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Senator Lee Heider, Chairman
Senate Health and Welfare Committee
Statehouse
Boise, ID 83720

RE: HB 222 Secure Treatment Facility

Chairman Heider and Committee Members:

The Council on Developmental Disabilities is authorized by federal and state law to monitor systems and policies and to advocate for improved and enhanced services that enable Idahoans with developmental disabilities to live meaningful lives, included in their communities. The Council is comprised of 23 volunteers appointed by the Governor.

In exchange for some changes to this bill, the Council has agreed to not oppose this legislation. The Council on Developmental Disabilities, Disability Rights Idaho, and the State Independent Living Council weighed in heavily on the House Bills (H44, H187, and H222) presented to the House Health & Welfare committee establishing a new state "secure treatment facility" for people with a dual diagnosis, a co-occurring intellectual or developmental disability and a mental health diagnosis.

During committee hearings a powerful narrative was presented about "deranged" patients with superhuman strength attacking jail and Southwest Idaho Treatment Center (SWITC) personnel and causing severe injuries. The idea that people with mental illness are for some reason becoming more violent, more criminal and less susceptible to treatment was also presented. The Department of Health & Welfare presented plans to create a secure facility at Southwest Idaho Treatment Center. Law enforcement personnel also testified about an increased number (this wave) of violent and criminal inmates with mental illness and developmental disabilities. The media reinforced this message by emphasizing the violent behavior of one individual in the Treasure Valley.

In 2009 - 2011, when the budget for services provided through the Department of Health & Welfare was cut, the consequences were many; ACT teams lost 80 participants, regional mental health centers were drastically reduced, and there was a significant loss of community based mental health services. At that time the Council on Developmental Disabilities and Disability Rights Idaho predicted an increase in incarceration, increased emergency room visits, and a rise in crisis response, as a result of these cuts.

In 2011, the Legislature passed House Bill 260 further reducing Psychosocial Rehabilitation (PSR) services and prohibiting people with an intellectual or developmental disability from having access to both developmental disability and PSR services. Advocates were optimistic in 2012 when we successfully advocated for House Bill 609 which states "mental health providers may not provide training for skills included in the individual's developmental disability plan, but may provide services related to the individual's mental illness that requires specialized expertise of mental health

professionals, such as management of mental health symptoms, teaching coping skills related to mental health diagnosis, assisting with psychiatric medical appointments and educating individuals about their diagnosis and treatment.” Our optimism was short lived when the Department of Health & Welfare implemented a contract with Optum Idaho in 2013 that created a similar restriction on psychiatric rehabilitation services through managed care.

The Council is once again highlighting the desperate need for community based mental health services for people who experience a developmental disability and a mental illness. There is no intentional plan in place to develop Medicaid billable mental health services for people with developmental disabilities. Instead the Department of Health & Welfare is proposing the establishment of a secure treatment facility for people whose mental health needs are going unmet in the community and thus opening the door for further increases in violent behaviors, we feel could be reduced with appropriate and adequate community services. The Council on Developmental Disabilities has proposed a plan for the Department of Health & Welfare to consider. The proposed plan would bring key stakeholders together to work with the National Association of Dual Diagnosis (NADD), North America’s leading experts in the field of DD/MI dual diagnosis to work on plans for services designed to prevent violent behavior and reduce incarceration.

The Council is encouraged at the work the Division of Family and Community services is beginning to do with the assistance of the National Association of Dually Diagnosed (NADD). The mission of NADD is to advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care. NADD provides extensive training in best practices in assessment, treatment, and program models. It is recognized as the leading expert in providing professionals, educators, policy makers, and families with education, training, and information on mental health issues relating to persons with intellectual or developmental disabilities.

The Council is acutely aware of the challenges that individuals with a dual diagnosis experience. It is always preferable to provide services to maintain people’s mental health in their home communities so that the proposed secure facility will not expand beyond the proposed 4 bed capacity. We see huge potential for our state to raise the bar on community based mental health services with highly trained staff, appropriate and accessible services, and a result of people maintaining their mental health while experiencing a meaningful life in their home community.

Christine Pisani
Executive Director