Idaho Criminal Justice Commission
Mental Health Subcommittee
October 18th, 2018

Location: Conference Room A, 3100 S. Vista Ave., 2nd Floor, Boise, Idaho **Time:** 1:00 p.m.–3:00 p.m.

Members Present:

Paul Wilde, Chair, Idaho Sheriff's Association
Ashley Dowell, IDOC
Christina Iverson, ISC
Dallas Payton, IDJC
Gregory Moeller, Judge, District Court
Michael Reardon, Judge, District Court
Ross Edmunds, IDHW
Scotty Eliason, Psychiatrist, IDOC

Comprising a quorum of Idaho Criminal Justice Commission (Commission) Subcommittee on Mental Health.

Members Absent:

Kate Pape, Ada County Jail
Lisa Bostaph, Boise State University
Luke Malek, Idaho House of Representatives
Matt McCarter, Department of Education
Scott Ronan, ISC
Taunya Jones, ISC

Others Present:

Tim Hibbard, ICJC Administrator/IAC
Jim Rehder, Chair, Region 2 Behavioral Health Board
Heather Taylor, Program Manager, Region 3 Mental Health
Ryan Porter, Behavioral Health Manager, Idaho Supreme Court
Kim Keys, Chair, Region 4 Behavioral Health Board
Holly Bonwell, Program Manager, Region 1 Behavior Health Board
Scott Rasmussen, Region 5 Behavioral Health Board
Sam Hulse, Chair, Bonneville Sheriff's Office

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
1:00 pm *(10 min)*	Call to Order–*Chair Wilde* • Welcome and Introductions–*Chair Wilde*		
	Commission Management		
1:10 pm *(110 min)*	Regional Reports *IDHW Regional Behavior Health Board Chairs*	Region 1: One of the primary focuses is on keeping up with housing needs. Board approved MRT. Applied for several grants including one with TCU who as agreed to come to the region for a Trust Based Relational Intervention Training. Hosting academies for CIT. Region 2: Working on term expiration renewals. Big thing is rural crisis response. All regions have been approved, but region 2 is unique. It is a decentralized model that works through the 5 regional hospitals. Medicaid expansion has been a top priority, which will help the region in a number of different ways. Supporting recovery centers is a top priority. (Not to be confused with crisis centers.) Submitted a grant to Millennium Fund to support recovery centers. Working to get mental health phone app going. Working on housing and transportation as well. Justice reinvestment act is broken. Ask for ICJC to support CIT. (Chair Wilde: ICJC does support CIT.) Region 3: six goal strategic plan. Prevention services and after-school programs in schools. Identify towns and cities that don't have youth advisory councils and try to get that running. Area crisis assistance. Contract has been signed and the crisis center is close (March 2019 open date). Lots of local support. Youth resource guide has been created. Crisis assistance, supporting CIT (December training coming up, lots of local support). Increase collaboration between healthcare providers to reduce risk in the gap after they leave the ER. Services for youth and for prevention, community based resources. Supporting Housing Resources. Transportation in the rural area remedies. Region 4: Strategic plan. Raising resources for local area. Raising awareness of those resources. Awarded several grants for youth prevention. Hiring a prevention specialist. Bringing in documentaries to the schools. Raising awareness on current issues including Medicaid expansion. Legislative meet and greet. Sequential Intercept Mapping. Region 5: Crisis Center, finishing up their initial contract. Board of Health just approved the go-ahead the continue contract for next two years. The city of Twin Falls has received a grant through Justice and Mental Health Collaboration to work on training of officers and to improve the CIT program to make it more robust. St Luke's leads quarterly meetings with prosecutors and public defenders and others to talk about MH issues. Media campaigns to get more information out about how to get more people help.	

		Region 6: no one to report. Region 7: They put out small funding requests to fund small projects including Compass Academy charter school Children's Mental Health Week. Funded an Accelerated Resolution Therapy (ART) training that focuses on PTSD that has been good for the community, especially of the veteran population. Supported rural outreach, which gives scholarships to rural officers to attend CIT that pays officers and their agencies to bill overtime if need be. CIT that is done at POST is short (8 hours), but not long enough to give officers what they need. Also looking to hire a prevention specialist. The process of intervention is frustrating. IC66-326 is contradictory and confusing for officers. It is not written well, and creates barriers. It is easier for officer to arrest someone than to bring them into protective custody. It shouldn't be so hard to do the right thing. There is also a lack of psychiatric providers and inpatient beds. COPS don't want to be CIT cops because it's too time consuming.	
	<u>Discussion. What's working? How can we support efforts?</u>	• There needs to be standardization of language for mental health calls that police officers respond to. • About 35% of Idaho inmates are on psychotropic medication. • Cops need more information than just IC66-326 • Hospitals releasing people too soon. • Legislation needs to be more clear about what police officer's obligations are. • The code language is discouraging to officers to intervene. • Police are about public safety, not just about arresting people. • Not enough beds to deal with immediate crisis'. • Crisis Center can be used as a discharge location after some is released from Hospital. • What Idaho needs is more hospitals that have secure beds, not more IDOC beds. • Substance treatment needs to be utilized more and would alleviate a lot of Idaho's mental holds. • JCO accredits hospitals and there are issues with how restrains patients. • Prosecutors are the gatekeeper and they aren't included as much in the discussion. • There is a problem with how 18-211 and 18-212 are interpreted and used.	

		• 18-211 and 18-212's have tripled over the last several years. Many evaluators need to be trained better on weeding out fakers, and some slip through the cracks and go on to 18-212 and take up needed beds. Defense Attorney's need to be trained better to understand difference between someone who has MH symptoms and someone who is incompetent to assist in their own defense. • IDOC: bringing legislation to build a new 1500 bed medical facility that is secure for MH patients. • Hard Homes are needed for those who are released, but have nowhere else to go. • Bridge funding is going to be cut back due to Medicaid footing that bill, and that money (about 2 million) will go toward Hard Homes. • DHW: Limited capacity of mental health courts. About half of the people that go through have Medicaid. Budget request to move delivery of mental health courts out to the private sector. This would give the State the treatment capacity to double the amount of mental health court slots there are. But this would increase costs in a variety of different areas. Building new adolescent hospital in Nampa, which will create a 20 bed high risk adult unit. 4 crisis centers running and 3 in the works.	
	<u>ICJC Recommendations</u>	• Make language consistent for police calls on mental health. • Training of Public Defenders and prosecutors on 18-211 and 18-212. • Re-write of 66-326. • Need a prosecutor on the subcommittee	
3:00 pm	Adjournment	At 3:11 pm the meeting was adjourned.	

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