

# IDAHO BEHAVIORAL HEALTH COUNCIL

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2021 – 2024 STRATEGIC ACTION PLAN



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## LETTER FROM THE CO-CHAIRS

On behalf of the Idaho Behavioral Health Council (IBHC), we are pleased to present to you the 2021 – 2024 Strategic Action Plan. With representation from all three branches of state government, as well as community partners, IBHC was tasked with developing and implementing a strategic plan designed to improve access to Idaho’s behavioral health resources and provide better outcomes for those who need services.

It is our vision 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. We 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 year we have worked across many sectors and agencies to identify a list of recommendations and action items that will serve as a major step towards creating a more organized system. This collaboration will address the growing challenges being faced by individuals with mental illness and/or addiction. We aim to use our precious resources in the most effective, efficient way possible, by maximizing our collaboration and utilizing industry best practices.

The IBHC strategic action plan includes an inventory of current resources including funding directed toward behavioral health, a plan to leverage state and national best practices, and focus on a consumer driven approach to design a cost efficient, coordinated system that more efficiently maximizes the resources to care for people with behavioral health conditions in Idaho.

It is with great excitement and gratitude that we share the 2021 – 2024 IBHC strategic action plan.



Sara Omundson  
Administrative Director of the Courts



Dave Jeppesen  
Director of Idaho Department of Health &  
Welfare

## ACKNOWLEDGEMENTS

We would like to thank members and supporters of IBHC’s development of the 2021 – 2024 Strategic Action Plan. We would also like to specially acknowledge the Advisory Board and Workgroup members who generously provided their time and expertise for this initiative.

### Idaho Behavioral Health Council Members

**Sara Omundson (Co-Chair)**

Administrative Director of Courts

**Dave Jeppesen (Co-Chair)**

Director of Idaho Health & Welfare

**Senator Jeff Agenbroad**

Idaho State Senator

**Representative Brooke Green**

Idaho House Representative

**Jennifer Griffis**

Member of the Public

**Representative Laurie Lickley**

Idaho House Representative

**Brent Mendenhall**

Madison County Commissioner

**Senator David Nelson**

Idaho State Senator

**Dr. David Pate**

Member of the Public

**Judge Gene Petty**

Third Judicial District Court Judge

**Monty Prow**

Director of Idaho Department of Juvenile Corrections

**Dr. Eric Studebaker**

Idaho State Department of Education

**Josh Tewalt**

Director of Idaho Department of Correction

## Advisory Board Members

**Dr. Lisa Bostaph**

Victims of Crime Expert

**Krissy Broncho**

Tribal representative

**Dr. Keith Davis**

Idaho Medical Association Primary Care representative

**Martha Ekhoﬀ**

Adult Consumer of Behavioral Health Services

**Mark Estess**

Idaho Chiefs of Police Association representative

**Michelle Evans**

Magistrate Judge

**Dr. Nicole Fox**

Idaho Psychiatric Association representative

**Eric Fredericksen**

State Appellate Public Defender

**Kim Hokanson**

Family of a Child Consumer of Behavioral Health Services

**Sheriff Sam Hulse**

Idaho Sheriff's Association representative

**Todd Hurt**

State Hospital Administrator

**Yvonne Ketchum-Ward**

Idaho Primary Care Association representative

**Marianne King**

Office of Drug Policy

**Toni Lawson**

Idaho Hospital Association representative

**Palina Louangketh**

Suicide Prevention representative

**Dr. Matthew Niece, LCPC**

University Leadership

**Keisha Oxendine**

Idaho Prosecuting Attorneys Association representative

**Dawn Rae**

EMS

**Michael Sandvig**

NAMI

**Laura Scuri**

Mental Health Provider

**Melinda Smyser**

Office of Drug Policy representative

**Anne Taylor**

Public Defender

**Debbie Thomas**

Substance Use Disorder Provider

**Robert Vande Merwe**

Idaho Health Care Association representative

**Craig Ward**

Tribal representative

**Lora Whalen**

Public Health District representative

## Children & Youth Workgroup Members

**Jen Griffis (Co-Chair)**

Member of the public

**Dr. Eric Studebaker (Co-Chair)**

Idaho State Department of Education

**Shane Duty**

Health & Welfare - Division of Behavioral Health

**Jason Dye**

Administrative Office of the Courts

**Kyle Hanson**

Health & Welfare - Division of Behavioral Health

**Kim Hokanson**

Family of Child Consumer of BH Services

**Monty Prow**

Director of Idaho Department of Juvenile Corrections

**Jorge Pulleiro**

Local Schools

**Laura Scuri**

Behavioral Health Provider

**Roger Sherman**

Idaho Children's Trust Fund

**Melissa Syria**

Tribal Representative

## Clinical Care Workgroup Members

**Dr. Nicole Fox (Chair)**

Psychiatric Association

**Krissy Broncho, LCSW**

Tribal Representative

**Dr. Thadeus Koontz**

State Hospital North

**Dr. Matthew Niece, LCPC**

University Leadership

**Craig Ward, LMFT**

Tribal Representative



## Commitments Workgroup Members

**Judge Michelle Evans (Co-Chair)**  
Magistrate Judge

**Todd Hurt (Co-Chair)**  
Health & Welfare - Division of Behavioral Health

**Aaron Bazzoli**  
Chief Public Defender - Canyon County

**Dr. Walter Campbell**  
Idaho Department of Correction

**Representative Brooke Green**  
Idaho House of Representatives

**Sheriff Sam Hulse**  
Sheriff's Association

**Toni Lawson**  
Hospital Association

**Keisha Oxendine**  
Prosecuting Attorneys Association

**Laura Scuri**  
Mental Health Provider

**Teresa Shackelford**  
Health & Welfare - Division of Behavioral Health

## Criminal Justice Workgroup Members

**Judge Gene Petty (Co-Chair)**  
Third Judicial District Court Judge

**Anne Taylor (Co-Chair)**  
Public Defender

**Gail Baker**  
Idaho Department of Correction

**Dr. Lisa Bostaph**  
Victims of Crime Expert

**Dr. Walter Campbell**  
Idaho Department of Correction

**Mark Estess**  
Chiefs of Police Association

**Eric Fredericksen**  
State Appellate Public Defender

**Judge Dave Hooste**  
District 6 Courts

**Sheriff Sam Hulse**  
Sheriff's Association

**Keisha Oxendine**  
Prosecuting Attorneys Association

**Michael Sandvig**  
NAMI

**Mike Wraith**  
Health & Welfare - Division of Behavioral Health

## Housing Workgroup Members

**Martha Ekhoﬀ (Co-Chair)**

Consumer of BH Services

**Robert Vande Merwe (Co-Chair)**

Idaho Health Care Association

**Rosie Andueza**

Health & Welfare - Division of Behavioral Health

**Janice Fulkerson**

Fletcher Group

**Diana Lachiondo**

Ada County Commissioner

**Larry Riley**

Homeless Services representative

**Wyatt Schroeder**

Homeless Services representative

**Debbie Thomas**

Substance Use Disorder Provider

## Prevention / Early Intervention Workgroup Members

**Melinda Smyser (Co-Chair)**

Office of Drug Policy

**Palina Louangketh (Co-Chair)**

Health & Welfare - Overdose/Suicide Prevention

**Dr. Keith Davis**

Idaho Medical Association Primary Care representative

**Sidnee Hill**

Idaho Coalition for Rural Resilience

**Kim Hokanson**

Family of Child Consumer of BH Services

**Sheriff Sam Hulse**

Sheriff's Association

**Marianne King**

Office of Drug Policy

**Dawn Rae**

EMS

**Randy Rodriguez**

Health & Welfare - Division of Behavioral Health

**Michael Sandvig**

NAMI

**Craig Ward**

Tribal representative

**Lora Whalen**

Public Health District representative



## Programs & Services Workgroup Members

**Debbie Thomas (Co-Chair)**  
Substance Use Disorder Provider

**Scott Ronan (Co-Chair)**  
Administrative Office of the Courts

**Martha Ekhoﬀ**  
Consumer of BH Services

**Sidnee Hill**  
Idaho Coalition for Rural Resilience

**Yvonne Ketchum-Ward**  
Primary Care Association

**Senator David Nelson**  
Idaho State Senator

**Keisha Oxendine**  
Prosecuting Attorneys Association

**Dawn Rae**  
EMS

**Scott Rasmussen**  
Health & Welfare - Division of Behavioral Health

**Michael Sandvig**  
NAMI

**Laura Scuri**  
Behavioral Health Provider

**Robert Vande Merwe**  
Idaho Health Care Association

## Operation Team Members

**Adrian Castaneda**  
Spark! Strategic Solutions

**Ross Edmunds**  
Health & Welfare - Division of Behavioral Health

**Jana Filer**  
Administrative Office of the Courts

**Maggie Finnegan**  
Health & Welfare - Division of Behavioral Health

**Cristina Gonzalez Froude**  
Spark! Strategic Solutions

**Taunya Jones**  
Administrative Office of the Courts

**Shannon McGuire**  
Spark! Strategic Solutions

**Adam Panitch**  
Health & Welfare - Division of Behavioral Health

**Ryan Porter**  
Administrative Office of the Courts

**Janie Potter**  
Administrative Office of the Courts

**Megan Schuelke**  
Health & Welfare - Division of Behavioral Health

# EXECUTIVE SUMMARY

Idaho has many silos in our behavioral health system and significant treatment service access challenges. Lack of access to effective behavioral healthcare has an impact on the corrections system, the judicial system, hospitals, schools, and communities, leading to challenges such as a growing prison population, overdose deaths, and a very high suicide rate just to name a few. There are also a number of strengths and opportunities that reside in many levels of the system where effective care options are occurring.

## Idaho’s Behavioral Health Framework

Visualizing the steps of the behavioral health system rested on five key focus areas: promotion, prevention, engagement, treatment and recovery. Each of these steps are interconnected in providing comprehensive support to those in need of services. While each area appears in sequential order, IBHC discussed key onramps and off ramps utilized on the journey of care. This framework became the guiding focus in recommendation development.



## Strategic Action Plan

The following recommendations have been selected by IBHC as key priority focus for the next three years. Each of these has been prioritized based on impact, effectiveness, and efficiency.

RECOMMENDATION	SPONSOR	TIMELINE
<b>Infrastructure #2</b> Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.	Idaho Department of Health & Welfare	December 31, 2021
<b>Treatment #3</b> Improve Idaho civil commitment process and procedures by proposing amendments to the Mental Health Act to incorporate the action items.	Idaho Supreme Court, Idaho Department of Health & Welfare, and Commissioner Mendenhall	December 31, 2021
<b>Treatment #7</b> Develop and implement a crisis response system model for youth. Strengthen and broaden a crisis response system model for adults based on community capacity.	Idaho Department of Health & Welfare	December 31, 2022
<b>Infrastructure #8</b> Explore piloting a Certified Community Behavioral Health Clinics model.	Idaho Department of Health & Welfare	June 30, 2023
<b>Promotion #4</b> Conduct Sequential Intercept Model (SIM) Workshops in local communities across Idaho to improve local collaboration between the behavioral health and criminal justice systems and to identify opportunities to improve the local behavioral health system and the criminal justice process.	Idaho Supreme Court	June 30, 2023
<b>Engagement #4</b> Review and draft or amend statutes and rules to promote earlier engagement of justice involved individuals with behavioral health treatment needs.	Idaho Supreme Court and Idaho Department of Correction	June 30, 2023
<b>Recovery #3</b> Identify services to support long term recovery for individuals in Idaho.	Idaho Department of Health & Welfare	June 30, 2023
<b>Recovery #5</b> Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma.	Idaho Department of Juvenile Corrections and Idaho State Department of Education	June 30, 2023
<b>Treatment #1</b> Increase residential treatment options for youth to receive appropriate level of care based on their needs with a preference for services within Idaho.	Idaho Department of Juvenile Corrections and Idaho Department of Health & Welfare	June 30, 2024

## GUIDING PRINCIPLES

As the Idaho Behavioral Health Council moves toward its next phase of implementation, the recommendation and action items in the plan will be organized under multiple organizations and projects. To achieve consistency, all project leads/teams are asked to adhere to the following set of guiding principles:

1) Consumer and Family Voice:

Because the voices of consumers of services and their families are crucial to proper implementation of the Idaho Behavioral Health Council's strategic action plan, **we commit to include** them as indispensable partners in program design, implementation, and evaluation.

2) Cross-System Collaboration:

We commit to utilize an inclusive and collaborative approach in the implementation of behavioral health strategic action plan.

3) Promote Evidence and Best Practices:

We commit to using known effective practices through the design and implementation of the strategic action plan, including best practices for funding services and supports.

4) Recovery and Resiliency Oriented:

We commit to designing a system that focuses on the lifelong process of improving wellness and strives to assist consumers and families in reaching their full potential.

5) Equitable Access:

We commit to implementing a system with equal access for all Idahoans regardless of race, ethnicity, gender, socioeconomic status, or sexual orientation. We commit to observing all rights as defined in the Americans with Disabilities Act (ADA).

6) Financially Sustainable:

We commit to designing and implementing a behavioral health system that is effective, efficient, and financially sustainable.

7) Quality, Accountability, and Outcomes:

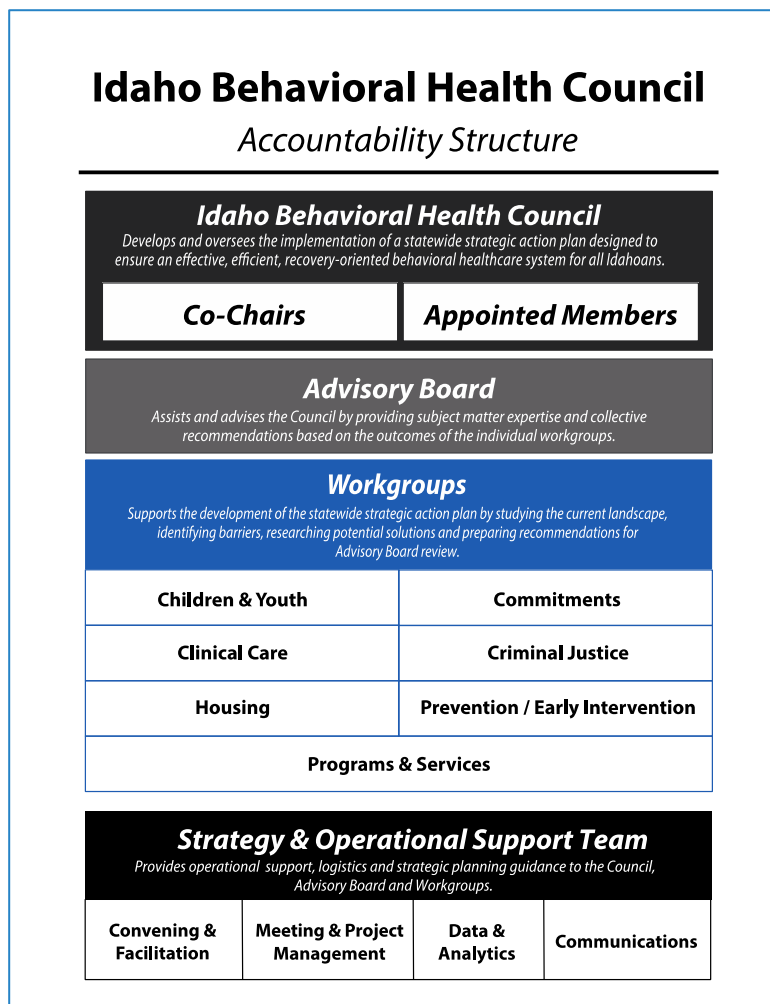
We commit to transparent and continuous evaluation of quality and outcome measures in all programs and services to achieve the best possible outcomes for Idahoans and to achieve effective/efficient use of public dollars.

# STRATEGIC PLANNING PROCESS & APPROACH

The official kickoff for strategic planning under IBHC began in August 2020. The process is still currently underway and is scheduled to be completed on June 18, 2021. The process is currently in draft plan development and is being shared to gather community input as part of the final prioritization phase. The following sections provide context to the methodology used to develop the recommendations and suggested action items.

## IBHC Accountability Structure

A clear accountability structure was developed to help ensure clear roles and responsibilities. The graphic below visualizes and describes the roles of each team in drafting recommendations and suggested action items.



## Phases to Guide Action Plan Development

The planning process was divided into four key phases to guide the development of the action plan. The work started with taking a system view to determine the parameters and focus areas of behavioral health in Idaho. The second phase was led by the Advisory Board and Workgroups through Systems & Landscape Analysis. The tasks centered on application of a human-centered lens by understanding the experiences of people living with behavioral health challenges. Personas were developed and mapped along the journey to receive services. IBHC then moved into system visioning by defining potential solutions needed to improve service delivery and alignment. This included research into existing models (locally and nationally) as well as evidence-based successes.

<p><b>SYSTEMS VIEW</b> Determine the parameters and focus areas of the behavioral health system.</p>	<p><b>SYSTEM &amp; LANDSCAPE ANALYSIS</b> Persona and journey mapping to understand current reality, limitations, barriers, and opportunities.</p>	<p><b>SYSTEM VISIONING</b> Defining potential solutions and what we need / desire for Idaho Behavioral Health.</p>	<p><b>MODEL RESEARCH</b> Research potential solutions / better practices.</p>
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## Defining the Behavioral Health System

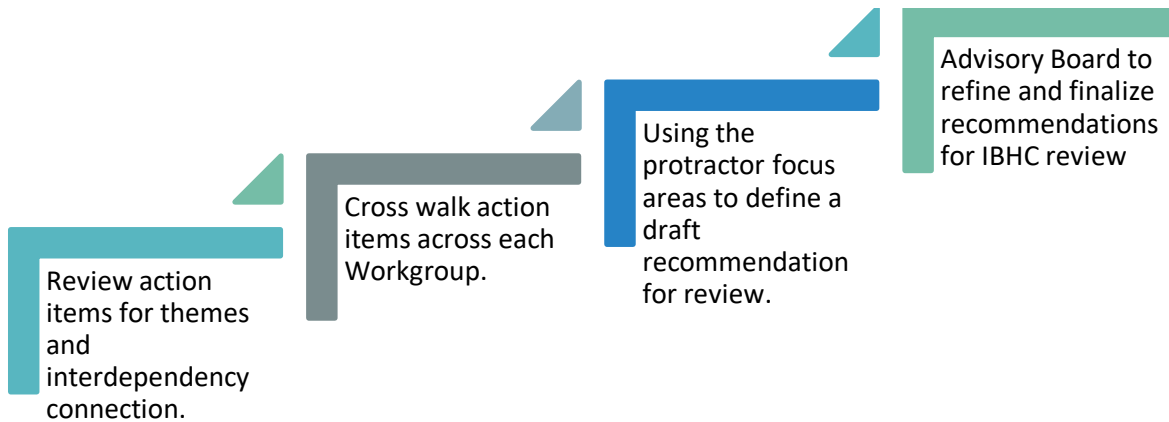
For purposes of developing the three-year strategic action plan, the Idaho Behavioral Health System is defined as publicly funded programs and services as well as collaborations with private entities in the areas of Mental Health and Substance Use Disorder. Our focus will be on programming and policy to drive best practices with a goal to ensure people in Idaho have a better quality of life, reduced risk of involvement with the criminal justice system, healthier communities and safer places to live.

MENTAL HEALTH	MENTAL ILLNESS	SUBSTANCE USE DISORDER
<p>Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.</p>	<p>A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.</p>	<p>A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.</p>

## Recommendation Development Methodology

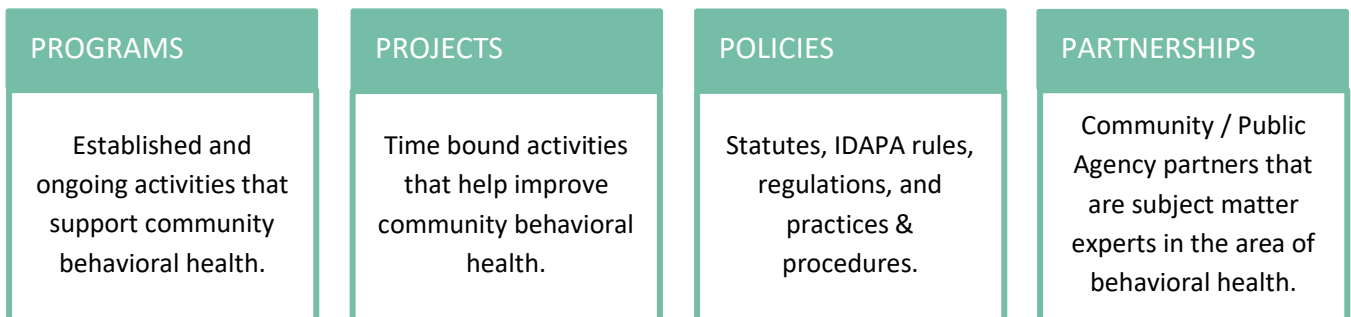
Workgroups developed a set of 100+ suggested action items that included a rationale and starting list of steps needed to ensure completion. The Advisory Board then refined and prioritized those action items and created a set of recommendations using consensus-based voting.

Note: Many action items span across multiple sections of the protractor. When building recommendations, action items were placed in the system focus area where they are first are relevant.



## Structuring the Recommendations

Each of the recommendations and proposed action items were categorized into one of four areas of type to ensure there was clear understanding in how the implementation would be approached.





## Prioritization of Recommendations

Council prioritized each of the draft set of recommendations using categories of effort, impact, effectiveness and efficiency.

<b>EFFORT</b>	<b>IMPACT</b>
<p>Consideration of required investment of time and resources to achieve success of the recommendation.</p>	<p>The ability to positively influence or effect changes to unfavorable circumstances to achieve the intended outcome at a systems level.</p>
<b>EFFECTIVENESS</b>	<b>EFFICIENCY</b>
<p>The degree to which the recommendation has the capability to be successful in producing the desired result of improvement to Idaho’s behavioral health system.</p>	<p>Working in a well-organized and competent way while achieving maximum productivity with minimum wasted effort or expense across public agencies.</p>

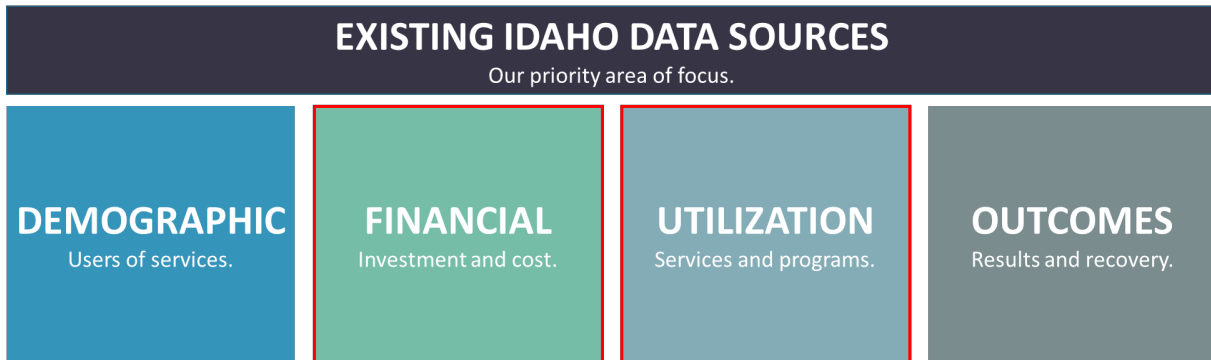
## Identifying Public Agency Sponsors

During prioritization, public agencies will select which recommendations to sponsor during implementation.

<b>IDENTIFY THE SPONSOR</b>	<b>SELECT PILOT ACTION ITEMS</b>
<p>The sponsor is the entity that has primary responsibility to lead the program, partnership, policy, or project resulting from the recommendations. The sponsor will oversee the implementation team, set direction &amp; priorities, refine and challenge recommendations for improvement, and removes barriers to progress in achieving outcomes for success.</p>	<p>Review the action items under each recommendation to select the most relevant and feasible to explore during implementation.</p>

# IDAHO BEHAVIORAL HEALTH SNAPSHOT DATA

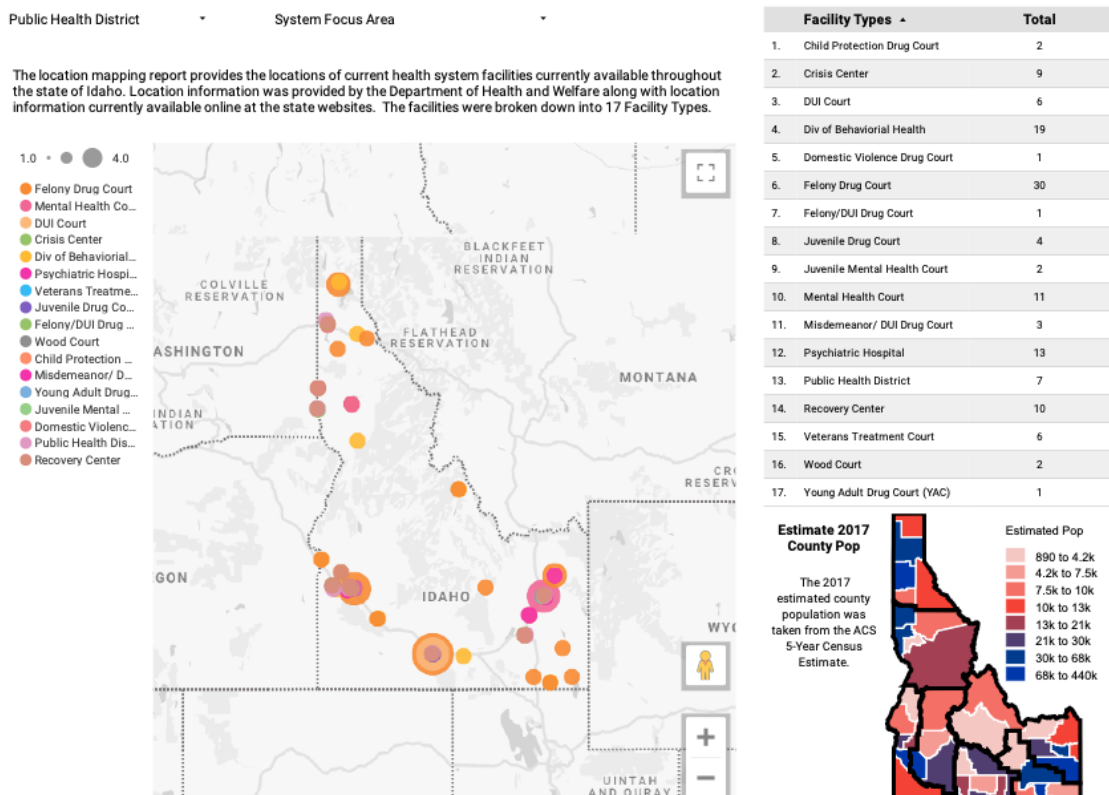
One of the key tasks of IBHC was to define a plan that includes an inventory of current resources including funding directed toward behavioral health. The data below is a snapshot of available information across a variety of public agencies. The intention was to understand what is available, where gaps are and design a path that allows improved data collection and sharing. The information below is what was discovered and correlated to existing information about behavioral health in Idaho.



## Mapping the Behavioral Health System

The graphic below is a screenshot of an interactive tool developed to showcase public agency resources across the state. The IBHC Location Map can be found in the following link:

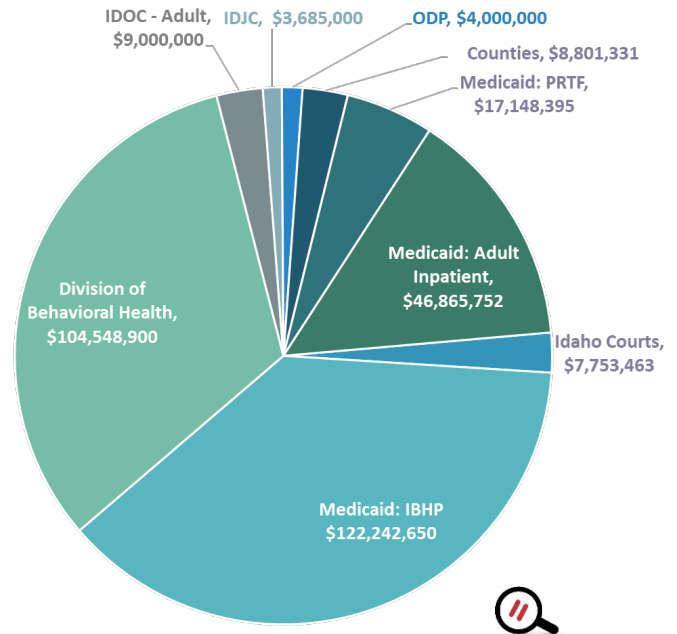
<https://datastudio.google.com/u/0/reporting/ec26a36c-ea11-4077-91b7-4459e56c4e00/page/p1ysB>



## Behavioral Health Expenditures Financial Snapshot

The following data was collected from public agencies.

PUBLIC AGENCY	AMOUNT
Medicaid – Idaho Behavioral Health Plan	\$122,242,650
Medicaid – Children inpatient (PRTF)	\$17,148,395
Medicaid – Adult Inpatient Psychiatric Hospitalization	\$46,865,752
Division of Behavioral Health	\$104,548,900
Counties	\$8,801,331
Idaho Courts	\$7,753,463
Idaho Department of Correction (IDOC)	\$9,000,000*
Office of Drug Policy (ODP)	\$4,000,000*
Idaho Department of Juvenile Corrections (IDJC)	\$3,685,000
<b>TOTAL</b>	<b>\$324,045,491</b>



There are more associated and indirect costs not captured.

## Division of Behavioral Health

Financials and utilization for the division. Utilization information for children and adult services.

By Division	FTP	General	Total
<b>Behavioral Health</b>			
Adult Mental Health	209.56	27,590,700	32,274,000
Children's Mental Health	97.67	8,350,200	14,457,500
Substance Abuse	16	500,000	13,064,200
Community Hospitalization		1,069,000	1,069,000
State Hospital South	286.25	11,351,300	30,672,600
State Hospital North	107.1	8,282,700	10,047,000
State Hospital West	<u>50.33</u>	<u>2,964,600</u>	<u>2,964,600</u>
<b>Total Behavioral Health</b>	<b>766.91</b>	<b>\$60,108,500</b>	<b>\$104,548,900</b>

### Division of Behavioral Health Adult Mental Health Services

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Adults Served</b>	14,358	13,122	13,056	11,750
<b>Supportive Services (meds, housing and employment)</b>	2,107	2,107	2,020	1,737
<b>Assertive Community Treatment</b>	573	585	575	511
<b>Co-occurring Services</b>	2,114	2,097	1,997	1,482

### Children receiving mental health services from the Division of Behavioral Health

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Total Children Served</b>	2,332	3,097	3,743	3,300
<b>Court-ordered 20-511A</b>	509	466	473	373
<b>Parenting with Love and Limits</b>	188	159	166	144
<b>Case Management</b>	1,360	1,292	1,085	810
<b>Alternate Care</b>	52	47	23	19

## State Hospital Data

Utilization information for psychiatric, adolescent, and skilled nursing services.

### State Hospital North

#### SHN adult inpatient psychiatric services

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Adults Patient Days</b>	17,644	16,115	16,407	18,493
<b>Admissions</b>	206	278	263	261
<b>Avg Daily Census</b>	48	44	45	51
<b>Occupancy rate</b>	81%	74%	75%	84%
<b>Median Length of Stay (Days)</b>	55	42	48	51
<b>30-Day Readmission Rate</b>	1.5%	< 1%	< 1%	1.9%
<b>180-Day Readmission Rate</b>	6.3%	7.2%	8.3%	6.9%
<b>Cost Per Patient Day</b>	\$558	\$ 619	\$ 619	\$ 557

### State Hospital South

#### SHS adult inpatient psychiatric services

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Adults Patient Days</b>	27,734	28,753	28,521	29,080
<b>Admissions</b>	582	575	576	639
<b>Avg Daily Census</b>	76	78.8	78.1	79.5
<b>Median Length of Stay (Days)</b>	34	35	39	35
<b>Daily Occupancy Rate</b>	84.4%	87.5%	86.8%	88.3%
<b>30-Day Readmission Rate</b>	1.55%	1.57%	.89%	1.9%
<b>180-Day Readmission Rate</b>	9.97%	13.04%	11.6%	13.8%
<b>Cost per Patient Day</b>	\$636	\$612	\$622	\$630

#### Adolescent unit

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Patient Days</b>	3,997	4,088	4,289	4,273
<b>Admissions</b>	116	124	112	93
<b>Occupancy Rate</b>	68.4%	70.0%	73.4%	73.0%
<b>Median Length of Stay (Days)</b>	29	31	33	38
<b>30-Day Readmission Rate</b>	0%	0%	0%	1.1%
<b>180-Day Readmission Rate</b>	7.8%	5.6%	7.1%	6.5%
<b>Cost per Patient Day</b>	\$848	\$837	\$785	\$816

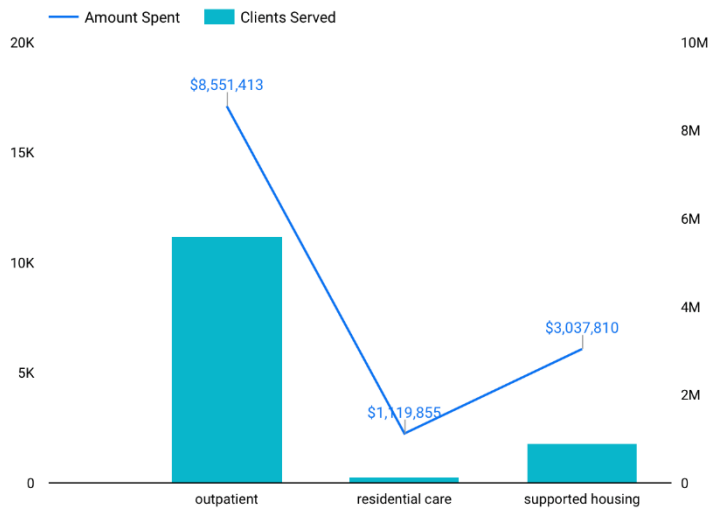
#### Syringa Skilled Nursing

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Patient Days</b>	9,989	10,294	10,345	10,276
<b>Admissions</b>	16	8	5	10
<b>Occupancy Rate</b>	94.4%	97.3%	97.7%	96.8%
<b>Cost per Patient Day</b>	\$623	\$604	\$612	\$621

# Substance Use Data

## SUD SERVICES

3 Year Total

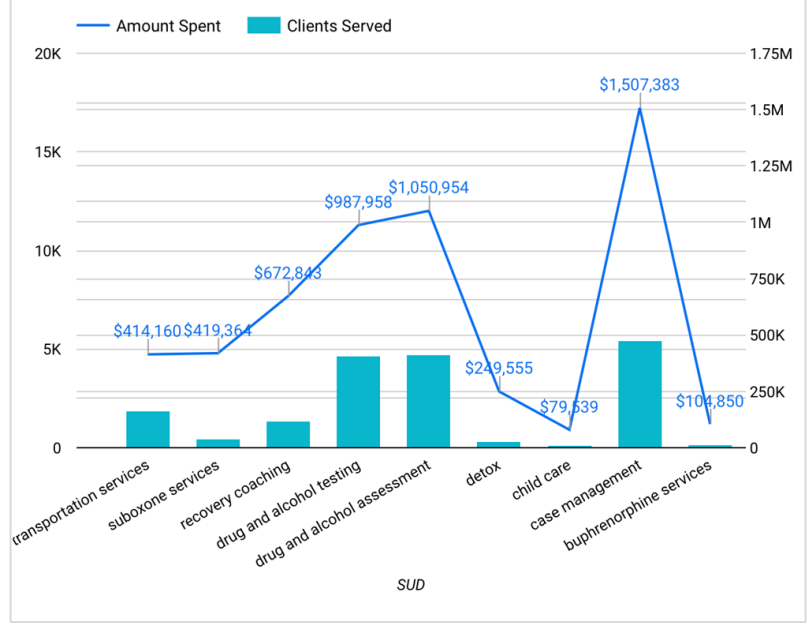


SUD	SFY	Clients Served	Amount Spent
outpatient	SFY2018	4,726	\$3,800,892
	SFY2019	2,641	\$2,297,289
	SFY2020	3,797	\$2,453,232
residential care	SFY2018	130	\$487,962
	SFY2019	60	\$218,574
	SFY2020	98	\$413,319
supported housing	SFY2018	684	\$959,792
	SFY2019	439	\$701,042
	SFY2020	673	\$1,376,976

Note: Relating to Outpatient - Client numbers served may be duplicated as a client may receive individual and group therapy during the same episode of care; does not include education or services that include the family.

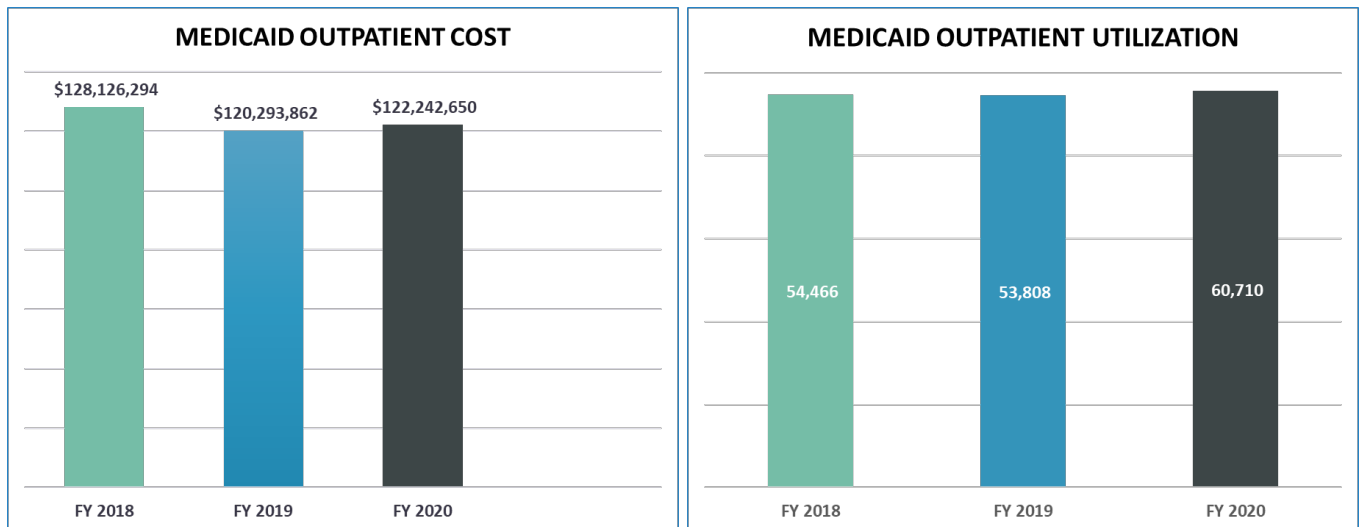
## ADDITIONAL SUD SERVICES TO CONSIDER FOR INCLUSION

3 Year Total



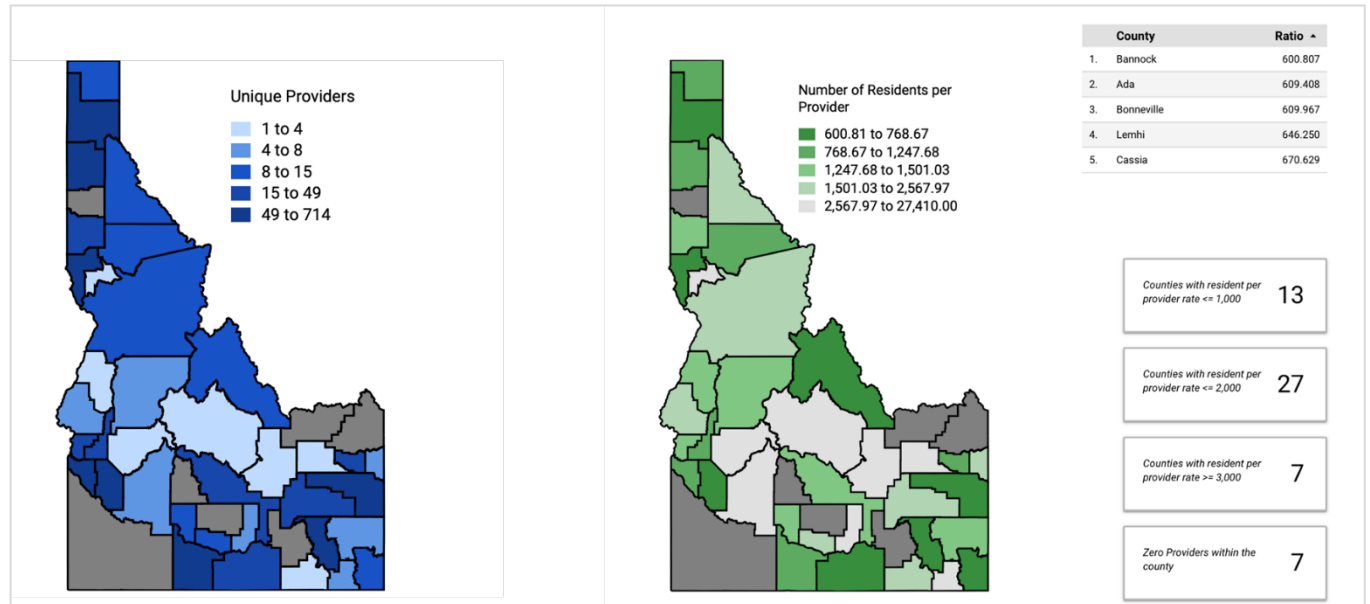
SUD	SFY	Clients Served	Amount Spent
buprenorphine services	SFY2018	45	\$31,434
	SFY2019	42	\$21,979
	SFY2020	72	\$51,437
case management	SFY2018	1,705	\$691,530
	SFY2019	2,193	\$373,996
	SFY2020	1,517	\$441,857
child care	SFY2018	39	\$38,212
	SFY2019	26	\$21,157
	SFY2020	42	\$20,170
detox	SFY2018	85	\$74,617
	SFY2019	104	\$82,235
	SFY2020	117	\$92,703
drug and alcohol assessment	SFY2018	1,776	\$421,916
	SFY2019	1,357	\$266,315
	SFY2020	1,570	\$362,723
drug and alcohol testing	SFY2018	1,776	\$421,916
	SFY2019	1,357	\$266,315
	SFY2020	1,510	\$299,727
recovery coaching	SFY2018	577	\$343,742
	SFY2019	340	\$166,557
	SFY2020	414	\$162,544
suboxone services	SFY2018	88	\$93,558
	SFY2019	146	\$159,875
	SFY2020	212	\$165,931
transportation services	SFY2018	826	\$213,422
	SFY2019	515	\$103,938
	SFY2020	543	\$96,800

## Idaho Medicaid Data



## Optum Provider Density

The county graphs below provide a breakdown of the number of unique providers identified per county. The green map displays number of residents per provider per county. The Demographic and housing estimates 2013-2017 American Community Survey 5-Year Estimates was utilized for resident reference. The providers information is strictly based on an Optum September 2020 provider report.



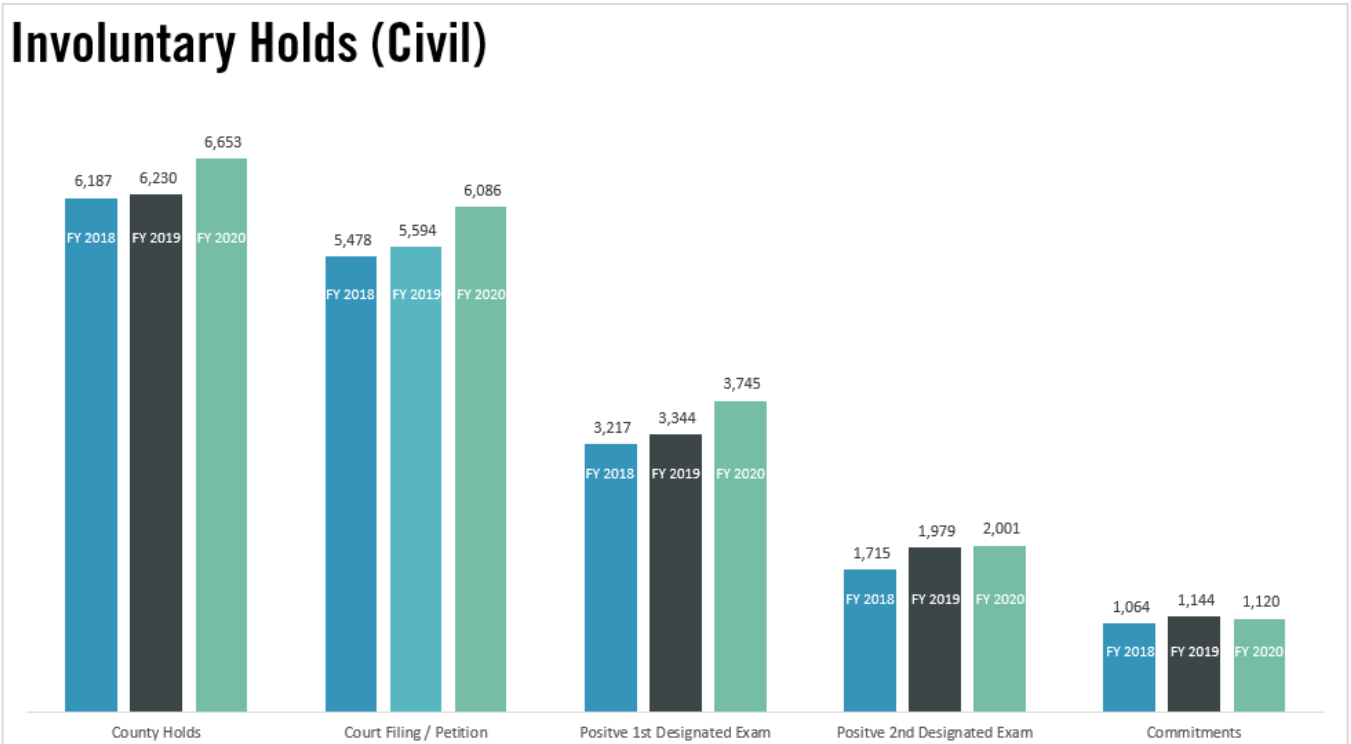


## Involuntary Path Data

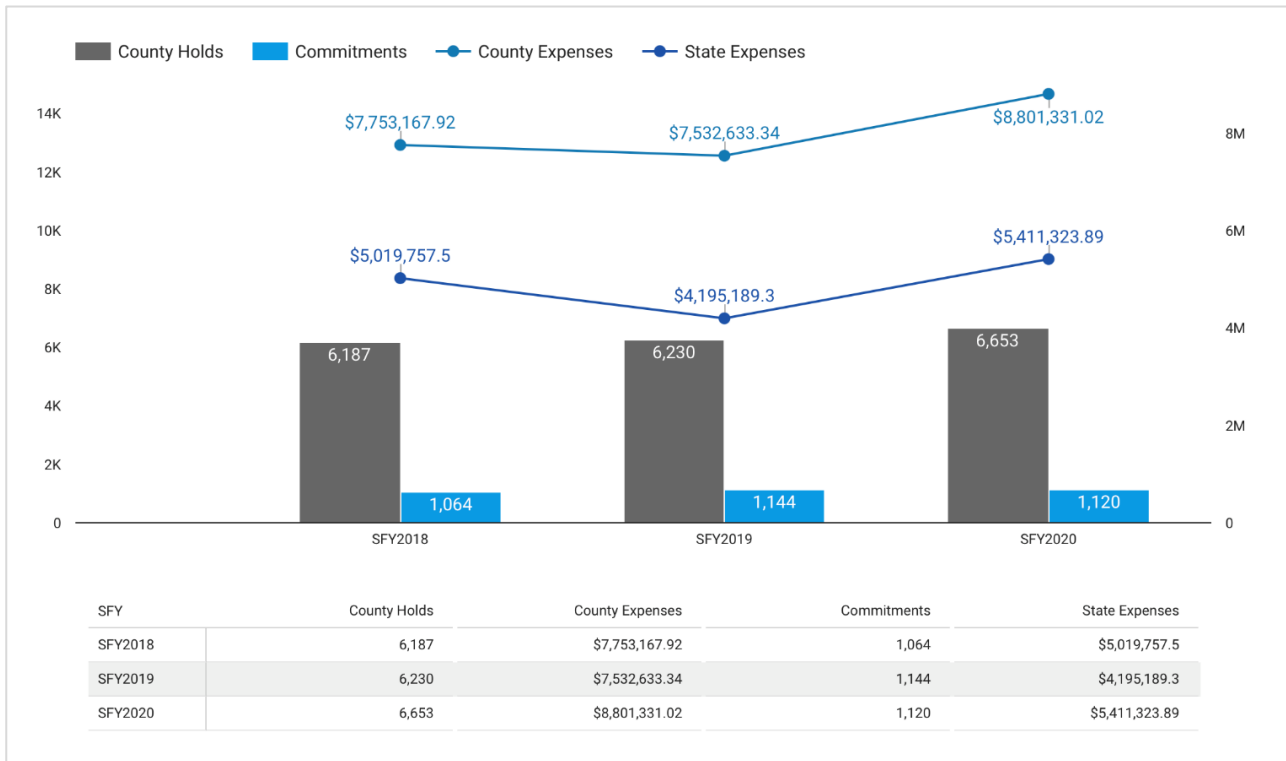
Civil involuntary path follows the following process.



The charts below provide a count at each stage for three fiscal years.

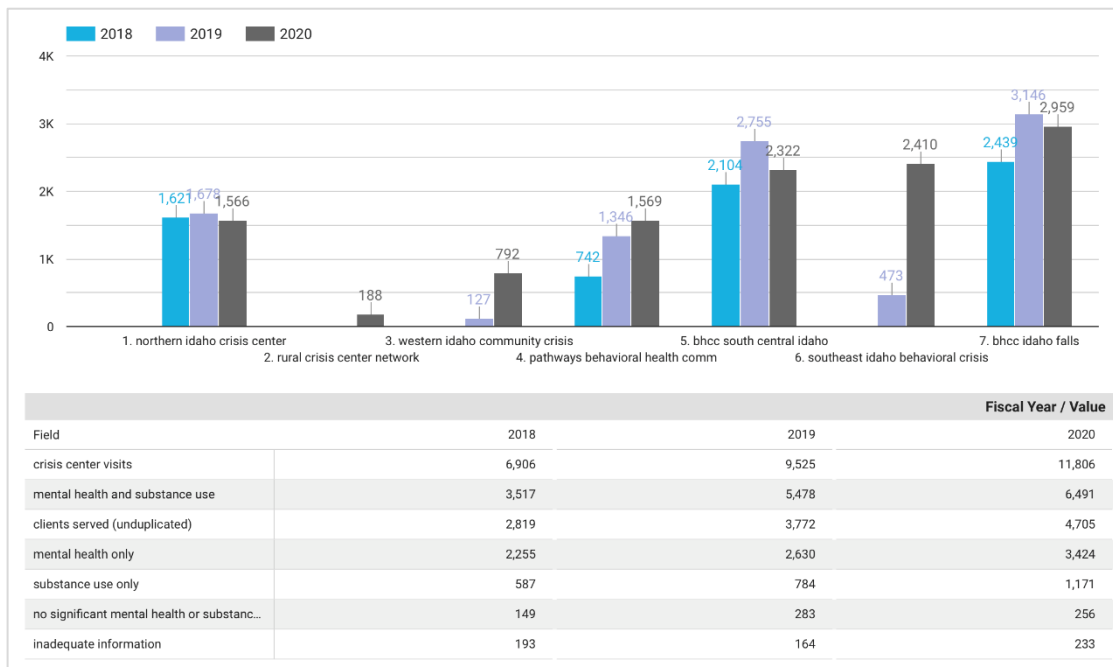


The chart and table below provide county and commitment breakdown along with expenses. Court petition / filing costs was not captured.



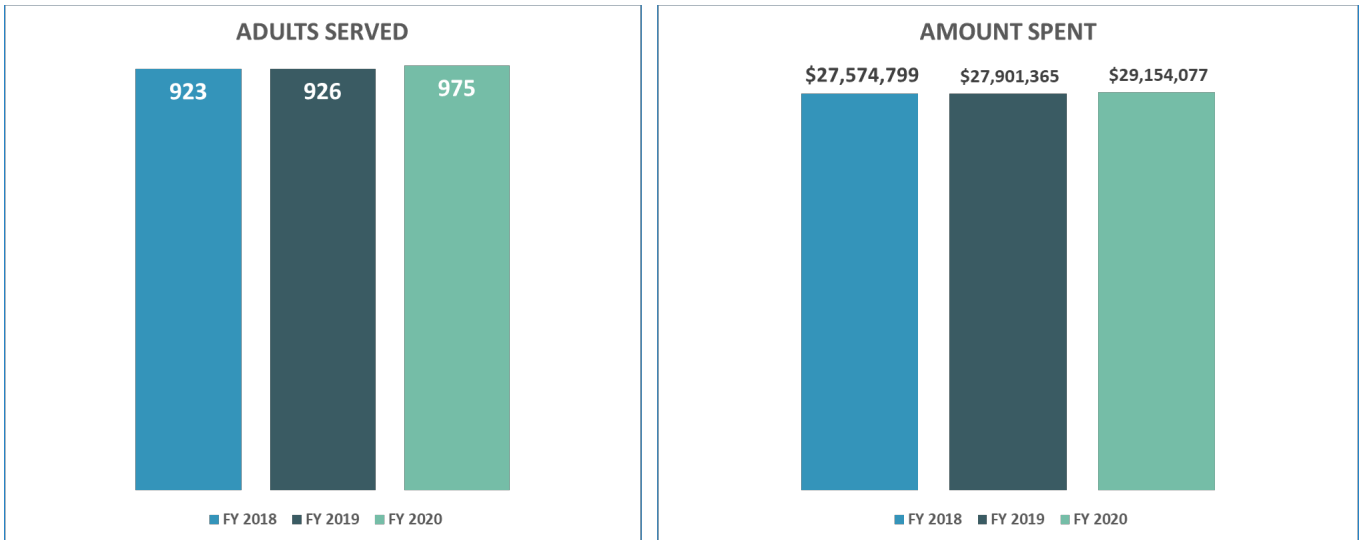
### Crisis Center Intake Data

Idaho is currently comprised of seven crisis centers. The chart and table below provide a breakdown for three fiscal years.



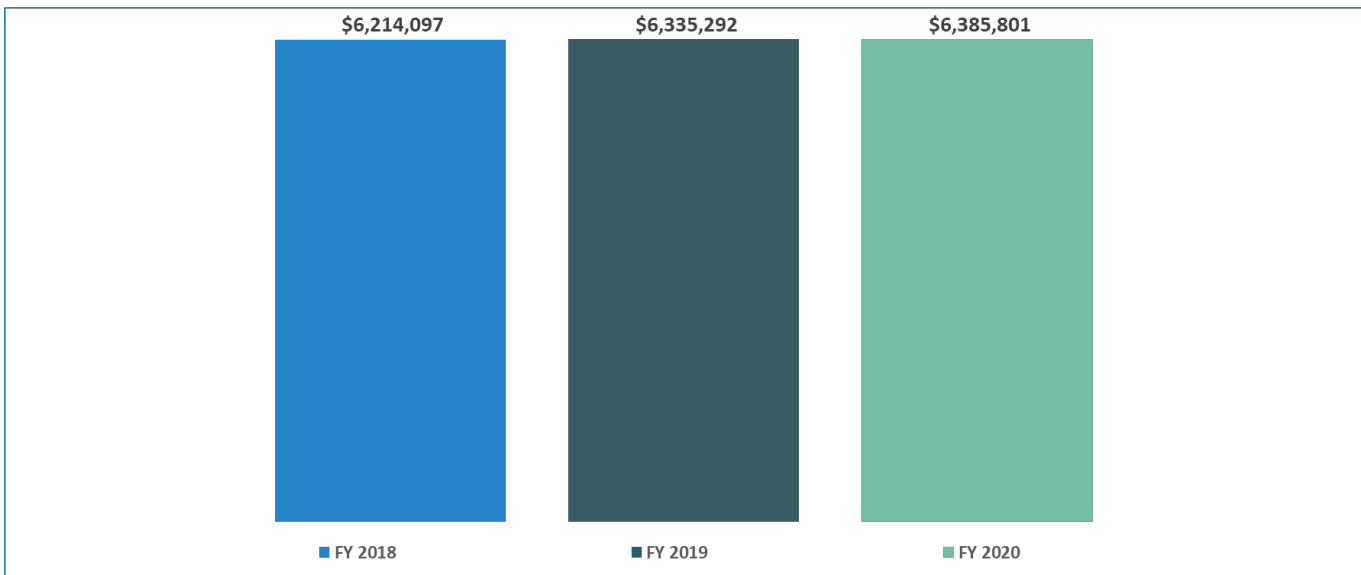
## State Hospital Utilization Data

Data is relating to two psychiatric hospitals, State Hospital North and State Hospital South, for people who have been court-ordered into the state's custody. A new adolescent psychiatric treatment hospital, State Hospital West, opened in Spring 2021 in Nampa.



## Syringa Nursing Home

Psychiatric skilled nursing facility operated by State Hospital South. The chart below provides the amount spent on clients served in state hospital for three fiscal years. The costs include indirect services.

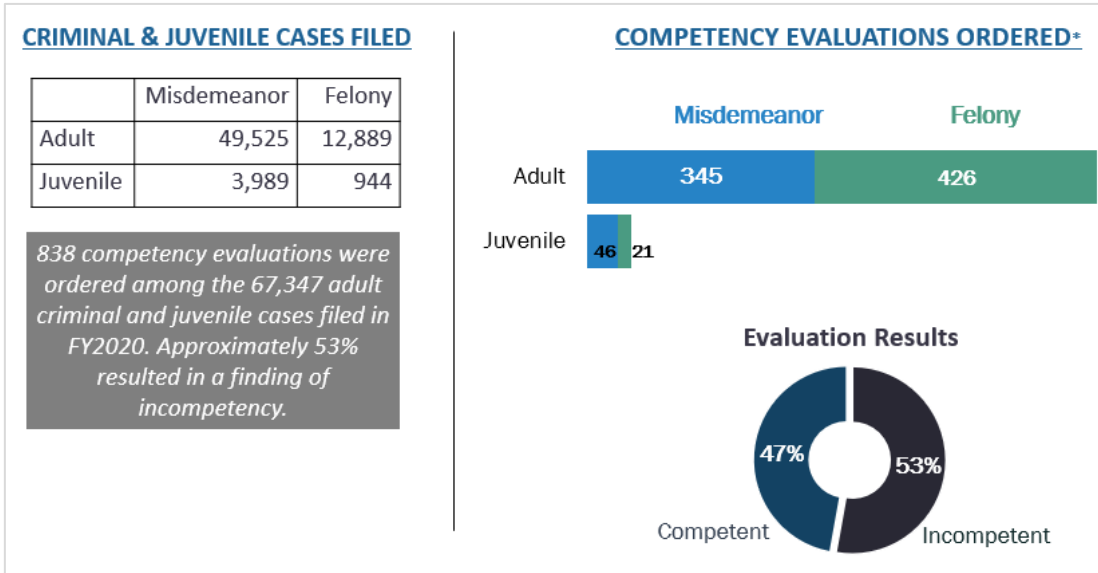


## Idaho Supreme Court

The data and charts below were provided by the Idaho Supreme Court to showcase financial information and utilization of services.

### Competency Evaluations Ordered in FY2020

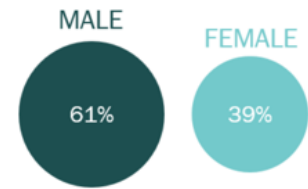
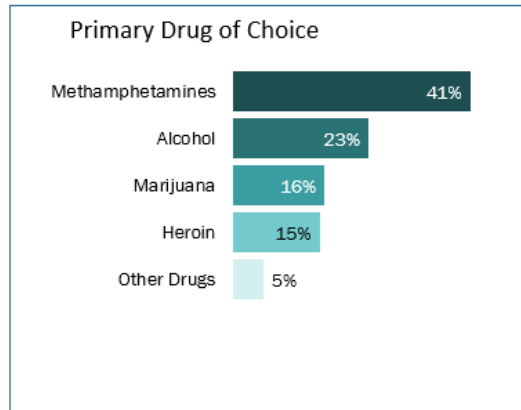
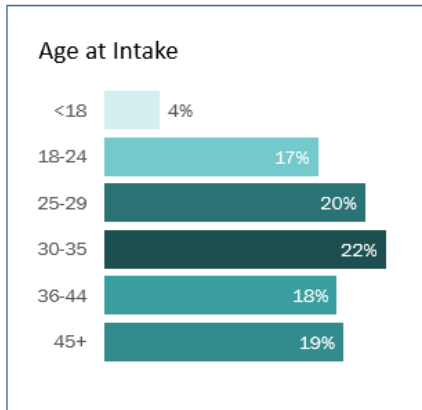
Financial information not available. May not include all competency evaluations.



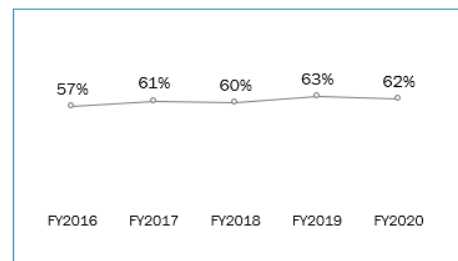
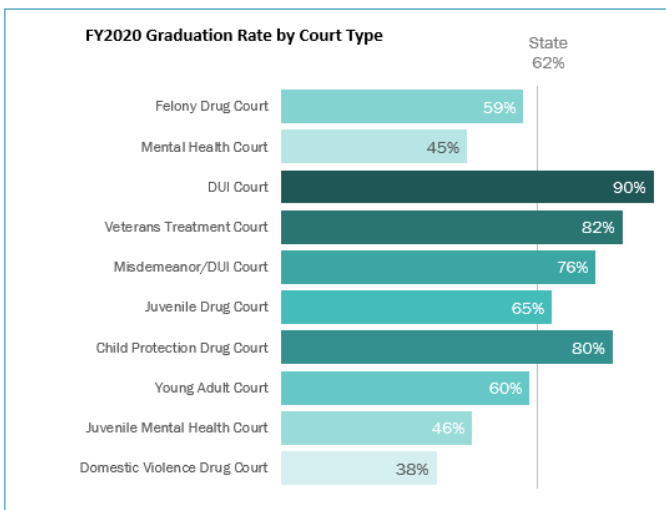
### Treatment Courts: Participants Served

	FY2016	FY2017	FY2018	FY2019	FY2020
Felony Drug Court	1,339	1,416	1,444	1,391	1,263
Mental Health Court	420	411	427	398	379
DUI Court	283	273	309	265	224
Veterans Treatment Court	135	151	173	188	170
Misdemeanor/DUI Court	175	181	159	124	102
Juvenile Drug Court	105	99	89	91	73
Child Protection Drug Court	80	54	60	53	72
Young Adult Court	89	69	73	60	61
Juvenile Mental Health Court	45	45	38	35	40
Domestic Violence Drug Court	52	45	37	37	30
<b>Total</b>	<b>2,723</b>	<b>2,744</b>	<b>2,809</b>	<b>2,642</b>	<b>2,414</b>

## Treatment Courts: FY2020 Demographics

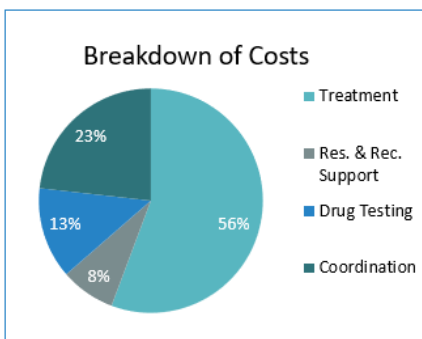


## Treatment Court: Graduation Rates



## Treatment Court ISC Costs: FY2020

Testing and coordination costs reflect Supreme Court costs only; they do not include costs to the counties. Some drug testing is covered by participant fees. Treatment costs do not include costs borne by IDHW to deliver ACT services to MHC participants.

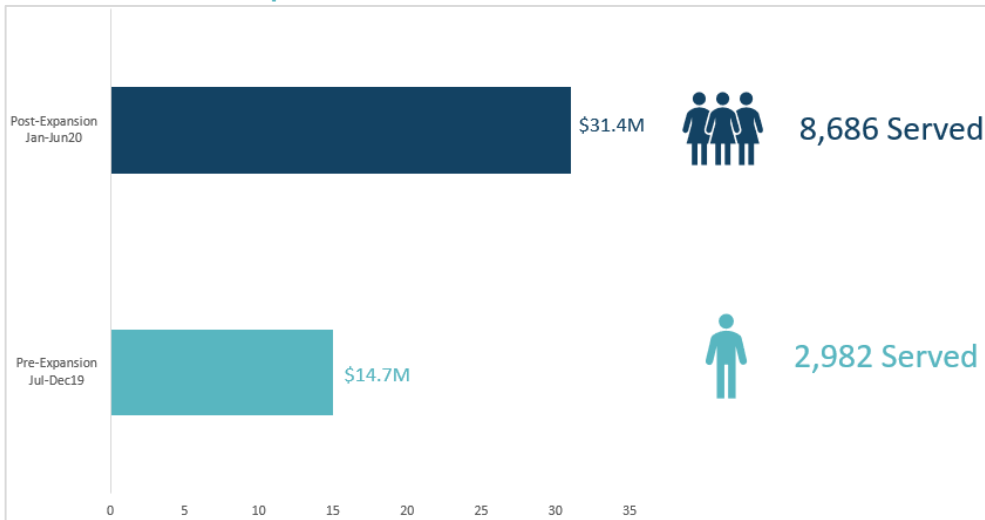


	Treatment	RRSS	Drug Testing	Coordination	Total
District 1	\$423,304	\$26,116	\$119,000	\$213,127	\$781,547
District 2	\$251,583	\$13,355	\$76,300	\$214,209	\$555,447
District 3	\$438,956	\$29,913	\$113,400	\$226,525	\$808,794
District 4	\$1,181,707	\$78,865	\$235,200	\$297,054	\$1,792,827
District 5	\$458,335	\$58,561	\$108,500	\$283,822	\$909,219
District 6	\$451,433	\$219,583	\$108,500	\$214,215	\$993,732
District 7	\$1,114,943	\$185,998	\$259,700	\$351,257	\$1,911,898
<b>Statewide</b>	<b>\$4,320,260</b>	<b>\$612,392</b>	<b>\$1,020,600</b>	<b>\$1,800,211</b>	<b>\$7,753,463</b>

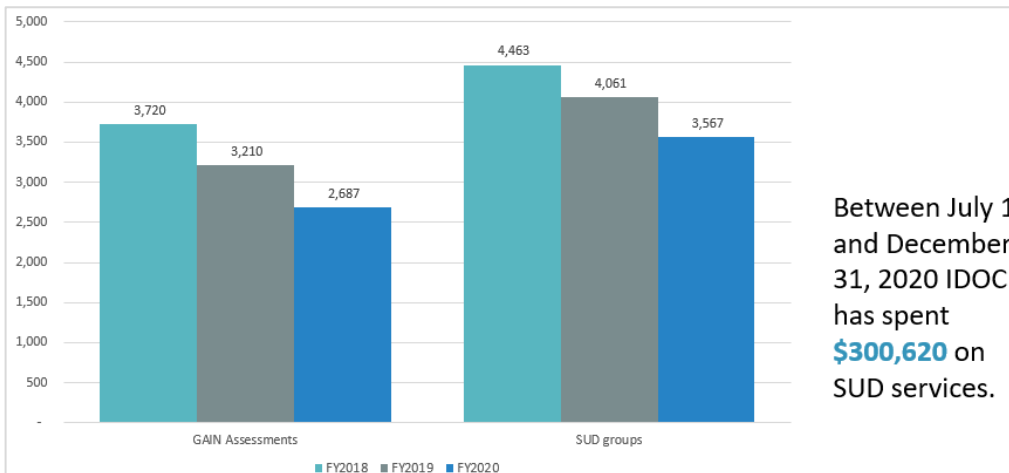
## Idaho Department of Correction

The data and charts below were provided by Idaho Department of Correction to showcase financial information and utilization of services.

### IDOC – Medicaid Expansion



### IDOC – Adult Substance Use Disorder Services for People on Probation & Parole



### IDOC – Behavioral Health Services in Prisons



- 3,325 people on psychotropic meds
- 48% of in-state population



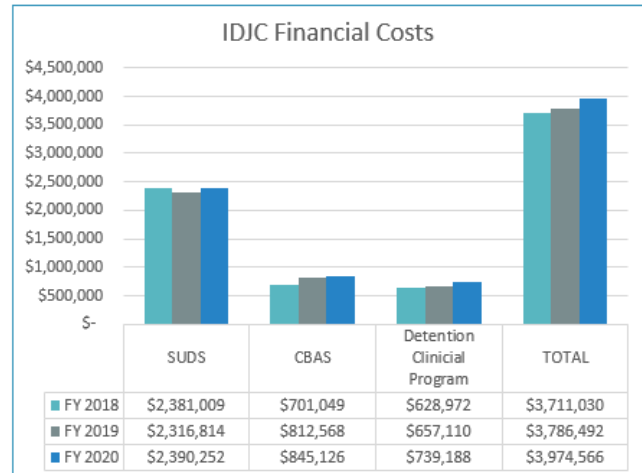
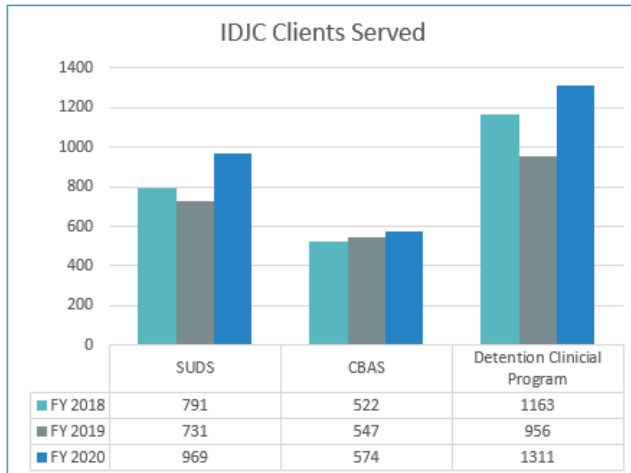
- Behavioral Health Unit (ISCI): 227 average daily census
- Acute Behavioral Health Unit (IMSI): 72 average daily census, which includes Idaho Secure Medical Program residents



- \$1,485,276 spent on psychotropic medications between Jan-Nov 2020
- Estimated MH staffing costs are about \$4M annually

## Idaho Department of Juvenile Corrections (IDJC)

The charts below were provided by the Idaho Department of Juvenile Corrections to showcase financial information and utilization of services.



## Data Source List

Below are sources that were referenced to provide the snapshots for this report.

- American Community Survey (ACS). “ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2013-2017 American Community Survey 5-Year Estimates.” <https://www.census.gov/programs-surveys/acs>.
- Behavioral Health Offices. Idaho Dept. of Health and Welfare, 2020. Find a Service Location, <https://healthandwelfare.idaho.gov/offices?location>.
- DBH Community Hospitalization Expenses SFY18, 19, 20. Data source DU 2.0 SFY18, SFY19, and SFY20.
- Facts and Figures 2021. Idaho Dept. of Health and Welfare, 2021. (Unpublished) Report.
- Idaho Behavioral Health Services. Idaho Dept. of Health and Welfare, 2020. XFT DE WITS Data.
- Idaho Problem-Solving Courts Judges & Coordinators List. Idaho Treatment Courts, 2020. Idaho-Txc-Coordinators-Judges\_Dec 2020.xlsx.
- Mental Health Hold Expenditures. Dept. of Health and Welfare, 2020. 7Yr Hold Costs - Mental Health Hold Expenditures.xlsx.
- Optum. Optum Medicaid Provider Roster. Optum, 2020. OR54ProviderRoster\_Sep2020.xlsx.
- 66-326/329 Records by Fiscal Year. Dept. of Health and Welfare, 2020. FY18-19-20 Holds and Commitments.xlsx.
- Statewide Crisis Centers. Idaho Dept. of Health and Welfare, 2020. Locations, <https://healthandwelfare.idaho.gov/services-programs/behavioral-health/statewide-crisis-centers>.
- SUD Dashboard. Idaho Dept. of Health and Welfare, 2020. IBHC Data Collection\_RLW vs SUD Dashboard.



# ADVISORY BOARD RECOMMENDATIONS

The detailed tables on the following pages are the full sets of recommendations and proposed workgroup action items prepared for IBHC by the Advisory Board. This list is of utmost importance to the Council and we aim to keep each of these in our purview.

<h2 style="margin: 0;">INFRASTRUCTURE</h2> <p style="margin: 0; font-size: 0.9em;">The foundation needed to build the behavioral health system.</p>	
RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS	
1	<p><b>Continue to evaluate the capacity of Idaho’s public behavioral health system necessary to meet the needs of Idahoans and develop a strategy to implement a comprehensive system of care to organize these services efficiently.</b></p> <ul style="list-style-type: none"> <li>Adequately fund the full continuum of care for behavioral health based on the gaps identified in the rational and intention section. Research and implement with the DHW, third party insurances, managed services contractors, private businesses and all other funding sources.</li> <li>Increase care coordination capacity and availability of flexible funding to ensure Serious Emotional Disturbed youth are supported by child and family teams.</li> <li>Expand the use of co-located service 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.</li> <li>Increase mental health care for pregnant women in general and specifically for those with SUD.</li> <li>Establish Sobering Centers.</li> <li>Ensure access to intensive outpatient services across the lifecycle for those in need.</li> <li>Provide a higher level of behavioral health support as kids and families transition to a post-Covid reality.</li> <li>Ensure the Mental Health Court program is successfully transitioned from the Department of Health and Welfare. Develop plan to transition treatment for mental health court participants from Idaho Department of Health and Welfare Assertive Community Treatment (ACT) teams to the private provider network.</li> </ul>
2	<p><b>Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Enhance educational and training programs at Idaho educational institutions to train behavioral health providers.</li> <li>Explore options under current requirements for providers that promotes further workforce development, while preserving oversight.</li> <li>Explore building an infrastructure to support and secure the professionalization and adequate compensation for the paraprofessional workforce of peer support specialists, and certified recovery coaches, and certified peer recovery coaches, and peer and family support specialists.</li> <li>Increase state funding for therapists in the college setting.</li> <li>Develop prevention and treatment resources with professional development for youth with problematic sexual risk factors, including sexting, pornography, etc.</li> <li>Increase the use of paraprofessionals.</li> <li>Increase workforce capacity to address rural and frontier county needs for behavioral health professionals.</li> <li>Assess fees and licensing costs for the therapy professions to make sure they are not a barrier to practice.</li> <li>Create a task force for well-being for those in the mental and behavioral health professions.</li> <li>Create phone consult line for child and adolescent, as well as adult psychiatry for pediatricians, EDs and other primary points of entry.</li> <li>Expand loan repayment to bring more people into out areas.</li> <li>Increase residency positions for both psychiatry and primary care, as well as provide additional psychiatric training opportunities for primary care residents.</li> </ul>

3	<p><b>Enhance individualized care coordination among different systems involved in patient and/or client care.</b></p> <ul style="list-style-type: none"> <li>• Identify, develop, and implement a client connect system that will allow for secure and safe communication between clients and providers at crisis centers, hospitals, community providers, peer specialist and recovery coaches, and recovery centers.</li> <li>• Develop a short- and long-term funding strategy for Idaho to implement that reimburses for coordination and communication services for providers.</li> <li>• Establish a regional multi-system collaboration/resource sharing model (utilizing YES Interagency Governance Team membership as a guide).</li> </ul>
4	<p><b>Implement mental health parity policies and reform provider reimbursement to broaden reimbursable care for mental health and substance use disorders and develop a plan to pay based on key performance indicators.</b></p> <ul style="list-style-type: none"> <li>• Recommendation that the reimbursement matrix for Substance Use Disorder and Mental Health services are equivalent to have a robust workforce to meet the needs of our behavioral health clients and families.</li> <li>• Identify funds or grants for providers that are willing to demonstrate high quality services are provided in the most rural and frontier areas.</li> <li>• Identify funds or grants for incentives or reimbursement rates for those able to demonstrate quality services.</li> <li>• Enforce mental health parity laws</li> </ul>
5	<p><b>Verify the Telehealth Task Force plan for reimbursement and technology improvements beyond the federal emergency act expiration date in order to maintain or improve the current level of service delivery via virtual care.</b></p> <ul style="list-style-type: none"> <li>• Advocating for the continuation of federal regulations indicated under the HIPAA.</li> <li>• Increase infrastructure for telehealth, telepsychiatry, and teletherapy.</li> <li>• Link to Telehealth Task Force Report, Recommendations and Action Plan:  <a href="https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=7824&amp;dbid=0&amp;repo=PUBLIC-DOCUMENTS&amp;cr=1">https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=7824&amp;dbid=0&amp;repo=PUBLIC-DOCUMENTS&amp;cr=1</a> </li> </ul>
6	<p><b>Identify and implement a governance structure and methods for sharing critical data across public, private, and nonprofit entities to facilitate care coordination.</b></p> <ul style="list-style-type: none"> <li>• Assess existing laws to identify and address barriers to data sharing.</li> <li>• Catalog data gathered and stored by participating entities to identify opportunities for reducing redundancies and to define the authoritative data set for the system.</li> <li>• Develop MOU for data sharing between participating entities.</li> <li>• Review existing data sharing practices between entities to identify gaps and expand on current efforts.</li> <li>• Address known gaps, starting with: <ul style="list-style-type: none"> <li>• Data sharing between Children’s Mental Health and Child Welfare programs regarding adoptions</li> <li>• Data sharing between Children’s Mental Health and Development Disability programs.</li> </ul> </li> </ul>
7	<p><b>Identify existing or develop a new centralized data platform from multiple sources for purposes of reporting performance indicators and other aggregate level data to inform behavioral health policy and practice.</b></p> <ul style="list-style-type: none"> <li>• Explore the availability and use of CJIDS Data to Develop Policies and Programs. (ITS)</li> <li>• Explore the value and feasibility of incorporating ICANS and other existing data platforms.</li> <li>• Develop and implement data standards to ensure common definitions and usage as well as accurate and consistent reporting.</li> <li>• Implement data quality management processes to ensure data are valid.</li> </ul>
8	<p><b>Explore piloting a Certified Community Behavioral Health Clinics model.</b></p> <p><a href="https://www.thenationalcouncil.org/ccbhc-success-center/ccbhcta-overview/">https://www.thenationalcouncil.org/ccbhc-success-center/ccbhcta-overview/</a></p>

# PROMOTION

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

## RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p><b>Develop and implement outreach &amp; marketing strategy to increase awareness of publicly and privately funded programs &amp; services.</b></p> <ul style="list-style-type: none"><li>• Develop outreach &amp; marketing plan for public to increase awareness of publicly funded programs &amp; services.</li><li>• Look into developing an app to provide access to services available to the community.</li></ul>
2	<p><b>Develop and implement statewide outreach &amp; marketing strategy to increase community awareness and education on behavioral health to reduce mental health and substance use disorder stigma.</b></p> <ul style="list-style-type: none"><li>• Develop focused marketing towards initial contact providers to increase awareness of programs &amp; services.</li><li>• Provide training to a variety of fields including k-12 and higher education, social service, legal/judicial, and recreation. This training will include trauma informed services approaches that recognize the impact of childhood trauma and positive childhood experiences (PCE) on both childhood and adult mental health.</li><li>• Provide training in K-12 and higher education facilities aimed to reduce stigma.</li></ul>
3	<p><b>Increase accessibility of behavioral health educational resources in Idaho schools based on local needs.</b></p> <ul style="list-style-type: none"><li>• 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.</li></ul>
4	<p><b>Conduct Sequential Intercept Model (SIM) Workshops in local communities across Idaho to improve local collaboration between the behavioral health and criminal justice systems and to identify opportunities to improve the local behavioral health system and the criminal justice process.</b></p> <ul style="list-style-type: none"><li>• Plan and conduct Sequential Intercept Model (SIM) Workshops in local communities.</li><li>• Identify ongoing funding or personnel to conduct SIM Workshops.</li><li>• Develop local support and identify key local stakeholders to participate in the SIM Workshops.</li><li>• Support the implementation of priorities developed by local stakeholders to improve the local behavioral health and criminal justice systems.</li></ul> <p>Note: The Sequential Intercept Model (SIM) Workshops examine how individuals with mental and substance abuse disorders interact with the local behavioral health and criminal justice systems and assists local stakeholders in developing a strategic action plan to improve the behavioral health and criminal justice systems. <a href="https://www.samhsa.gov/criminal-juvenile-justice/sim-overview">https://www.samhsa.gov/criminal-juvenile-justice/sim-overview</a></p>

## 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.

### RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p><b>Expand the collection of Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) data, to increase utilization, reporting and public awareness.</b></p> <ul style="list-style-type: none"><li>• Review existing Idaho data on ACEs and resilience, and work with Department of Health and Welfare and Department of Education to identify gaps and collect additional data utilizing the CDC sponsored Behavioral Risk Factors surveillance system.</li><li>• Ensure education and outreach on Adverse Childhood Experiences includes content about the importance of Positive Childhood Experiences as a tool for mitigating impacts.</li><li>• Engage providers in collecting ACEs data and data of Positive Childhood Experiences for children.</li><li>• Provide a report on Idaho ACEs data on a biannual basis for community partners to use.</li></ul>
2	<p><b>Collaborate across DHW Divisions and Idaho Department of Juvenile Corrections to expand behavioral health services to youth residing in out-of-home placements, in foster care, and adoptive family homes.</b></p> <ul style="list-style-type: none"><li>• Extension of Foster Care Benefits.</li><li>• Provide post-adoption support.</li></ul>
3	<p><b>Prioritize that Safe and Drug Free Schools (SDFS) funding supports at a minimum, substance use prevention efforts for schools to secure and implement Primary prevention.</b></p> <ul style="list-style-type: none"><li>• Identify recommended school-based, evidence-based prevention curriculum for delivery in Idaho middle schools. (Target audience: students grade 6-8).</li></ul>
4	<p><b>Increase access and distribution of Naloxone kits across Idaho to all communities and patients using prescription and non-prescription opioid.</b></p> <ul style="list-style-type: none"><li>• Endorse, promote, fund, and distribute naloxone kits for opioid overdose reversal.</li></ul>

# 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.

## RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p><b>Increase identification, engagement, and access to behavioral health services for 16–25-year-olds across Idaho.</b></p> <ul style="list-style-type: none"><li>• Add requirement for transition-age support to either of the current support contracts funded by the SAMHSA block grant.</li><li>• ESMI-Early Serious Mental Illness program expansion.</li></ul>
2	<p><b>Form a collaboration with IBHC member organizations to design and implement a centrally located and standardized trauma informed care program and provide an educational curriculum for all providers and public.</b></p> <ul style="list-style-type: none"><li>• Pilot trauma interventions to correctional staff and residents of IDOC facilities.</li><li>• Implement a state-wide initiative raising awareness of Trauma Informed Care and encourage practices which meet the needs of trauma survivors.</li></ul>
3	<p><b>Increase availability of qualified peer support specialists including recovery coach, youth peer support, and family support partner services across the behavioral health system.</b></p> <ul style="list-style-type: none"><li>• Increase access to youth peer support and family peer support services.</li><li>• Gap analysis of peer support specialists including recovery coach, youth peer support, and family support partner services in Idaho.</li></ul>
4	<p><b>Review and draft or amend statutes and rules to promote earlier engagement of justice involved individuals with behavioral health treatment needs.</b></p> <ul style="list-style-type: none"><li>• Review and Draft or Amend Statutes and Rules Regarding Pre-Trial Evaluations for Mental Health and Substance Abuse Issues for Adult Offenders.</li><li>• Review and Draft or Amend Statutes and Rules Regarding Pre-trial Detention/Release of Juvenile Offender.</li><li>• Review statutes that govern processes used by courts to assess the behavioral health needs of criminal defendants and recommend revisions for improving processes.</li><li>• Investigate and Pilot Mental Health Pretrial Courts and Other Pre-adjudication Diversion Options.</li></ul>
5	<p><b>Expand access to forensic peer support specialist, recovery coaches, Connection and Intervention Stations, reentry treatment court services for post incarceration, parole, and probation populations with behavioral health conditions.</b></p> <ul style="list-style-type: none"><li>• Expand “forensic” Peer Support Specialist or Recovery Coach into an IDOC program.</li><li>• Expand Connection and Intervention Stations (CIS) to all districts, and ensure access to all residents, including rural areas.</li><li>• Consider piloting a reentry treatment court for the Retained Jurisdiction (Rider) population. (Forensic is specialty in criminal justice system)</li></ul>

# 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.

## RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p><b>Increase residential treatment options for youth to receive appropriate level of care based on their needs with a preference for services within Idaho.</b></p> <ul style="list-style-type: none"><li>• Review current residential placement contracting/licensing processes to identify barriers to timely placement of youth in quality facilities.</li><li>• Identify and implement strategies for increasing residential treatment options in Idaho.</li><li>• Increase availability of community-based intensive treatment for youth with high needs.</li></ul>
2	<p><b>Identify existing and new alternatives to the involuntary commitment process under the Mental Health Act that addresses the full continuum of care specific to each community's need or special population.</b></p> <ul style="list-style-type: none"><li>• Graduated commitments</li><li>• Alternatives to commitment: system of guardianship</li><li>• Alternatives to commitment: Ensure availability of Psychiatric Advance Directives</li><li>• Alternatives to commitment: more flexible timelines</li><li>• Alternatives to commitment: abeyances</li><li>• Alternatives to commitment: ensure less restrictive options have been exhausted</li><li>• Ensuring high fidelity ACT Teams to improve outcomes.</li><li>• Use existing laws/resources that are little-used but relevant.</li></ul>
3	<p><b>Improve Idaho civil commitment process and procedures by proposing amendments to the Mental Health Act to incorporate the action items.</b></p> <ul style="list-style-type: none"><li>• Update definition of Gravely Disabled (66-317).</li><li>• Streamline Designated Examiner (DE) process.</li><li>• Standardize court procedures.</li><li>• Trained clinicians (Designated Examiners) empowered to initiate holds.</li><li>• Substance Use Disorder hold of some sort.</li><li>• Implement a panel to review and draft edits to the Mental Health Act.</li><li>• Address needs for commitment of individuals who do not require hospital level of care.</li><li>• Commitment of individuals too dangerous for State Hospital, but not designated as 66-1305 Dangerously Mentally Ill, or were refused admission by IDOC.</li><li>• The clerk of the court shall provide notification to the court and parties of the location of the patient.</li><li>• Revise statute so that physicians can drop inappropriately placed mental health holds after an evaluation by 2 physicians.</li></ul>
4	<p><b>Improve the efficiency and effectiveness of Idaho's criminal processes related to the determination and restoration of competency to stand trial.</b></p> <ul style="list-style-type: none"><li>• Update Idaho Code 18-211/212.</li><li>• Establish training curriculum for restoration which includes a restoration curriculum and competency reports for clinical staff.</li><li>• Clarify language around "admission" to a facility.</li><li>• Address Commitment of individuals who are unable to be restored due to chronic impairment or as a result of a non-mental illness.</li><li>• Address Availability of Facility space for females requiring restoration who are also identified as dangerously mentally ill.</li><li>• The clerk of the court shall provide notification to the court and parties of the location of the patient.</li><li>• Consider developing a forensic program for competency restoration and civil commitments that is not under Idaho Department of Correction.</li><li>• Explore alternatives to the competency restoration process in misdemeanor cases.</li><li>• Standardization of expert opinion and/or report.</li></ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Differentiation between misdemeanor and felony processes.</li> <li>• Clarify Process for Post-Commitment Placement Determinations.</li> <li>• Standardize court procedures.</li> <li>• Alternatives to commitment: ensure less restrictive options have been exhausted.</li> <li>• Address needs for commitment of individuals who do not require hospital level of care.</li> </ul>
5	<p><b>Improve the overall efficiency and effectiveness of Idaho’s competency restoration processes for juveniles, including the identification of alternatives to commitments that address a full continuum of needs.</b></p> <ul style="list-style-type: none"> <li>• Establish a multidisciplinary group to review statute I.C.20-519, data related to its use, and experiences from stakeholders.</li> <li>• Develop a Bench Card and Parents Guide for Juvenile I.C.20-519 Competency.</li> </ul>
6	<p><b>Maximize community-based treatment options and ensure continuity of care for those accessing Idaho’s behavioral health system.</b></p> <ul style="list-style-type: none"> <li>• Address medication and medical record access and continuity. In order 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 stakeholders to review and update formulary.</li> <li>• Increase accessibility of Medication-Assisted Treatment (MAT) for substance abuse disorders to ensure availability for all Idahoans. Build bridges between community, county jails, prisons, misdemeanor probation departments, Juvenile Probation and Probation and Parole to ensure MAT is available for justice involved individuals in custody and while on supervision in the community.</li> <li>• Establish MOU between Department of Health and Welfare and Department of Correction to Develop Diversionary Placements for people in behavioral health crisis who are on supervision.</li> <li>• Examine of community-based options for Technical Parole Violations for parolees with behavioral health needs that are causing the Technical Parole Violations.</li> </ul>
7	<p><b>Develop and implement a crisis response system model for youth. Strengthen and broaden a crisis response system model for adults based on community capacity.</b></p> <ul style="list-style-type: none"> <li>• Increase utilization of crisis centers.</li> <li>• Develop residential crisis services that last &gt; 24 hours.</li> <li>• LEAD –Law Enforcement Assisted Diversion</li> <li>• Improve Mobile Crisis Response Throughout Idaho.</li> <li>• Pilot a Virtual Crisis Care Program with Probation &amp; Parole and Law Enforcement.</li> <li>• 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.</li> <li>• Improve Crisis Intervention Teams.</li> <li>• Review status of CIT-Collaboratives in each Region. Provide Recommendations to maintain and enhance these collaboratives.</li> <li>• Develop pre-adjudication diversion options for people with behavioral health needs.</li> <li>• Increase availability of non-Law Enforcement crisis response teams throughout Idaho to identify and refer individuals and/or families at first contact.</li> <li>• Identify or develop placement for children who cannot immediately return with their families after behavioral health crisis.</li> <li>• Establish crisis centers for youth.</li> </ul>
8	<p><b>Develop system to care for patients with co-occurring mental and medical illness, and those with medical illness presenting as mental illness to ensure appropriate care and to avoid use of inappropriate mental health holds.</b></p> <ul style="list-style-type: none"> <li>• Develop medical / psychiatric unit for patients with significant co-morbid psychiatric and medical illness.</li> <li>• Establish medical holds for patients who are determined to be temporarily incapacitated secondary to medical illness.</li> </ul>

# 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.

## RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p><b>Increase availability of specialized supportive housing for people with behavioral health conditions.</b></p> <ul style="list-style-type: none"><li>• Apply for a waiver and/or expand the state plan to allow for supportive services for people experiencing homelessness in supportive housing settings.</li><li>• Develop a strategic plan to fund the affordable and supportive housing at statewide level, including a funding mechanism for the Idaho Housing Trust Fund.</li><li>• 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.</li><li>• Recommend Medicaid benefits for HART Home residents.</li><li>• Regulatory analysis of current IDAPA and federal regulations codes to identify gaps and bring about consistency in approach to all supportive housing.</li><li>• 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.</li></ul>
2	<p><b>Increase local and accessible recovery services and supports for individuals in recovery.</b></p> <ul style="list-style-type: none"><li>• Develop additional supervision/treatment options that address the full continuum of risk/responsivity needs of probationers and parolees.</li><li>• Address the need for more robust supportive services, to include housing, transportation, and childcare.</li></ul>
3	<p><b>Identify services to support long term recovery for individuals in Idaho.</b></p> <ul style="list-style-type: none"><li>• Leverage existing and newly created recovery community centers as a strategy to promote long-term recovery.</li></ul>
4	<p><b>Maintain and increase access to recovery community centers in which the voice of recovering persons is integral to program development and service provision.</b></p> <ul style="list-style-type: none"><li>• Explore use of recovery centers as a co-located service to assist individuals transitioning out of crisis centers.</li></ul>
5	<p><b>Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma.</b></p>



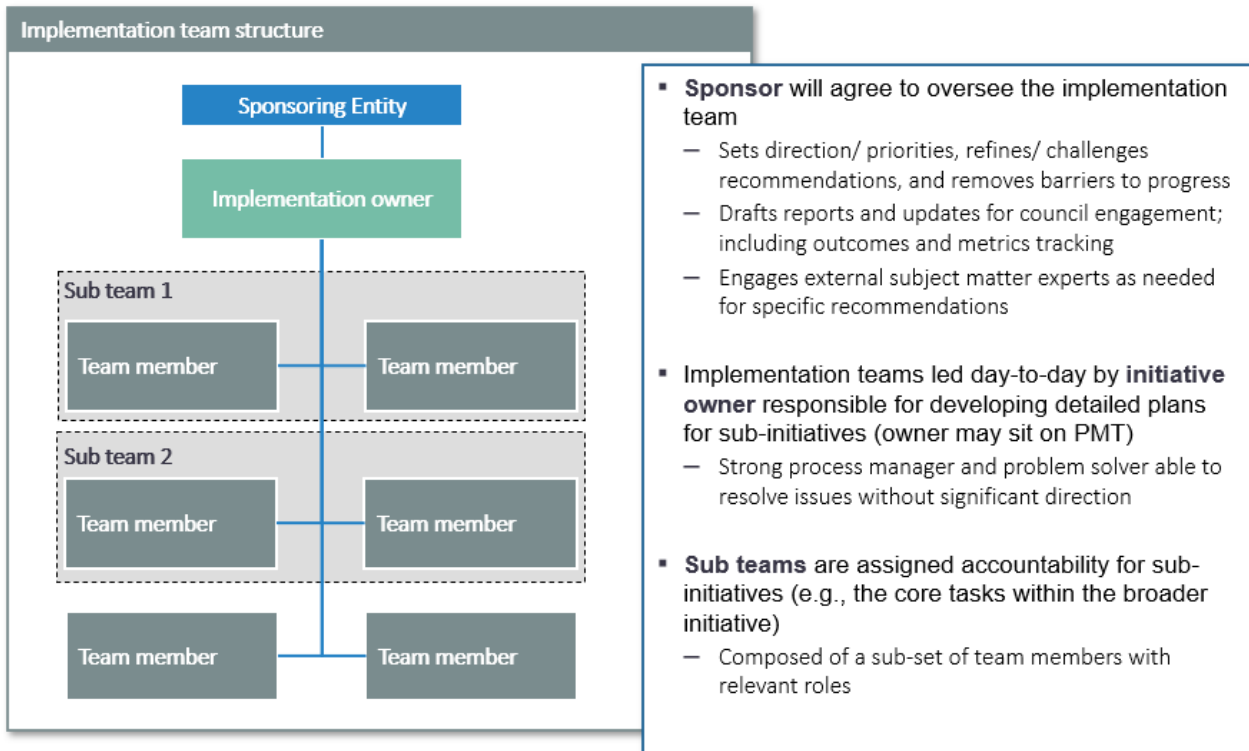
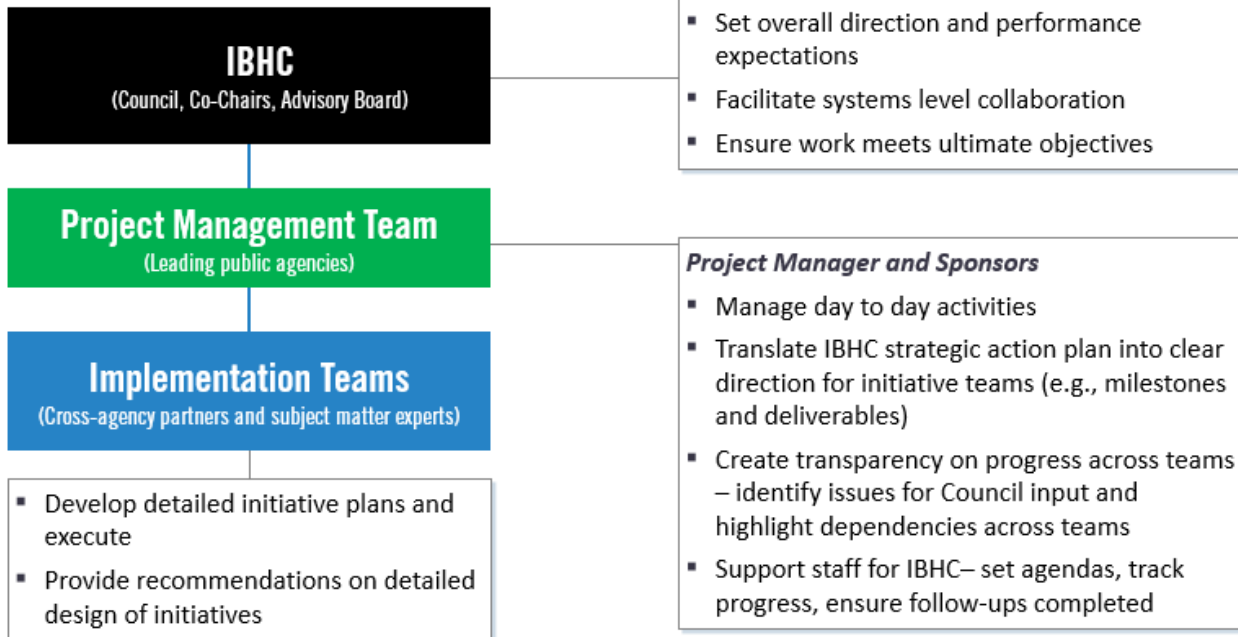
## FUTURE ENDEAVOURS

We recognize that the workgroups developed several proposed action items that did not make it to recommendations. There were also many discussions about important issues in Idaho that were determined to be out of scope for the Idaho Behavioral Health Council. We do however want to capture those topics and the proposed workgroup action items to highlight the need for continued work in these areas.

1. Modify language defining mental illness to address those situations in which an individual is determined not capable of restoration such as; Traumatic Brain Injury, Dementia, Alzheimer's, developmental disabilities, etc.
2. Creating a Dementia and other long-term diagnoses hold.
3. Expand "dosage probation" model
4. Increase public awareness of the importance of proper disposal of unused, expired, unwanted prescription medications by creating a unified, statewide program that gives Idahoans free, convenient and environmentally responsible options to dispose of unwanted medication.
5. Develop guidelines for care and grow care for dementia patients
6. Through collaborative efforts with early intervention, pediatric health care providers, social service agencies, and child care programs, the early childhood mental health system will be expanded with access to scholarships to cover infant mental health endorsement fees.
7. Apply for the SAMHSA System of Care (SOC) Expansion and Sustainability Grants.

# STRATEGIC ACTION PLAN IMPLEMENTATION

After the approval and adoption of the strategic action plan, public agency sponsors will create implementation teams to guide and drive the work forward. A detail implementation plan will be developed by October 1, 2021.



# Appendix

Below you will find a list of acronyms and definitions that have been utilized throughout the draft.

## Acronyms

- Idaho Behavioral Health Council (IBHC)
- Idaho Department of Juvenile Corrections. (IDJC)
- Sequential Intercept Model (SIM)
- Adverse Childhood Experiences (ACE's)
- Department of Health and Welfare (DHW)
- Safe and Drug Free Schools (SDFS)
- Idaho Administrative Procedure Act (IDAPA)
- Idaho Department of Correction (IDOC)
- Office of Drug Policy (ODP)
- Psychiatric Residential Treatment Facility (PRTF)
- State Hospital North, South, and West (SHN) (SHS) (SHW)
- Substance Use Disorder (SUD)
- Designated Exam (DE)
- Idaho Supreme Court (ISC)
- Assertive Community Treatment (ACT)
- Idaho Department of Correction (IDOC)
- Idaho Maximum Security Institution (IMSI)
- Mental Health (MH)
- Community Based Alternative Services (CBAS)
- Youth Empowerment Services (YES)
- Health Insurance Portability and Accountability Act (HIPAA)
- Memorandum of Understanding (MOU)
- Criminal Justice Integrated Data System (CJIDS)
- Information Technology Services (ITS)
- Idaho Child and Adolescent Needs and Strengths (ICANS)
- Certified Community Behavioral Health Clinics (CCBHC)
- Positive Childhood Experiences (PCE)
- Center for Disease Control and Prevention (CDC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Early Serious Mental Illness (ESMI)
- Connection and Intervention Stations (CIS)
- Medication Assisted Treatment (MAT)
- Law Enforcement Assisted Diversion (LEAD)
- Crisis Intervention Teams (CIT)
- National Alliance of Recovery Residences (NARR)
- Home for Adult Residential Treatment (HART)
- System of Care (SOC)
- Program Management Team (PMT)
- Americans with Disabilities Act (ADA)

## Definitions

- Naloxone- brand name Narcan. Medication used to block the effects of opioids. It is used to counter decreased breathing in opioid overdose. Can be administered intravenously or spray in the nose.
- Competency restoration - To legally stand trial one must be found to understand the nature and purpose of the legal proceedings and be able to effectively cooperate with one's own counsel. If the person does not meet this standard, his or her competency must be restored as quickly as possible.<https://legislature.idaho.gov/statutesrules/idstat/title18/t18ch2/sect18-212/>
- Mental Health Holds- A 24-hour mental health hold without a court order can be initiated by a peace officer or by a physician, physician assistant, or advanced practice registered nurse. The party initiating the mental health hold must have reason to believe that the person is either gravely disabled due to mental illness or the patient's continued liberty poses an imminent danger to that person or others as evidenced by a threat of substantial physical harm. The statute does not specifically require that the detention need occur at a mental health facility, however, the statute specifically lays out that detention must not occur in a non-medical unit used for the detention of individuals charged with or convicted of penal offenses.  
<https://legislature.idaho.gov/statutesrules/idstat/title66/t66ch3/sect66-326/>
- Recovery Centers- provide a meeting place for those in recovery from alcohol or drug addiction and act as a face for recovery to the community as a whole. These centers connect those in recovery with those seeking recovery to share their strengths and skills and to advocate for the needed resources in the community to make recovery possible for those in need.
- Mental Health, Mental Illness and Substance Use Disorder are defined on pg. 7
- IDAPA - Idaho Administrative Procedure Act; the acronym refers to the compilation of promulgated administrative rules in Idaho.
- Effectiveness, Efficiency, Effort and Impact are defined on pg. 9
- Syringa Chalet Skilled Nursing - The 42 skilled nursing beds offer services to consumers with a history of behavioral or psychiatric illness.
- Optum Idaho – Currently the contractor of the Idaho Medicaid plan. They maintain the provider network for Medicaid behavioral health services.
- Involuntary Holds (Civil) – two types of holds: the traditional 24-hour mental health hold set in Idaho code 66-320 and the 72-hour administrative hold set in Idaho code 66-320.
- Treatment Courts-Treatment Courts divert non-violent, substance abusing offenders from prison and jail into treatment. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing. Treatment Courts can help break the cycle of criminal behavior, alcohol and drug use, and incarceration.
- Children with Serious Emotional Disturbance-from birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.
- Value based payments-programs to reward health care providers with incentive payments for the quality of care they give to individuals. These programs are part of our larger quality strategy to reform how health care is delivered and paid for. These programs aim provide better care for individuals, better health for populations and lower cost.
- Federal emergency act – Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.
- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.
- Psychiatric Advance Directives-Legal documents that allows people with mental illness to state their preferences for treatment in advance of a mental health crisis.

- Mobile Crisis-is a mental health service typically operated by hospital or community mental health agency which services the community by providing immediate response emergency mental health evaluations.

For more information and resources, please visit the Idaho Behavioral Health Council Website at <https://behavioralhealthcouncil.idaho.gov/>

Document Prepared by:

