



In 2006, Idaho's mental health care system received an F. Three years later, it receives a D, although the state still has steep mountains to climb. Unfortunately, state budget cuts threaten even this initial step forward. In 2008, a total of \$52 million in state mental health dollars and federally-matched Medicaid funding, including mental health care services, was lost.

Since 2006, the Idaho legislature has funded Community Collaboration Grants for selected communities to implement projects such as telemedicine, transitional housing, integration of mental health and primary care, jail diversion, and police Crisis Intervention Teams (CIT). The legislature also funded a pilot project in Idaho Falls to provide treatment and supports to people with serious mental illnesses in jail and post-release from jail.

The state funded a pilot program for co-occurring disorders in a county jail. In 2008, Idaho began a statewide peer specialist training and certification program.

Although the legislature recently broadened the state's civil commitment statute, the success of this law depends on the availability of community-based mental health services and supports.

The Department of Health and Welfare (DHW) recently established a waiver that broadens the availability of mental health services for individuals beyond those with the most disabling "severe and persistent" mental illnesses. If implemented effectively, this policy could support early intervention for mental illness.

Eleven mental health courts have been established, which refer clients directly to Assertive Community Treatment (ACT) programs and psychosocial rehabilitation services.

Despite these developments, the state still has overwhelming needs. In 2008, a Western Interstate Commission for Higher Education (WICHE) report found the state mental health system to be highly fragmented. The quality and kinds of services vary greatly between regions within the state. The state's executive branch does a poor job of addressing this problem. Reforms, when they occur, are piecemeal, and Idaho provides little to no oversight of state and private service providers.

Additionally, there are gaps in planning and financing for mental health services. The WICHE report found excessive cost-shifting within and between the mental health care, substance abuse, and criminal justice systems; between the state and its counties; and between the

Innovations

- Leadership by criminal justice community
- Community Collaboration Grants
- Planning for peer specialist training and certification program

Urgent Needs

- System planning and accountability
- More inpatient psychiatric beds
- Housing
- Olmstead, cultural competence, and workforce plans

Consumer and Family Comments

- *"I think that the mental health professionals here work very hard, but there are too few doing too much."*
- *"There are practically NO rural services. All the money goes to Boise."*
- *"Intervention in Idaho seems to come only from court-mandated counseling or from someone who has taken an extreme action or been involuntarily committed. Preventive care is very hard to find."*

state hospitals and community services. Moreover, Idaho has no plan to cover the uninsured adult population; no Olmstead plan; no plan to address appalling workforce shortages; no cultural competence plan; and an inadequate data system.

While evidence-based practices (EBPs), especially ACT and supported employment, have become more available to some, consumers and families report that ACT programs "promote" people prematurely out of services and "cherry pick" clients. Many other EBPs are not available at all.

Idahoans who need mental health services often languish in jails and prisons that are ill-equipped to meet their needs.

As a large state, with about a third of its population living in rural or frontier areas, Idaho desperately needs effective, accessible mental health services—and transportation to such services.

Idaho deserves credit for its efforts. With access to funding, communities in Idaho have shown that they can develop innovative programs. However, programs that reach only one community are not a substitute for a coordinated, statewide system. If progress is to be made, it is essential that Idaho keep working to create momentum for reform.