

# Idaho Behavioral Health Council

Quarterly Meeting

July 19, 2024





# Agenda Review

## Approve Meeting Minutes

# Vision for Idaho's Behavioral Health System

It is our vision that adults, children, youth and their families who live with mental illness and addiction **receive the behavioral healthcare services they need when they need them.**





# IBHC Guiding Principles

## 1) Consumer and Family Voice

Because the voices of consumers of services and their families are crucial to proper implementation of the Idaho Behavioral Health Council's strategic action plan, we commit to include them as indispensable partners in program design, implementation, and evaluation.

## 2) Cross-System Collaboration

We commit to utilize an inclusive and collaborative approach in the implementation of behavioral health strategic action plan.

## 3) Promote Evidence and Best Practices

We commit to using known effective practices through the design and implementation of the strategic action plan, including best practices for funding services and supports.

## 7) Quality, Accountability, and Outcomes

We commit to transparent and continuous evaluation of quality and outcome measures in all programs and services to achieve the best possible outcomes for Idahoans and to achieve effective/efficient use of public dollars

## 4) Recovery and Resiliency Oriented

We commit to designing a system that focuses on the lifelong process of improving wellness and strives to assist consumers and families in reaching their full potential.

## 5) Equitable Access

We commit to implementing a system with equal access for all Idahoans regardless of race, ethnicity, gender, socioeconomic status, or sexual orientation. We commit observing all rights as defined in the Americans with Disabilities Act (ADA).

## 6) Financially Sustainable

We commit to designing and implementing a behavioral health system that is effective, efficient, and financially sustainable.

## ENGAGEMENT

The ability to effectively assist an individual with a behavioral health disorder relies on the system's ability to engage the individual in the system.

## PREVENTION

Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

## TREATMENT

These services are for people diagnosed with a behavioral health disorder. They are ideally evidence-based, client centered, and meet the varied needs of as many individuals as possible.

## PROMOTION

Create environments and conditions that support behavioral health and the ability of individuals to withstand challenges such as Social Determinants of Health.

## RECOVERY

These services support individuals' abilities to live productive lives in the community and can help with management of behavioral health conditions to minimize the risk of relapse or recurrence.



# Idaho's Behavioral Health Framework

**Treatment #3:  
Civil  
Commitments**

**Beth Rumpel, LCPC**  
**DHW DBH**  
**Behavioral Health Chief**  
**Clinical Services Bureau**

**Cheryl Foster**  
**IBHC Project Manager**

# Treatment #3: Civil Commitments

## Streamlining the Designated Examination Process

### Proposed Statutory Revisions

- § 66-326 - PROCEDURES FOR EMERGENCY INVOLUNTARY DETENTION AND APPLICATION FOR COMMITMENT
- § 66-329 - COMMITMENT TO DEPARTMENT DIRECTOR UPON COURT ORDER — JUDICIAL PROCEDURE



# Drafting Workgroup Members

- Beth Rumpel, DHB IDHW
- Sandra Barrios, 4<sup>th</sup> Judicial District
- Aaron Bazzoli, Canyon County Public Defender's Office
- Alan Foutz, Deputy Attorney General for IDHW
- Rick Huber, Community Member
- Todd Hurt, Intermountain Hospital
- Sam Hulse, Idaho Sheriffs' Association
- Julie Kane, Nez Perce Tribe
- Toni Lawson, Idaho Hospital Association
- Judge Jessica Lorello, Idaho Court of Appeals
- Brooks Schott, Twin Falls County Prosecuting Attorney's Office



# Organizations Requested to Review and Comment

- Idaho Hospital Association
- Idaho Medical Association
- Idaho Psychiatric Association
- NAMI Idaho
- Disability Rights Idaho
- Idaho Association of Counties
- Idaho Sheriffs' Association
- Idaho Chiefs of Police Association
- Idaho Prosecuting Attorneys Association
- Idaho Public Defense Commission
- Trial Court Administrators
- Idaho Psychological Association
- Idaho Fraternal Order of Police
- Idaho Tribes:  
Coeur d'Alene, Nez Perce, Shoshone-Bannock, Kootenai, Shoshone-Paiute

# Background

## Involuntary Civil Commitment Requirements

- Criteria for commitment :
  - Danger to self or others due to mental illness  
or
  - Gravely disabled due to mental illness
- Must have two positive designated examinations
- Must having hearing before the court to make determination of commitment

\*Note: The criteria for commitment indicate an individual in crisis.

# Current Commitment Processes

## Primary Process – Current 66-326

- Law enforcement detains and transports individual in crisis to the hospital
- Physicians can place holds on individuals at the hospital (in addition to law enforcement holds)
- Law enforcement or hospital submits evidence for commitment to the court
- Court orders continued detention and designated examination
- Court orders second designated examination
- Court hearing for commitment to IDHW

## “Field Petition” Process – Current 66-329 (1)-(4)

- Application is submitted directly to the court, preferably with a designated examination
- Court orders designated examination(s)
- Court orders individual detained and transported to a hospital
- Court hearing for commitment to IDHW

# Statute Organizational Changes

**66-326 – Procedures for Emergency Involuntary Detention and Application for Commitment**

**66-329 – Commitment to Department Director Upon Court Order**

66-326



66-326 (1)

66-329 (1) – (5)



66-326 (2)

# Streamlining the Designated Examination Process

## § 66-326

- § 66-326 – Procedures for Emergency Involuntary Detention and Application for Commitment
  - (1) Involuntary Detention and Application for Commitment by a Peace Officer or Qualified Hospital Personnel
  - (2) Application for Commitment by Other Persons
  - (3) Designated Examination and Setting of Hearing

## § 66-329

- § 66-329 – Commitment to Department Director Upon Court Order – Judicial Procedure
  - (1) - (5) Hearing requirements
  - (6) – (11) Order for commitment and subsequent review

# Priorities for Change

- Shorten timelines and delineate “off-ramps” for detained individuals
- Codifies the “field petition” process from 66-329 which recognizes that all individuals meeting commitment criteria are in crisis, not just those detained by law enforcement or a hospital
- Adds designated examiners and mental health professionals to the list of individuals able to submit applications for commitment.

# Major Changes by Section 66-326 (1)

## LE and Hospital Application for Commitment Process

### Before 66-326

- Definition of Peace Officer
- Evidence of commitment criteria is submitted to “duly authorized court”

### After 66-326 (1)

- Definition of Peace Officer – added Tribal Officers
- Evidence of commitment criteria is submitted along with specific information about the patient in an application for commitment
- Application submitted to “court in the county in which the proposed patient is physically present “
- Patient is released if application is not submitted within 24 hours
- Sets 24-hour timeline for court to review the applications
- Sets 24-hour time for designated exam after court order or patient is released

### Added

# Major Changes by Section 66-326 (2)

## Other Application for Commitment Process

### Before 66-329 (1) – (5)

- Authorized to submit application for commitment: *a friend, relative, spouse or guardian of the proposed patient, by a licensed physician, by a physician assistant or advanced practice registered nurse practicing in a hospital, by a prosecuting attorney or other public official of a municipality, county or of the state of Idaho, or by the director of any facility in which such patient may be.*
- Application is submitted to court of competent jurisdiction. Application should contain designated examination
- Upon receipt of the application, the court will order a designated examination
- After positive designated examination, court will order the individual to be taken to a hospital

### After 66-326 (2), (2)(a)

- Authorized to submit application for commitment: *Any friend, relative, spouse, **guardian ad litem**, licensed physician, physician assistant, or advanced practice registered nurse, prosecuting attorney or other public official of a municipality, county, the state of Idaho, **or tribal government, mental health professional, mental health crisis worker, or designated examiner***
- Application submitted to Idaho Department of Health and Welfare  
Within 24 hours of submission of the application, IDHW will attempt to evaluate the proposed patient in the community
- Clarifies that prosecutors do not have to submit petitions to DHW first



# Major Changes by Section 66-326 (2)

## Other Application for Commitment Process cont.

### Before 66-329 (1) – (4)

- Application for commitment is submitted to court of competent jurisdiction. Application should contain designated examination
- Upon receipt of the application, the court will within 48 hours appoint a designated examiner or 2 examiners if the patient has not yet been examined
- After receipt of a positive designated examination, court will order the individual to be taken to a hospital

### After 66-329 (2)

- Application submitted to Idaho Department of Health and Welfare
- Within 24 hours, a IDHW designated examiner will attempt to evaluate the proposed patient in the community.\*
- If proposed patient meets criteria, within 24 hours IDHW will submit to the court the affidavit for detention
- Within 24 hours of receipt of affidavit for detention, court will order transport and order for a designated examination within 36 hours of detention.

\*If it is deemed unsafe for IDHW to evaluate the proposed patient in the community, they may submit to the court the original application for commitment and an affidavit for detention, and request for law enforcement transport to a hospital.

# Major Changes in 66-326 (3) Designated Examination

## Before 66-329 (4), (6)

- 66-329 (4) -Designated examiners report to the court within the 72 hours
- Court schedules a hearing not more than 7 days after receipt of **both** designated exam reports

## After 66-326 (3)

- Designated examiner reports to court within 24 hours of examination or patient is released
- Within 36 hours of positive exam, prosecuting attorney will file a petition for continued detention or patient is released
- Court schedules a hearing within 5 days after receipt of **first** designated exam and orders second designated exam to take place within 72 hours.
- If 2<sup>nd</sup> exam does not take place within 72 hours or the results are not reported to the court within 24 hours afterward, the proceedings are terminated and patient released.
- In the case of technical releases due to missed deadlines, hospitals may resubmit applications for commitment, only after re-evaluation

# Other Miscellaneous Changes

- Changed the name of the statute to clarify the emergency nature and application process
- Consistent language for “applications shall expire” and “proceedings shall terminate”
- Made references to definitions in 66-317 for commitment criteria
- Tied the court of jurisdiction to the location of the patient when the hold is placed
- Ensured that patients are not transferred out of state prior to the commitment hearing
- Strengthened release language for court denied commitment

Treatment #3:  
Civil  
Commitments

# Questions?

## Proposed Statutory Revisions

**§ 66-326 – Procedures for Emergency Involuntary Detention and Application for Commitment**

**§ 66-329 - Commitment to Department Director Upon Court Order – Judicial Procedure**





# Idaho Medicaid Overview

**Juliet Charron**  
**Deputy Director, DHW**



# **Idaho Medicaid Overview**

**Idaho Behavioral Health  
Council**

**July 19, 2024**



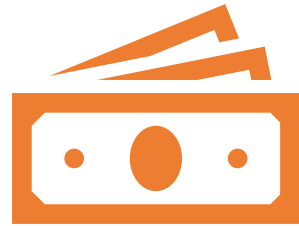
IDAHO DEPARTMENT OF  
HEALTH & WELFARE



Medicaid is an entitlement program providing medically necessary healthcare to qualifying individuals.

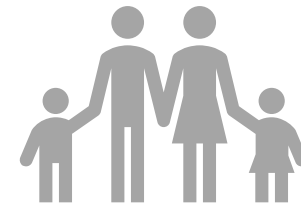
The Children's Health Insurance Program mirrors Medicaid coverage but is not an entitlement program.

Federal guidelines set core requirements for Medicaid programs; however, states can expand on those requirements to make the program better aligned with the needs of their state.



**Budget of \$4.7B in total funds**

Mostly federal funds (~70%)



**Serve ~350,000**

Almost 20% of Idahoans





## Provide array of services to qualifying individuals

- Physical health; behavioral health; substance use disorder treatment; dental; vision; home and community-based services; long-term care services; some social services
- Largest payer of behavioral health and long-term care (state and nationally)
- Pay for ~40% of births in Idaho
- Cover services and populations not covered (or limited coverage) by traditional insurance



Adults, children, and pregnant women (income determined by Federal Poverty Level)

People aged 65 or older who meet income requirement

Women diagnosed with breast or cervical cancer

People who are blind or disabled

All children in child welfare

Other programs for qualifying individuals based on conditions and income



## Physical and Behavioral Health

- Physician visits, hospital stays, dental care, behavioral health services, vision, medical transportation, pharmacy and durable medical equipment and supplies.

## Institutional Level of Care

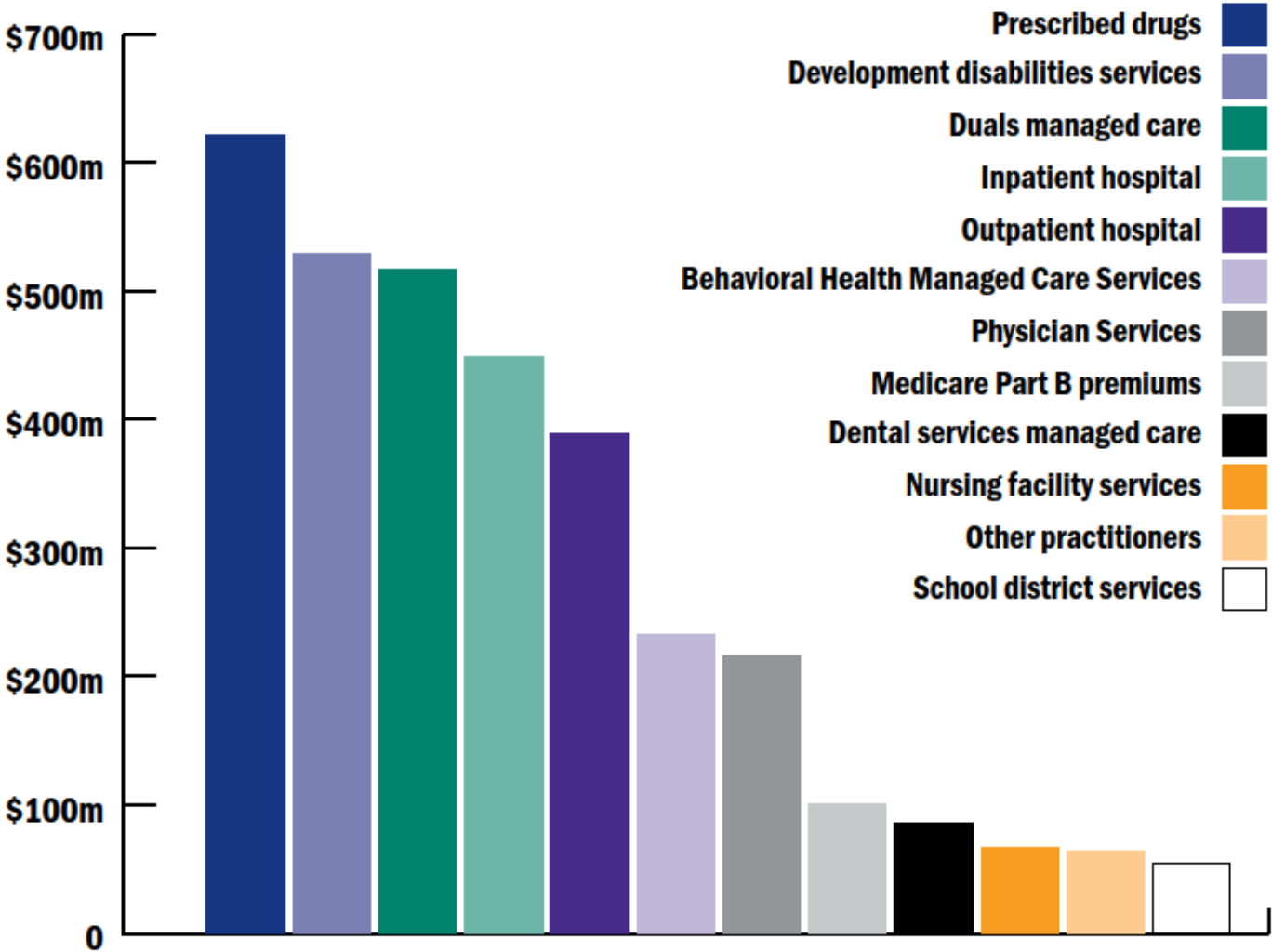
- Skilled nursing facilities and intermediate care facilities for individuals with long-term care needs.

## Home and Community Based Services

- Serve individuals who are aged, have physical, intellectual, or developmental disabilities and reside in the community.



## MEDICAID EXPENDITURE BY CATEGORY OF SERVICE





# Idaho Medicaid and Behavioral Health Services



Standalone contractor for outpatient behavioral health services only



Department covered inpatient and residential services directly



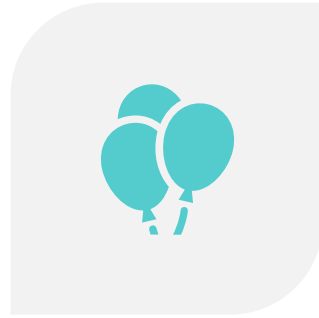
Some services also delivered through Division of Behavioral Health



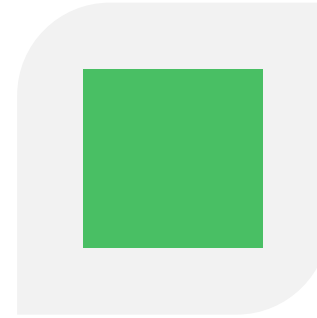
Fragmented and difficult to navigate delivery system



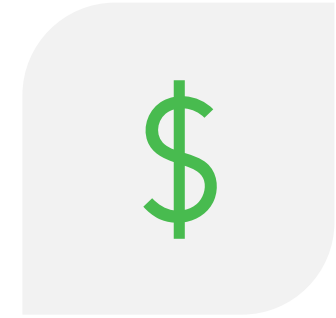
SUCCESSFUL GO-LIVE ON JULY 1, 2024



OVER THREE YEARS TO DEVELOP AND IMPLEMENT



SERVES BOTH MEDICAID COVERED AND NON-MEDICAID IDAHOANS



LEVERAGE MEDICAID AND NON-MEDICAID FUNDING. LARGEST STATE CONTRACT AT \$1.2B OVER 3 YEARS



Develop a system of integrated care for individuals with co-occurring Serious Mental Illness and Substance Use Disorder

Create a seamless behavioral health system for Idaho Medicaid members

Leverage both Medicaid and non-Medicaid funds





Improve access and array of services for individuals with co-occurring conditions

Create a system of care that ensures a “no wrong door” experience

Expand access to appropriate and quality behavioral health and substance use disorder services

Measure provider and program effectiveness and outcomes

Reduce the cost of care through prevention and utilization of evidence-based practices



Brand new, enhanced, or previously delivered by DHW Division of Behavioral Health

- Youth Crisis Centers
- Assertive Community Treatment
- Parenting with Love and Limits
- Wraparound
- Early Serious Mental Illness
- Crisis System of Care (988)
- Mobile Response Teams
- Treatment Foster Care
- Intensive Care Coordination
- In-state Psychiatric Residential Treatment Facilities
- Certified Community Behavioral Health Centers (coming soon)



# IBHC Strategic Planning Kickoff

**Shannon McGuire**  
Spark Strategies

IDAHO BEHAVIORAL HEALTH  
COUNCIL

# Strategic Planning Kickoff

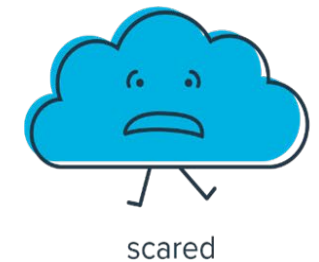
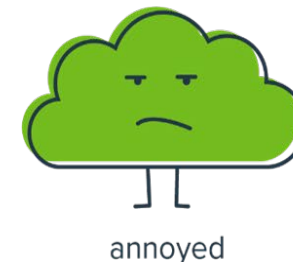
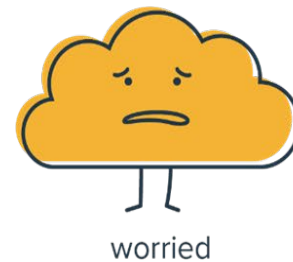
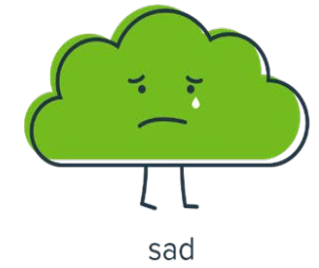
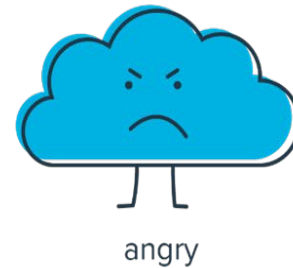
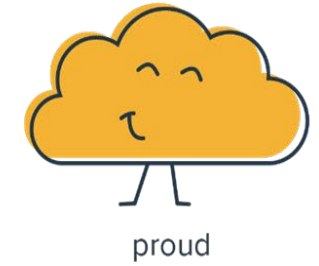
Placing the human experience at the center of  
behavioral health in Idaho.



# How are you?

*“Always be true to your feelings because the more you deny what you feel the stronger it becomes.”*

– Unknown





**Right now, I'm  
grateful for...**

# IBHC Overview



## Vision for System

It is our vision that adults, children, youth and their families who live with mental illness and addiction **receive the behavioral healthcare services they need when they need them.**



# Idaho Behavioral Health System

## Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

## Mental Illness

A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

## Substance Use Disorder

A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.

## ENGAGEMENT

The ability to effectively assist an individual with a behavioral health disorder relies on the system's ability to engage the individual in the system.

## PREVENTION

Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

## TREATMENT

These services are for people diagnosed with a behavioral health disorder. They are ideally evidence-based, client centered, and meet the varied needs of as many individuals as possible.

## PROMOTION

Create environments and conditions that support behavioral health and the ability of individuals to withstand challenges such as Social Determinants of Health.

## RECOVERY

These services support individuals' abilities to live productive lives in the community and can help with management of behavioral health conditions to minimize the risk of relapse or recurrence.



# Idaho's Behavioral Health Framework

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Dept. Health & Welfare

Idaho Courts

Idaho Department of Correction

Idaho Juvenile Corrections

Counties

State Dept. of Ed

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Provider Network

Contracts

Treatment Courts

Hospitals

Private Providers

# Planning Methodology



# We're here to build **harmonious** and **co-creative** **communities** where people:



Feel a sense of belonging and connection.



Can access community capital to support their well-being.



Recognize their personal power and opportunity to improve humanity.

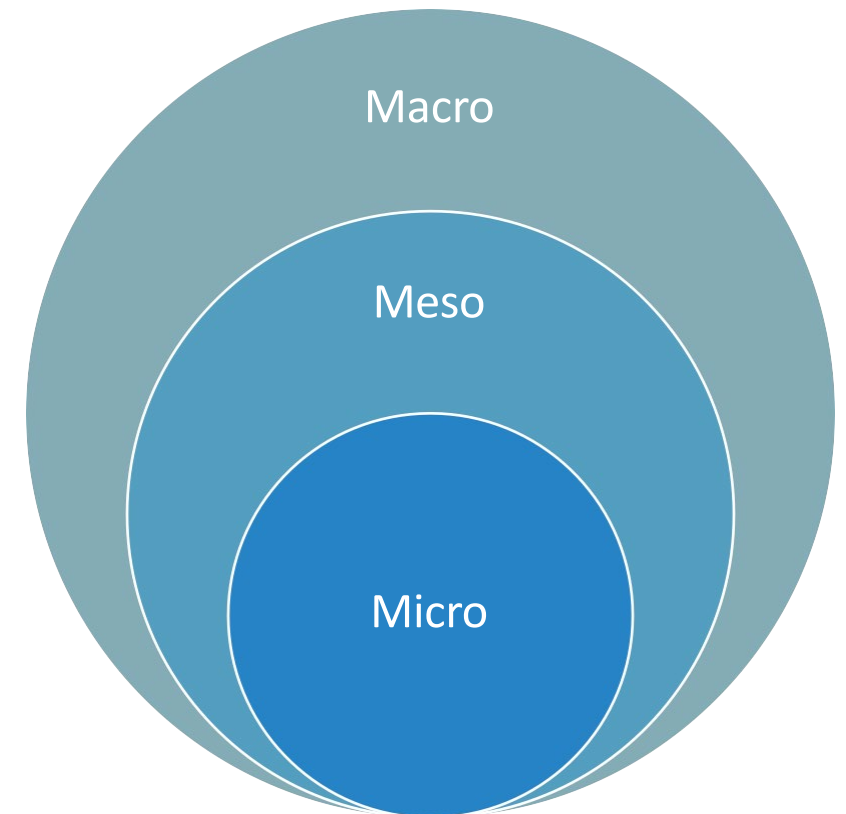


**Above all else,  
we're guides.**

# Systems Level Planning & Change

We will be looking at the behavioral health system through three frames:

- Macro—Statewide behavioral health system
- Meso—Organizational partners and users
- Micro—Individual users of the system





# Human-Centered Systems



# Human-Centered YOUnity®





# **IBHC Accountability Structure**

# Scope and Mission of the Council

Define a plan to **inventory current expenditures, utilization and accessibility**

Assess the **effectiveness** and **efficiency** of the current systems, including where **more efficient coordination** of existing resources could create better outcomes

Determine Idaho citizen's **unique needs** via broad stakeholder input and known best practices

# Idaho Behavioral Health Council

## Accountability Structure



Co-Chairs review recommendations and action items to clarify Council requirements and expectations. Council approves final recommendations and strategic action plan.

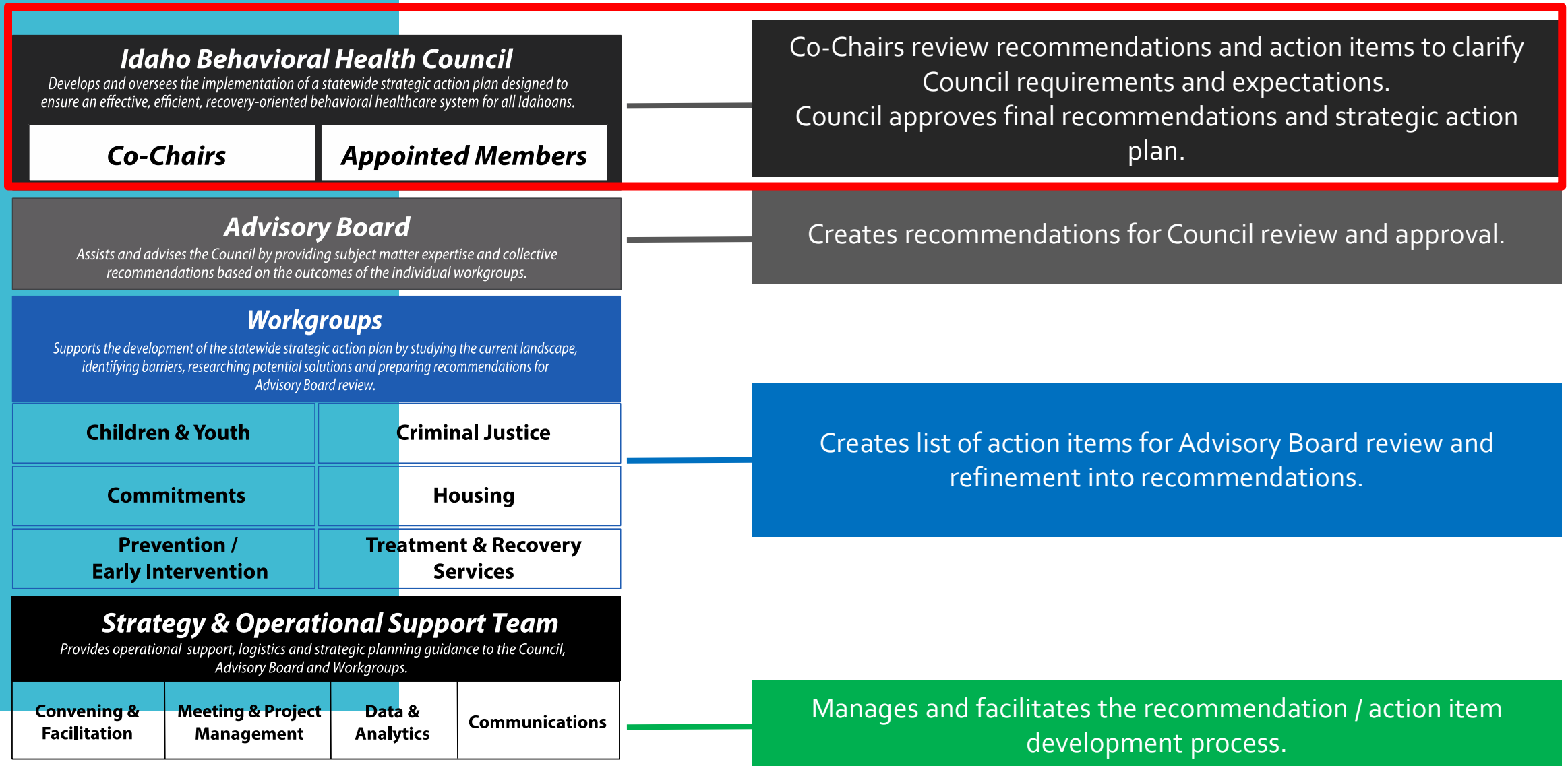
Creates recommendations for Council review and approval.

Creates list of action items for Advisory Board review and refinement into recommendations.

Manages and facilitates the recommendation / action item development process.

# Idaho Behavioral Health Council

## Accountability Structure



# IBHC



Recommendations must materially improve Idaho's Behavioral Health System through effective and efficient practices.

# KEY DATE

**July 12—Workgroup Planning Summit**

**July 19—Council Kickstart Meeting**

**August 16—Review First Draft of Recommendations**

**September 13—Vote on Priorities**

**August 23 to September 13—Public Comment and Outreach**

**October 18—Finalize and Adopt Strategic Action Plan**

**October 31—Deliver plan to leadership**



# IBHC STRATEGIC ACTION PLANNING TIMELINE

MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024
<b>ADVISORY BOARD</b> <ul style="list-style-type: none"> <li>Strategic planning kickoff and prioritization</li> </ul>	<b>ADVISORY BOARD</b> <ul style="list-style-type: none"> <li>Divide into workgroups to review prioritized recommendations and form action items</li> </ul>	<b>ADVISORY BOARD</b> <ul style="list-style-type: none"> <li>Finalize draft of recommendations for council presentation</li> </ul>	<b>ADVISORY BOARD</b> <ul style="list-style-type: none"> <li>Present first draft of recommendations to the council</li> </ul>	<b>ADVISORY BOARD</b> <ul style="list-style-type: none"> <li>Review and revise recommendations for voting by the council</li> </ul>	<b>ADVISORY BOARD</b> <ul style="list-style-type: none"> <li>Present final plan to council</li> </ul>
<b>WORKGROUPS</b> <ul style="list-style-type: none"> <li>Invitations to participants and meeting schedule</li> </ul>	<b>WORKGROUPS</b> <ul style="list-style-type: none"> <li>Outreach and engagement</li> <li>Planning summit</li> <li>Review Advisory Board recommendations and create action items</li> </ul>				
<b>SUPPORT TEAMS</b> <ul style="list-style-type: none"> <li>Facilitate the launch of the strategic planning process</li> </ul>	<b>SUPPORT TEAMS</b> <ul style="list-style-type: none"> <li>Convene and facilitate workgroup meetings and summit</li> <li>Compile draft of recommendations and action items</li> <li>Collect and prepare data report</li> </ul>		<b>SUPPORT TEAM</b> <ul style="list-style-type: none"> <li>Draft strategic action plan</li> </ul>	<b>SUPPORT TEAMS</b> <ul style="list-style-type: none"> <li>Finalize action items</li> <li>Finalize full draft of recommendations</li> <li>Finalize strategic action plan</li> </ul>	
		<b>IBHC</b> <ul style="list-style-type: none"> <li>Jul 19—kickstart planning meeting</li> </ul>	<b>IBHC</b> <ul style="list-style-type: none"> <li>Aug 16—Review Advisory Board recommendations</li> </ul>	<b>IBHC</b> <ul style="list-style-type: none"> <li>Sep 13—Vote on priorities and recommendations</li> </ul>	<b>IBHC</b> <ul style="list-style-type: none"> <li>Oct 18—Finalize and adopt the 2025-2028 strategic action plan</li> </ul>

# Facilitated Discussion

The image features a dark blue background with several large, overlapping, organic shapes. A large blue shape is on the left, partially overlapping a white shape. To the right, there are more overlapping shapes in blue, white, orange, and green. The text 'Facilitated Discussion' is written in white, bold, sans-serif font on the left side of the image.



CHALLENGES

OPPORTUNITIE  
S

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# Idaho Behavioral Health System

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# Upcoming Meetings

- August 16<sup>th</sup>  
9 a.m. – 11 a.m.
- September 13<sup>th</sup> – **in person**  
9 a.m. – 11 a.m.
- October 18<sup>th</sup>  
9 a.m. – 11 a.m.



Questions?