins;
- The Council developed and directed the "Gaps and Needs Analysis" report for Regional Mental Health Boards. The information was used to assist the Interagency Cooperative in understanding local and regional behavioral health needs and gaps in services;
- The Council directly supported the implementation of the Statewide Suicide Hotline

The Future

- The Council will continue to work on addressing identified gaps and needs with the Regional Mental Health Boards to identify specific areas of concern that may be shared in the 2013 Governor's Report and that may assist the Regional Mental Health Boards with Transformation activities.
- The Council will continue their work towards increasing awareness of mental health concerns, the impact of budget cuts, promotion of data to support identification of service outcomes and effectiveness; and the importance of developing a recovery oriented system of care.
- The Council will continue to serve as an advocate for Idahoans with mental illness.
- The Council will continue to improve relationships and communications.

INTRODUCTION:

The Behavioral Health Interagency Cooperative "Vision" expresses what many individuals and families across Idaho believe to be a suitable response to the transformation of Idaho's behavioral health services. The Idaho State Planning Council on Mental Health (Council) supports the vision. The Council remains informed through the use of gaps and needs analysis provided by the Regional Mental Health Boards. This analysis includes descriptions of gaps in access to community psychiatric services, affordable and safe housing options, and services provided to our rural neighbors and their families. The vision and the efforts to move toward transformation can provide Idaho and her citizens with Health, Home, Purpose, Community and most of all, Hope.

ROLE OF THE IDAHO STATE PLANNING COUNCIL:

The Idaho State Planning Council on Mental Health was established pursuant to Public Law 99-660 and was placed into Idaho Code in 2006.

The Council directives include in part: Idaho Code 39-3125

- Serve as an advocate for adults diagnosed with a severe mental illness, for children and youth diagnosed with a serious emotional disorder and educate the public and others;
- Advise the state mental health authority on issues of concern, policies and programs;
- Provide guidance to the mental health authority in the development and implementation of the state mental health systems plan;
- Monitor, review and evaluate the allocations and adequacy of mental health services within the state on an ongoing basis;
- Present to the Governor and Legislature an annual report on the Council's perspective on the impact mental health services has on the quality of life of Idaho citizens.

The Council developed and directed the 2011 "Gaps and Needs Analysis" report for the Regional Mental Health Boards. The Council's purpose was to utilize the information to assist the Interagency Cooperative Workgroup in understanding local and regional mental health needs and gaps in service as they make the necessary decisions for transforming Idaho delivery system for mental health care.

The Council's findings include:

1. Limited access to voluntary mental health services
2. Limited housing opportunities for individuals with severe mental health issues
3. Limited access to mental health and substance abuse services in our rural communities

The Council's reports to the Governor in 2010 and 2011 identified these three areas of concern as related to budget cuts. They have moved beyond a concern and are now a harsh reality.

1. Increase in Idaho suicide rate
2. Increased utilization of law enforcement
3. Increased utilization of hospitals

Further efforts to highlight specific areas of need are continued through the Council's support for securing a statewide Suicide Hotline. The Council has encouraged this movement to assist Idaho citizens in crisis and provide support for them and their families. The State Planning Council defends the need for future Crisis Intervention Training (CIT) of law enforcement. CIT allows law enforcement the opportunity to learn and development methods to better assess the needs of individuals in crisis and get them to appropriate resources in an effort to avoid, in some cases unnecessary hospitalizations.

SNAPSHOT: Access to Community Mental Health Services

One clear gap in public health services to persons and families affected by mental illness is having sufficient access to voluntary psychiatric services thereby avoiding involuntary commitments for persons with limited financial means. The availability of community treatment could prevent the escalation of mental health symptoms which often results in the need to access crisis level services. These are generally the most costly services to access and these services have the most intense emotional and financial impact on person/family, emergency rooms, law enforcement, counties, and Health and Welfare (H&W) staff. Early intervention and identification could prevent individuals from reaching the level of crisis care which in some cases has resulted in the loss of a life. This is the ultimate cost to our society. Idaho must strive to develop access to local and state level services in both our urban and rural areas and to increase state hospital access for voluntary patients and their needs.

"Simply put, treatment works, if you can get it. But in America today, it is clear that many people living with mental illness are not provided with the essential treatment they need."
[Michael J. Fitzpatrick, executive director of NAMI National, National Alliance on Mental Illness, Grading the States 2006, Arlington, Va.]

The most common form of violence associated with mental illness is not against others, but rather, against oneself. In 2009, the most recent year for which we have statistics, there were almost 36,609 suicides nationally, an average of one every 15 minutes. Suicide is the 10th leading cause of death in the United States more than homicides which ranks 15th. Idaho is ranked 4th highest in the Nation which is 67% higher than the National average. Suicide is the 3rd leading cause of death for young people nationally, but is the 2nd leading cause of death for Idaho youths ages 14-34. Although it is not possible to know what prompts every suicide, it is safe to say that unrecognized, untreated mental illness is a leading culprit. [National Alliance on Mental Illness, American Association of Suicidology]

As advocates for people with mental illness point out, Idaho hasn't had a great track record of funding services for the State's mentally ill. *"I think the shocking part is we spend $44 per capita on mental health, and the national average is $122 so, we're about a third of the national average,"* said Doug McKnight, president of the Idaho chapter of the National Alliance for the Mentally Ill (NAMI). Moreover, Idaho remains the only state without a local suicide prevention hotline. *"I think that people need to say, 'What should we be doing for the mentally ill?'"* McKnight said. *"These people didn't choose mental illness. We as advocates need to bring it forward and say, 'These people are vulnerable and need support."*
[StateImpact *John Moore / Getty Images*]

"The best treatments for serious mental illnesses today are highly effective. Between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports. Early identification and treatment is of vital importance; by ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized."[National Alliance on Mental Illness]

The State Planning Council on Mental Health believes: Early intervention, available community services and the ability to access community mental health services will result in better outcomes, shorter hospitalizations, and ultimate cost savings.

The State Planning Council on Mental Health recommends: The legislature should support increased funding for community based treatment, not only for Medicaid recipients, but also for low income and uninsured individuals suffering from mental health disorders.

SNAPSHOT: Access to Affordable and Suitable Housing

Safe and affordable housing and more specifically transitional housing, is another significant gap within the regions. It is important that once a person has received treatment, he or she is properly integrated back into normal activities. If a person does not have proper housing even for the short term, he or she is at risk of relapsing and again requiring assistance from family, agencies, local hospitals, law enforcement, counties, and H&W staff. Fear and perceived public safety should not be the driving force to promote jail or prison over access to safe and affordable housing. There is a greater number of homeless in Idaho then the number of available and affordable housing units.

In January 2009 the Council's theme for the Legislative Breakfast was "Housing: Crisis in Recovery from the Invisible Epidemic" this simply meant that stable, affordable, and suitable housing is a key component to the overall health and wellbeing of any individual. It is a major factor in the ability of an individual with mental illness to move with some degree of success towards recovery. People who have a mental illness more often than not experience a disconnect from relationships and from what is called the "normal rhythms of life – they can and do experience the lack of feeling of satisfaction of being employed, feeling safe, having permanent housing, eating regularly, sleeping in a bed that is their own, disconnected from the self they knew." (Office of Consumer Affairs-2009 Legislative Breakfast)

"Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; the economic cost of untreated mental illness is more than 100 billion dollars each year in the United States" as reported by the National Alliance on Mental Illness.

The Homeless Resource Center and SAMSHA report that for chronically homeless individuals the nationally reported average is that 30% of the homeless are also experiencing a mental health condition, and about 50% have co-occurring substance use disorder problems. [*SAMHSA*]

"*A considerable amount of public dollars is spent essentially maintaining people in a state of homelessness,*" said the study lead author, Dennis P. Culhane, associate professor of social welfare policy at the University of Pennsylvania. "*What this study proves is that by putting those same dollars into supportive housing, the solution can pay for itself. States and the federal government should follow New Yorks lead and do the right thing here. The public good demands it.*"

A study for Mental Health Policy and Services Research concludes that, "on average, the homeless mentally ill use $40,500 a year in public funds for shelter, jail and hospital services. But providing them with supportive housing would cost the same amount while also providing them with comprehensive health support and employment services." [*University of Pennsylvania*]

The State Planning Council on Mental Health believes: Permanent affordable housing is a key component in the recovery process for an individual diagnosed with a serious mental illness.

The State Planning Council on Mental Health recommends: The Idaho Legislature should compare the cost for hospitalization, jail, and the court system with the cost of one month rental assistance and support services. Consideration needs to be given to identification of funding for communities to develop and secure affordable semi-independent, individual housing options and for the expansion of the number of available housing vouchers for Section 8 and Shelter Plus Care.

SNAPSHOT: Access to Services in Rural Areas

Idaho's rural and frontier nature requires great distances of travel to urban areas where mental health services are available. Many individuals who need assistance cannot afford and may not have the means to travel to the urban areas. It is essential that mental health services be restored to the rural areas in order to better serve those in need in their own communities.

The effects of the $34 million Medicaid cut that the Idaho Legislature passed last session raised a new level of concern for a very vulnerable population not only in our urban areas, but also individuals living in rural Idaho. The National Alliance on Mental Illness (NAMI) has tallied the state-by-state changes in general fund appropriations for state mental health agencies since 2009. According to the report, Idaho is among the ten states that have made the greatest cuts, by percentage. The Council has noted that some services have been restored and the Council clearly supports these efforts. The Council also believes that if future cuts are considered that greater care and weight be given to those individuals whose lives are impacted by the loss of services or having to make difficult life changing choices. [StateImpact *John Moore / Getty Images*]

"Because mental illness impacts the lives of at least one in four adults and one in 10 children—or 60 million Americans—NAMI works every day to save every life."

Idaho has an opportunity to continue moving forward with the efforts made by Governor's Behavioral Health Interagency Cooperative's proposal. This proposal will allow communities to begin to explore and develop a way to bring needed support services to the local community levels. Idaho may also need to explore other areas that may offer support service programs that can be duplicated in Idaho such as some of the tools offered by the National Alliance on Mental Illness (http://www.nami.org NAMI)

NAMI offers the Peer-to-Peer program that could be made more readily available to our rural communities to provide education and personal insight. This unique program is for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. Participants receive education on resources, advance directives, relapse prevention plans, and survival skills for working with providers and the general public.

NAMI Connection is another program that can be further developed in Idaho. This program establishes recovery support groups for people living with mental illness in which people learn from each others' experiences, share coping strategies, and offer each other encouragement and understanding. Idaho can embrace programs such as these to begin to bring an offering of services to all areas in Idaho and allow individuals the opportunity to remain in the community of their choice with their families as they move towards recovery. http://www.nami.org

The State Planning Council on Mental Health believes: The ability to receive services in your own community is essential to individuals with mental illness. It offers the "safety-net" within the familiarity of the community and allows for support from family and friends.

The State Planning Council on Mental Health recommends: The Idaho State Legislature should fully fund mental health services to allow Idaho's citizens with mental illness the opportunity to receive services and care within their own communities instead of centralizing services within larger populated areas to assist individuals with maintaining and working towards recovery.

CONCLUSION

The Idaho State Planning Council on Mental Health believes it is of upmost importance to keep the "vision" of the Interagency Cooperative in the forefront of all agendas of proposed system changes: ***Idaho citizens and their families have appropriate access to quality services provided through the publicly funded mental health and substance abuse systems that are coordinated, efficient, accountable, and focused on recovery***. The Council reported in the 2010 Governor's Report the necessity of the State leadership to believe in and support this vision. **The Council's position on this issue has not changed.** [Behavioral Health Transformation Work Group 2010]

The Council's 2010 and 2011 Report to the Governor and State Legislature provided an overview of the issues and problems arising from the budgetary cuts to the state mental health system. The issues from those reports remain the same and the Council believes more problems are inevitable as demonstrated in the gaps and needs analysis from Region II which is attached to this report. The Council supports the concept of transformation and has made and will continue to make inroads to changing the State Planning Council from a mental health council to a behavioral health council that oversees issues related to mental health, substance use disorders and co-occurring diagnoses. This change will help the Council be more in line with the direction taken by the Substance Abuse and Mental Health Services Administrations (SAMHSA) and moves the Council a step closer to transformation.

Predicted:

1. Increase in Idaho suicide rate
2. Increased utilization of law enforcement
3. Increased utilization of community emergency services

Facts:

1. Idaho is ranked as the 4th highest in the nation for completed suicides;
2. Law enforcement has become the default responder;
3. Local communities are coping with residents who are negatively affected by state budget cuts.

Solutions:

1. Access to community mental health services
2. Access to affordable and suitable housing
3. Access to services in all areas of the State, with special attention t rural and frontier areas.

As previously stated, Idaho's mental health system needs to be comprehensive, consumer conscious, and able to provide adequate access to meaningful, coordinated, and comprehensive treatment. Treating people only when they reach a level of crisis costs more dollars to local communities and the State, causes more personal disruption, and results in lost opportunities for recovery. This is not speculation. This is fact.

The State Planning Council on Mental Health will fulfill its mandate on behalf of people with mental illness in Idaho. This will include education, advocacy, continued advisement and guidance to the mental health authority, and ensuring that individuals with severe mental illness and serious emotional disturbance have access to treatment, prevention and rehabilitation services including those services that go beyond the traditional mental health system. [Idaho Code 39-3125]

APPENDIX

Appendix 1 – Idaho Code 39-3125

TITLE 39
HEALTH AND SAFETY
CHAPTER 31
REGIONAL MENTAL HEALTH SERVICES

39-3125.STATE PLANNING COUNCIL ON MENTAL HEALTH. (1) A state planning council shall be established to serve as an advocate for adults with a severe mental illness and for seriously emotionally disturbed children and youth; to advise the state mental health authority on issues of concern, policies and programs and provide guidance to the mental health authority in the development and implementation of the state mental health systems plan; to monitor and evaluate the allocation and adequacy of mental health services within the state on an ongoing basis; to ensure that individuals with severe mental illness and serious emotional disturbances have access to treatment, prevention and rehabilitation services including those services that go beyond the traditional mental health system; to serve as a vehicle for intra-agency and interagency policy and program development; and to present to the governor and the legislature by June 30 of each year a report on the council's achievements and the impact on the quality of life that mental health services has on citizens of the state.

(2) The planning council shall be appointed by the governor and be comprised of no less than fifty percent (50%) family members and consumers with mental illness. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall strive to include representation from consumers, families of adult individuals with severe mental illness; families of children or youth with serious emotional disturbance; principal state agencies including the judicial branch with respect to mental health, education, vocational rehabilitation, criminal justice, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services, and related support services; and the regional mental health board in each department of health and welfare region as provided for in section 39-3130, Idaho Code. The planning council may include members of the legislature and the state judiciary.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion. 2010 Idaho State

Appendix 2 – Membership Name	Agency or Organization Represented	City
Pam Hirsch Chair	Social Services	Lewiston
Martha Ekhoff Vice-Chair	Region IV MH Advisory Board Consumer	Boise
Stan Calder Executive Committee	Region I MH Advisory Board - Consumer	Coeur d'Alene
Rick Huber / Transformation Chair Executive Committee	Region V Advisory Board -Consumer	Rupert
Linda Hatzenbuehler Executive Committee	Region VI Advisory Board	Pocatello
Lynne Whiting / Children's Chair Executive Committee	Region VII Advisory Board – Family/ Agencies/ CMH service provider	Blackfoot
Teresa Wolf Executive Committee – Ex-Officio	Social Services	Lewiston
Linda Johann	Region I Advisory Board - Family	Coeur d'Alene
Barbara Kauffman	Region II Advisory Board – Family	Lewiston
Amber Seipert	Region II Advisory Board – Parent	Lewiston
Lisa Koltes, MD	Region III Advisory Board – Division of Behavioral Health	Caldwell
Phyllis Vermilyea	Region III Advisory Board - Education	Nampa
	Region IV Advisory Board – Family	Boise
Vacancy	Region V Advisory Board	
Mike Stayner /Education Chair	Region VI Advisory Board – Family/Law Enforcement/Corrections	Pocatello
Mike Hinman	Region VII Advisory Board	Idaho Falls
Julie Williams	Housing	Boise
Pat Martelle	Division of Medicaid	Boise
Gary Hamilton	Division of Vocational Rehabilitation	Coeur d'Alene
Kathie Garrett	Council on Suicide – Advocacy	Boise
EX-OFFICIO		
Ross Edmunds	Administrator of Mental Health Program	Boise
Cynthia Clapper	Adult MH Program	
Heidi Lassiter	Children's MH Program	Boise
Chuck Halligan	Mental Health Policy	Boise
Vacancy	Judiciary	
Vacancy	House Health & Welfare Committee	
Vacancy	Senate Health & Welfare Committee	

Appendix 3

References

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Homeless Resource Center - *http://homelessness.samhsa.gov/Channel/View.aspx?id=18*

Housing The Homeless Mentally Ill Pays For Itself, According To University Of Pennsylvania *http://www.upenn.edu/pennnews/news/housing-homeless-mentally-ill-pays-itself-according-university-pennsylvania*

National Alliance on Mental Illness : Mental Illness Facts *http://www.nami.org/template.cfm?section=about_mental_illness; http://www.nami.org* (1996-2011)

SAMHSA - Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States *http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdff* (Last Updated July 2011)

American Association of Suicidiology http://www.suicidiology.org

Region 2 Mental Health Research

Executive Summary

Region II Mental Health Board recently conducted a survey of regional agencies serving individuals with mental illness in order to develop an accurate picture of the needs and gaps in mental health service delivery. The Board was also interested in the effects of recent budget cuts and the resulting reduction of services. The research was designed by two members of the Mental Health Board working with a Boise State University Graduate Social Work student. Approved by the BSU Institutional Review Board, the surveys were delivered on-line and made use of Qualtrex (an electronic data gathering system accessed through BSU). Participation was voluntary. The research had a 38% response rate which is slightly higher than the average response rate with survey research.

Findings

Law Enforcement

Law Enforcement agencies are often the first responders in dealing with a mental health crisis in the form of mental health holds and transportation to in-patient mental health facilities. With a 17% response rate, law enforcement has seen an increase in the number of responses to mental health issues within the last three fiscal periods.* For 2010 responding agencies reported their involvement in 39 holds at an estimated cost of $4,940, for 2011 62 holds at a cost of $10,000 and, for the first quarter of 2012, 10 holds at a cost of $1,520. The transporting of individuals to mental health facilities also increased from 29 in 2010 to 66 in 2011. During the first quarter of 2012, 13 individuals have needed to be transported. Cost for this service has also risen from $4,100 in 2010 to $12,340 in 2011. During the first quarter of fiscal year 2012, 13 individuals were transported at a cost of $2,600. Law enforcement agencies also reported indirect costs associated with holds and transportation: fewer officers available to respond to police matter; increased response time to other police concerns; increased cost of calling-in off-duty officers; and the cost of training police officers to deal with mental health needs.

A law enforcement officer wrote:

> Mental health patients are not normally taken into custody for criminal behavior. Officers respond and make decisions based on minimal training to take individuals into custody....The individual is transported in handcuffs and belly chains as though they were criminals, which is a traumatic experience for them, often times escalating the situation. Patients need to be transported by medical personnel.

Prosecutor's Office

With a 60% response rate, prosecutors reported that since 2009 33% of their cases involve individuals with mental illness and 65% involve substance abuse. Both availability of services and the number of volunteers have decreased since 2009. As a result of the lack of resources, individuals with mental illness are more like to be incarcerated. Further, defendants appear to have fewer resources to pay for mental health treatment. The prosecutors also reported that cases involving mental health issues are most costly than others.

On respondent wrote:

> Elimination of the IDHW offices in Clearwater County has severely impacted defendants' ability to obtain mental health treatment.

Private Providers

There was a 36% response rate of private mental health providers in the Region. Twenty percent of private providers indicated that they no longer plan to serve Medicaid clients because of low reimbursement rates; 60% will be unable to serve Medicaid clients if their agency is required to become accredited due to the cost of accreditation. In 2010, 771 clients were served by these agencies, in 2011 778 clients were served and, for the first quarter of fiscal year 2012, 423 clients are being served. The recent reduction of transportation services for clients has also had a negative impact on service delivery.

One respondent wrote:

> The need in our small rural community is great and it would be very difficult to abandon the people that rely on our services without other options for them available here.

Health and Welfare

There have been changes in those who receive mental health services over the last three years with many Medicaid clients being referred out to other providers. In Region 2 Adult Mental Health served 630 individuals in 2010 and 427 in 2011; 445 clients were served during the first quarter of 2012. The professional staff has been reduced from 18 to 16. Community hospital days for indigent clients have risen from 25 in 2010 to 47 in 2011, and for the first quarter of 2012, 38 community hospital days have been used. State hospital recidivism rates have gone from 9 in 2010 to 41 in 2011 and, for the first quarter of 2012, 10 clients have returned to the state hospital.

Schools

Within the local school system the number of children identified with mental health diagnoses has also risen from 353 in 2010 to 380 in 2011. Currently for the first quarter of 2012 there are

478 students in the schools with a mental health diagnosis. A major predictor of the need for mental health and behavioral health services is poverty. Using the number of children receiving free or reduced cost lunches as an indicator of poverty, the data again point to an increase in that population as well. In 2010, 47% of students attending Region 2 schools received free or reduced rate lunches. That number rose in 2011 to 50.4% and for the first quarter of 2012 is currently 55%. All of the respondents indicated that current mental health services for children and families outside the schools is inadequate and voiced a need for more psychiatric services for students, more community mental health services, and more school-based services.

One respondent commenting about needs wrote:

> Current system has limited service via Medicaid and nothing for in-between folks that simply cannot afford services. The Medicaid system actually makes it more difficult for providers of services to operate in rural areas, thereby depriving services for those that need it most. Overall philosophy of this state is backwards…last year cut Medicaid but increased prison budgets! Does anyone notice the absurdity of this!!

Another respondent commented:

> Easier qualifications for children's mental health services [and] cheaper or free mental health services. There is also a large need for families to get support as a system. We can work with the kids all we want but family needs support too.

Juvenile Justice

A recent study conducted by the Idaho Office of Juvenile Justice provided the following figures for the Second Judicial District: In 2009 38% of juveniles on probation had substance abuse issues, 23% had mental health issues, and 17% received psychotropic medication. In 2010 39% had substance abuse issues, 21 % had mental health issues, and 19% were on psychotropic medication. For 2011 juveniles on probation, there were 30% with substance abuse issues, 25% with mental health issues, and 14% on psychotropic medication.

Need for Additional Data

As with any survey research a greater percentage of respondents strengthens the reliability of the data. In order to have a more complete picture of the needs and gaps in services, statistics from hospital emergency departments will provide an important indicator of needs and gaps. The research team is currently working with local hospitals to retrieve these data.

National Alliance on Mental Illness (NAMI)

The data from Region II are consistent with a nation-wide report issued in 2011 by NAMI *State Mental Health Cuts: A National Crisis*. The report stated that there was an increased burden on law enforcement, increased risk of suicide, increased incarceration of people with mental illness, decrease in services available for mental health consumers and increased demand on hospital emergency rooms and psychiatric wards. Further, NAMI gives Idaho a grade of D for the availability of services for individuals with mental illness and their families.

Conclusion

The data reflect an increasing deficiency in mental health services for the citizens of Idaho. Recent statistics from the federal Center for Disease Control place Idaho as the 6th highest in the nation for the number of suicides per capita, with a rate 51% higher than the national average. The average cost of a single suicide in Idaho is $1.37 million in lost productivity and $3,434 in medical costs as well as the pain and suffering of those left behind.

A Region II licensed counselor put it:

> Each year the equivalent of a 747 airliner crash with the aircraft full is how many suicides in Idaho occur each year. If an airline crashed, it would make huge headlines, but one-by-one suicides fall under the radar screen.

Idaho's mental health system is badly underfunded and efforts to reduce costs have merely shifted these costs to other agencies including law enforcement and the court system. Prevention and early intervention are the keys to an effective mental health system that cost a great deal less in the long run.

Sabrina Wakefield, BSW
Diana Pals, LCPC, M.Ed.
Eleanor Pepi Downey, MSW, PhD
Jim Rehder, Chair - Region 2 Mental Health Board

December 15, 2011