



Partners in Community Safety

Our Work

- Behavioral Health Crisis Center of East Idaho
- Center for Hope
- Region VII Behavioral Health Board
- Rise Up Youth Center
- RHS: Out Patient Services; Prescribing, Therapy, Community Based
- Bonneville County Jail
- Bonneville County Patrol Team
- Region VII Crisis Intervention Team
- Emergency Department and E.M.S.

The Revolving Door and Crisis Cycle

- Hospitals
- Law Enforcement
- Jails
- Mental Health Providers
- Courts
- Probation and Patrol
- Assisted Living and Care Facilities

The people

- Severe and persistent mental illness (Severe Bi-Polar, Schizophrenia, Schizoaffective, Severe O.C.D., Severe Depression and Anxiety)
- Co-Occurring Mental illness and Substance abuse

The Needed Services

- Medication Management
- Crisis Intervention and Stabilization
- Peer Support
- Recovery Coaches
- Assertive Community Treatment (A.C.T.)
- Partial Hospitalization Programs
- State Hospitals (Stabilization and Competency Restoration)
- Payment management and guardianship programs
- Involuntary Hold processes
- Justice System involvement

		MH	Avg MH	SHS	Avg SHS	Total Per Day
	Jan-25					
Total Inmate Days		248	8	152	5	13
	Feb-25					
Total Inmate Days		252	9	154	6	15
	Mar-25					
Total Inmate Days		299	10	167	5	15
	Apr-25					
Total Inmate Days		222	7	123	4	11
	May-25					
Total Inmate Days		318	10	202	7	17
	Jun-25					
Total Inmate Days		219	7	173	6	13
	Jul-25					
Total Inmate Days		133	4	237	8	12
	Aug-25					
Total Inmate Days		230	7	230	7	14
	Sep-25					
Total Inmate Days		246	8	148	5	13
	Oct-25					
Total Inmate Days		225	7	232	7	14
	Nov-25					
Total Inmate Days		197	7	271	9	16
	Dec-25					
Total Inmate Days		262	8	194	6	14
	Jan-26					
Total Inmate Days		287	9	165	5	14
	Feb-26					
Total Inmate Days		246	9	89	3	12

*SHS - Inmates Housed at State Hospital South

Mental Holds	2025														2026		
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Jan	Feb	Mar	
Crisis Hold (Neurocognitive Hold or Protective Custody without Hearing)					1	1						1	2	5		1	
Mental Hold-Detention Without Hearing	7	2	5	5	4	4	5	8	4	4	6	6	60	14	10		
Mental Self Admittance				2			3	2	1	4	2	5	19	2	4		
Grand Total	7	2	5	7	5	5	8	10	5	8	9	13	84	16	15		

Behavioral Health Crisis Centers in Idaho

Rising Demand and Census Trends as a Result of Medicaid Cuts (December 2025)

Behavioral health crisis centers save Idaho money, and the demand for behavioral health aid is rising. Since the Medicaid cuts to behavioral health services on Dec 1, 2025, State of Idaho Crisis Centers have seen an increase in census. Inclusive of Regions 3, 4, 5, 6 & 7, the admission numbers for December 2024 (934) compared to December of 2025 (1,288) is a 27% year over year increase. Admission numbers for January 2025 (872) compared to January 2026 (1251) is a 30% year over year increase. These increases occurred during Idaho's mildest winter in years, indicating the numbers could have been much higher. (see Graph #1 on reverse)

Full Texts of TITLE 39 HEALTH AND SAFETY, CHAPTER 91, BEHAVIORAL HEALTH COMMUNITY CRISIS CENTERS, 39-9102. DECLARATION OF POLICY AND INTENT:

- (1) Citizens of Idaho experiencing a behavioral health crisis are often incarcerated, hospitalized or treated in hospital emergency departments because an appropriate level of care to meet their needs is not available.
- (2) Hospital emergency departments, jails and law enforcement agencies in Idaho have become the default providers of crisis intervention to Idaho citizens with behavioral health disorders. Extensive resources are being unnecessarily expended by law enforcement and hospitals on behavioral health crisis services.
- (3) It is the policy of this state that citizens with behavioral health disorders should not be needlessly incarcerated when no crime has been perpetrated or the crime is of a minor nature arising from a behavioral health disorder, crisis or incident.
- (4) Therefore, it is the intent of the legislature that behavioral health community crisis centers, hereinafter referred to as crisis centers, be developed and operated, as funding is appropriated, to provide the appropriate level of care to meet the needs of Idahoans experiencing behavioral health crises.
- (5) The crisis centers shall be available on a voluntary basis to individuals experiencing a behavioral health crisis. The centers shall provide transitional de-escalation, stabilization and community referral services only, and the centers shall not serve as inpatient or residential facilities.
- (6) This chapter and any subsequent administrative rules shall not assume authority over other community efforts to assist Idahoans experiencing behavioral health crises.

History:[39-9102, added 2014, ch. 131, sec. 1, p. 365.]

<https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch91/sect39-9102/>

Fiscal Impact and Avoided Costs

Return on investment is difficult to define, and impossible to quantify. Centers average an estimated 24% Law enforcement referral and an estimated 11% hospital referral with an unknown dispatch and 911 referral number; we will estimate 15%. The following are cost estimates; Incarceration \$110 per day average 15 days, Emergency Dept cost \$2,870 per visit, 911 / 988 Law Enforcement \$1,500 per dispatch. Total number of episodes for Regions 3, 4, 5, 6, & 7 for Quarter #4 were 3537.

(see Graph #2 on reverse)

Insured Demographic

The populations identified are Medicaid, Uninsured, Private, Medicare, and Unreported; 62% of which are unhoused. These are Idahoans whose care costs inevitably fall to public systems if crisis centers are unavailable. (see Graph #3 on reverse)

Public Safety and Fiscal Impact of Crisis Centers

Behavioral health crisis centers reduce pressure on law enforcement, jails, emergency rooms, and county budgets by diverting individuals from costly emergency and correctional systems. When these centers are underfunded, crises do not disappear—they shift to higher-cost settings, increasing officer overtime, jail bookings, and uncompensated hospital care. Evidence from Regions 3, 4, 5, 6 & 7 show that crisis centers stabilize individuals, protect public safety, and save millions in avoidable costs, making them essential infrastructure and responsible investments in a year of tight budgets.

Behavioral Health Crisis Centers in Idaho

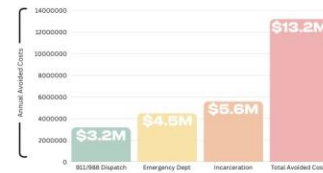
Inclusive of Regions 3, 4, 5, 6 & 7

1 Rising Demand & Census Trends



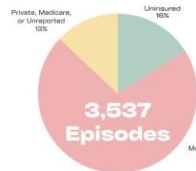
Census trends demonstrate a **27% increase year over year for Dec**, and a **30% increase for Jan**; reflective of State Medicaid cuts in Dec 2025 during a mild winter.

2 Crisis Center Specific Fiscal Impact and Avoided Costs



Identified Annual Return on Investment: Centers average an estimated 24% Law Enforcement referral, an estimated 11% hospital referral and 911 referral number estimated at 15%.

3 Insured Demographic



In the 4th Quarter of 2025, Regions 3, 4, 5, 6 & 7 Behavioral Health Crisis Centers reported 3,537 episodes, 71% of whom were Medicaid Eligible, and 62% of whom were homeless.

4 Community & Safety Impacts

Treatable symptoms—such as mental deterioration, mania, depression, anxiety, and substance use recovery—quickly become:

- Increased ER Admissions
- Law-Enforcement Crises
- Involuntary Commitments
- Public-Safety Threats
- Domestic Violence
- Completed Suicides
- Increased Substance Use

When crisis centers are underfunded, time & costs reappear in law enforcement overtime, jail bookings, and uncompensated hospital care—costs borne by the same taxpayers, at a higher rate; not to mention quality of life.

State Wide Cost Shifts From SPMI Programs Elimination

		Projected Annual Cost Shifts
Hospitals & ERs	Increased psychiatric admissions, ER boarding, extended observation stays, medical complications from untreated SPMI, and higher uncompensated-care burden on hospital systems.	\$70-\$85 Million
Jails & Criminal Justice Systems	Increased arrests, jail bed-days, psychiatric supervision in detention, court and arraignment volume, public defender workload, and sheriff transport associated with destabilized SPMI populations.	\$28-\$35 Million
City & County Gov. Operations	Increased police call volume, welfare checks, ER-wait overtime, Fire/EMS non-transport calls, crisis-center drop-offs, county behavioral-health workload, guardianship petitions, and civil-commitment activity.	\$30-\$40 Million
Child Welfare/CPS	Increased CPS investigations, foster-care placements, case management hours, family-reunification services, and court involvement resulting from psychiatric destabilization among SPMI parents.	\$12-\$18 Million