



PLANTING
seeds of change



MAY 2010–APRIL 2011
ANNUAL REPORT



Thank you to the incredible caring and knowledgeable staff. I feel as if they saved my life and led me on to my next chapter with the tools and education to be successful in my recovery.

Thank you for everything you did for me. I haven't felt this good in years.


I was recently a patient at Allumbaugh House, and I want to thank everyone responsible for this wonderful caring environment. The staff was great and the facility was like home.

The staff treated me with respect.

Many of us are touched by those in need of behavioral health services because of substance abuse or a mental health condition.

The gap in providing these critical services to those who are uninsured or otherwise unable to pay for services spans decades in our community. Allumbaugh House was developed through innovative public-private partnerships to fill this gap and "Plant seeds of change." This first year of operations has proven that change is possible. The Annual Report demonstrates an alternative, holistic and cost-effective approach to providing behavioral health services that is unprecedented in Idaho. Our commitment to shared funding is unique, and we need your participation to continue providing these critical services.

The Joint Powers Entity serves as the governing body for Allumbaugh House.


Idaho Department of Health and Welfare


Mayor, City of Boise


Mayor, City of Meridian

Debbie Field
Idaho Office of Drug Policy


Boise City Ada County Housing Authority


Ada County Commissioner



Recovery is a journey of healing and transformation,

which enables the individual to live a meaningful life while striving to achieve his or her full potential. At Allumbaugh House, recovery is possible.

Allumbaugh House opened May 3, 2010 as a regional facility offering sobering, detoxification, and crisis mental health services to all qualified residents. Allumbaugh House serves Region IV (Ada, Boise, Elmore, and Valley Counties) residents and is designed as a pilot project for expansion and regional implementation throughout Idaho. Allumbaugh House is a result of more than five years of collaborative partnership between Ada County, the City of Boise, the City of Meridian, Idaho Department of Health and Welfare, Saint Alphonsus Regional Medical Center, St. Luke's Regional Medical Center and United Way of Treasure Valley. This partnership built the facility on property owned by the City of Boise. The facility is owned and maintained by Boise City/Ada County Housing Authority.

Terry Reilly Health Services operates Allumbaugh House, contracts with Sage Health Care for psychiatric and medical care, and employs twenty-seven staff. Life's Kitchen provides lunch and dinner service, and Terry Reilly Health Services

partners with other community entities for operations and continuity of client services. Allumbaugh House is open for detoxification and crisis mental health services 24 hours a day, 7 days a week. The sobering station is open Thursday, Friday and Saturday from 7:00 p.m. to 11:00 a.m. each week. Priority is given to clients with low income and/or lack of health insurance coverage. Admission to Allumbaugh House is voluntary and based on capacity. A referral must be made by designated professionals for admission to Allumbaugh House. The 9,200 square foot facility has an annual operating budget of \$1.8 million.

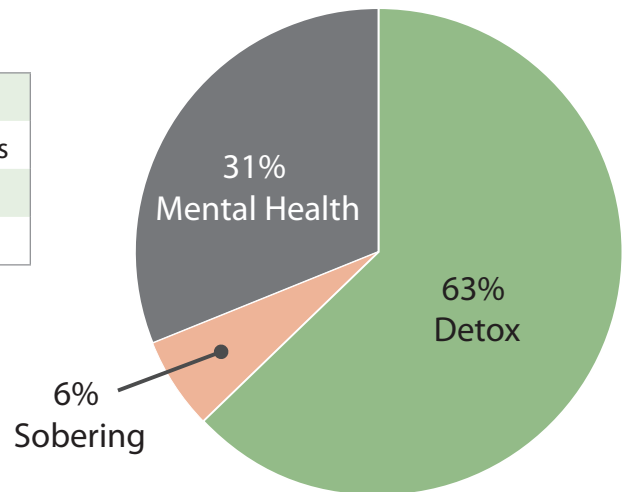
Allumbaugh House provides a holistic approach to treatment. Clients are screened and assessed, and treatment is administered for detoxification, sobering, mental health and medical management, based on need. Upon discharge, clients are connected to community providers for continuation of services and housing needs to encourage stability and continued recovery. Allumbaugh House also offers a weekly Alumni Meeting for former clients to connect and share their successes and challenges.

CLIENT STORY

Pete came to Allumbaugh House in July 2010. Two years earlier Pete had back surgery and began using a prescription drug to relieve his pain. He became dependent on that drug, taking more and more over time and building immunity to its effects. Pete overdosed three times before seeking help. He describes himself, at that time, as suicidal, going off the deep end and completely dependent on a “self-defeating” drug. Pete was admitted to Allumbaugh House after a referral by his psychologist and with the support of his sister. He spent seven days in detoxification and describes the first three as almost impossible to bear. *“My treatment at Allumbaugh House literally saved my life. I still have a little muscle pain, but I’ve been clean (drug free) since my treatment.”* said Pete in a recent interview. When asked, “Why does Allumbaugh House have to continue providing services?” Pete responded, *“Allumbaugh House saves lives and gives people hope. The staff is excellent, and they give you a chance to step out of the day-to-day and look at your life, so you can start to rebuild.”* Pete’s rebuilding includes attending Allumbaugh Alumni Meetings as often as he can and reconnecting with his salsa-making passion.

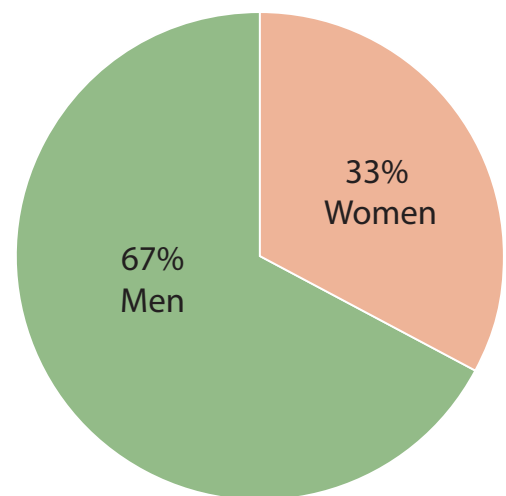
Statistics: May 1, 2010–April 30, 2011

Client admissions	1459
Average length of stay	5 days
Completed treatment	74%
Repeat client visit	10%



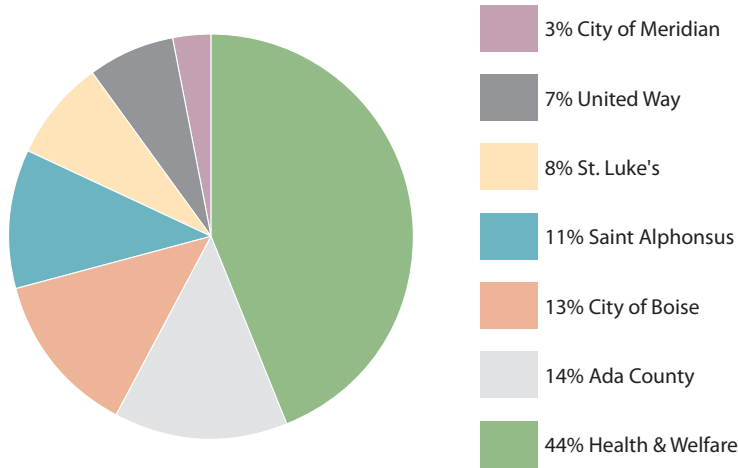
“Allumbaugh House is an innovative approach to behavioral health services and the direct result of unprecedented teamwork and partnerships. This facility provides critical care for residents otherwise unable to access these services through a public/private partnership to provide a community solution.

—Tammy de Weerd, Mayor,
City of Meridian

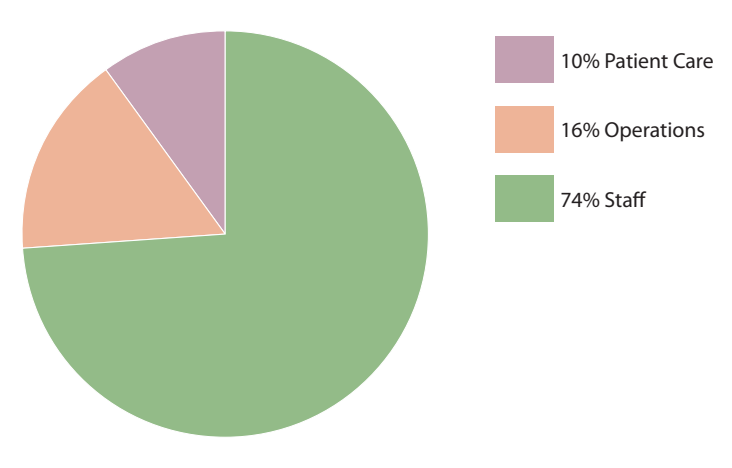


“We are committed to investing in Allumbaugh House, because the active treatment approach fills a gap in behavioral health services at a very manageable cost.”
 —Kathleen Allyn, Administrator of the Division of Behavioral Health, Idaho Department of Health and Welfare

Income \$1,802,111



Operating Budget \$1,799,969



“Our goal is to create long-lasting changes that prevent problems from happening in the first place. We see Allumbaugh House as a sound investment in a cost-effective solution that supports behavioral health recovery.”
 —Wayne Rancourt, United Way of Treasure Valley

CLIENT STORY

Trini came to Allumbaugh House after many years of alcohol abuse. Prior inpatient and outpatient programs had been unsuccessful for her. Trini describes herself as completely broken, having reached her lowest point, when she arrived in July 2010. Referred by a nurse practitioner and encouraged by her sister, who knew of Allumbaugh House, her treatment lasted just four life-changing days. When asked, “Why did the treatment at Allumbaugh House work for you when other treatments failed?” Trini responded, “The counselors treated me like an adult, and they treated my disease. I had time to think, process and put things in perspective for the first time.” Her recovery continues with the support of her family, AA program and periodic attendance at Allumbaugh Alumni Meetings. This July, for the first time in thirty years, Trini will be clean and sober for a year. She believes she wouldn’t be here without treatment at Allumbaugh. “I was toxic, a functioning alcoholic, and I would have drunk myself to death. Allumbaugh saved my life, and others need the same chance.” she said.

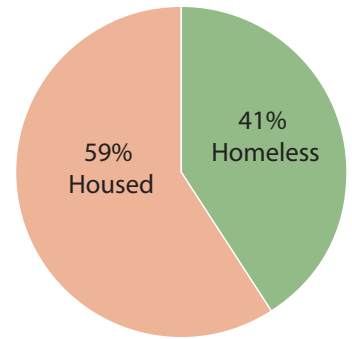
“We are able to do the right thing on the front end and provide care the way clients need it. Our staff retention is 93% in a very stressful industry. I attribute this to our treatment approach and the environment we’ve created for client success.”

—Tim Brown, Executive Director, Terry Reilly Health Services

CONTINUUM OF CARE

Allumbaugh House is a member of the Countywide Continuum of Care. The Continuum of Care manages a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

Allumbaugh House is an important component of the Continuum of Care strategy. It fills a gap in community services for those in need of detoxification, sobering and critical mental health services, who are uninsured or otherwise unable to pay for services. The engagement of Allumbaugh House in the Continuum of Care assists in providing continuity of services to clients upon discharge.

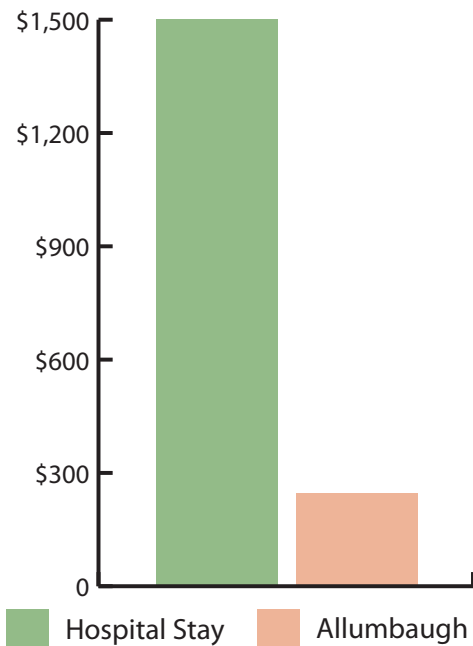


This chart reflects the housing status as reported by clients admitted to Allumbaugh House.

“Allumbaugh House represents a major step forward for our community’s ability to come together to solve difficult problems. The success of its first year is felt not just by the many individuals who have benefitted from its services, but by their families and friends who now have skilled, compassionate assistance to put their loved ones on a path to recovery.

—David H. Bieter, Mayor, City of Boise

Average Client Cost Per Night



Average Client Cost Per Night
(Hospital Stay-acute care only, no labs, meds, imaging; Allumbaugh includes labs, meds)

Hospital stay costs are based on estimates provided by Saint Alphonsus. Labs, medications and imaging costs, provided by Saint Alphonsus and St. Luke’s, are estimated at an additional \$1,800 (based on client need) bringing the total cost to \$3,300. Allumbaugh House cost estimates are based on total budget/number of admissions/average stay.

Cost Savings

Hospital Stay per Client Cost per Night (Average) (does not include labs, medications and imaging estimated at an additional \$1,800)	\$1,500
Allumbaugh per Client Cost per Night (Average) (includes labs and medications)	(\$247)
Per Client Savings	\$1,253
Length of Stay (Average)	5 days
Per Client Savings Per Stay	\$6,265

Hospital Stay

Per Client Savings	\$6,265
Allumbaugh House Admissions	x 1,459
Total Annual Savings	\$9,140,635

“Allumbaugh House positively impacts Treasure Valley residents by providing a safety net for critical services at a reasonable cost for taxpayers.

—Rick Yzaguirre, Ada County Commissioner

FUNDING CHALLENGES AND COST-EFFECTIVE SOLUTIONS

Allumbaugh House faces the same funding challenges as other public agencies competing for limited funding dollars. What differentiates Allumbaugh House is not only a cost-effective model, but also the unprecedented public-private partnerships that share funding responsibility and therefore lessen the risk of program reduction or elimination. Nevertheless, Allumbaugh House still faces funding challenges to continue operations.

Cost savings alone, compared to traditional health care services, is a compelling reason to sustain Allumbaugh House operations. Funding at Allumbaugh House is used to provide services in addition to information and education. The active treatment approach fills a gap between hospitals and outpatient care at a cost unmatched in Idaho. This dual diagnosis approach to assessment and provision of services is administered, so clients' receive the necessary detoxification, sobering, mental health and medical management needed to aid recovery. Additional effort is made to connect clients to community resources upon discharge to ensure what began at Allumbaugh House continues.

In addition, although outcomes beyond Allumbaugh House are not tracked for privacy reasons, weekly



Allumbaugh Alumni Meetings are one strong indication of the continued recovery clients experience. Clients unable to access services because they are uninsured or otherwise unable to pay for services are provided levels of care that create stability, rehabilitation and reconnection to their lives, families and community. This approach to recovery prevents other life complications including, but not limited to, loss of productivity, unemployment, crime, drug trafficking, incarceration, and in some cases, death.

As unemployment rises and health care costs increase, the demand for Allumbaugh House services will continue to grow. The creation of Allumbaugh House is a unique public-private partnership with many different partners working together to create a successful model. Saving lives and saving resources are common goals of all the partners, but Allumbaugh House needs further private community investment to be sustainable. ***Donations to Allumbaugh House can be made by contacting Theresa McLeod, Mayor's office, City of Boise at 208-384-4422 or tmcleod@cityofboise.org. Donations can also be mailed to Office of the Mayor, PO Box 500, Boise, 83701-0500 or Allumbaugh House, 400 N. Allumbaugh St., Boise, ID 83704.***

BEHAVIORAL HEALTH SERVICES


People with behavioral health conditions are at higher risk than others for physical illness and disability, and the cost of medical care for them is, on average, much higher than the cost of medical care for people without behavioral health conditions. Better behavioral health services for this population would be likely to reduce the costs of their physical health care and produce significant overall savings in health spending.

Those at highest risk need to be identified before they are in crisis. Aggressive outreach is needed to locate and engage people at high risk before they are in critical need. Those not identified until they come to emergency rooms, as they frequently do, need to be linked to community-based services immediately. Physical and behavioral health services for them in the community need to be integrated.

—Michael Friedman, L.M.S.W.
Adjunct Associate Professor,
Columbia University's schools of
social work and public health
*Mental Health and Medicaid Costs:
Why Ignoring Mental Health
Is Expensive*

“*This is the single most important thing going on in Idaho to treat mental health disease. Money is going to provide services. We are using an active treatment approach that not only stabilizes, but also manages chronic conditions and helps prevent further complications.*

—Charles Novak, M.D., Sage Health Care, Co-Medical Director, Allumbaugh House



Joint Powers Entity Members

Rick Yzaguirre, Ada County Commissioner
Deanna Watson, Boise City/Ada County Housing Authority
Mayor David Bieter, City of Boise
Mayor Tammy deWeerd, City of Meridian
Kathleen Allyn, Idaho Department of Health and Welfare
Debbie Field, Idaho Office of Drug Policy

Professional Resource Committee Members

Kelly Paananen, Ada County
Deanna Watson, Boise City/Ada County Housing Authority
Jim Birdsall, City of Boise
Theresa McLeod, City of Boise, Office of the Mayor
Paul Woods, City of Boise, United Way of Treasure Valley
Gina Westcott, Idaho Department of Health and Welfare
Corey Surber, Saint Alphonsus Regional Medical Center
Tom Aronson, St. Luke's Regional Medical Center
Melissa Nickell, United Way of Treasure Valley

Financial Partners

Ada County
City of Boise
City of Meridian
Idaho Department of Health and Welfare
Saint Alphonsus Regional Medical Center
St. Luke's Regional Medical Center
United Way of Treasure Valley

Additional Contributors

Idaho Congressional Delegation Designated Federal Funds
Region IV Mental Health Board
J.A. and Kathryn Albertson Foundation
Julius C. Jeker Foundation
Community Detox Coalition
Boise City/Ada County Housing Authority
Wells Fargo Foundation

Staff

Terry Reilly Health Services

Heidi Hart, Behavioral Health Director
Cindy Miller, Program Manager

Sage Health Care

Roberto Negron, M.D., Co-Medical Director
Charles Novak, M.D., Co-Medical Director

Community Volunteers

Bob Banks
Charlotte Lanier

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www.trhs.org*

*Facility operated by
Terry Reilly Health Systems
and maintained by
Boise City Ada County Housing Authority*

