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Mental Health Aid is Uneven

Some think eastern Idaho does better job providing help

In 2007, the government paid out more than \$31 million to mental health treatment providers in eastern Idaho through the Medicaid program.

In the Boise-Nampa area, which has nearly four times as many people as eastern Idaho, the state and federal governments spent about \$28 million on mental health.

Many say eastern Idaho simply does a better job than the rest of the state in helping the mentally ill. Certainly there are more people doing it. Last year, eastern Idaho had 109 mental health providers compared to 90 in the Boise area.

"We find the people that need the help," said April Crandall, who makes sure Rehabilitative Health Services, a local mental health provider, is following Medicaid guidelines. "They're treated like a person. They're given respect."

And Matt Smith, who owns the Idaho Falls-based Children's Center, said people in other parts of the state are "screaming for help."

Critics, however, point out that the government doesn't measure the quality of those that treat the mentally ill. So treatment providers that do a poor job receive their payments just as regularly as those that excel.

"We have never insisted on outcomes," said Rep. Tom Loertscher, a Bonneville County Republican who has studied Medicaid for more than two decades.

Until a few years ago, Idaho had no credentialing system for mental health providers. Doctors and dentists, for example, have their own independent boards that allow the government to remain aloof.

Leslie Clement, Health and Welfare's Medicaid director, said historically there's been little oversight of mental health providers. "And they've kind of gone their own way," she said. A few years ago, lawmakers allocated money to begin credentialing mental health providers in Idaho. The department has so far "invited" 159 of the state's roughly 400 mental health providers to demonstrate competency and prove they have the systems in place to ensure a quality product, Clement said.

Thirty-one providers, Clement said, declined to go through the process, including seven from eastern Idaho. Another 11 didn't make the cut. So roughly 25 percent of the 159 companies sampled so far are no longer in business.

Five years ago, some of these now-defunct companies operated with impunity, providing poor services to a vulnerable population on the taxpayer's dime.

Mental Health Payments Uneven -- 1 -

"Ideally, (the credentialing program) should have been in place when the benefits were put in place," Clement said.

The 240 or so contractors who haven't gone through the process have been given temporary credentials by the Department of Health and Welfare. They should all be evaluated in the next couple of years, Clement said.

"We don't have good information on the rest of them," she said.

None of this sits well with providers who think they are doing a good job.

Crandall said companies that do things the right way want outcomes measured. That, she said, would separate the good from the bad in a way not currently being done.

Smith envisions a Web site where mental health providers would be ranked. Anyone, including those receiving treatment, could go in and evaluate a company's strengths and weaknesses.

"They want that information," Clement said. "We want to work with them to do that, but it's really challenging."

But Medicaid simply processes claims. Clement said she has no tool -- other than periodic audits -- to find out which treatment provider is doing the most good.

Ask the Medicaid director whether she knows if eastern Idaho children who received mental health treatment last year reached certain goals, and the answer is no.

"I don't have an automated tool to tell me that," Clement said.

Crandall, however, said assessment tools do exist and outcomes can be measured, even in something as difficult as monitoring progress made by a mentally ill teenager.

"It's very possible, and I strongly believe in that," she said.

The key, most say, is to make sensible changes while ensuring that those who need the help receive it. Allowing a mentally ill person to go untreated and then be institutionalized is not only inhumane but also a more expensive option.

"We have to determine what happens to the people getting the services," Loertscher said. "How bad are they?"