



2024-2028 STRATEGIC ACTION PLAN IMPLEMENTATION

Workforce Development	
Infrastructure #1: Implement strategies to increase recruitment and retention to strengthen the behavioral health professional workforce.	
ACTION ITEMS AND OBJECTIVES	
1. Expand Behavioral Health Training Programs	
Conduct a statewide analysis of existing behavioral health degree programs.	
Identify gaps in internship and residency opportunities.	
Partner with training programs and facilities to increase placements and expand the number of trainees.	
2. Strengthen the Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists Workforce	
Conduct a comprehensive workforce analysis to assess the current state of paraprofessionals Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists in Idaho.	
*Collaborate with the Division of Occupational and Professional Licenses (DOPL) to update Idaho statute and rule, ensuring standardized certification and training for paraprofessionals.	
Engage paraprofessionals Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists in focus groups to understand workforce challenges, wage compensation, needs, and opportunities for growth.	
3. Address Rural and Frontier Workforce Gaps	
Gather data from clinics in rural areas to understand barriers to recruitment and retention.	
Conduct an inventory of existing workforce strategies to identify what is working and what needs improvement.	
Develop recommendations to support workforce expansion in underserved areas.	

**Will work collaboratively with the Criminal Justice – Continuum of Care Implementation Team*

Program Awareness and Reduction of Stigma

Promotion #1: Develop an outreach and marketing strategy to increase awareness of publicly and privately funded programs and services. Address and reduce behavioral health stigma.

ACTION ITEMS AND OBJECTIVES

1. Integrate 211 and findhelpidaho.org as the central database of services available, facilitating a no wrong door approach

Partnership between DHW and United Way to ensure resource databases for 211 and findhelp are up to date and accessible by the general public regardless of how they are accessed.

Ensure callers to 211 are connected to appropriate resources on every call and are made aware of online resources available through findhelp as appropriate.

Utilize existing systems in findhelpidaho to serve individuals searching for resources outside of normal business hours/operation hours for 211.

2. Implement the Sources of Strength Program in Idaho Middle and High Schools

Identify and engage key stakeholders to promote program adoption. Identify a specific school in each area of the state to be the 'model' school that can help other local schools with training and implementation.

Provide training and onboarding to school staff and peer leaders in each initial participating school.

Develop a statewide implementation and evaluation plan that includes metrics for adoption, engagement, and effectiveness.

Help secure funding and partnerships to support program rollout, materials, and facilitator training costs for pilot schools in each region.

Increase awareness among students, parents, and communities about the benefits of Sources of Strength. Connect interested schools with 'pilot' school in their area for training.

3. Education for educators, teachers, and parents

Compile a list of all existing mental health related courses already available to teachers.

Create for-credit professional development courses for teachers, available through ISU's Albion Center for Professional Development.

Promote existing and newly created courses through social channels, email blasts, and newsletters.

4. Recommend educational programs tailored for rural Idahoans to reduce stigma, increase awareness, and improve understanding of mental health.

Multi-Channel Outreach – Targeted media approach and outreach - statewide

Storytelling & Lived Experience Integration – Develop a path to normalized conversations and peer to peer programs

Skills-Based Training – Develop a plan to implement mental health training and workshops in each Public Health District

*Service Awareness & Navigation (Find Help Idaho, 211, Jannus) – Public awareness of mental health resource access / availability and referral pathways

*Will work with 211/findhelpidaho.org subteam

Primary Prevention Programs and Protective Factors

Prevention #1: 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.

ACTION ITEMS AND OBJECTIVES

1. Increase community connectedness throughout the state

Build social capital/connections for kids.

Promote civility and togetherness.

Develop a communication campaign to promote the importance of connection for behavioral and physical health.

Bridge connections across generations.

2. Increase crime prevention education

Work with the Idaho Association of School Resource Officers (IDASRO) to identify training and resource gaps for officers and the community, including education on the Idaho Fentanyl Project

Partner with law enforcement, agencies, community leaders, and educational stakeholders to provide and educate on crime prevention

Evaluate outcomes

3. Enhance youth life skills through engaging primary prevention strategies within a positive youth development framework

*Compile a list of recommended evidence-based/informed prevention strategies for communities and providers.

Provide technical assistance and training to communities and organizations

Evidence-based/informed programs offered to Idaho's K-12 students

4. Implement the Idaho Pediatric Psychiatry Access Line (IPPAL) in Idaho

Create a structured status report that includes key components of feasibility

5. Promote positive childhood experiences and outcomes by increasing access to quality services that address behavioral health and substance use disorders (and other ACEs)

Pursue sharing of data on the early childhood workforce, program, and quality data in the RISE database to inform decisions across the early childhood sector and intersections with behavioral health

Strengthen adults' resources, knowledge and skills to care for young children.

6. Strengthen Idaho's Safe Teen Assessment Centers

Enhance and sustain support for Idaho's Assessment Centers through the creation of standardized processes, increased funding, and heightened awareness to ensure long-term effectiveness and accessibility.

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.

7. Establish standardized data collection tools and a public dashboard to support evidence-based primary prevention strategies and protective factors to promote behavioral health
Collect/develop standardized tools: Create consistent tools for collecting behavioral health data in Idaho, focusing on protective factors and resilience.
Promote Data Collection, Use & Transparency: Facilitate data use by stakeholders to inform behavioral health policies and programs.
Establish Public Dashboard: Develop an accessible online dashboard to monitor and evaluate behavioral health indicators, including prevention and protective factors data.
*Identify Prevention Areas: Use data to pinpoint areas where prevention can be strengthened to improve behavioral health outcomes.

**These teams will coordinate on publication of evidence-based programs.*

Foster Care
Prevention #2: Collaborate across Idaho Department of Health and Welfare Divisions and with local nonprofits and community-based organizations.
ACTION ITEMS
1. Mentorship opportunities for youth in out-of-home placements (to prevent re-entry)
2. Provide opportunities to provide emotional support for caregivers/adoptive families to prevent burnout
3. Platform for connecting faith-based communities with opportunities to meet tangible needs of Idaho families.
4. Identify opportunities to minimize disruption to education involvement for children placed in out-of-home care.

Diversion Systems

Engagement #4: Develop early diversion and deflection tactics to avoid long-term engagement with the criminal justice system: prearrest, post arrest, and beyond.

ACTION ITEMS AND OBJECTIVES

1. Evaluate the processes around the age of detainment

Develop recommendations to revise 20-516/20-520 of the Juvenile Corrections Act

2. Implement two pilot court projects meant to divert justice-involved individuals with significant behavioral health issues

Three low-risk and high-need tracks in existing treatment courts

Early Intervention Canyon County Court seeking to divert court-involved individuals with significant behavioral health issues as soon as possible to address their needs

3. Evaluate jails' abilities to implement diversionary programs meant to address their service needs, such as behavioral health and education

Evaluate the feasibility of implementing a program, such as IGNITE®

Education and training of justice stakeholders such as attorneys, judges, and recovery coaches, sheriffs, etc.

Develop a framework or toolkit for jurisdictions to implement such an effort

4. Perform an Idaho systemwide review and gap analysis of existing and effective diversion and deflection programs/initiatives

Analyze findings from the Sequential Intercept Mapping (SIM) activities throughout the state that occurred in the last three years for the adult system

Identify evidence-based models and stages of deflection and diversion

Map out where adult and juvenile deflection and diversion programs are operating in Idaho

Help the Helpers

Engagement #9A: 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.

PROPOSED ACTION ITEMS

1. Improve peer support for first responders and other helpers (i.e. develop standards of practice, training), and study peer support effectiveness
2. Develop Idaho First Responder and Helper Conference (along with potential for mobile conference option/access) and identify long term sources of funding
3. Draft and propose statutory changes for worker's comp related to post-traumatic stress disorder for first responders in Idaho Code § 72-451
4. Draft and propose statutory changes to Idaho Code § 9-203 definition of first responders to include correctional officers.
5. Implement a statewide first responder wellness app and provide resources, and identify long term sources of funding
6. Create best practice standards for first responder and helpers career lifecycle training and resources (type and frequency of training) regarding behavioral health and mental wellness
7. Create a system for career break protections for first responders (i.e. change in duty, requests for accommodations, support for families)
8. Promote credentialing or specialized training for working with first responders to behavioral health educators, graduate programs, professional associations, and licensing boards
9. Create a standard of practice and system of support for first responders and family members facing separation, including after critical incidents, retirement, or injury.
10. Research and review of other state and local practices to explore successful models for addressing behavioral health and mental wellness for first responders and helpers, and report findings and recommendations back to the implementation team
11. Create a joint task force or organization at the state level to support the behavioral health and mental wellness of first responders long-term
12. Engage and educate key stakeholders (government at every level) to understand the unique needs of first responders and their families
13. Create supports for children and partners of first responders and helpers (support groups, online resources, guides for parents as first responders, etc.)

Crisis Centers

Treatment #1: Implement strategies to increase recruitment and retention to strengthen the behavioral health professional workforce.

ACTION ITEMS AND OBJECTIVES

1. Increase Public Awareness and Understanding of Crisis Center Services

Form a dedicated awareness sub-team to design and implement an outreach campaign that clearly communicates crisis center services and eligibility criteria.

Collaborate with community partners (e.g., law enforcement, hospitals, shelters, schools) to educate front-line personnel on crisis center services and referral processes, ensuring appropriate utilization.

2. Expand Crisis Centers for Youth Across Idaho

Facilitate collaborative discussions between Youth Crisis Centers and Youth Assessment Centers to clarify roles, identify potential synergies, and assess feasibility for co-location based on existing program standards.

Conduct a statewide needs assessment to evaluate regional gaps in youth crisis services, ensuring data-driven decisions for new crisis center locations.

3. Improve Crisis Center Utilization, Operations, and Coordination

Establish regular statewide meetings for crisis centers and key stakeholders to foster communication, share best practices, and develop strategies to enhance operational efficiency.

Strengthen crisis center networks by promoting resource-sharing and standard operating procedure (SOP) alignment to improve coordination across all centers.

4. Ensure Sustainable Statewide Funding and Support for Adult Crisis Centers

Establish a sub-group to define key performance indicators (KPIs), collect testimonials, and compile impact reports that highlight cost-effectiveness and community benefits.

Develop a data collection framework that tracks return on investment (ROI), service utilization, and diversion from higher levels of care, ensuring data consistency across agencies.

Engage leaders and key stakeholders by presenting data-driven reports to secure continued and increased funding for crisis center operations.

Criminal Justice - Continuum of Care

Treatment #4: 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.

ACTION ITEMS AND OBJECTIVES

1. Expanding Peer Recovery Services

Expand access to Peer Recovery Support Specialists across the state to include access to supervisors and continuing education.

Develop oversight for the nine recovery centers throughout the State, to include accountability and leadership development for sustainability and continuity.

*Standardize the certification of Peer Support Specialist and Recovery Coach to encompass both within one certification and provide ongoing accountability. This is to include a code of ethics, background waiver, certification criteria, initial training requirements, ongoing CEU, and supervision requirements.

Create a network for certified peer support professionals for both community and statewide support.

2. Funding for independent assessors and other resources for individuals preparing to release from IDOC/IDJC custody/incarceration

Secure 1115 waiver funding through Medicaid for services in a correctional setting.

Full implementation of CAA 5121 (mandatory) & 5122 (voluntary) federal law.

IDJC community based alternative services (CBAS) – post-release, probation services, up to 90 days of funding.

Main funding streams: gap funding for diversion/probation screening for MH/SUD needs, additional funding application for additional services.

Individuals needing congregate care MH or IDD services post-release (supported living, ICF, etc.) – juvenile supported living is a big gap.

3. Expanding MAT/MOUD across the system

Develop awareness around processes serving the same clients across service areas

Enhancement criminal justice systems and community partnership

Evidence based oversight of individuals in MAT services

4. Multi-agency partnership for screening, court processes, case management, alternative placement, and PV options (non-incarcerations)

Develop awareness around processes serving the same clients across service areas

Enhancement criminal justice systems and community partnership

**Will work collaboratively with the Workforce Development implementation team*

Treatment Courts

Treatment #4: Support treatment court programs.

DRAFT ACTION ITEMS AND OBJECTIVES

1. Perform a gap analysis toward a recommendation for the potential expansion of Mental Health Courts

Expand Mental Health Courts into unserved areas (new courts)

Expand capacity of existing Mental Health Courts

2. Adequately fund treatment courts

3. Explore options for participation in a treatment court without having to move to the location of the treatment court.

Explore using virtual technology

Leverage supervision resources in neighboring counties

Explore options for funding opportunities for home visits and transportation

4. Streamline process of entering treatment court to reach the targeted 50 days from arrest/PV to entrance into a treatment court

Gap analysis to determine the current timeline vs. targeted 50 days

5. Evaluate the ability to more effectively coordinate through programming and processes the transition from a rider to the community in a treatment court model

Competency Restoration

Treatment #5: Review and reform the competency restoration process for adults (18-211/212) and juveniles.

ACTION ITEMS AND OBJECTIVES

Recommendation 1: Conduct a comprehensive assessment and analyze ways to reform the competency to stand trial system.

1. Gather and Analyze Statewide Data on Competency Evaluations and Restoration

Gather data on each phase of the CST process including referrals, wait times, restoration outcomes, and service gaps.

Evaluate each phase of the CST process to identify barriers, issues with timelines, and procedural concerns.

2. Identify and Review Best Practices from Other States

Conduct a comparative analysis of states with successful competency restoration reforms.

Evaluate alternative models such as community-based restoration and outpatient competency programs.

3. Engage Stakeholders in Policy and System Review

Convene legal, behavioral health, developmental disabilities and correctional system experts to assess challenges.

Evaluate facility and program capacity for inpatient and community-based restoration.

4. Assess Workforce and Infrastructure Capacity

Identify shortages in forensic evaluators, mental health professionals, developmental disabilities and restoration providers.

Evaluate facility and program capacity for inpatient and community-based restoration.

Recommendation 2: Review of Juvenile Statute I.C. 20-519

5. Gather and Analyze Statewide Data on Competency Evaluations and Restoration

Engaging representatives from juvenile courts, public defenders, prosecutors, child psychiatrists, social workers, developmental disabilities professionals, and advocacy groups.

Ensuring diverse perspectives, including families and youth with lived experience.

6. Data Collection and Analysis

Assessing how often the statute is applied, regional differences, and case outcomes.

Identifying trends in detention rates, access to evaluations, and length of time in the system.

7. Stakeholder Feedback

Conducting focus groups and surveys with legal professionals, families, and service providers.

Identifying challenges in applying the statute and concerns around due process and fairness.

8. Reviewing National Best Practices

Analyzing developmentally appropriate alternatives to detention-based competency evaluations.

Exploring community-based interventions and early diversion strategies for juveniles.

Supportive Housing

Recovery #1: Increase availability of supportive housing for people with behavioral health conditions.

ACTION ITEMS AND OBJECTIVES

1. Expand supportive housing options, including HART homes

*Gather data to identify the number of people released from hospitals or incarceration into direct homelessness.

Gather data to identify the number of individuals experiencing homelessness who re-enter IDOC and State Hospital due to homelessness-related issues.

Research the impact of HART Homes on reducing incarceration and psychiatric hospitalization (State Hospital) rates among high system with a focus on cost containment.

Determine the current statewide capacity of HART Homes, including the number of operational units, bed availability to inform strategic planning efforts.

2. Permanent, affordable, and quality supportive housing options for justice-involved individuals

Create a Cross System Data Sharing Agreement to Identifying those with the most significant Housing Needs Prior to Release

Increased collaboration among agencies (Gaps, options, barriers)

Increase options for high functioning mental health clients (Increased daily rate for Medicaid for issues with behavioral health issues)

**Provide Education to tenants and property management companies about the criminal justice population

Identify and Secure Funding for a new program that will increase permanent affordable housing options for justice involved individuals

3. Determine the housing and documentation resources provided for individuals exiting the state hospitals

Determine which housing resources (documentation, funds, counseling) are provided to individuals who are discharged from each of the 3 State Hospitals.

*Share data that shows where State Hospital discharges go after care (jails, RALFs/HART Homes, private residence, shelters, etc.)

Increase collaboration among agencies (homelessness Continuums of Care, homeless shelters, the justice System, etc.), decreasing readmission and promoting cost containment.

**Educate tenants and property management companies regarding benefits of accepting housing vouchers.

Educate state hospitals regarding housing vouchers that are available to homeless patients.

*Educate property managers on the importance of housing for folks with a SPMI or other significant behavioral health need.

**Coordinated data collection effort*

***Single outreach to property managers*