



IDAHO BEHAVIORAL HEALTH COUNCIL
STRATEGIC ACTION PLAN
2024—2028



LETTER FROM THE CO-CHAIRS

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. Our vision is that adults, children, and their families who live with mental illness and addiction receive the behavioral health care services they need when they need them. We believe if this vision is realized, then 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.

During the last four years, we've achieved significant improvement in behavioral health across the state. The crisis response system has been strengthened, Certified Community Behavioral Health Centers have been established, statewide Sequential Intercept Model workshops have been held, Safe Teen Assessment Centers have been opened, Psychiatric Residential Treatment Facilities are bringing home youth being cared for in other states, and the civil commitment process has improved through the passing of Senate Bill 1327 (2022). There is so much to celebrate and yet, there is still much more to do.

This year IBHC was charged with developing an updated statewide strategic action plan to assess and materially improve Idaho's behavioral health system to the benefit of all Idahoans. Over the last few months, work has been completed across many sectors and agencies to create a list of recommendations and action items that will serve as a major step toward creating a more organized, effective and efficient system. Through the engagement of six workgroups, an Advisory Board, operational team members, and national experts putting forth strategic priorities, 11 recommendations have been prioritized and selected for implementation.

Over the next three-and-a-half years we will continue working with partners to implement actions that materially improve the behavioral health system in Idaho.



Sara Omundson
Administrative Director of Courts



Jared Larsen
Legislative and Regulatory Affairs Chief,
Idaho Department of Health and Welfare

Table of Contents

LETTER FROM THE CO-CHAIRS	2
ACKNOWLEDGEMENTS	4
EXECUTIVE SUMMARY	10
STRATEGIC ACTION PLAN IMPLEMENTATION	12
Identifying Public Agency Sponsors	12
Implementation Plan	12
VISION AND GUIDING PRINCIPLES	14
STRATEGIC PLANNING PROCESS AND APPROACH	15
IBHC Accountability Structure	15
Defining the Behavioral Health System	16
Revising the Protractor and Definitions	16
Revised Focus Area Definitions	17
Revisiting the Behavioral Health System	18
Recommendation Development Methodology	19
Advisory Board Prioritization	20
IBHC Review and Prioritization	20
IBHC RECOMMENDATIONS	21
IDAHO BEHAVIORAL HEALTH DATA PLAN	36
Appendix A - Resources from Zia Partners	37
Resources by Strategic Priority	37
Other Resources	38
Implementation Funding Opportunities	38
Appendix B – Acronyms and Definitions	39
Acronyms	39
Key Definitions	41

ACKNOWLEDGEMENTS

We would like to thank members and supporters of IBHC’s development of the 2024–2028 Strategic Action Plan.

Idaho Behavioral Health Council Members

Sara Omundson (Co-Chair)

Administrative Director of Courts

Jared Larsen (Co-Chair after July 1, 2024)

Legislative and Regulatory Affairs Chief,
Idaho Department of Health and Welfare

Debbie Critchfield

Superintendent of Public Instruction

Carl Crabtree (proxy)

Special Assistant, Idaho Department
of Education

Chenele Dixon

Idaho State Representative

Kate Dolan (before October 14, 2024)

Governor Appointed Member of the Public

Ashley Dowell

Executive Director, Commission for
Pardons and Parole; Director, Idaho
Department of Juvenile Corrections

James Phillips (proxy)

Juvenile Placement Manager, Idaho
Department of Juvenile Corrections

Jason Stone (proxy)

COPS Division Administrator, Idaho
Department of Juvenile Corrections

**Miren Unsworth (Co-Chair before
July 1, 2024)**

Deputy Director, Idaho Department of
Health and Welfare

Brooke Green

Idaho State Representative

Dave Jeppesen

Chief Justice Appointed Member of the
Public

Brent Mendenhall

Madison County Commissioner

Gene Petty

District Judge, Third Judicial District

Ali Rabe

Idaho State Senator

Doug Ricks

Idaho State Senator

Josh Tewalt

Director, Idaho Department of
Correction

Bree Derrick (proxy)

Idaho Department of Correction

Stewart Wilder (after October 14, 2024)

Governor Appointed Member of the Public

Advisory Board Members

Scott Bandy

Idaho Prosecuting Attorneys Association

Tracy Basterrechea

Idaho Chiefs of Police Association

Dr. Lisa Bostaph

Victims of Crimes Expert

Jennifer Dickison

Kootenai Tribal Representative

Martha Ekhoﬀ

Adult Consumer of Behavioral Health Services

Dr. Nicole Fox

Idaho Psychiatric Association

David Garrett

Idaho Community Health Center Association

Monica Gray

Trial Public Defender

Kim Hokanson

Family of a Child Consumer of Behavioral Health Services

Sam Hulse

Idaho Sheriffs' Association

Todd Hurt

Hospital Administrator

Marianne King

Office of Drug Policy

Toni Lawson

Idaho Hospital Association

Eric Lehtinen

State Appellate Public Defender

Beth Markley

NAMI

Robert Vande Merwe

Idaho Health Care Association

Dr. Stacia Munn

Idaho Medical Association Primary Care

Matthew Niece

University Leadership

Judge Keisha Oxendine

Magistrate Judge, Shoshone County

Dawn Rae

Ada County EMS

Laura Scuri

Mental Health Provider

Jenny Teigen

Chair of the Idaho Behavioral Health Planning Council

Debbie Thomas

Substance Use Disorder Provider

Dr. Nikki Zogg

Public Health Districts

Children and Youth Workgroup Members

Kimberly Hokanson (Chair)

Family of Child Consumer of Behavioral Health Services

Alicia Baptiste

Idaho Department of Juvenile Corrections

Veronica Guerrero

Idaho Department of Health and Welfare

Brook Heath

Idaho Department of Health and Welfare

Allison Highley

Idaho Parents Unlimited

David Hunden

Parent

Paul Shepherd

Administrative Office of Courts

Brittany Shipley

Child and Family Advocate

Ivy Smith

Idaho Voice for Children

Teresa Vance

Administrative Office of Courts

Commitments Workgroup Members

Todd Hurt (Chair)

Intermountain Hospital

Kasey Abercrombie

Idaho Department of Health and Welfare

Dr. Nicole Fox

Idaho Psychiatric Association

Dr. Heather Casady

Idaho Department of Correction
Psychologist

Toni Lawson

Idaho Hospital Association

Judge Jessica Lorello

Court of Appeals Judge

Imelda Ramirez

4th Judicial District

Beth Rumpel

Idaho Department of Health and Welfare

Criminal Justice Workgroup Members

Judge Gene Petty (Co-Chair)

IBHC/District Judge, Third Judicial District

Judge Michael Tribe (Co-Chair)

Court of Appeals Judge

Shelly Anzuoni

Idaho Commission of Pardons and Parole

Judge Michelle Evans

District Judge, Second Judicial District

Monica Gray

Ada County Public Defender

Sam Hulse

Idaho Sheriffs' Association

Scott Bandy
Ada County Prosecutor's Office

Alicia Baptiste
Idaho Department of Juvenile Corrections

Tracy Basterrechea
Idaho Chiefs of Police Association

Cory Berrier
Idaho Department of Correction Probation and Parole

Dr. Lisa Bostaph
Victims of Crimes Expert

Dr. Heather Casady
Idaho Department of Correction
Psychologist

Laura Denner
Formerly 3rd Judicial District

Bree Derrick
Idaho Department of Correction

Ashley Dowell
Idaho Department of Juvenile Corrections

Judge Eric Hunn
Magistrate Judge, Franklin County

Eric Lehtinen
State Appellate Public Defender

Beth Markley
NAMI

Ryan Martin
Gem County Sheriff's Office

Jamey Miller
River of Hope Behavioral Health

Jeff Mutchie
Nampa Fire Department

Judge Keisha Oxendine
Magistrate Judge, Shoshone County

Holly Riker
Idaho Department of Health and Welfare

Scott Ronan
Administrative Office of Courts

Housing Workgroup Members

Beth Markley (Chair)
NAMI

Darci Dickison
Administrative Office of Courts

Martha Ekhoft
Adult Consumer of Behavioral Health Services

Candace Falsetti
Idaho Department of Health and Welfare

Robert Vande Merwe
Idaho Health Care Association

Ali Rabe
IBHC/Jesse Tree

Debbie Thomas
The Walker Center

Promotion, Prevention and Early Intervention Workgroup Members

Sam Hulse (Chair)

Idaho Sheriffs' Association

Dr. Nikki Zogg (Chair)

PHD3 Public Health Director

Rhonda Allenger

Independent Licensed Social Worker

Kathy Dawes

Idaho League of Women Voters

Laura Denner

Idaho Department of Health and Welfare

Marianne King

Office of Drug Policy

Jean Mutchie

Idaho Resilience Project,
St. Luke's Health System

Dani Pere

Idaho Department of Health and Welfare

Sarah Poe

Idaho Department of Health and Welfare

Roger Sherman

Idaho Children's Trust Fund

Dr. Megan Smith

Boise State University,
Communities4Youth

Eric Studebaker

Project ECHO

Jackie Yarbrough

Blue Cross of Idaho Foundation for Health

Treatment, Recovery and Clinical Care Workgroup Members

Jenny Teigen (Chair)

Chair, Behavioral Health Planning Council

Rosie Andueza

Idaho Department of Health and Welfare

Monica Forbes

Recovery United

Dr. Nicole Fox

Idaho Psychiatric Association

David Garrett

Idaho Community Health Center Association

Norma Jaeger

Recovery Idaho

Sandy Jones

Administrative Office of Courts

Beth Markley

NAMI

Dr. Stacia Munn

Idaho Medical Association

Dr. Matthew Neice

Boise State University, Clinician

Ryan Porter

Administrative Office of Courts

Dawn Rae

Ada County EMS

Debbie Thomas

The Walker Center

Operation Team Members

Ross Edmunds

Idaho Department of Health and Welfare

Cheryl Foster

IBHC Project Manager

Brandi Hawkins

Administrative Office of Courts

Liza Houser

Idaho Department of Health and Welfare

Adam Panitch

Idaho Department of Health and Welfare

Ryan Porter

Administrative Office of Courts

Scott Rasmussen

Idaho Department of Health and Welfare

Scott Ronan

Administrative Office of Courts

Adrian Castaneda

Spark! Strategic Solutions

Shannon McGuire

Spark! Strategic Solutions

EXECUTIVE SUMMARY

IBHC’s purpose is to materially improve the behavioral health system in Idaho. Revisiting the actions taken during the last four years demonstrates the power of IBHC’s work across all three branches of government. Through the engagement of many partners, great strides have been made to streamline inefficiencies and maximize effectiveness.

Over the course of a five-month engagement, IBHC brought together 80+ individuals representing public agencies and community partners to participate in strategic action planning as outlined in [Executive Order 2024-01](#) and [Certified Court Proclamation](#). These groups contributed their time, energy and expertise to support the drafting of 30 recommendations and 200+ action items.

IBHC selected the 11 prioritized recommendations below for implementation over the next three-and-a-half years. Each recommendation has been prioritized based on impact, effort, effectiveness and efficiency.

RECOMMENDATION	SPONSORS
<p>Infrastructure #1 Workforce—Implement strategies to increase recruitment and retention to strengthen the behavioral health professional workforce.</p>	<ul style="list-style-type: none"> Idaho Department of Health and Welfare
<p>Promotion #1 Program Awareness and Reduction of Stigma—Develop an outreach and marketing strategy to increase awareness of publicly and privately funded programs and services. Address and reduce behavioral health stigma.</p>	<ul style="list-style-type: none"> Idaho Behavioral Health Council
<p>Prevention #1 Primary Prevention Programs and Protective Factors—Identify and implement coordinated evidence-based or evidence-informed primary prevention strategies that support community, family, and child well-being. Identify opportunities to minimize risk factors and enhance protective factors and promote long-term resiliency in children, youth, and adults with a significant emphasis on those having trauma symptoms.</p>	<ul style="list-style-type: none"> Idaho Department of Juvenile Corrections Idaho Department of Education Idaho Department of Health and Welfare
<p>Prevention #2 Foster Care—Collaborate across IDHW Divisions to</p>	<ul style="list-style-type: none"> Idaho Department of

RECOMMENDATION	SPONSORS
expand services to youth residing in out-of-home placements, foster care, and adoptive family homes.	Health and Welfare
<p>Engagement #4 Diversion Systems—Develop early diversion and deflection tactics to avoid long-term engagement with the criminal justice system: prearrest, post arrest, and beyond.</p>	<ul style="list-style-type: none"> • Idaho Department of Juvenile Corrections • Idaho Supreme Court • Idaho Department of Correction
<p>Engagement #9A Help the Helpers— Provide support to individuals with occupational exposure to secondary trauma from working in the justice system, crisis response, and as first responders, and their families.</p>	<ul style="list-style-type: none"> • Idaho Department of Correction • Idaho Supreme Court
<p>Treatment #1 Crisis Centers—Expand the functionality of crisis centers.</p>	<ul style="list-style-type: none"> • Idaho Department of Health and Welfare
<p>Treatment #3 Criminal Justice-Continuum of Care—Ensure continuity of care for those entering and leaving the criminal justice system by providing treatment and ensuring links to services for those coming out of incarceration.</p>	<ul style="list-style-type: none"> • Idaho Department of Correction • Idaho Supreme Court • Idaho Department of Juvenile Corrections
<p>Treatment #4 Treatment Courts—Support Treatment Court programs.</p>	<ul style="list-style-type: none"> • Idaho Supreme Court • Idaho Department of Health and Welfare
<p>Treatment #5 Competency Restoration—Review and reform the competency restoration process for adults (18-211/212) and juveniles.</p>	<ul style="list-style-type: none"> • Idaho Department of Health and Welfare • Idaho Supreme Court
<p>Recovery #1 Supportive Housing—Increase availability of supportive housing for people with behavioral health conditions.</p>	<ul style="list-style-type: none"> • Idaho Department of Correction • Idaho Department of Health and Welfare

STRATEGIC ACTION PLAN IMPLEMENTATION

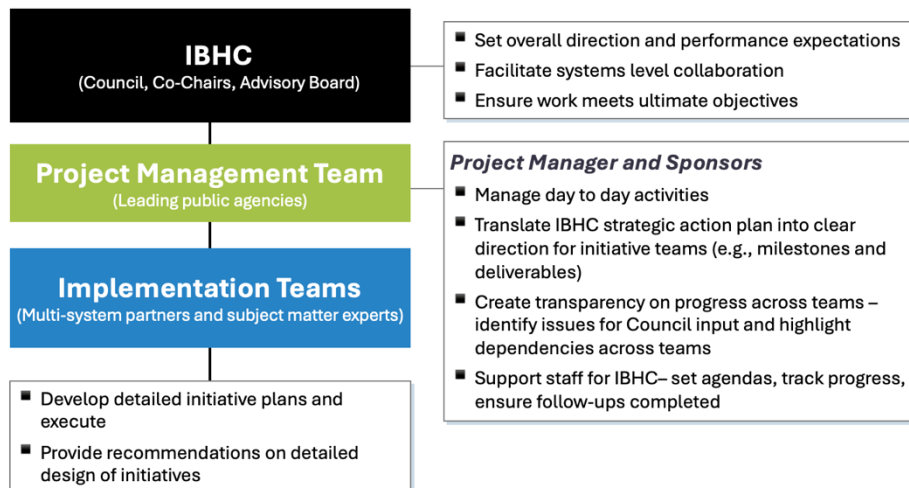
Identifying Public Agency Sponsors

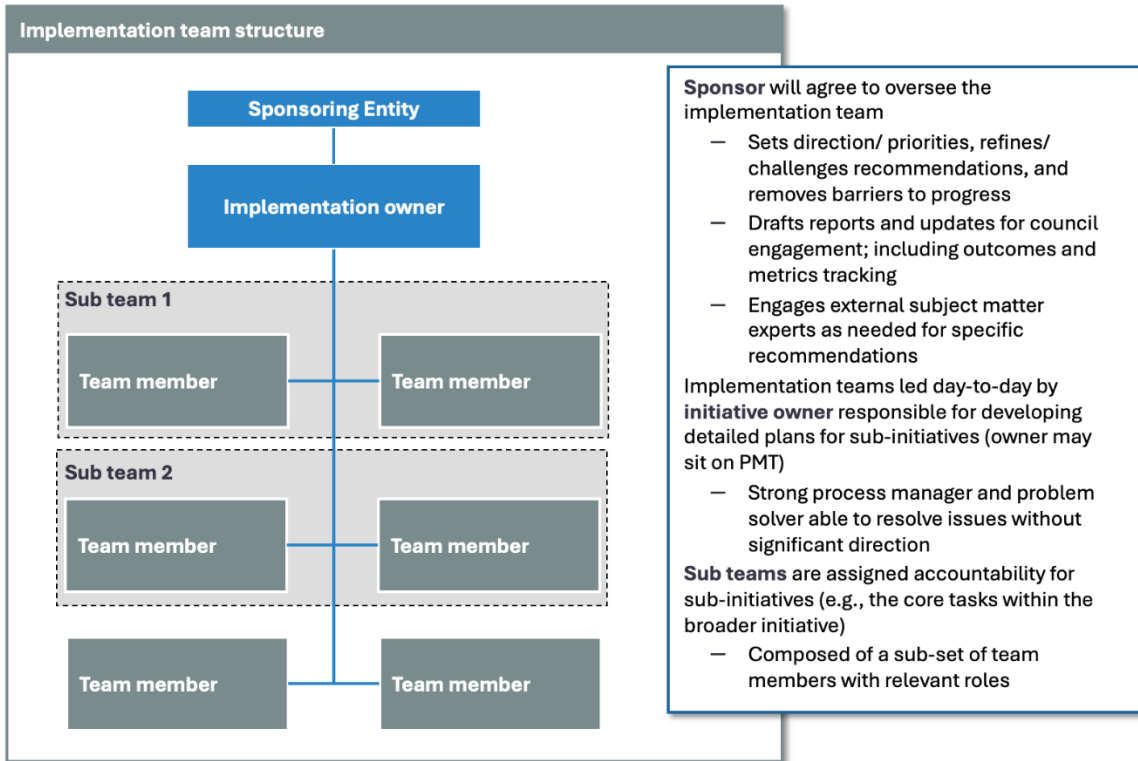
Sponsors for each recommendation have been identified to serve as the lead contact and task manager during implementation over the next three-and-a-half years. The action items developed by the workgroups will be used to support implementation teams as they test feasibility, capability and capacity.

IDENTIFY SPONSORS	SELECT PILOT ACTION ITEMS
<p>The agency sponsors will oversee the implementation team. Set direction and priorities, refine and challenge recommendations, and remove barriers to progress.</p>	<p>Review the action items under each recommendation to select the most relevant and feasible to explore during implementation.</p>

Implementation Plan

After the approval and adoption of the strategic action plan, public agency sponsors will create implementation teams to guide and drive the work forward. An implementation plan identifying project sponsors, implementation team members and key action items will be developed by April 25, 2025.





During the planning process, participants highlighted the requirement for resources to implement the strategic action plan. Many public agencies will need funding allocated to provide the operational positions required to oversee activation of recommendations and defined action items. In the resources section of this plan, potential implementation funding opportunities have been identified to assist agencies with identifying available resources.

VISION AND GUIDING PRINCIPLES

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. IBHC believes 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 our communities will be healthier, safer places to live.

The following set of principles are used to guide the work of IBHC and implementation teams as they collaborate to improve Idaho’s behavioral health system.

1) Consumer and Family Voice:

We commit to including consumers of services, and their families, as equal partners in the program design and implementation of all aspects of the Idaho Behavioral Health Council’s strategic action plan.

2) Multi-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 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.

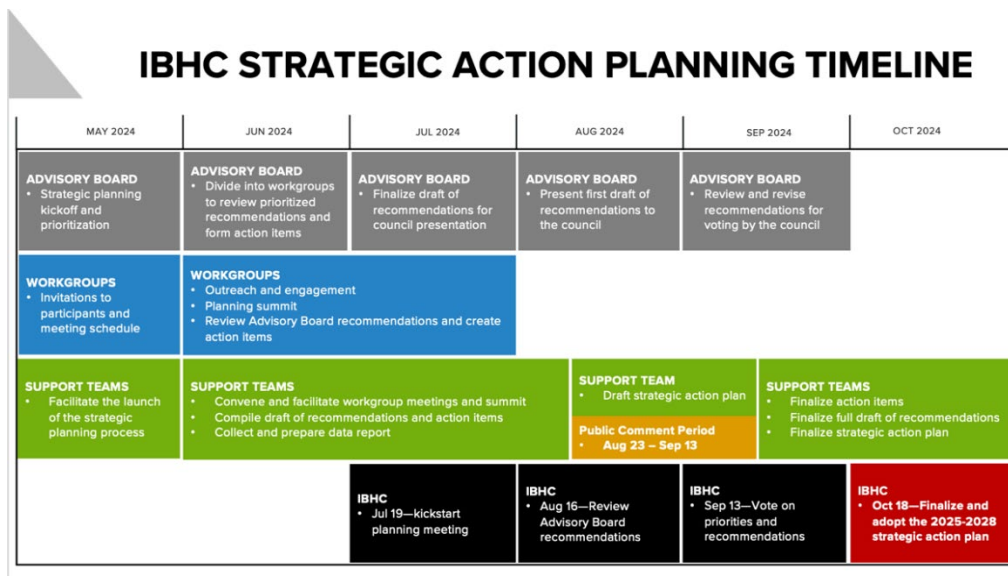
7) Quality, Accountability, and Outcomes:

We commit to continuous evaluation of quality and outcome measures in all programs and services for transparency and to ensure effective/efficient use of public dollars.

STRATEGIC PLANNING PROCESS AND APPROACH

The official kickoff for strategic planning under IBHC began in May 2024. The purpose of planning was to assess the effectiveness and efficiency of current systems, including where more efficient coordination of existing resources could create better outcomes.

The timeline below illustrates the six-month planning process.



IBHC Accountability Structure

An accountability structure was developed to ensure clarity of roles and responsibilities throughout the planning process. This graphic describes the roles of each of the four groups that worked together.

Workgroups informed the Advisory Board with action items. The Advisory Board focused on developing recommendations for IBHC based on the action items. The Operational Support Team served as the primary conduit of engagement and project management. This team supported the Workgroups and Advisory Board to consolidate action items and recommendations for review by IBHC.

Defining the Behavioral Health System

For purposes of scoping and developing the three-and-a-half-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, Mental Illness, and Substance Use Disorder.

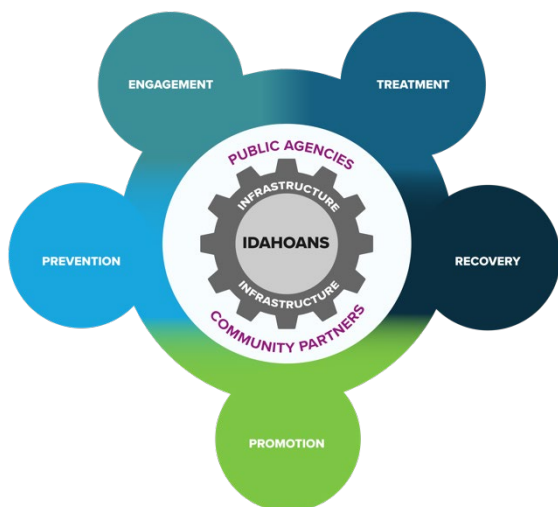
The planning process was geared toward programming and policy to drive best practices within the behavioral health system. In cases where these policies and programming overlap with specific populations outside the defined behavioral health system such as ADRD or developmental disabilities, these will be considered in context of co-occurring behavioral health or coordinated in tandem with a parallel policy or program. IBHC’s goal is to ensure people in Idaho will 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>

Revising the Protractor and Definitions

The IBHC has additionally delineated the behavioral health system into five segments reflecting the continuum of care. These segments (Promotion, Prevention, Engagement, Treatment, and Recovery) have been displayed as a protractor. During the development of recommendations, it became more apparent that the original protractor used to guide

focus areas needed revision. Each of these steps are interconnected in providing comprehensive support to those in need of services and the visual sequencing created an unintended “process” of care engagement. While each area appears in sequential order, IBHC discussed key onramps and offramps utilized on the journey of care. This graphic below was created to better showcase the intention of Idaho’s behavioral health system and framework.



In addition to revision of the visual framework, the Advisory Board and Operational Support Team worked to revise definitions for each focus area as well.

Revised Focus Area Definitions

INFRASTRUCTURE: The foundation of the behavioral health system consisting of public agencies and community partners.

PROMOTION: Strategies designed to support behavioral health and the ability of individuals

to withstand challenging conditions in the environments where they live, learn, work, play, worship, and age. Promotion strategies also reinforce the entire continuum of behavioral health services.

PREVENTION: Services and programs intended for individuals not yet in need of treatment. These strategies to reduce risk factors and promote protective factors are intended to prevent the development of a behavioral health condition.

ENGAGEMENT: Strategies and support to deliver timely, reliable, effective, and safe healthcare. This means providing the best possible care journey to patients, giving them adequate information, and supporting them to make decisions about their treatment.

TREATMENT: Services for people diagnosed with a substance use disorder or other behavioral health condition. They are ideally research and/or evidence-based, client centered (i.e., tailored to meet individual needs), and offered in enough variety as to meet the varied needs of as many individuals as possible.

RECOVERY: Services that support the process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Strategies also help with management of behavioral health conditions to minimize the risk of relapse or recurrence.

Revisiting the Behavioral Health System

The foundation of the planning process was built upon consideration previously adopted, enacted or funded recommendations. Planning picked up from the ending of the original plan, beginning with a review of the accomplishments as a leverage point to create new recommendations.

Planning began with the establishment of the Advisory Board to assist and advise IBHC by providing subject matter expertise and collecting recommendations based on the outcomes of the individual workgroups. This group met and discussed the current challenges and opportunities to re-envision ways to support Idahoans in their behavioral health journey.

There was large recognition and celebration of the successes of the first strategic action plan accomplishments.

Pain points and challenges were identified, including: access to substance use disorder treatment, workforce development, recruitment and retention gaps, reciprocity with neighbor states, parity between mental health conditions and co-occurring challenges, unknowns with the new Idaho Behavioral Health Plan under Magellan's guidance, involuntary holds for people with cognitive disorders and disabilities, clarity of responsibility regarding transportation, lack of transportation resources, lack of communication and suitable data platforms, increased housing crisis, and legislative impacts to counseling professionals.

Opportunities were also identified, including: expansion of crisis centers, collaboration across agencies, capabilities of Magellan to support behavioral health under their new plan, increased awareness on mental and behavioral health, alignment of the justice system community partners, and the overall impact of IBHC and its ability to engage multi-system collaboration to improve behavioral health in Idaho.

Six workgroups were established to support the development of the statewide strategic action plan through drafting of action items for Advisory Board review.

In July 2024 a Workgroup Planning Summit was held to facilitate cross-sector collaboration to create a list of action items.

- Children and Youth
- Commitments
- Criminal Justice
- Housing
- Promotion, Prevention and Early Intervention
- Treatment, Recovery and Clinical Care

Workgroup members used this planning summit to revisit and revise the outputs from the first round of planning through review of existing definition and goals, persona maps, and SWOTT analyses, and original action items. Workgroup members then spent considerable time creating new action items for Advisory Board review.

Recommendation Development Methodology

Workgroups developed a set of 200+ action items that included a rationale and starting list of steps needed to ensure completion. Assisted by the Operations Team, the Advisory Board consolidated the action items into 51 draft recommendations.

The Advisory Board and the IBHC received consultation support from outside consultant group Zia Partners during recommendation development. The firm outlined six recommended strategic priorities for IBHC’s consideration:

Strategic Priority #1—CCBHCs: Statewide CCBHC’s with Prospective Payment System

Strategic Priority #2—Every community has a crisis system, taken to scale, for all ages

Strategic Priority #3—Universal Co-Occurring Capability

Strategic Priority #4—Reform Competency to Stand Trial System

Strategic Priority #5—Diversion Systems: prearrest, post arrest, and beyond

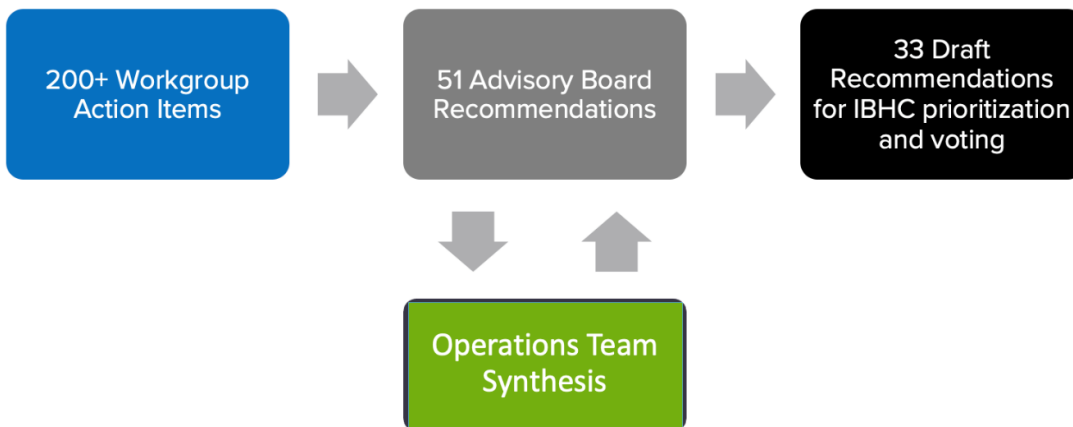
Strategic Priority #6—Modernize Civil Commitment Laws (emergency, outpatient and inpatient) including criminal justice system to civil options

The Advisory Board considered this information, as well as input from the IBHC and the Operations Team, and further consolidated the action items down to a set of 33 recommendations using consensus-based voting.

Advisory Board Prioritization

The Advisory Board additionally scored and prioritized each of the draft recommendations by effort and impact and presented the final set of 33 recommendations for IBHC review.

EFFORT	IMPACT
Consideration of required investment of time and resources to achieve success of the recommendation.	The ability to positively influence or effect changes to unfavorable circumstances to achieve the intended outcome at a systems level.



IBHC Review and Prioritization

IBHC reviewed the 33 recommendations and action items submitted by the Advisory Board and further consolidated them to 30 for voting purposes. Using the lens of effectiveness and efficiency, the IBHC voted on their top priority recommendations for implementation.

EFFECTIVENESS	EFFICIENCY
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.	Working in a well-organized and competent way while achieving maximum productivity with minimum wasted effort or expense across public agencies.

IBHC RECOMMENDATIONS

Final List of Recommendations

The detailed tables on the following pages are the final 30 recommendations developed by the IBHC and its Advisory Board. This list is of utmost importance to the Council and is included in this plan to ensure they are shared publicly with community partners. Our goal is to encourage collaboration above and beyond IBHC’s capacity and capability.

IBHC recognizes the workgroups developed several proposed action items that did not make it to recommendations. These were captured and maintained throughout the prioritization and voting process. They are indicated in parentheses after the related action item.

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

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

INFRASTRUCTURE

The foundation of the behavioral health system consisting of public agencies and community partners.

1

Workforce—Implement strategies to increase recruitment and retention to strengthen the behavioral health professional workforce.

- 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, psychology 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)*
- g. *Analyze the impact on behavioral health workforce shortage based on recent Idaho legislation (TR46) (TR30) (TR19)*
- h. *Revisit legislation to approve the counseling compact to allow those licensed in other states to practice in Idaho (TR43)*
- i. *Assess fees and licensing costs for the therapy professions to make sure they are not a barrier to practice (CY08) (CC23)*
- j. *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) – DBH Note: [Workgroup in progress](#)*
- k. *A policy change to reimburse the comprehensive diagnostic assessment (CDA) in advance (PP24)*
- l. *Address credential reciprocity for SUD workforce, including peer support professions (NAADAC, IBADCC) (TR36)*
- m. *Implement cost of living adjustments for reimbursement rates to assist with workforce retention and recruitment (TR36)*
- n. *Enforce mental health parity laws (CC10); Parity in mental health reimbursement rates similar to other medical issues (TR37) (PP04)*
- o. *Conduct specific occupational analysis for peer support paraprofessionals*
 1. *Explore building an infrastructure to support, secure and incentivize 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) (CY06)*

	<ul style="list-style-type: none"> 2. <i>Assure fidelity to the peer support/recovery coach model through training, appropriate supervisions, evaluation, and appropriate job descriptions (TR11) (TR12)</i> p. <i>Revise EMT staffing regulations</i> <ul style="list-style-type: none"> 1. <i>EMT staffing regulations may be a barrier to providing care in crisis centers (PP10)</i> 2. <i>Community Paramedic regulations - CHEMS (Community Health Emergency Medical Services) (PP11)</i>
<p>2</p>	<p>Data and Analysis—Increase facilitation and coordination of data collection across agencies to analyze and evaluate the capacity of the behavioral health system and develop performance and outcome indicators.</p> <ul style="list-style-type: none"> a. <i>Identify and implement a governance structure and methods for sharing critical data across public, private, and nonprofit entities</i> b. <i>Obtain a suitable data platform for all parties to report activities: paramedics, crisis centers, law enforcement, hospitals, and care providers. (TR42)</i> c. <i>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)</i> d. <i>Determine impact of elimination of the Youth Risk Behavior Survey (TR20)</i> e. <i>Explore the availability and use of Insight Idaho data to develop policies and programs (CJ21-22)</i> f. <i>Conduct comprehensive evaluation and coordination of opioid settlement fund investments across different state and local jurisdictions (TR29)</i> g. <i>Identify all funding available for treatment and recovery (TR28)</i> h. <i>Analyze impact of Magellan Health Services</i> <ul style="list-style-type: none"> 1. <i>Ensure Magellan Health Services incorporates a recovery-focused system of care (TR22)</i> 2. <i>Evaluate the services provided by Magellan, and the outcomes of those services, to ensure the services provided meet the needs of Idahoans (CJ24-21)</i> 3. <i>Monitor the impacts to the workforce from the new Idaho Behavioral Health Plan for managed care (TR38)</i>
<p>3</p>	<p>Infrastructure Evaluation—Evaluate Idaho’s behavioral health infrastructure to reimagine more effective and efficient service delivery including implementing universal co-occurring capability.</p> <p><i>DBH Note: In progress via Magellan contract</i></p> <ul style="list-style-type: none"> a. <i>Co-occurring capability</i> <ul style="list-style-type: none"> 1. <i>Define co-occurring; This could potentially include mental health, substance use disorder, trauma, development disability, and/or neurocognitive disorders</i> b. <i>CCBHCS</i>

1. *Establishing statewide CCBHC's with Prospective Payment System*
2. *Seek federal grant funding – Demonstration and planning grants; CCBHC, State-TA Center (S-TAC)*
3. *Review Oklahoma network of CCBHCs as model*
- c. *Infrastructure for service delivery*
 1. *Develop medical/psychiatric unit for patients with significant co-morbid psychiatric and medical illness (CC02)*
 2. *Create regional centralized triage and referral centers (CC25)*
 3. *Increase infrastructure for telehealth, telepsychiatry, and teletherapy (CC19)*
 4. *Need inpatient SUD treatment in North Idaho (TR25)*
 5. *Expand the use of co-located services for specific populations in need, including mental health services in shelters and children. This should include the expansion of co-located behavioral health services in K-12 schools (CY44)*
 6. *Provide shared space for behavioral health providers in rural areas.*
- d. *Evaluate efficiencies in administering assessments. A new CANS assessment is required every six months (should be an update) and focuses on traumatic impacts rather than PACEs (TR21)*
- e. *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)*
- f. *Transportation*
 1. *Address gaps in NEMT (Non-Emergency Medical Transportation)*
 2. *Address funding for paraprofessional behavioral health providers transportation to and for recipients of care in the community (Mileage and Time)*
 3. *Improve reimbursement for transportation to recipients of care so they can afford to self-transport to services*
- g. *Collaborate with the Idaho Behavioral Health Planning Council and Regional Behavioral Health Boards for the entire continuum of care (TR45)*

4

Care Coordination—Enhance individualized care coordination among different systems involved in patient and/or client care.

- a. *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)*
- b. *Develop a short-and long-term funding strategy for Idaho to implement that reimburses for coordination and communication services for providers (CY55)*
- c. *Establish a regional multi-system collaboration/resource sharing model (utilizing YES Interagency Governance Team membership as a guide) (CY56)*
- d. *Add new coordination position to current system. Suggested position title "Network Access Coordinator". This position will be assigned to youth and*

	<p><i>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)</i></p> <ul style="list-style-type: none"> <i>e. Increase care coordination capacity and availability of flexible funding to ensure Serious Emotional Disturbed youth are supported by children and family teams (CY43)</i> <i>f. Develop clarity on transportation responsibilities between hospitals and law enforcement, especially in rural areas (TR40)</i>
<p>5</p>	<p>SIM—Support an ongoing system of Sequential Intercept Mapping (SIM) with follow-up, reporting, and scaling for every jurisdiction (CJ24-18) (CJ21-5)</p> <ul style="list-style-type: none"> <i>a. Identify ongoing funding or personnel to conduct SIM workgroups (CY32)</i> <i>b. Work with the Youth Assessment Centers to plan and conduct SIM workshops in local communities for youth and crisis systems (CY33) (CY31)</i> <i>c. Identify ongoing funding or personnel to conduct SIM workgroups (CY32)</i> <i>d. Support the implementation of priorities developed by local stakeholders to improve the local behavioral health and criminal justice systems (CY34)</i> <i>e. Explore having the regional behavioral health boards take ownership of the SIM and CIM processes and follow up (CY35)</i>

PROMOTION

These strategies are designed to support behavioral health and the ability of individuals to withstand challenging conditions in the environments where they live, learn, work, play, worship, and age. Promotion strategies also reinforce the entire continuum of behavioral health services.

- | | |
|---|---|
| 1 | <p>Program Awareness and Reduction of Stigma—Develop an outreach and marketing strategy to increase awareness of publicly and privately funded programs and services. Address and reduce behavioral health stigma.</p> <ul style="list-style-type: none"><i>a. Formal partnership to link FindHelp.org with 211 for a resource for promotion (and full continuum of services) (PP12)</i><i>b. Develop focused marketing towards initial contract providers to increase awareness of programs and services. (CY61)</i><i>c. Address stigma specifically – Asking MH treatment questions on employment/licensure applications (TR04)</i><i>d. Add naloxone to first aid kits (TR34)</i><i>e. Provide training in K-12 and higher ed to reduce stigma (CY63)</i><i>f. Educate on the need for promotion and prevention in behavioral health</i><i>g. Educate on the role of ACEs/PCES on health (PP14)</i><i>h. Identify specific populations (e.g., farmers, ranchers, loggers, miners, construction workers, first responders) for targeted education, outreach (TR17)</i> |
| 2 | <p>Well-being Plan—Collaboratively develop a statewide plan that is led at the local level to promote health and well-being. This plan should address healthy food choices, public spaces that promote physical activity and connection, and policies that promote prevention and longevity. (PP06)</p> <ul style="list-style-type: none"><i>a. Support solutions that promote connectedness.</i><i>b. Power 9 - Connectedness and social interaction and programs that target loneliness in communities (PP18) (PP19)</i><i>c. Create more community solutions that promote connectivity amongst humans, particularly youth (TR02)</i> |

PREVENTION

Services and programs intended for individuals not yet in need of treatment. These strategies to reduce risk factors and promote protective factors are intended to prevent the development of a behavioral health problem.

- 1 Primary Prevention Programs and Protective Factors—Identify and implement coordinated evidence-based or evidence-informed primary prevention strategies that support community, family, and child well-being (PP08). Identify opportunities to minimize risk factors and enhance protective factors and promote long-term resiliency in children, youth, and adults with a significant emphasis on those having trauma symptoms. (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)*
 - b. Explore committing 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)*
 - c. Children and Youth Programs - Support youth serving organizations through community grants, etc.; supports for childcare preschool programs (PP13)*
 - d. Community Schools - Build infrastructure support for community and school collaborative partnerships (e.g., Community Schools Initiative) (PP17)*
 - e. Funding to support awareness and deployment of evidence-based programs such as Community Resilience Model (CRM); it is from the Trauma Resource Institute (CY59)*
 - f. Funding to support awareness and encourage training in Mental Health First Aid (CY60)*
- 2 Foster Care—Collaborate across IDHW Divisions and IDJC to expand services to youth residing in out-of-home placements, foster care, and adoptive family homes.**
 - a. Extension of Foster Care benefits (CY14)*
 - b. Provide post-adoption support (CY15)*
 - c. Utilize Child and Family Service Review (CFSR) recommendations (CY16)*
 - d. Incorporate family support partners within the foster care system (TR13)*
 - e. Conduct focus groups of caseworkers and parents involved in child protective cases (PP20)*

ENGAGEMENT

Strategies and support to deliver timely, reliable, effective, and safe healthcare. This means providing the best possible care journey to patients, giving them adequate information, and supporting them to make decisions about their treatment.

1	Crisis Response System—Ensure a robust crisis response and services are implemented. <ul style="list-style-type: none"><i>a. Ensure robust mobile crisis response and services are implemented (CJ24-03) (CY21) (CJ21-6b)</i><i>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)</i><i>c. Pilot a Virtual Crisis Care Program with Probation and Parole and Law Enforcement (CJ21-09-6c)</i><i>d. Increase availability of non-law enforcement crisis response teams throughout Idaho to identify and refer individuals and/or families at first contact (CY27)</i><i>e. Improve Crisis Intervention Teams (CY24)</i><i>f. Review status of CIT-Collaboratives in each region. Provide recommendations to maintain and enhance these collaboratives (CY25) (CJ21-07)</i><i>g. Promoting and facilitating CIT training for officers (TR32)</i><i>h. Vulnerable Persons Registration for law enforcement (Texas has legislation to enact the registration) (TR31)</i><i>i. Review and monitor implementation of neurocognitive crisis hold (Com01)</i>
2	School Behavioral Health Resources—Increase accessibility of behavioral health education resources in Idaho schools based on local needs. <ul style="list-style-type: none"><i>a. DHW and consumers to work with the Office of the Idaho State Board of Education to develop education plan for K-12+ that assesses and addresses gaps in current educational content (CY36)</i><i>b. Provide connections to behavioral health resources through the schools (CY37)</i><i>c. Follow up on local implementation of SDE Access Pathways Map that outlines referral process for students to access behavioral health resources (CY38)</i><i>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)</i><i>e. Address policy where Rural Health Centers (RHCs) cannot provide and are not reimbursed for behavioral health services in schools (PP03)</i><i>f. Increased MH services for children through co-located therapy (CC03)</i>
3	Protective Holds—Create a framework around protective and involuntary holds that optimizes utilization of resources (ex: Substance Use Disorder). (Com16) <ul style="list-style-type: none"><i>a. Establish sobering centers (CC09)</i>
4	Diversion Systems—Develop early diversion and deflection tactics to avoid long-term engagement with the criminal justice system: prearrest, post arrest, and beyond. <ul style="list-style-type: none"><i>a. LEAD – Law Enforcement Assisted Diversion (CY20) (CJ21-04)</i><i>b. Develop pre-adjudication diversion options for people with behavioral health needs (CJ21-12) (CY26)</i>

	<ul style="list-style-type: none"> c. Investigate and Pilot Mental Health Pretrial Courts and Other Pre-adjudication Diversion Options (CJ21-14) d. 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) e. Analyze and Expand Pre-Trial release programs (CJ24-10)
5	<p>Youth Assessment Centers—Support the continued development and operation of Youth Assessment Centers.</p> <ul style="list-style-type: none"> 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
6	<p>Warm Handoffs—Develop a comprehensive transition process to ensure communication and prevent care gaps when patients transition between service levels of care (i.e., a warm hand-off system).</p> <ul style="list-style-type: none"> 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
7	<p>Personal Health Risk Reduction—Create a plan to increase support for personal health risk reduction.</p> <ul style="list-style-type: none"> a. Endorse, promote, fund and distribute naloxone kits for opioid overdose reversal (CC07) b. Assured continued access to naloxone; fentanyl and xylazine (tranq) test strips (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)
8	<p>Peer Support Specialists—Increase availability of qualified peer support specialists including recovery coach, youth peer support, and family support partner services across the behavioral health system.</p> <ul style="list-style-type: none"> a. Ensure adequate training for peer support specialists in Idaho b. Increase access to youth peer support and family peer support services (CY49) 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)

<p>9</p>	<p>Help the Helpers—Provide support to individuals with occupational exposure to secondary trauma. This includes:</p> <p>(A) those working in the justice system, crisis response, first responders and their families.</p> <p>(B) those working in mental and behavioral health professions, healthcare delivery services and their families.</p> <ul style="list-style-type: none"> <i>a. Encourage and educate about effective employee and professional behavioral health assistance programs, while assuring confidentiality (TR05)</i> <i>b. Expand access to behavioral health treatment for First Responders and other staff working with justice-involved populations (practitioners and partners (CJ24-01)</i> <i>c. Worker's Compensation--amend definition of "first responder" to include other criminal justice practitioners (CJ24-02)</i> <i>d. Provide trauma interventions to staff of IDOC and IDJC facilities (CJ21-23)</i> <i>e. Create a task force for well-being for those in the mental and behavioral health professions (CY09) (CC24)</i> <i>f. 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 conditions (CJ24-20)</i> <i>g. Consider a coordinated effort of all criminal justice practitioners and system partners to establish a wellness program throughout Idaho (CJ24-20)</i>
<p>10</p>	<p>Care for Caregivers—Provide support and ancillary resources to parents, caregivers, and foster families to address burnout and secondary trauma.</p> <ul style="list-style-type: none"> <i>a. Incorporate family support partners and other navigators to support families navigating the behavioral health system.</i>

TREATMENT

These services are for people diagnosed with a substance use or other behavioral health disorder. They are ideally research and/or evidence-based, client centered (i.e., tailored to meet individual needs), and offered in enough variety as to meet the varied needs of as many individuals as possible.

1 Crisis Centers—Expand the functionality of crisis centers.

- a. *Enhance and expand youth crisis services across Idaho*
 1. *Establish crisis centers for youth and ensure regional presence (CY29) (PP02)*
 2. *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)*
 3. *Collaborate with Psychiatric Residential Treatment Facilities (PRTF)*
- b. *Continued support/funding of adult crisis centers statewide (PP01)*
- c. *Increase utilization, efficiencies, and coordination of crisis centers (CJ24-05) (CJ21-3a) (CY18)*
- d. *Advertise criteria for crisis centers (CY30)*
- e. *Increase the functionality of the crisis centers - such as medication management and potential placement for involuntary holds (PP09) (TR41)*
- f. *Broaden the admission criteria for crisis centers*
- g. *Allow for the establishment of mandatory section in addition to the voluntary access portion of in crisis centers*
- h. *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)*
- i. *Utilize crisis centers for detox options beyond 24 hours*
- j. *Establish crisis center access for rural areas. Ability to do Tele-health through the crisis centers to expand access*
- k. *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.*
- l. *Look at rural model from Region 2 for other areas of the state to augment regional presence*

2 Youth Treatment—Improve access and quality of care for children and youth, including enhanced services for transition age youth, justice involved youth, and establishment of psychiatric phone consult line for primary care providers.

- a. *Increase services for transition age youth ages 16-24*
 1. *Add requirement for transition-age support to either of the current support contracts funded by the SAMHSA block-grant (CY40)*
 2. *Medicaid waiver for transitional age youth to receive substance use treatment in a 16+ bed facility (TR35)*
 3. *Increase state funding for therapists in the college setting and ensure college students have access to behavioral health treatment (CC04) (TR33)*
- b. *Create phone consult line for child and adolescent, as well as adult psychiatry for pediatricians, EDs, and other primary points of entry. (CY10) (CC06)*
- c. *ESMI- Early Serious Mental Illness Program expansion (CY41)*

3 Criminal Justice-Continuum of Care—Ensure continuity of care for those within the criminal justice system, including those entering and leaving the system by providing treatment and ensuring links to services for those coming out of incarceration. (TR24)

- a. *Implement statewide consistent screening, at the earliest point of justice system contact (CJ24-06)*
- b. *IDOC to pilot a comprehensive community-based treatment program (that begins with residential level care and steps down to outpatient) for justice-involved adults with substance use disorders to improve outcomes related to recovery and criminal desistance.*
- c. *Develop recommendations for improving processes used by courts and counsel to assess the behavioral health needs of criminal defendants (CJ21-12)*
- d. *Establish system navigators and case managers throughout Idaho for individuals with BH disorders where and when they interact with the justice system (CJ24-07)*
- e. *Analyze and fund additional case management resources with the Idaho State Public Defender Office with a focus on rural and frontier jurisdictions (CJ24-08)*
- f. *Address medication and medical record access and continuity; to address medication continuity for justice involved individuals, assess the statewide formulary shared by jails, Juvenile Detention Centers, IDJC Juvenile Corrections Centers, and Idaho Department of Correction prisons- explore the use of regular meetings of stakeholder to review and update formulary (CY17) (CJ21-09)*
- g. *Strengthen the delivery of treatment and recovery resources in the jails and Juvenile Detention Centers as individuals transition to the community (CJ24-13)*
- h. *Encourage medical assisted therapy before leaving the prison and Juvenile Corrections Centers (TR26)*
- i. *Develop supervision/treatment additional options that address the full continuum of risk/responsibility needs of probationers and parolees (CJ24-15) (CJ21-15)*
- j. *Using technology to connect justice involved individuals to services (CJ24-04)*
- k. *Medicaid coverage for individuals in-custody (under 1115 Waiver) (CJ24-11)*
- l. *Educate individuals of their rights to receive MOUD treatment while incarcerated (TR27)*
- m. *Provide MOUD in jails and Juvenile Detention Centers (CJ24-12)*
- n. *Explore how MAT for SUD can be expanded and readily available across Idaho to ensure availability for all Idahoans (CJ21-13)*
- o. *Explore a partnership between DHW, counties, IDJC and IDOC to develop diversionary placements for people in behavioral health crisis who are on supervision (CJ21-16)*
- p. *Train providers to work competently with criminal justice involved individuals (CJ24-14)*
- q. *Implement and fund FACT - Forensic Assertive Community Treatment program through Idaho (PP25)*
- r. *Expand "forensic" Peer Support Specialist or Recovery Coach into an IDOC program (CJ21-19)*
- s. *Expand Connection and Intervention Stations (CIS) to all districts and ensure access to all residents, including rural areas (CJ21-20) IDOC Note: Completed as there is now one in each district*

	<ul style="list-style-type: none"> t. <i>Examination of non-incarceration options for probation violations and Technical Parole Violations for parolees and justice involved youth with behavioral health needs that are causing the violations (CJ21-21)</i> u. <i>Connect individuals on community supervision to the public health districts, federally qualified health centers, and free clinics</i> v. <i>Diversion component for older adults due to co-occurring behavioral health challenges.</i>
4	<p>Treatment Courts—Support Treatment Court programs.</p> <ul style="list-style-type: none"> a. <i>Expand Mental Health Courts and their eligibility criteria (CJ24-16)</i> b. <i>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)</i> c. <i>Expand the Child Protection Court Model throughout Idaho (CJ24-17) (TR01)</i> d. <i>Consider piloting a reentry court for the Retained Jurisdiction (Rider) population (CJ21-10d)</i> e. <i>Explore feasibility and benefits of making treatment court coordinators state employees (CJ21-16)</i> f. <i>Ensure the Mental Health Court program is successfully transitioned from DHW (CJ21-10a)</i> g. <i>Adequately fund treatment courts (CJ21-10c)</i>
5	<p>Competency Restoration—Review and reform the competency restoration process for adults (18-211/212) and juveniles.</p> <ul style="list-style-type: none"> a. <i>Conduct a comprehensive assessment and analyze ways to reform the competency to stand trial system in continued conversation with Council</i> b. <i>Improve timeliness of initial pretrial evaluations to ensure due process (Com02)</i> c. <i>Standardization of expert opinion and/or report (Com03)</i> d. <i>Address needs for commitment of individuals who do not require hospital level of care (Com04)</i> e. <i>Commitment of individuals too dangerous for State Hospital, but not designated as 66-1305 Dangerously Mentally Ill or were refused admission by IDOC, commitment of juveniles with concurrent aggression and serious mental health needs (Com05)</i> f. <i>Address commitment of individuals who are unable to be restored due to chronic impairment or as a result of a non-mental illness (Com06)</i> g. <i>Address availability of facility space for females requiring restoration who are also identified as Dangerously Mentally Ill (Com07)</i> h. <i>Establish training curriculum for restoration which includes a restoration curriculum and competency reports for clinical staff (Com08)</i> i. <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)</i> j. <i>Differentiation between misdemeanor and felony processes (Com10) (CJ21-14a)</i> k. <i>Consider developing a forensic program for competency restoration and civil commitments that is not under Idaho Department of Correction (Com17) (CJ21-14)</i> l. <i>20-519 – Competency Restoration for juveniles</i> <ul style="list-style-type: none"> 1. <i>Establish a multidisciplinary group to review statute I.C. 20-519, data related to its use, and experiences from stakeholders. (CY47)</i>

	<p>2. <i>Develop a Bench Card and Parents Guide for Juvenile I.C. 20-519 Competency. (CY48)</i></p>
6	<p>Civil Commitments—Modernize civil commitment system (emergency, outpatient & inpatient).</p> <ul style="list-style-type: none"> a. <i>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.</i> b. <i>Dedicated program/project manager to review data and other best practice alignment</i> c. <i>Abeyances as alternative to commitment (Com12)</i> d. <i>Ensure less restrictive options have been exhausted (Com13)</i> e. <i>Trained clinicians empowered to initiate holds (Com14)</i> f. <i>Review system of guardianship as alternative to commitment (Com11)</i>
7	<p>Treatment Services—Expand the continuum of treatment services.</p> <ul style="list-style-type: none"> a. <i>Develop system for treatment referrals for subacute crises or moderate risk individuals (TR47)</i> b. <i>Consider standardized recommendations for counseling practices (CC01)</i> c. <i>Develop existing ACT Teams to use evidence-based interventions to manage individuals diagnosed with a serious mental illness 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)</i> d. <i>Implement a statewide initiative raising awareness of Trauma Informed Care and encourage practices which meet the needs of trauma survivors (CC20)</i> e. <i>Ensure cultural competency in delivering treatment and recovery services (e.g., Native Americans)</i> f. <i>Develop prevention and treatment resources with professional development for youth with problematic sexual risk factors, including sexting and pornography (CY05)</i> g. <i>Explore how MAT for SUD can be expanded and readily available across Idaho to ensure availability for all Idahoans. (CJ21-13)</i> h. <i>Increase mental health care for pregnant women in general and specifically for those with SUD (CC08)</i> i. <i>Recognize the connection between smoking/tobacco use and continued other SUDs and offer effective tobacco use cessation services (TR18)</i> j. <i>Address victimization of individuals with disabilities, high risk population (also research why large number of reports are unsubstantiated)</i>
8	<p>Older Adults—Develop level of care across the lifespan for those with co-occurring behavioral health and Alzheimer's disease and related dementias (ADRD).</p> <ul style="list-style-type: none"> a. <i>Increase acute psychiatric bed availability and levels of care for all ages (CC14)</i> b. <i>Ensure access to intensive outpatient services across the lifecycle for those in need. (CY45)</i> c. <i>Develop and create Dementia Unit/Geropsych (CC15)</i> d. <i>Develop guidelines for care and grow care for dementia patients (CC16)</i> e. <i>Intensive outpatient across the lifespan (CC17)</i>

RECOVERY

These services support the process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Strategies also help with management of behavioral health conditions to minimize the risk of relapse or recurrence.

1 Supportive Housing—Increase availability of supportive housing for people with behavioral health conditions.

- a. *Look at the state regulatory barriers preventing tax credits from being used*
 - 1. *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*
 - 2. *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*
 - 3. *Review and streamline regulatory processes for a more efficient process (H02)*
- b. *NARR certification or coordination of audits for GEO, Medicaid* **DBH Note: Previously pursued**
 - 1. *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)*
- c. *Develop more supportive transitional housing opportunities for individuals discharging from psychiatric hospitalization (H07)*
- d. *Apply for a waiver and/or expand the state plan to allow for supportive services for people experiencing homelessness in supportive housing settings (H03)*
- e. *Recommend Medicaid benefits for HART Home residents and increase the number of HART homes (H06)* **DHB note: Completed**
- f. *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 coordination of resources responsible to governor on addressing the housing crisis (H01)*

2 Recovery Services—Support community recovery services.

- a. *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)*

IDAHO BEHAVIORAL HEALTH DATA PLAN

The Idaho Behavioral Health Council will designate a data team to work with the Advisory Board and other stakeholders to identify available data on the current behavioral health system and develop inquiries to analyze its effectiveness. This data will include an inventory of behavioral health programs, and where appropriate, include the number of individuals served or reached and the current expenditures by each program per year.

Insight Idaho will be used as a data repository and resource for reporting on the outcomes and effectiveness of behavioral health system and IBHC initiatives. Insight Idaho is an integrated criminal justice data system housed at the Idaho State Controller's Office. The system links data from the Idaho Department of Correction, Idaho Department of Juvenile Corrections, Department of Health and Welfare, the Idaho Supreme Court and the state judiciary. It is designed to provide data on cross-agency trends to inform policymakers and stakeholders on the criminal justice system. The Insight Idaho Data Oversight Council approves research questions as submitted by the IBHC.

As data become available, the IBHC will commit to tracking the implementation and effectiveness of its publicly funded initiatives such as the Safe Teen Assessment Centers and Psychiatric Residential Treatment Facility Providers. A list of these programs, as well as links to related reports will be maintained on the IBHC website under [Data and Publications](#).

Appendix A - Resources from Zia Partners

Six IBHC Strategic Priorities were recommended by Zia Partners as the elements necessary to develop an effective statewide system of care.

Resources by Strategic Priority

Strategic Priority #1 CCBHCs: Statewide CCBHC's with Prospective Payment System

- [CCBHC State Technical Assistance Center | SAMHSA](#)
- [CCBHC Planning Grant](#)
- [CCBHCs and the State Courts](#) December 2021 published by the National Judicial Task Force
- [New Model for Collaborative Court and Community Caseflow Management](#) June 2022 published by the National Judicial Task Force

Strategic Priority #2 Every community has a crisis system, taken to scale, for all ages

- [Roadmap to the Ideal Crisis System](#)

Strategic Priority #3 Universal Co-Occurring Capability

- [Comprehensive, Continuous, Integrated System of Care \(CCISC\)](#)
- [NCMW Center of Excellence CHI Framework](#)

Strategic Priority #4 Reform Competency to Stand Trial System

- [Leading Reform: Competence to Stand Trial](#)
- [Leading Reform Competence to Stand Trial: Questions State Court Leaders Should Ask](#)
- [Just and Well: Rethinking How States Address Competency to Stand Trial](#)

Strategic Priority #5 Diversion Systems: prearrest, post arrest, and beyond

- [Judges Guide to Mental Health Diversion](#)
- [Screening & Assessment | NCSC](#)
- [Diversion | NCSC](#)
- [Intercept 2: Initial Detention/Initial Court Hearings | NCSC](#)

Strategic Priority #6 Modernize Civil Commitment Laws (emergency, outpatient and inpatient) including criminal justice system to civil options

- [Model Legal Processes to Support Clinical Intervention for Persons with Serious Mental Illnesses](#)

Other Resources

Housing: [Corporation for Supportive Housing](#)

Improving Data Collection and Information Sharing

- [State Courts Data Guide](#)
- [Aligning Health and Safety \(CSG\)](#)
- [Data Collection across SIM: Essential Measures](#)

Implementation Funding Opportunities

Crisis Services

- CCBHCs are required to provide crisis services 24 hours a day, 7 days a week. Apply for enhanced Federal Medical Assistance Percentage (FMAP) for mobile crisis; develop statewide CCBHC network with Prospective Payment System (PPS) as part of crisis planning; apply for CCBHC planning/demonstration grants. [Roadmap to the Ideal Crisis System](#)

Certified Community Behavioral Health Clinics (CCBHCs)

- Statewide Implementation of CCBHCs can be supported through the [Section 223 CCBHC Medicaid Demonstration](#), through SAMHSA administered CCBHC Expansion (CCBHC-E) Grants or through independent state programs separate from the Section 223 CCBHC Medicaid Demonstration. The CCBHC initiative is operated through an HHS partnership across SAMHSA, the Center for Medicare & Medicaid Services, and the Office of the Assistant Secretary for Planning and Evaluation.

State Justice Institute (SJI) Grants

- [State Justice Institute \(sji.gov\)](#) Project Grants
- [State Justice Institute \(sji.gov\)](#) Technical Assistance Grants

State Crisis Intervention Program (SCIP) FY 24 Formula Funds to Idaho \$954,956

- [Byrne State Crisis Intervention Program \(SCIP\) | Overview | Bureau of Justice Assistance \(ojp.gov\)](#)
- [FY24 Byrne State Crisis Intervention Program Formula Solicitation | Bureau of Justice Assistance \(ojp.gov\)](#)
- [BJA FY 2024 Byrne State Crisis Intervention Program \(SCIP\) Formula Allocations \(ojp.gov\)](#)
- [External-Funding-Support-to-Lead-Change.pdf \(ncsc.org\)](#)

Appendix B – Acronyms and Definitions

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

Acronyms

ACE	Adverse Childhood Experiences
ADA	Americans with Disabilities Act
ADRD	Alzheimer’s Disease and Related Dementias
ACT	Assertive Community Treatment
BH	Behavioral Health
CANS	Child and Adolescent Needs and Strengths assessment
CDC	Center for Disease Control and Prevention
CCBHC	Certified Community Behavioral Health Clinics
CBAS	Community Based Alternative Services
CDA	Comprehensive Diagnostic Assessment
CFSR	Child and Family Service Review
CIM	Critical Intervention Map for Youth
CIS	IDOC Connection and Intervention Stations
CJIDS	Criminal Justice Integrated Data System, now Insight Idaho
CIT	Crisis Intervention Teams
CMS	Center for Medicare and Medicaid Services
DHW	Department of Health and Welfare
DE	Designated Exam or Designated Examiner for civil commitments
DBH	Division of Behavioral Health, Idaho Department of Health and Welfare
DMI	Dangerously Mentally Ill
ED	Emergency Department
EMS	Emergency Medical Services
EMSI	Early Serious Mental Illness
EMT	Emergency Medical Technician
FACT	Forensic Assertive Community Treatment
GEO	GEO Reentry Services contracted by IDOC
HHS	U.S. Department of Health & Human Services
HIPPA	Health Insurance Portability and Accountability Act
HART	Home for Adult Residential Treatment

IDAPA	Idaho Administrative Procedure Act
IBADCC	Idaho Board of Alcohol/Drug Counselor Certification
IBHC	Idaho Behavioral Health Council
ICANS	Idaho Child and Adolescent Needs and Strengths
IDOC	Idaho Department of Correction
IDJC	Idaho Department of Juvenile Corrections
IBHP	Idaho Behavioral Health Plan for Medicaid members
IMSI	Idaho Maximum Security Institution
ISC	Idaho Supreme Court
LEAD	Law Enforcement Assisted Diversion
MAT	Medication Assisted Treatment
MOU	Memorandum of Understanding
MOUD	Medication for Opioid Use Disorder
MH	Mental Health
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NAMI	National Alliance on Mental Illness
NARR	National Alliance of Recovery Residences
NEMT	Non-Emergency Medical Transportation
ODP	Office of Drug Policy
PA	Physician Assistant
PCE	Positive Childhood Experiences
PRTF	Psychiatric Residential Treatment Facility
RHR	Rural Health Centers
SDE	Idaho State Department of Education
SDFS	Safe and Drug Free Schools
SIM	Sequential Intercept Model
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder
SOC	System of Care
YES	Youth Empowerment Services

Key Definitions

- **211** – The Idaho CareLine, which is a free, statewide community information and referral service.
- **Assertive Community Treatment** – a community-based service delivery model for treatment and support for individuals with severe and persistent mental illness.
- **CCBHC** – A certified behavioral health clinic is a specially-designated clinic that provides a coordinated, comprehensive array of behavioral health services regardless of ability to pay, age, or place of residence.
- **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.
- **CIT** – Crisis Intervention Team is a community partnership of law enforcement and behavioral health professionals designed to improve community responses to mental health crises. CIT-certified law enforcement receive 40-hours of training on behavioral health conditions, trauma-informed responses, and de-escalation tactics.
- **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/>
- **IDAPA** – Idaho Administrative Procedure Act; the acronym refers to the compilation of promulgated administrative rules in Idaho.
- **Idaho Behavioral Health Plan** – A contract for managed care of behavioral health services for the Division of Behavioral Health and Medicaid.
- **Magellan** – Magellan of Idaho is the managed behavioral healthcare provider for the Idaho Behavioral Health Plan.
- **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/>

- **Mobile Crisis** – 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.
- **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.
- **Psychiatric Advance Directives** – Legal documents that allows people with mental illness to state their preferences for treatment in advance of a mental health crisis.
- **Recovery Centers** – 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.
- **Syringa Chalet Skilled Nursing** – The 42 skilled nursing beds offer services to consumers with a history of behavioral or psychiatric illness.
- **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 are an evidence-based approach to match treatment and accountability for high risk and high need justice involved individuals in the community. 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.
- **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.



DOCUMENT PREPARED BY:



IDAHO BEHAVIORAL HEALTH COUNCIL

STRATEGIC ACTION PLAN | 2024—2028