Idaho Behavioral Health Council
Draft Advisory Board Recommendations

For Public Comment

August 19, 2024

BACKGROUND

The Idaho Behavioral Health Council (IBHC) was established in 2020 by all three branches of government to support collaboration among state government, local governments, and community partners. This year the IBHC is charged with developing an updated statewide strategic plan to inventory, audit, assess, and materially improve Idaho's behavioral health system to the benefit of all Idahoans.

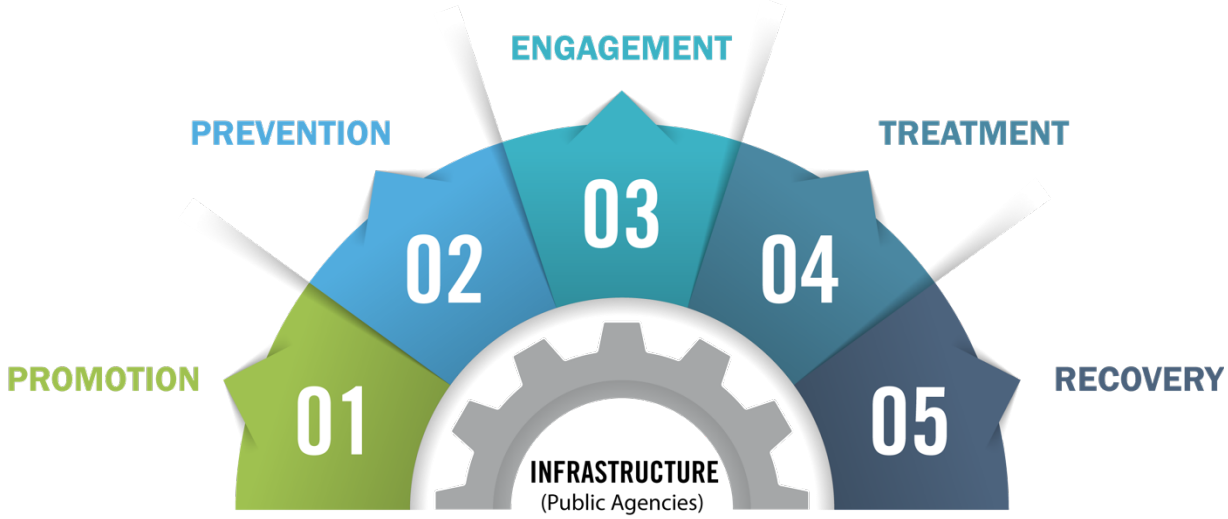
IBHC's vision is that adults, children, youth, and their families who live with mental illness and addiction receive the behavioral healthcare services they need when they need them. They believe if this vision is realized people in Idaho will have a better quality of life, reduced risk of involvement with the criminal justice system, and make our communities healthier, safer places to live.

Over the last few months, work has been completed across many sectors and agencies to draft a list of recommendations and action items that will serve as a major step towards creating a more organized system. Through the engagement of six workgroups, an Advisory Board, operational team members, and national experts putting forth Strategic Priorities, 51 draft recommendations have been developed for public comment. IBHC will vote on the selected recommendations during their September 13th meeting.

IBHC Workgroups

- *Children & Youth (CY)*
- *Civil Commitments (Com)*
- *Criminal Justice (CJ21) and (CJ24)*
- *Housing (H)*
- *Promotion, Prevention and Early Intervention (PP)*
- *Treatment, Recovery & Clinical Care (TR) and (CC)*

The recommendations are organized based on the established framework for Idaho's behavioral health system across six key areas, which includes infrastructure. *** Note: Items in red bold are prioritized by the workgroup**



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INFRASTRUCTURE

The foundation of the behavioral health system.

1 ***Workforce – Increase overall supply of behavioral health professionals.**

a. *Provide incentives to students who attend career tech or higher education institutions for behavioral health (or related fields) and commit to working in Idaho for a fixed time or period (CY01)*
b. *Enhance educational and training programs at Idaho educational institutions to train behavioral health providers (CY02)*
c. *Expand loan repayment to bring more professionals into areas (CY11) (CC18)*
d. *Increase residency positions for both psychiatry and primary care, as well as provide additional psychiatric training opportunities for primary care residents (CY12) (CC22)*
e. *Address shortage of physicians caring for the mentally ill: Create role of Associate Physician by licensing medical school graduates (MD/ DO) to work with attending physician supervision and credentialed at the same level as PAs (CC21)*
f. *Increase workforce capacity to address rural and frontier county needs for behavioral health professionals (CY07)*

2 ***Workforce – Increase recruitment and retention of existing behavioral health professionals.**

a. *Continue to address the workforce shortage for both behavioral health and primary care providers, specifically revisiting laws that criminalize medicine and evidence-based health care (TR46)*
b. *Revisit legislation to approve the counseling compact (TR43)*
c. *Assess fees and licensing costs for the therapy professions to make sure they are not a barrier to practice (CY08) (CC23)*
d. *Review the Idaho Medicaid paperwork requirements beyond the CMS mandates and look for opportunities to streamline in order to reduce the administrative burden to Medicaid providers (CY13)*
e. *A policy change to reimburse the comprehensive diagnostic assessment (CDA) in advance (PP24)*
f. *Address credential reciprocity for SUD workforce (NAADAC, IBADCC) (TR36)*
g. *Increase the use of paraprofessionals and incentives to bring them back to the workforce (CY06)*
h. *Implement cost of living adjustments for reimbursement rates to assist with workforce retention and recruitment (TR36)*
i. *Enforce mental health parity laws (CC10); Parity in mental health reimbursement rates similar to other medical issues (TR37) (PP04) [former Infrastructure #4]*

3 **Workforce – Specific Occupational analysis.**

a. *Peer support paraprofessionals*
    i. *Explore building an infrastructure to support and secure the professionalization and adequate compensation for the paraprofessional workforce of peer support specialists, certified recovery coaches, certified peer recovery coaches, and peer and family support specialists. (CY03) (TR10)*
    ii. *Assure fidelity to the peer support/recovery coach model through training, appropriate supervisions, evaluation, and appropriate job descriptions (TR11) (TR12)*
    iii. *Peer support and SUD treatment workforce, certification reciprocity.*

	b. *Review EMT staffing regulations* I. *EMT staffing regulations may be a barrier to providing care in crisis centers (PP10)* II. *Community Paramedic regulations - CHEMS (Community Health Emergency Medical Services) (PP11)*
4	**Data and Analysis – Evaluate the capacity of the behavioral health system. [*former Infrastructure #1*]** a. *Adequately fund the full continuum of care for behavioral health based on the gaps identified in the rationale and intention section. Research and implement with DHW, third party insurances, managed services contractors, private businesses and all other funding sources. (CY42)* b. *Increase care coordination capacity and availability of flexible funding to ensure Serious Emotional Disturbed youth are supported by children and family teams. (CY43)* c. *Expand the use of co-located services for specific populations in need, including children and shelter populations. This should include the expansion of co-located behavioral health services in K-12 schools. (CY44)* d. *Ensure access to intensive outpatient services across the lifecycle for those in need. (CY45)* e. *Provide a higher level of behavioral health support as kids and families transition to a post-COVID reality. (CY46)* f. *Comprehensive evaluation and coordination of opioid settlement fund investments across different state and local jurisdictions. (TR29)* g. *Identify all funding available for treatment and recovery (TR28)* h. *Analyze impact of Magellan Health Services* i. *Assure Magellan Health Services incorporates a recovery-focused system of care (TR22)* ii. *Evaluate the services provided by Magellan, and the outcomes of those services, to ensure the services provided meet the needs of Idahoans (CJ24-21)* iii. *Monitor the impacts to the workforce from the new Idaho Behavioral Health Plan for managed care (TR38)*
5	**Data – Develop outcomes and performance indicators. [*former Infrastructure #7*]** a. *Robust data collection infrastructure development & expansion to collect prevalence rates, risk & protective factors, and key behavioral health outcomes from youth & adult statewide. Care Coordination Data system (PP05)* b. *Determine impact of elimination of YRBS (TR20)* c. *Determine impact of law on "provider rights of refusal on religious grounds" (TR30)* d. *Revisit recently enacted minor consent laws. Track the impact the access of services to teens and willingness of providing services to minors. Track outcomes (e.g., STDs, ACEs). How many providers are no longer treating unemancipated youth? (TR19)* e. *Explore the availability and use of CJIDS data to develop policies and programs (CJ21-22)*
6	**Data – Increase facilitation and coordination of data collection across public agencies. [*former Infrastructure #3 and #6*]** a. *Identify and implement a governance structure and methods for sharing critical data across public, private, and nonprofit entities to facilitate care coordination* b. *Obtain a suitable data platform for all parties to report activities: paramedics, crisis centers, law enforcement, hospitals, and care providers. (TR42)*

	c. *Identify, develop, and implement a client connection system that will allow for secure and safe communication between clients and providers at crisis centers, hospitals, community providers, peer support specialist and recovery coaches, and recovery centers. (CY54)* d. *Develop a short-and long-term funding strategy for Idaho to implement that reimburses for coordination and communication services for providers. (CY55)* e. *Establish a regional multi-system collaboration/resource sharing model (utilizing YES Interagency Governance Team membership as a guide). (CY56)* f. *Add new coordination position to current system. Suggested position title "Network Access Coordinator". This position will be assigned to youth and families from the start of entering the mental health system for approximately 30-60 days. The intention is to walk alongside families to educate them step by step on how to navigate the mental health system before providing a warm hand off to a community-based case manager. (CY57)* g. *More time spent in doing assessments than receiving treatment. New CANS assessment every six months (should be an update) focuses on traumatic impacts rather than PACEs. (TR21)*
7	**Increase coordination of physical infrastructure resources.** a. *Develop medical/psychiatric unit for patients with significant co-morbid psychiatric and medical illness (CC02)* b. *Co-locate Mental Health services in shelters* c. *Create regional centralized triage and referral centers (CC25)* d. *Increase infrastructure for telehealth, telepsychiatry, and teletherapy (CC19)* e. *Need inpatient SUD treatment in North Idaho (TR25)* f. *Develop clarity on transportation responsibilities between hospitals and law enforcement, especially in rural areas (TR40)*
8	**Continue Sequential Intercept Model (SIM) Workgroups. [*former Promotion #4*]** a. *Plan and conduct SIM workshops in local communities for youth (CY31)* b. *Identify ongoing funding or personnel to conduct SIM workgroups (CY32)* c. *Develop local support and identify key local stakeholders to participate in the SIM workshops. Work with the Youth Assessment Centers to conduct CIM workshops for juvenile justice and crisis systems. (CY33)* d. *Support the implementation of priorities developed by local stakeholder to improve the local behavioral health and criminal justice systems. (CY34)* e. *Explore having the regional behavioral health boards take ownership of the SIM and CIM processes. (CY35)* f. *Support an ongoing system of Sequential Intercept Mapping (SIM) with follow-up, reporting, and scaling for every jurisdiction (CJ24-18) (CJ21-5)*
9	**Collaborate with the Idaho Behavioral Health Planning Council for the entire continuum of care. (TR45)**

PROMOTION

Create environments and conditions that support behavioral health and the ability of individuals to withstand challenges such as Social Determinants of Health.

1	**Develop an outreach and marketing strategy to increase awareness of publicly and privately funded programs and services [*former Promotion#1*]** a. *Formal partnership to link FindHelp.org with 211 for a resource for promotion (and full continuum of services) (PP12)*

	b. *Develop focused marketing towards initial contract providers to increase awareness of programs and services. (CY61)*
2	**Address mental health stigma [*former Promotion #2*]** a. *Reduce stigma in general (TR03)* b. *Address stigma specifically – Asking MH treatment questions on employment/licensure applications (TR04)* c. *Add naloxone to first aid kits (TR34)* d. *Provide training in K-12 and higher ed to reduce stigma (CY63)* e. *Educate on the need for promotion and prevention in behavioral health* f. *Educate on the role of ACEs/PCES on health (PP14)* g. *Identify specific populations (e.g., farmers, loggers, miners, construction workers) for targeted education, outreach (TR17)*
3	**Collaboratively develop a statewide plan that is led at the local level to promote health and well-being related to healthy food choices, public spaces that promote physical activity and connection, and policies that promote prevention and longevity (PP06)**

PREVENTION Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.	
1	**Identify and implement coordinated evidence-based/informed primary prevention strategies that support community, family, and child well-being. (PP08)** a. *Increase support and funding opportunities for "comprehensive community initiatives" that create collaborative partnerships among public agencies, service providers, community organizations, and community members (e.g., Icelandic Model). (PP23)*
2	**Support youth serving organizations through community grants, etc.; supports for childcare preschool programs (PP13)**
3	**Build infrastructure support for community and school collaborative partnerships (e.g., Community Schools Initiative) (PP17)**
4	**Support solutions that promote connectedness.** a. *Power 9 - Connectedness and social interaction and programs that target loneliness in communities (PP18) (PP19)* b. *Create more community solutions that promote connectivity amongst humans, particularly youth (TR02)*
5	**Conduct focus groups of caseworkers and parents involved in child protective cases (PP20)**
6	**Collaborate across IDHW Divisions and IDJC to expand behavioral health services to youth residing in out-of-home placements, foster care, and adoptive family homes. [*former Prevention #2*]** a. *Extension of Foster Care benefits (CY14)* b. *Provide post-adoption support (CY15)* c. *Utilize CFSR recommendations (CY16)* d. *Incorporate family support partners within the foster care system (TR13)*

7	**Commit Millennium Fund and Opioid Settlement Fund dollars (as allowed) to health promotion and prevention efforts that support Idahoans in promoting behavioral health and well-being where they live, work, play, learn, and worship. (PP07)**
8	**Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma. [*former Recovery#5*]** *a. Funding to support awareness and deployment of evidence-based programs such as Community Resilience Model (CRM); it is from the Trauma Resource Institute (CY59)* *b. Funding to support awareness and encourage training in Mental Health First Aid. (CY60)*

ENGAGEMENT

The ability to effectively assist an individual with a behavioral health disorder relies on the system's ability to engage the individual in the system.

1	**Ensure every community has a robust crisis response system for all ages. [*former Treatment #7, Strategic Priority #2*]** *a. Ensure robust mobile crisis response and services are implemented. (CJ24-03) (CY21) (CJ21-6b)* *b. Idahoans who have a non-violent mental health crisis should receive prompt assistance from a mental health professional in conjunction with a law enforcement response. (CJ21-6a) (CY23)* *c. Pilot a Virtual Crisis Care Program with Probation and Parole and Law Enforcement (CJ21-09-6c)* *d. Increase availability of non-law enforcement crisis response teams throughout Idaho to identify and refer individuals and/or families at first contact. (CY27)* *e. Improve Crisis Intervention Teams (CY24)* *f. Review status of CIT-Collaboratives in each region. Provide recommendations to maintain and enhance these collaboratives. (CY25) (CJ21-07)* *g. Promoting and facilitating CIT training for officers (TR32)* *h. Vulnerable Persons Registration for law enforcement. (Texas has legislation to enact the registration) (TR31)* i. *Review and monitor implementation of neurocognitive crisis hold (Com01)*
2	**Increase accessibility of behavioral health education resources in Idaho schools based on local needs. [*former Promotion #3*]** *a. DHW and consumers to work with the Office of the Idaho State Board of Education to develop education plan for K-12+ that assessed and addresses gaps in current educational content. (CY36)* *b. Provide connections to behavioral health resources through the schools (CY37)* *c. Follow up on local implementation of SDE Access Pathways Map that outlines referral process for students to access behavioral health resources (CY38)* *d. Ensure attendees at Stronger Together Conference of school administrators are provided information to bring back to their schools on how families can access behavioral health services. (CY39)* *e. Address policy where Rural Health Centers (RHCs) cannot provide and are not reimbursed for behavioral health services in schools. (PP03)* *f. Increased MH services for children through co-located therapy (CC03)*
3	**Increase identification, engagement, and access to behavioral health services for 16–25-year-olds across Idaho. [*former Engagement #1*]**

	a. *Add requirement for transition-age support to either of the current support contracts funded by the SAMHSA block-grant (CY40)* b. *ESMI- Early Serious Mental Illness Program expansion (CY41)* c. *Increase state funding for therapists in the college setting and ensure college students have access to behavioral health treatment (CC04) (TR33)*
4	**Create a framework around protective and involuntary holds that optimizes utilization of resources (ex: Substance Use Disorder) (Com16)** a. *Establish sobering centers (CC09)*
5	**Develop early diversion and deflection tactics to avoid long-term engagement with the criminal justice system.** *LEAD – Law Enforcement Assisted Diversion (CY20) (CJ21-04)* a. *Develop pre-adjudication diversion options for people with behavioral health need (CJ21-12), (CY26)* b. *Investigate and Pilot Mental Health Pretrial Courts and Other Pre-adjudication Diversion Options (CJ21-14)* c. *Administer a statewide gap analysis of evidence-based deflection and diversion practices to create off-ramps for justice-involved individuals that incorporate accountability and appropriate services (CJ24-09)* d. *Analyze and Expand Pre-Trial release programs (CJ24-10)* e. Diversion Systems: prearrest, post arrest, and beyond [Strategic Priority #5]
6	**Support the continued development and operation of Youth Assessment Centers** a. *Ensure sustainable funding for youth assessment centers (Millennium Fund) (PP02)* b. *Youth SIM for those involved in child welfare or criminal justice system.* c. *Evaluation of existing Youth Assessment Centers.*
7	**Develop a comprehensive transition process to ensure communication and prevent care gaps when patients transition between services levels of care. (e.g. a warm hand-off system)** a. *A more comprehensive system for warm handoffs. Ensure services are set up before leaving the hospital (TR23)* b. *Continuity of care, Warm handoffs – These services are not reimbursed* c. *Review and revisit pending Transitions of Care document*
8	**Create a plan to increase support for Personal Health Risk Reduction** a. *Endorse, promote, fund and distribute naloxone kits for opioid overdose reversal (CC07)* b. *Assured continued access to naloxone; fentanyl and xylazine test trips (tranq) (TR07)* c. *Identify different "personal health risk reduction" methods for those with alcohol-use and other SUDs (e.g., naltrexone) (TR09)* d. *Access to Medication Assisted Therapy (MAT)* e. *Provide information regarding existing resources (ex: findhelp.org)*
9	**Encourage and educate about effective employee and professional behavioral health assistance programs, while assuring confidentiality. (TR05)**
10	**Increase availability of qualified peer support specialists including recovery coach, youth peer support, and family support partner services across the behavioral health system. [*former Engagement #3*]** a. *Ensure adequate training for peer support specialists in Idaho.* b. *Increase access to youth peer support and family peer support services (49)* c. *Gap analysis of peer support specialists including recovery coach, youth peer support, and family support partner services in Idaho (CY50)* d. *Additional funding for youth under 18 (CY51)*

	e. *Identifying a training provider for family support partner services that can comply or be exempt from proprietary school regulations. (CY52)* f. *Explore using family support partner services as part of the foster care system of services. (CY3)* g. *Family support partners as Family to Family emotional support; advocate for services, rights (TR10)*

TREATMENT

These services are for people diagnosed with a behavioral health disorder. They are ideally evidence-based, client centered, and meet the varied needs of as many individuals as possible.

1	**Provide mental health workforce support for those working in the criminal justice, mental and behavioral health professions.** a. *Expand access to behavioral health treatment for First Responders and other staff working with criminal justice-involved populations (practitioners and partners (CJ01-24)* b. *Worker's Compensation--amend definition of "first responder" to include other criminal justice practitioners (CJ02-24)* c. *Provide trauma interventions to correctional staff and residents of IDOC facilities (CJ101)* d. *Create a task force for well-being for those in the mental and behavioral health professions (CY09) (CC24)* e. *Need to address safety and accountability for staff in state and community mental health facilities when they are assaulted or injured by individuals with BH issues (CJ24-20)* f. *Consider a coordinated effort of all criminal justice practitioners and system partners to establish a wellness program throughout Idaho (CJ24-20)*
2	***Expand the functionality of crisis centers.** a. *Continued support/funding of adult crisis centers statewide (PP01)* b. *Increase utilization, efficiencies, and coordination of crisis centers (CJ24-05) (CJ21-3a) (CY18)* c. *Advertise criteria for crisis centers. (CY30)* d. *Increase the functionality of the crisis centers - such as medication management and potential placement for involuntary holds (PP09) (TR41)* e. *Broaden the admission criteria for crisis centers.* f. *Allow for the establishment of mandatory section in addition to the voluntary access portion of in Crisis Centers.* g. *Enhance the admission time beyond 24 hours. Consider modifying or establishing new residential facility rules so that Crisis Centers can increase beyond 24 hours. (CY19) (CJ21-04)* h. *Utilize Crisis Centers for detox options beyond 24 hours.* i. *Establish crisis center access for rural areas. Ability to do Tele-health through the Crisis Centers to expand access.* j. *Modify Medicaid rules to allow for additional telehealth billing for clients currently experiencing a crisis but need to access a prescriber or other provider via telehealth.* k. *Look at rural model from Region 2 for other areas of the state to augment regional presence.*
3	**Enhance and expand Youth Crisis Services across Idaho.** a. *Establish crisis centers for youth and ensure regional presence (CY29) (PP02)*

	b. *Identify or develop placement for children who cannot immediately return with their families after a behavioral health crisis without involvement of children and family services. (CY28)* c. *Collaborate with Psychiatric Residential Treatment Facilities (PRTF)*
4	**Explore, establish, and increase support for treatment of youth.** a. *Add requirement for transition-age support to either of the current support contracts funded by the SAMHSA block-grant (CY40)* b. *Medicaid waiver for transitional age youth to receive substance use treatment in a 16+ bed facility (TR35)* c. *Create phone consult line for child and adolescent, as well as adult psychiatry for pediatricians, Eds and other primary points of entry. (CY10) (CC06)*
5	**Continuity of care for those entering and leaving the criminal justice system.** a. *Implement statewide consistent screening, at the earliest point of justice system contact. Juvenile consent concerns for screenings entry into JDC or JCC. (CJ24-06)* b. *Develop recommendations for improving processes used by courts and counsel to assess the behavioral health needs of criminal defendants (CJ21-12)* c. *Establish system navigators and case managers throughout Idaho for individuals with BH issues where and when they interact with the justice system (CJ24-07)* d. *Analyze and fund additional case management resources with the state PD with a focus on rural and frontier jurisdictions (CJ24-08)* e. *Address medication and medical record access and continuity. To address medication continuity for justice involved individuals, assess the statewide formulary shared by jails and Idaho Department of Correction prisons- explore the use of regular meetings of stakeholder to review and update formulary. (CY17) (CJ21-09)* f. *Strengthen the delivery of treatment and recovery resources in the jails and as individuals transition to the community (CJ24-13)* g. *FACT - Forensic Assertive Community Treatment program (PP25)* h. *Encourage medical assisted therapy before leaving the prison (vivitrol) (TR26)*
6	**Treatment for those involved in the criminal justice system.** a. *Develop supervision/treatment additional options that address the full continuum of risk/responsibility needs of probationers and parolees (CJ24-15) (CJ21-15)* b. *Using technology to connect justice involved individuals to services (CJ24-04)* c. *Medicaid coverage for individuals in- custody (under 1115 Waiver?) (CJ24-11)* d. *Educate individuals of their rights to receive MOUD treatment while incarcerated (TR27)* e. *MOUD in jails (CJ24-12)* f. *Explore how MAT for SUD can be expanded and readily available across Idaho to ensure availability for all Idahoans. (CJ21-13)* g. *Explore a partnership between DHW and IDOC to develop diversionary placements for people in behavioral health crisis who are on supervision (CJ21-16)* h. *Expand "dosage probation" model (CJ21-18)*
7	**Treatment Court Recommendations** a. *Expand Mental Health Courts and their eligibility criteria (CJ24-16)* b. *Develop, pilot and evaluate an evidence-based child protection/family treatment court to reduce out of home placement of children and foster treatment and recovery of parents with behavioral health conditions (TR01)* c. *Expand the Child Protection Court Model throughout Idaho (CJ24-17) (TR01)* d. *Consider piloting a reentry court for the Retained Jurisdiction (Rider) population. (CJ21-10d)*

	e. *Explore feasibility and benefits of making treatment court coordinators state employees (CJ21-16)* f. *Ensure the Mental Health Court program is successfully transitioned from DHW (CJ21-10a)* g. *Adequately fund treatment courts (CJ21-10c)*
8	***18-211/212 – Competency Restoration for adults.** a. *Conduct a comprehensive assessment and analyze ways to reform the competency to stand trial system in continued conversation with Council. [Strategic Priority #4]* b. *Improve timeliness of initial pretrial evaluations to ensure due process (Com02)* c. *Standardization of expert opinion and/or report (Com03)* d. *Address needs for commitment of individuals who do not require hospital level of care (Com04)* e. *Commitment of individuals too dangerous for State Hospital, but not designated as 66-1305 Dangerously Mentally Ill or were refused admission by IDOC (Com05)* f. *Address commitment of individuals who are unable to be restored due to chronic impairment or as a result of a non-mental illness (Com06)* g. *Address availability of facility space for females requiring restoration who are also identified as Dangerously Mentally Ill (Com07)* h. *Establish training curriculum for restoration which includes a restoration curriculum and competency reports for clinical staff (Com08)* i. *Clarify Idaho Code to provide for suspension of court proceedings to allow for community restoration. Research existing systems from other states and evidence-informed research (Com09)* j. *Differentiation between misdemeanor and felony processes (Com10) (CJ21-14a)* k. *Consider developing a forensic program for competency restoration and civil commitments that is not under Idaho Department of Correction (Com17) (CJ21-14)*
9	**20-519 – Competency Restoration for juveniles.** a. *Establish a multidisciplinary group to review statute I.C. 20-519, data related to its use, and experiences from stakeholders. (CY47)* b. *Develop a Bench Card and Parents Guide for Juvenile I.C. 20-519 Competency. (CY48)*
10	**Modernize civil commitment system (emergency, outpatient & inpatient) [Strategic Priority #6]** a. *Abeyances as alternative to commitment (Com12)* b. *Ensure less restrictive options have been exhausted (Com13)* c. *Trained clinicians empowered to initiate holds (Com14)* d. *Convene a statewide summit that brings together cross-sector stakeholders to discuss and define what is possible. Share the outcomes with Council to continue refining solutions.* e. *Dedicated program/project manager to review data and other best practice alignment.*
11	**Review system of guardianship as alternative to commitment (Com11)**
12	**Treatment modalities** a. *Develop system for treatment referrals for subacute crises or moderate risk individuals (TR47)* b. *Consider standardized recommendations for counseling practices (CC01)* c. *Develop existing Act Teams to use evidence based interventions to manage severely mentally ill patients in the community with a focus not only on decreasing utilization of high cost interventions, but to support increase in community functioning in order to improve outcomes (TR13)*

	d. Implement a state-wide initiative raising awareness of Trauma Informed Care and encourage practices which meet the needs of trauma survivors (CC20) *e. Ensure cultural competency in delivering treatment and recovery services (e.g., Native Americans) (TR)* *f. Train providers to work competently with criminal justice involved individuals (CJ24-14)* *g. Develop prevention and treatment resources with professional development for youth with problematic sexual risk factors, including sexting and pornography (CY05)* *h. Explore how MAT for SUD can be expanded and readily available across Idaho to ensure availability for all Idahoans. (CJ21-13)*
13	**Develop level of care across the lifespan.** *a. Increase acute psychiatric bed availability and levels of care (CC14)* *b. Develop and create Dementia Unit/Geropsych (CC15)* *c. Develop guidelines for care and grow care for dementia patients (CC16)* *d. Intensive outpatient across the lifespan (CC17)*
14	**Miscellaneous treatment** *a. Increase mental health care for pregnant women in general and specifically for those with SUD (CC08)* *b. Recognize the connection between smoking/tobacco use and continued other SUDs and offer effective tobacco use cessation services (TR18)* c. *Address victimization of individuals with disabilities, high risk population (also research why large number of reports are unsubstantiated)*
15	**Establish statewide CCBHC's with Prospective Payment System (PPS). [Strategic Priority #1]** *a. Seek federal grant funding – Demonstration and planning grants; CCBHC, State-TA Center (S-TAC)* b. Review Oklahoma network of CCBHCs as model
16	**Implement universal co-occurring capability in system of care. [Strategic Priority #3]** a. *Define co-occurring as potentially mental health, substance use disorder, development disability, and/or neurocognitive disorders*

RECOVERY

These services support individuals' abilities to live productive lives in the community and can help with management of behavioral health conditions to minimize the risk of relapse or recurrence.

1	**Increase availability of specialized supportive housing for people with behavioral health conditions. Supportive housing - general [*former Recovery #1*]** a. Develop more supportive transitional housing opportunities for individuals discharging from psychiatric hospitalization (H07) b. Apply for a waiver and/or expand the state plan to allow for supportive services for people experiencing homelessness in supportive housing settings (H03) c. Recommend Medicaid benefits for HART Home residents and increase the number of HART homes (H06) d. Conduct a regulatory Audit to identify gaps and bring about consistency in approach to all supportive housing & create a plan for ongoing housing program. Create high level standing committee/task force on housing, and coord. of resources responsible to governor on addressing the housing crisis. (H01)

2	***Supportive housing - Look at the state regulatory barriers preventing tax credits from being used.** a. Support initiatives that provide property tax exemptions for affordable housing development. Review of housing regulations – streamline to enable willing builders to take advantage of incentives b. Recommend that Idaho Housing and Finance Association to use a dedicated "set-aside" for at least five years of its Low-Income Housing Tax Credits to incentivize the building of permanent supportive housing units across Idaho. c. Review and streamline regulatory processes to create a more efficient process (H02)
3	***Supportive housing - NARR certification or coordination of audits for GEO, Medicaid.** a. Develop and launch a state of Idaho National Alliance of Recovery Residences (NARR) affiliate in the next 2 years to support certification of Recovery Housing, bringing stakeholders together (IDOC, IDHW, Court Systems) (H05)
4	**Community recovery services** a. Assure continued stable funding for recovery community centers in each region and expand funding to enable outreach to nearby smaller rural communities. (TR07) b. Support expansion of collegiate recovery programs to all institutions of higher education to support individuals choosing to identify as recovering and support those who are sober-curious (TR08) c. Ongoing support for maintenance, which does not have to include treatment. Recognize all pathways to recovery (TR15) d. Develop funding resources for multiple methods of recovery, such as Smart Recovery (TR16) e. Explore educating and obtaining community support for the Clubhouse International model to support individuals with BH needs to live independently (H08) f. Develop a network of support (TR24) g. Treatment should include funding/reimbursement for planned linkages and ongoing support for maintenance (TR14)
5	**Ensure links to services for those coming out of incarceration. (TR24)** a. Expand "forensic" Peer Support Specialist or Recovery Coach into an IDOC program (CJ21-19) b. Expand Connection and Intervention Stations (CIS) to all districts and ensure access to all residents, including rural areas (CJ21-20) c. Examination of non-incarceration options for Technical Parole Violations for parolees with behavioral health needs that are causing the violations (CJ21-21) d. Connect to the public health districts, federally qualified health centers, and free clinics.