

CYCLE OF CRISIS

Idaho's adult behavioral health care system is fractured and strained. Patients who enter it during mental health or substance use crises can become trapped in a cycle of care that is only equipped to handle immediate needs, not ongoing treatment. This puts enormous pressure on each step of the crisis system.

A PATIENT'S JOURNEY

Common Next Steps

Crisis Center

- always voluntary
- Maximum stay is 24 hours
 - Not every region has a CC (yet)

ER

- voluntary or involuntary
- Costly
 - Full

May require additional services beyond crisis center resources, often resulting in an ER visit.

If patient refuses treatment then initiation of a involuntary holding period may begin.

Involuntary Hold Period

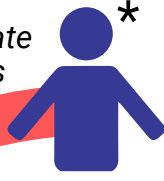
Designated examination process begins.

Designated Examiner (DE) determines if individual meets criteria for involuntary detention.

If no DEs are available during the holding period **individual in need of evaluation will be released without treatment.**

If second DE finds that inpatient treatment at a state hospital is required, then a commitment hearing is scheduled.

Enters state of crisis *



The cycle repeats

Insured?

While any individual experiencing crisis may face these various stages, being insured provides greater access to preventive care services that offer early intervention and management of their condition.

Follow Up Care

Lack of behavioral health providers in Idaho leads to future crisis.

Every Idaho county is classified as a Mental Health Professional Shortage area.²

Release from State Hospital

Regional Mental Health Offices oversee patient aftercare during discharge and follow patient for 30 days.

State Hospital Admittance

State Hospital North in Orofino or State Hospital South in Blackfoot. Average length of stay is 70¹ days at SHN and 34 days at SHS.³

If SHS and SHN are full, individuals may be held at a **local psych hospital or ER (further limiting ER bed space)** until a SH bed opens up. SHS waitlist averages 15 individuals.

Commitment Hearing

Prosecutor presents State's position to commit an individual who may agree to being committed or cross-examined. Witnesses, including DEs, may testify. A judge makes the determination, which may result in **involuntary commitment** if individual **does not agree to commitment.**

*Assumptions about Idahoan in Cycle of Crisis:

Access to safe and stable housing. 30% of Idahoans who experienced homelessness in 2017 reported living with a behavioral health condition.

Not in the criminal justice system. This cycle becomes more complicated if an individual incurred any legal charges related to their behavioral health crisis and could even be deemed "not fit to proceed" prior to State Hospital admittance.

Access to the Suicide Prevention Hotline. This critical, life-saving resource is beneficial to the patient throughout the various stages of crisis, regardless of location.

Recommendations:

Design Comprehensive System.

Convene a stakeholder group to design a comprehensive statewide behavioral healthcare system to present to the Legislature in 2020.

Payment Reform.

Increase flexibility for utilization of braided funding models, require behavioral health contractor to include inpatient services, and alleviates administrative burden to providers, especially for SUD treatment.

Workforce Development.

Address Idaho's statewide Mental Health Provider Shortage by investing in innovative solutions for workforce development that advance all levels of care, not just psychiatric or senior-level providers.

1. Idaho Department of Health and Welfare, 2019

2. Idaho Department of Health and Welfare, 2017

3. Provided by Michele Osmond of the Idaho Department of Health and Welfare, February 26, 2019

4. HUD, 2017