

They brother's keeper



Almost 1,000 people showed up for a recent legislative budget hearing on the proposed cuts to Idaho Medicaid services.

As government steps back, governor hopes volunteers will step into the breach, but some say there's only so much charities can do

By William L. Spence of the Tribune
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BOISE - When Idaho Gov. C.L. (Butch) Otter mentioned "the soul-crushing tyranny" of government entitlements in his State of the State address, he was harkening back to his childhood days.

The son of an itinerant electrician, Otter often reflects on the lack of government services when he was a boy. Rather than apply for welfare benefits or food stamps when times got bad, he says, people turned to their neighbors and churches.

That assistance came at a price, though. You were expected to provide something in return - do some yard work, help out during the roundup, offer the sweat off your brow. It was an exchange, not a handout.

Now in the third year of a state revenue crisis, Otter seeks a return to those days. Government can't afford all the social programs it currently offers, so he wants churches, community groups and volunteers to take on more of the burden.

And while the budget shortfall may be driving the effort, ultimately he thinks it's a better way for society to operate.

"That's been my philosophy all my life," Otter said. "The budget problems have just necessitated that we remember that we did it (relied on each other). We need to let people know they're responsible for their communities - that even if we aren't related, we're all responsible for each other. We are our brother's keeper."

As lawmakers begin to search for specific budget savings, however, questions and concerns have arisen about how this transformation might work. What services will be "outsourced" to charitable groups, and are the groups prepared or even capable of filling such roles?

Critics says volunteers can't fill void

The Idaho Legislature, for example, is discussing the elimination of adult Medicaid services for the mentally ill and developmentally disabled - yet critics say these aren't tasks that can safely or effectively be left to volunteers.

"We don't expect families or volunteers to treat cancer. Why would we expect them to treat mental illness?" asked Kelly Keele, a mental health professional with Child Supportive Services in Pocatello. "At no point in time have families, community groups or churches ever been able to meet the needs (of these two patient populations)."

Community-based services are a relatively new phenomena, Keele said. Up until the 1950s, mentally ill and developmentally disabled individuals were typically housed in institutions if they couldn't stay at home.



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After the first anti-psychotic drugs were developed, states began emptying their mental hospitals and institutions. In Idaho, "the vast majority of patients just went into big shelter homes," said Keele, who started working with mental patients in 1978. "Most of these shelter homes were former resorts with 100 to 120 beds. There were no services. Patients were kept sedated. It wasn't better, it was just cheaper."

The system became a revolving door, he said. When individuals had a psychotic breakdown, they'd get sent to a shelter home, be sedated and released once they got better. But with no community treatment programs or support services to help keep them stable, they'd inevitably have another breakdown.

That started to change in the 1990s, when regional mental health clinics began offering day treatment programs. By the late '90s a variety of community-based services were available. Mentally ill and developmentally disabled individuals could stay at home or in the community and receive treatment and services at a much lower cost compared to institutionalization.

"My biggest fear (if Otter's outsourcing effort is successful) is that we'll just go back to the revolving door," Keele said. "I keep hoping that won't happen, because the financial and emotional costs will be devastating. It's going to be like an avalanche when it hits."

State will leave 'unskilled' services to charitable groups

Leslie Clement, administrator of the Department of Health and Welfare's Medicaid Division, said the state doesn't plan to step back from services that require medical expertise.

"We aren't going to tell people they need to treat family members on their own," she said. "But where people really just need assistance with daily living - if they just need someone to take them to the store or drive them to an appointment - those are the areas we're looking at (to turn over to volunteers)."

Certain Medicaid programs, for example, pay people to help elderly individuals with their housekeeping chores or meal preparation. Others pay caregivers to teach developmentally disabled adults life-management skills, such as shopping, money-handling or personal grooming.

Absent some kind of revenue increase, Clement said, the state may leave these unskilled services to charitable organizations so it can focus on more urgent "life-and-death" needs.

"How do we prioritize where to spend our resources? Where do we have the best opportunity for the best outcomes?" she said. That's the debate the agency and Legislature have engaged in.

Kathy Tidwell, director of the Child Welfare Center at Boise State University's School of Social Work, disputed the notion that these personal care services are unskilled positions. When dealing with the mentally ill, she said, some level of training is required no matter how simple the task may seem.

"The mental health system doesn't treat minor conditions," she said. "It takes a fair amount of skill and practice to know how to intervene safely. You need to know how to talk to someone who's having a psychotic episode, be able to assess whether they're suicidal or a risk to the community. To think volunteers can provide mental health services is ludicrous."

Tidwell works with Boise's refugee community - people who have been traumatized by war, torture, sexual abuse and violence. Volunteers can certainly help, she said. They can provide companionship and encourage patients to get involved in activities. But without professional treatment, people won't get better. "Mental illness is a disease, and like any disease if you don't get treatment it's going to get worse," Tidwell said.

Lawmakers and Medicaid stakeholders began holding hurried meetings last week to develop a transition plan for shifting state services to volunteers.

Numerous questions remain

Many unanswered questions remain, though, such as who will provide the training and professional oversight that will still be needed, what happens if volunteers aren't available when needed, and whether they'll undergo background checks. By some accounts, developmentally disabled women run an 80 percent risk of being sexually abused in their lifetime.

Tidwell said the lack of preparation surrounding this plan "really speaks to the powerlessness" of the mentally ill and disabled.

"For a politically connected group, this would never happen," she said. "The message to clients is that they are utterly unimportant. Serving people who can't pull themselves up by the bootstraps isn't a priority in Idaho."

Otter said he frankly doesn't know if charitable groups are prepared to step up, "but I know they need to be asked. It's been too easy to say government can start a program."

Rep. Ken Roberts, R-Donnelly, agreed, saying it can't hurt to ask communities to be more tightly knit.

"I think what the governor is asking is that people consider inserting those time blocks into their schedules, whether it be for helping out at the food bank or spending more time with (elderly relatives)," he said.

When he first came to the Legislature in 2001, there was a \$300 million surplus and lawmakers were fighting to expand Medicaid program benefits.

"We opened the doors," Roberts said. "Everybody was happy - we were able to give more services. But it's a whole different story when we have to pull back."

Advocates of community-based programs dominated a recent budget hearing on Medicaid cuts. Even some of them, though, suggested there was waste and opportunities to spend money more efficiently.

One speaker said these programs simply pay parents for services they once provided for free. There's plenty of evidence of fraud and abuse as well, in Idaho and around the nation - cases where Medicaid providers billed for services that were never provided or billed for services that weren't medically necessary, such as taking clients to rock concerts or on rafting trips.

Officials say the bad apples represent a small percentage of all service providers, but many lawmakers are skeptical. They share Otter's belief that charity from home is not only more appropriate, but more efficient than charity from the government.

"I resist using government authority to replace the sincerity and generosity of individuals, but that's what we've done," Otter said. "We (government) are reaching into people's pockets and telling them, 'No, you don't get to do that; we can do it better.' "

Sen. Joe Stegner, R-Lewiston, who has won awards for his efforts to improve Idaho's mental health system, agrees community-based programs can be more efficient and responsive than a one-size-fits-all approach imposed by the state.

That's the whole basis of the mental health system redesign he and others have been working on, he said. Putting the responsibility and decision-making authority at the local level should lead to better results. Nevertheless, government must stay involved, he said. It can't step away entirely.

"I don't think mental health or (developmental disability) services should be a primary function of volunteer organizations," Stegner said. "What I'm concerned about is a complete abandonment of the safety net structure that I think states are obligated to provide. If you tell me we didn't have all these programs 150 years ago, my response is that we did a lousy job of caring for people 150 years ago. As a society, we're trying to do better now."

Faced with a potential \$185 million revenue shortfall, the issue for the Legislature may come down strictly to money. A number of ideas have been floated for revenue increases - most notably a hike in the state cigarette tax that would raise about \$51 million - but many lawmakers feel there's still room for budget cuts.

Sen. Dan Schmidt, D-Moscow, who has been a family physician for more than 30 years, thinks there are opportunities to reduce costs in the Medicaid system. But those are long-term changes, he said, not short-term fixes that would provide immediate benefits.

Many advocates believe community-based services save the state money. Without these programs, they say, there will be an increase in emergency room visits, jail time and institutionalization, which cost substantially more than cutting services will save.

Schmidt tried to find out how much of an increase in institutionalization there might be, but no one could answer that question.

"So I don't know if it's true (that eliminating programs will ultimately cost more)," Schmidt said. "But I have a feeling that's the experiment Idaho is about to run."

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