



Consortium for Idahoans with Disabilities

PRESS RELEASE
March 10, 2017

For Immediate Release

Contact:

Christine Pisani

christine.pisani@icdd.idaho.gov

[208-334-2178](tel:208-334-2178)

The Missing Link: Home and Community Based Mental Health Services

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 of the Department of Health & Welfare services 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. 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 they 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." Disability advocates optimism was short lived when the Department of Health & Welfare implemented a contract with Optum Health Idaho in 2013 that created a similar restriction on psychiatric rehabilitation services through managed care.

These same advocacy organizations are 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 plan to develop a system to provide appropriate 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 still going unmet in the community and thus opening the door for further increases in violent behaviors that 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.

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.

The discussion continues in the legislature on Monday, March 13th when House Bill 222 will be heard in the Senate Health & Welfare committee.

-end-
