Quarterly Meeting
June 20, 2025

Vision for Idaho's Behavioral Health System

It is our vision that adults, children, youth and their families who live with mental illness and addiction **receive the behavioral healthcare services they need when they need them.**

IBHC Guiding Principles

1) Consumer and Family Voice

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

2) Cross-System Collaboration

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

3) Promote Evidence and Best Practices

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

4) Recovery and Resiliency Oriented

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

5) Equitable Access

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

6) Financially Sustainable

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

7) Quality, Accountability, and Outcomes

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

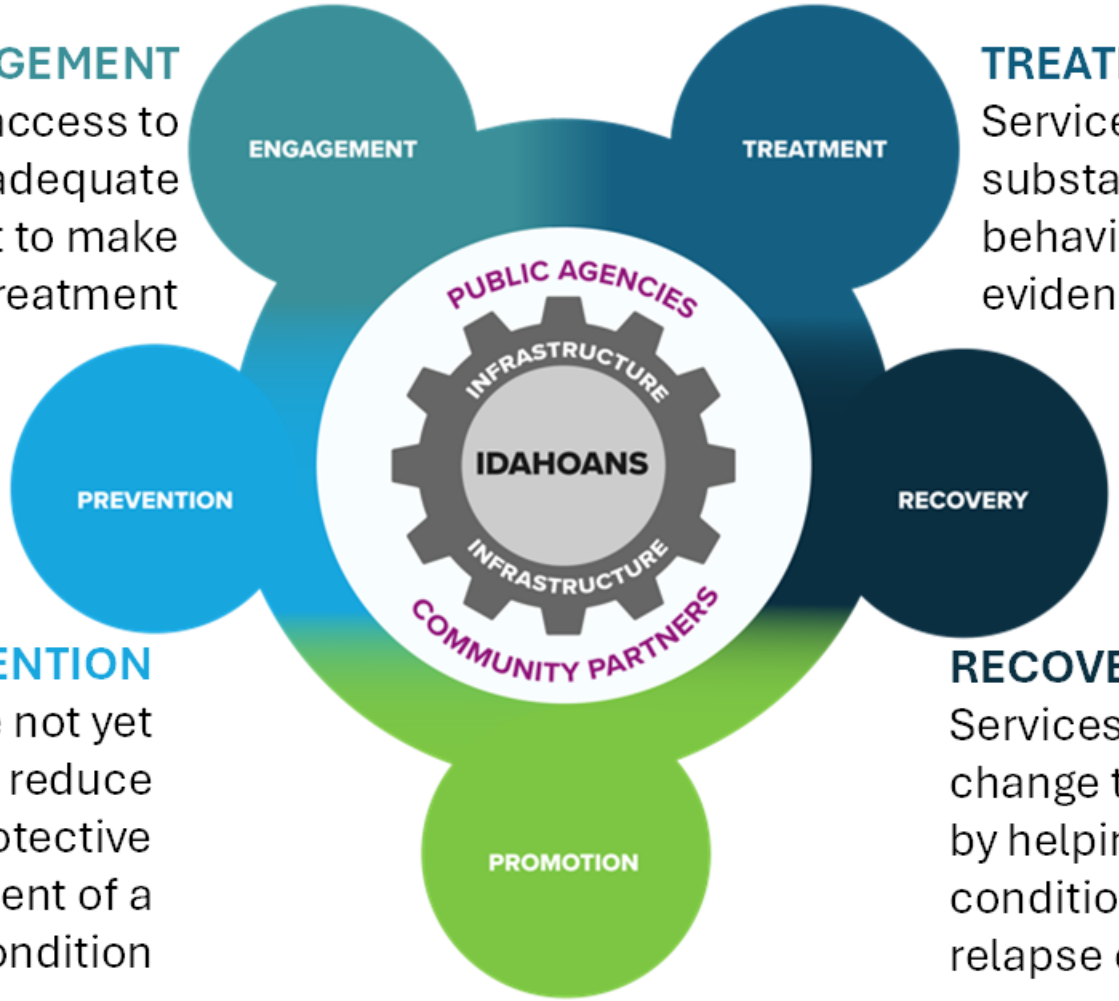
BEHAVIORAL HEALTH SYSTEM FRAMEWORK

ENGAGEMENT

Strategies to deliver optimal access to healthcare by giving adequate information and support to make decisions about treatment

TREATMENT

Services for those diagnosed with a substance use disorder or other behavioral health condition, ideally evidence-based and client centered



PREVENTION

Services and programs for those not yet in need of treatment designed to reduce risk factors and promote protective factors to prevent the development of a behavioral health condition

RECOVERY

Services to support the process of change to improve health and wellness by helping manage behavioral health conditions to minimize the risk of relapse or recurrence

PROMOTION

Supports behavioral health and the ability of individuals to withstand challenging conditions in their environment
Reinforces the entire continuum of behavioral health services

Idaho Vulnerability Studies

Epidemiological Assessments

Tufts University | School of Medicine Public Health

Idaho Department of Health & Welfare

Opioid, Alcohol, and Stimulant-Vulnerability in Idaho: A Series of Epidemiological Assessments

OLIVIA M. LEWIS, SHIKHAR SHRESTHA, AND THOMAS J. STOPKA

JUNE 20, 2025

Tufts UNIVERSITY | SCHOOL OF MEDICINE Public Health

IDAHO DEPARTMENT OF HEALTH & WELFARE

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  - Randi Pederson
  - Mylana McArthur

IDAHO DEPARTMENT OF HEALTH & WELFARE

Scan the QR codes below to access the vulnerability reports

Opioid report

Alcohol report

Stimulant report

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Table of Contents

Introduction

- Concurrent use of opioids and stimulants is on the rise and exacerbating the risk of fatal overdose[1]
- Stimulant-related mortality and prescriptions have been increasing in Idaho[2,3]
- Some alcohol-related harms have declined in Idaho, but problems remain[4–6]
- We conducted an opioid-related vulnerability assessment[7] in 2021 to:
  - Determine vulnerability to opioid-related overdose at the county level
  - Identify areas with low access to treatment for opioid use disorder
- Goal: provide updated opioid-related, alcohol-related, and stimulant-related vulnerability assessments using data from 2020-2022

Methods: Data

- Data access facilitated by the IDHW
- Data vintage: 2020-2022
- Outcome measure: Opioid-related overdose death rates, alcohol-related death rates, stimulant-related overdose death rates
- Core indicators of vulnerability:
  - Substance-related emergency department (ED) visit rates
  - Drug or alcohol-related crime rates
  - Chronic HCV infection rates (adults aged 18-34 years) (opioid and stimulant reports)
  - Alcohol-related crash rates
  - Retail alcohol outlet density
- Covariates:
  - Social vulnerability index (SVI; source: CDC)
  - Socioeconomic/demographic (source: U.S. Census American Community Survey)

Methods: Descriptive Mapping

- Created descriptive maps in ArcGIS Pro:
  - Outcome measures
  - All core indicators
  - Significant covariates
- We mapped geographic access to treatment
  - Opioid report: Buprenorphine-waivered providers and opioid treatment programs
  - Alcohol report: Centers that treated alcohol use disorder
  - Stimulant report: Treatment centers that provided cognitive-behavioral therapy or contingency management/motivational incentive programs
- Suppressed counties with non-zero counts < 5

Methods: Statistical Analyses

- Descriptive statistics
- Bivariate regressions: test associations with outcome measure
  - Determine which variables were used to calculate vulnerability scores
- Alcohol and stimulant reports: multivariable regressions to determine weights
- Calculated respective vulnerability scores

Methods: Calculating and Mapping Vulnerability Scores

- To calculate the vulnerability scores, we used all core variables and covariates with significant associations
- Variables weighted by the strength and direction of their relationship with our outcome measure
- Summed all weighted variables for a final vulnerability score
- We mapped:
  - Vulnerability scores by county
  - Vulnerability scores with tribal land boundaries
  - Vulnerability scores with treatment centers

Opioid report

Opioid Report

Results: Descriptive Mapping

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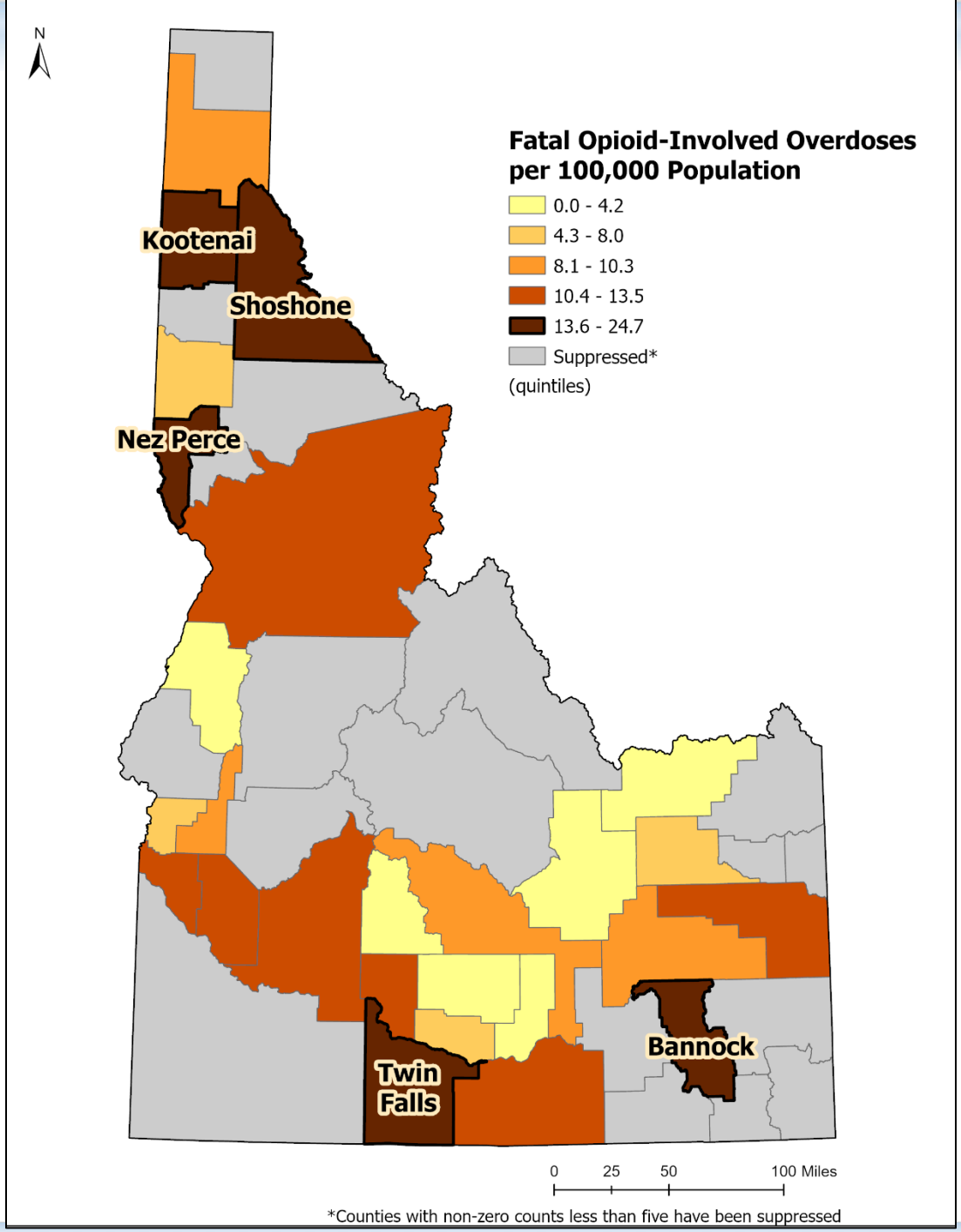
Opioid-related overdose death rates were highest in Kootenai, Shoshone, Nez Perce, Twin Falls, and Bannock Counties.



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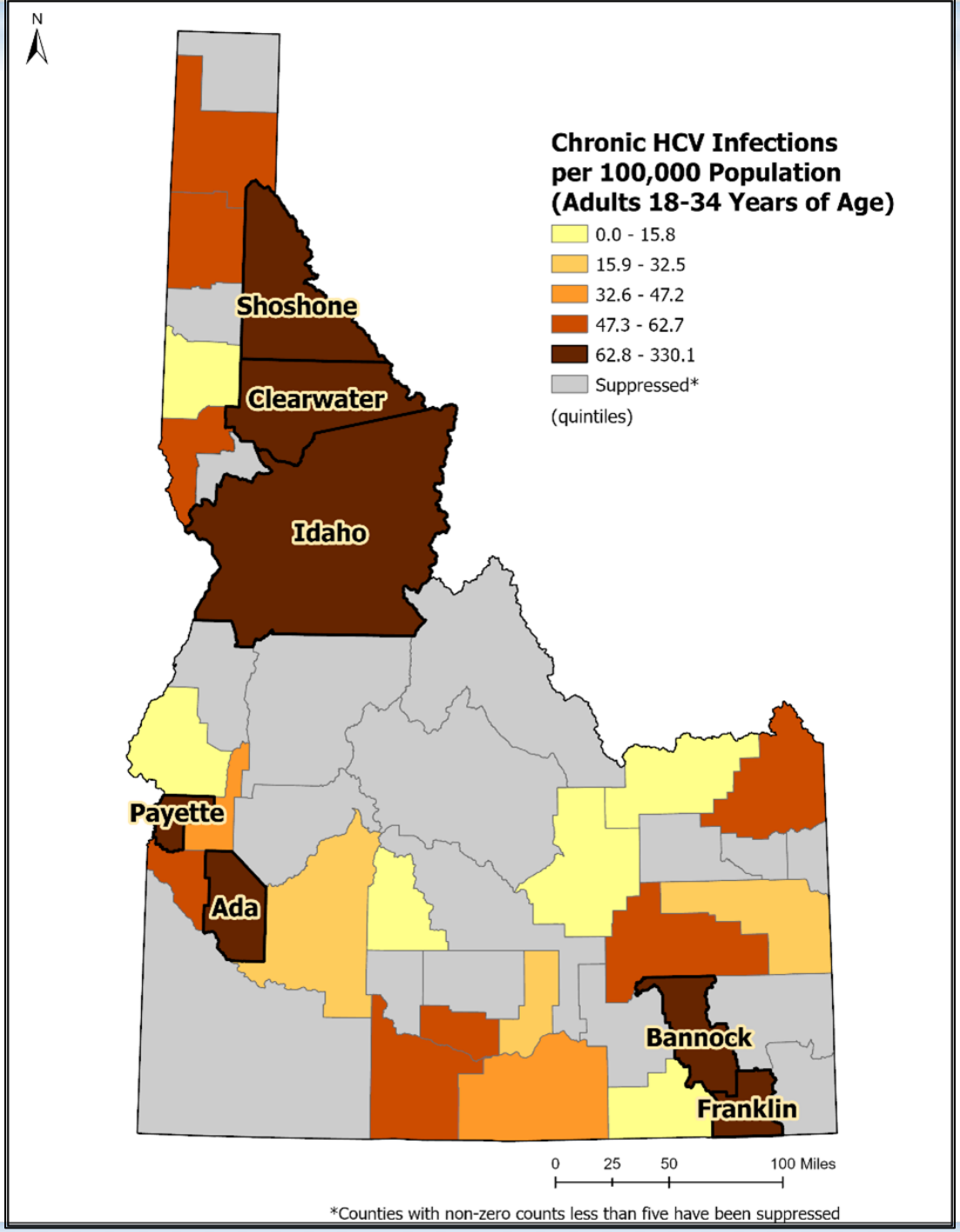
Chronic HCV infection rates among adults aged 18-34 years were highest in Shoshone, Clearwater, Idaho, Payette, Ada, Bannock, and Franklin Counties. Rates were especially elevated in Clearwater County (330.1 per 100,000).



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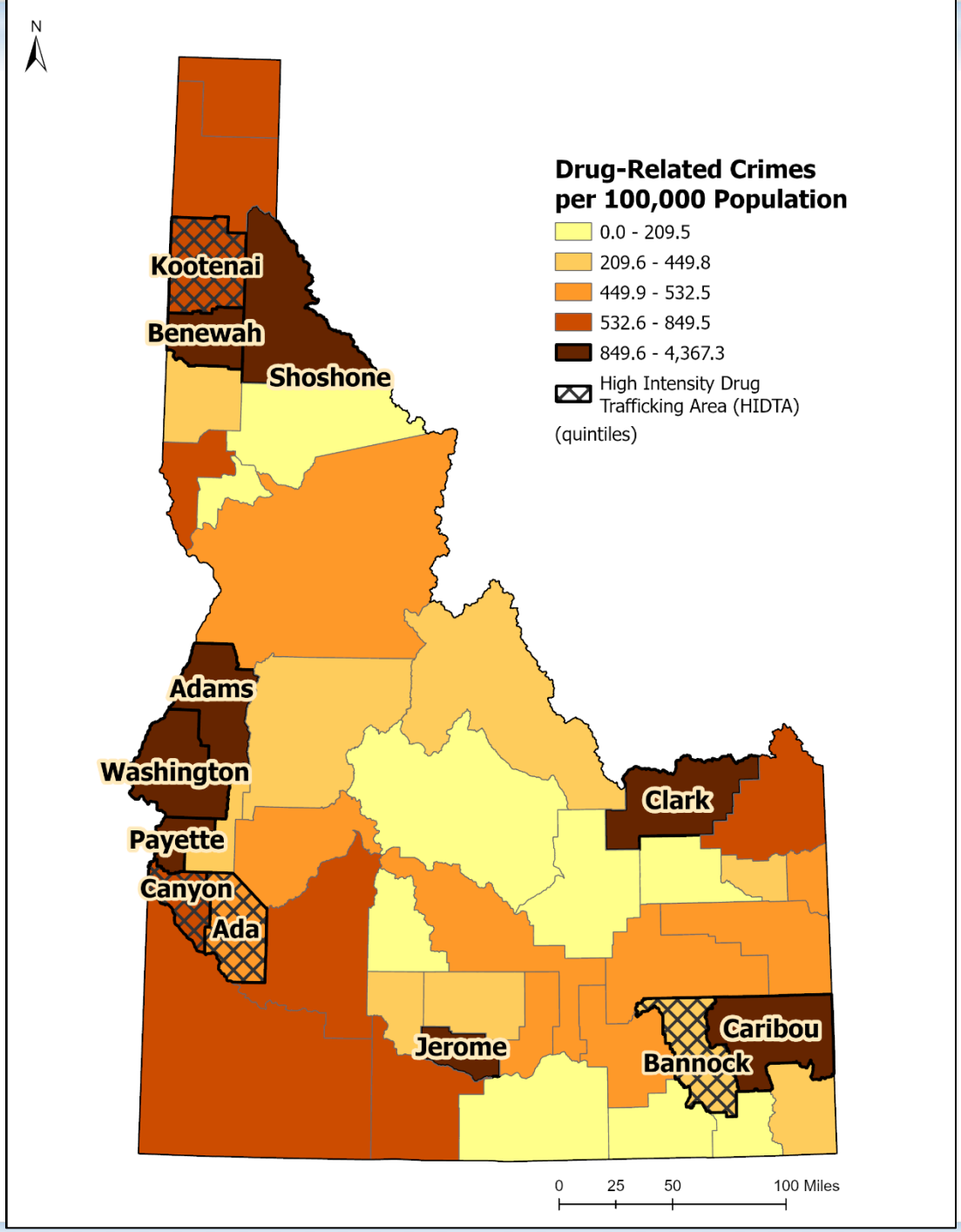
Drug-related crime rates were highest in various counties that bordered other states (Benewah, Shoshone, Adams, Washington, Payette, Clark, and Caribou Counties), as well as Jerome County.



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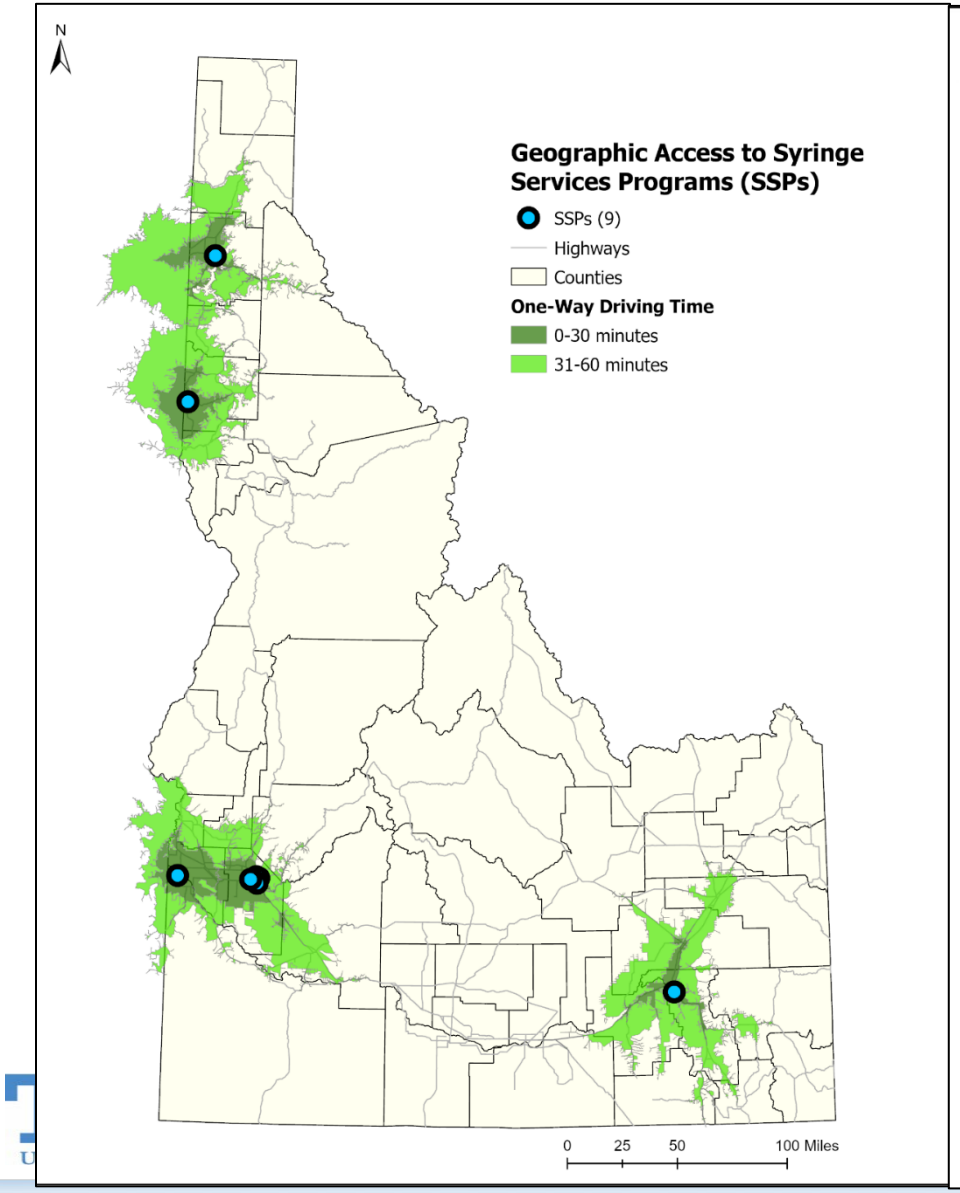
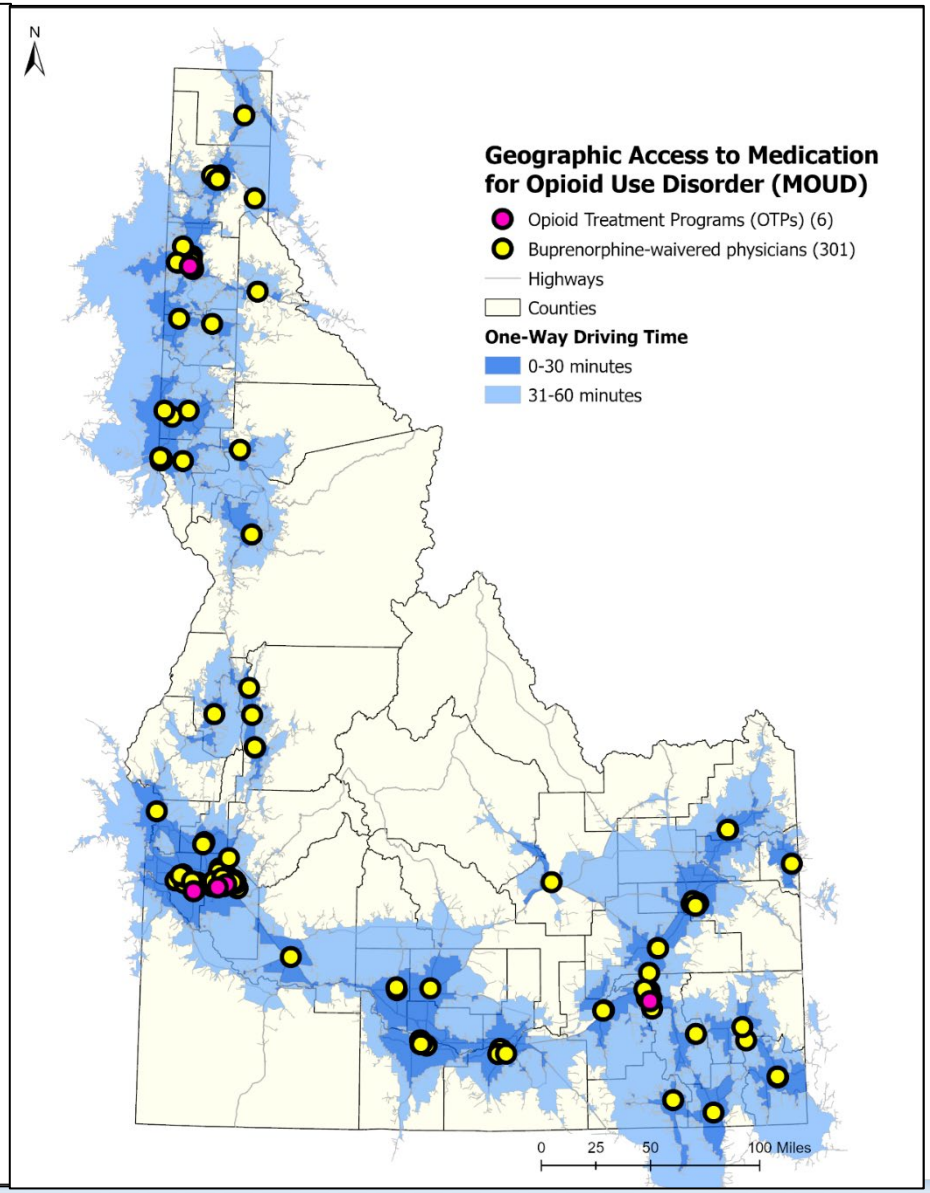
Large swaths of rural central Idaho were more than two hours driving round-trip to SSPs and MOUD.





Opioid Report: Statistical Analyses and Vulnerability Maps

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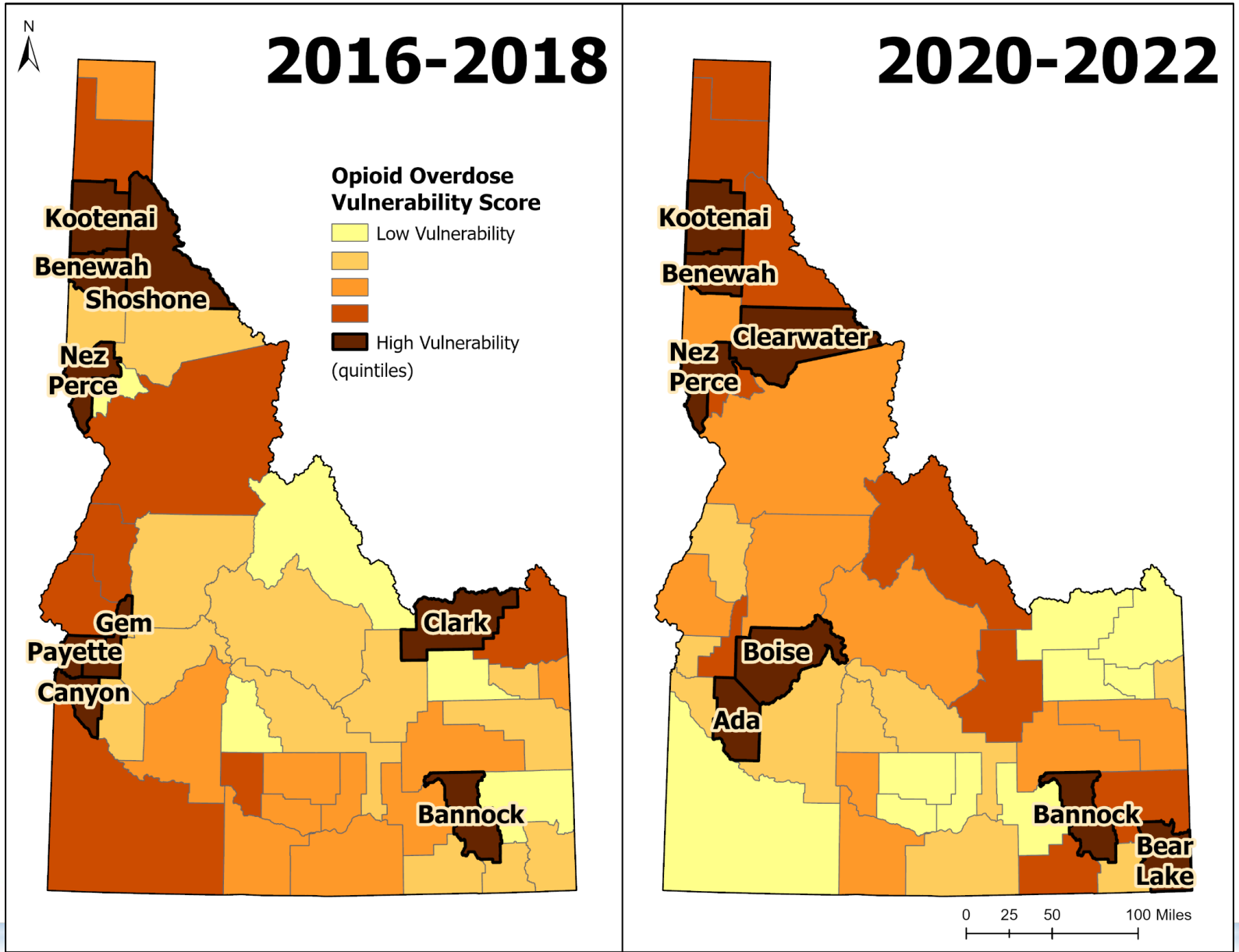
Opioid-related vulnerability: bivariate regressions

Covariates	Mean (SD)	Range	Beta Coefficient	SE*	p-value
Gini index of income inequality (0-1)	**0.43 (0.04)**	**0.33 – 0.52**	**-0.02**	**0.15**	**0.9**
Poverty (%)	12.28 (5.01)	5.01 – 36.29	-0.07	0.15	0.63
No high school diploma (%)	**11.18 (6.54)**	**2.59 – 38.35**	**-0.24**	**0.15**	**0.11**
Crowded households (%)	**3.51 (2.25)**	**0.32 – 12.72**	**-0.22**	**0.15**	**0.15**
Never married (%)	25.85 (6.64)	16.29 – 54.32	-0.16	0.15	0.3
Married households (%)	**56.31 (6.51)**	**40.49 – 70.93**	**-0.28**	**0.15**	**0.07**
Disability (%)	10.38 (2.29)	6 – 14.54	-0.17	0.15	0.26
Female-led households (%)	7.48 (2.57)	1.94 – 16.05	0.19	0.15	0.21
Unemployment (%)	**2.25 (1.08)**	**0.4 – 5.48**	**-0.26**	**0.15**	**0.09**
No health insurance (%)	11.86 (3.77)	5.95 – 23.64	-0.17	0.15	0.26
Households with no vehicle (%)	**3.41 (1.58)**	**0 – 6.87**	**0.32**	**0.15**	**0.04**
Households with no internet access (%)	9.89 (3.96)	1.79 – 20.05	0	0.15	0.97
Hispanic or Latino (%)	**13.61 (11.17)**	**1.44 – 42.33**	**-0.32**	**0.15**	**0.03**
White, non-Hispanic (%)	**85.4 (7.41)**	**62.7 – 97.86**	**0.23**	**0.15**	**0.13**
American Indian and Alaska Native (%)	**1.53 (1.72)**	**0 – 9.03**	**0.25**	**0.15**	**0.11**
Black, non-Hispanic (%)	0.4 (0.5)	0 – 2.35	0.12	0.15	0.45
Asian (%)	0.61 (0.73)	0 – 2.99	0.13	0.15	0.4

Counties with the highest opioid-related vulnerability scores were Kootenai, Benewah, Nez Perce, Clearwater, Boise, Ada, Bannock, and Bear Lake.



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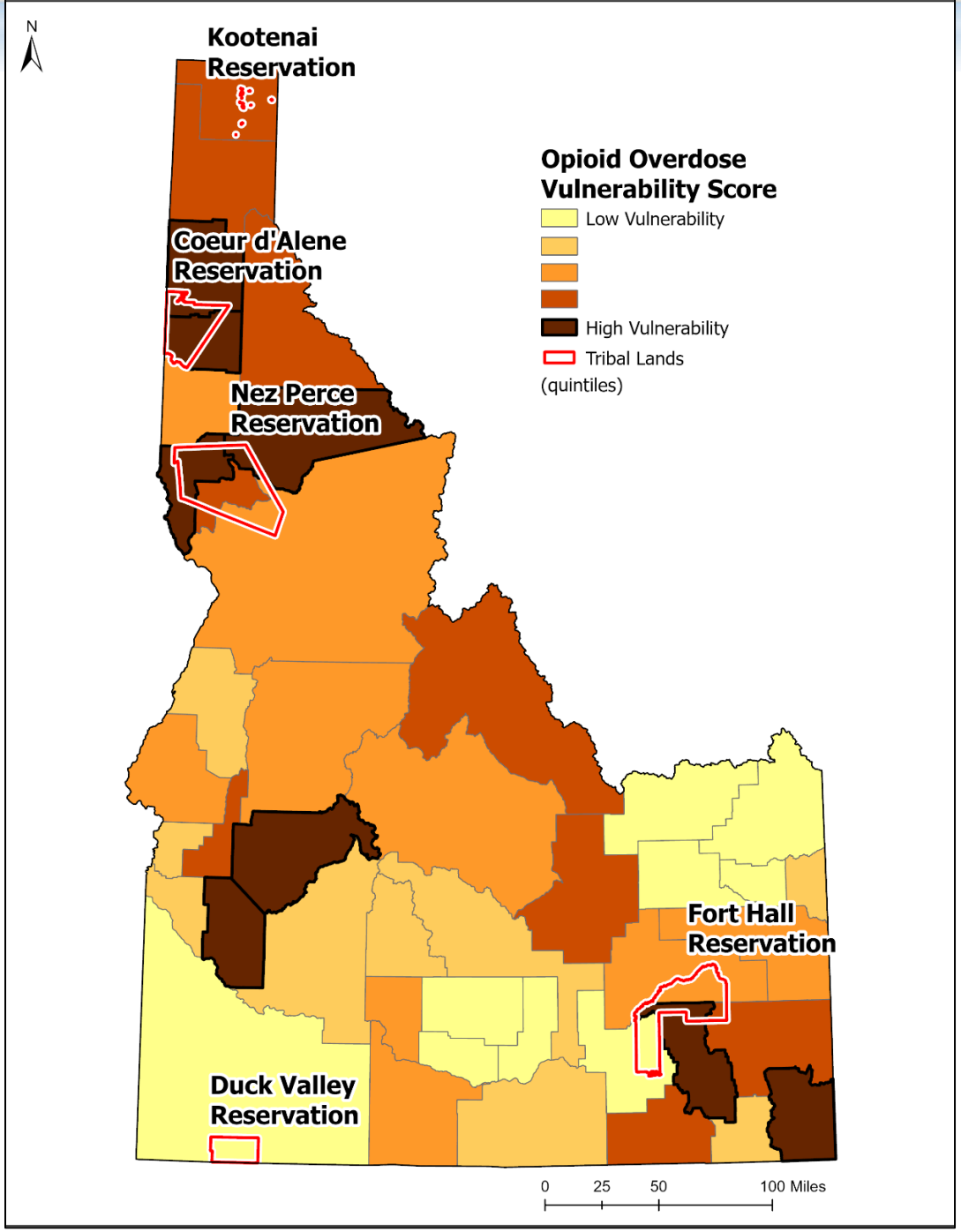
All tribal lands besides Duck Valley overlapped counties with high opioid-related vulnerability.



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Discussion: Opioid Report

- Both urban and rural counties were vulnerable to opioid-related overdose.
- Large rural areas in Idaho face long trips to access MOUD.
  - As distance to treatment increases, retention goes down.[8]
- The removal of the X-waiver requirement to prescribe buprenorphine could increase access to MOUD throughout Idaho.[9]
- The COVID-19 pandemic was associated with an increase in fatal opioid overdose rates in Idaho and nationwide.[10–12]
  - The county average fatal opioid overdose rate increased by 22.8% from our prior assessment to our updated report.

Discussion (continued)

- American Indian and Alaska Native (AIAN) populations were vulnerable to opioid-related overdose in Idaho.
  - Fatal overdose rates among AIAN individuals in Idaho was nearly double the statewide rate in 2020.[13]

- As of 2024, syringe services programs can no longer operate in Idaho.
  - This could increase risk of opioid-related harm and infectious disease transmission among people who inject drugs.[14–16]
  - Rates of chronic HCV infections increased by 8.7% between assessments.

Alcohol report

Alcohol Report

Results: Descriptive Mapping

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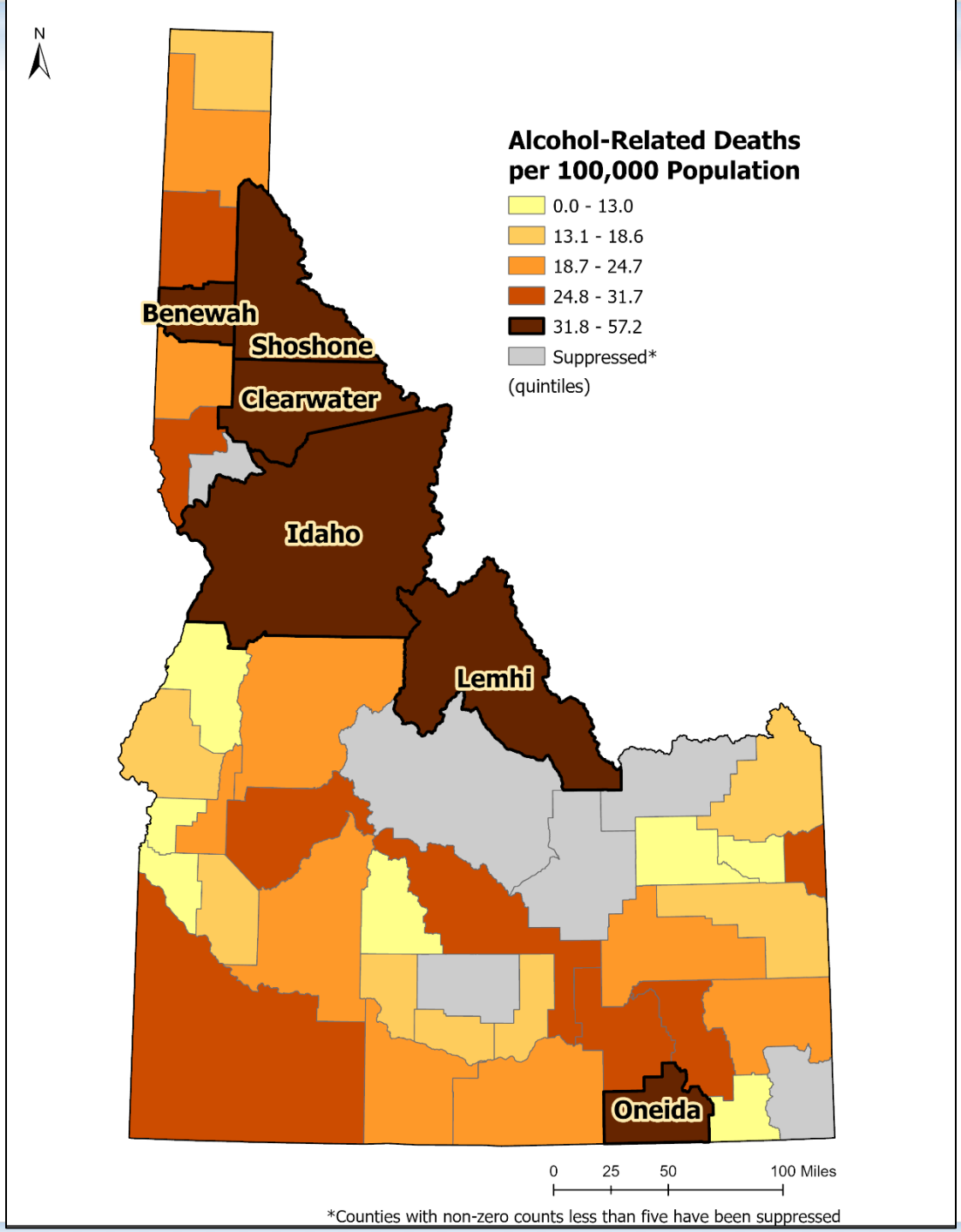
Alcohol-related death rates were highest in Benewah, Shoshone, Clearwater, Idaho, Lemhi, and Oneida Counties.



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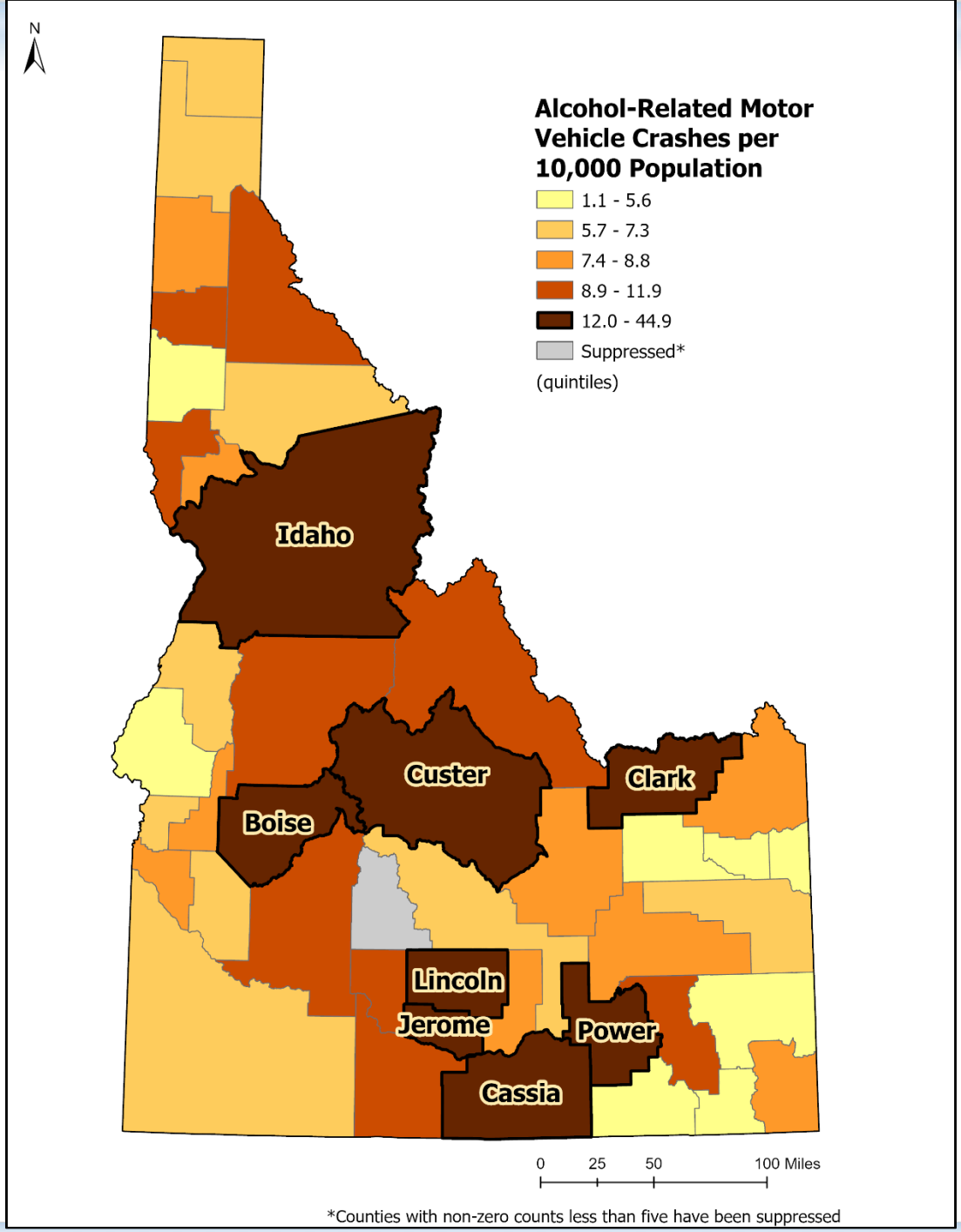
Many rural* counties had high rates of alcohol-related crashes, especially Clark County (44.9 crashes per 10,000 population).



*Defined using CDC's urban-rural index

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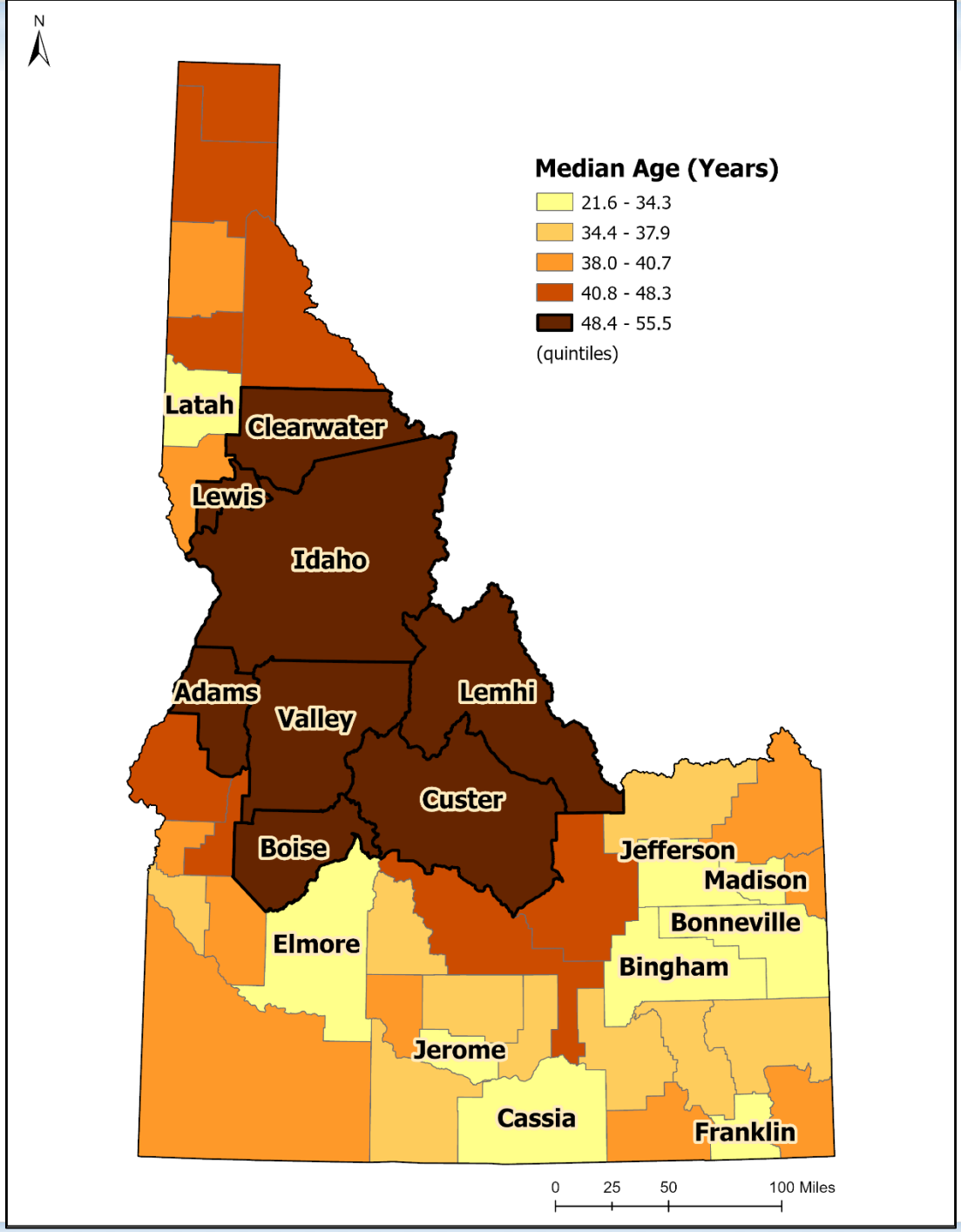
Median age was highest in a grouping of adjacent counties in north-central Idaho, and lowest in southeastern Idaho.



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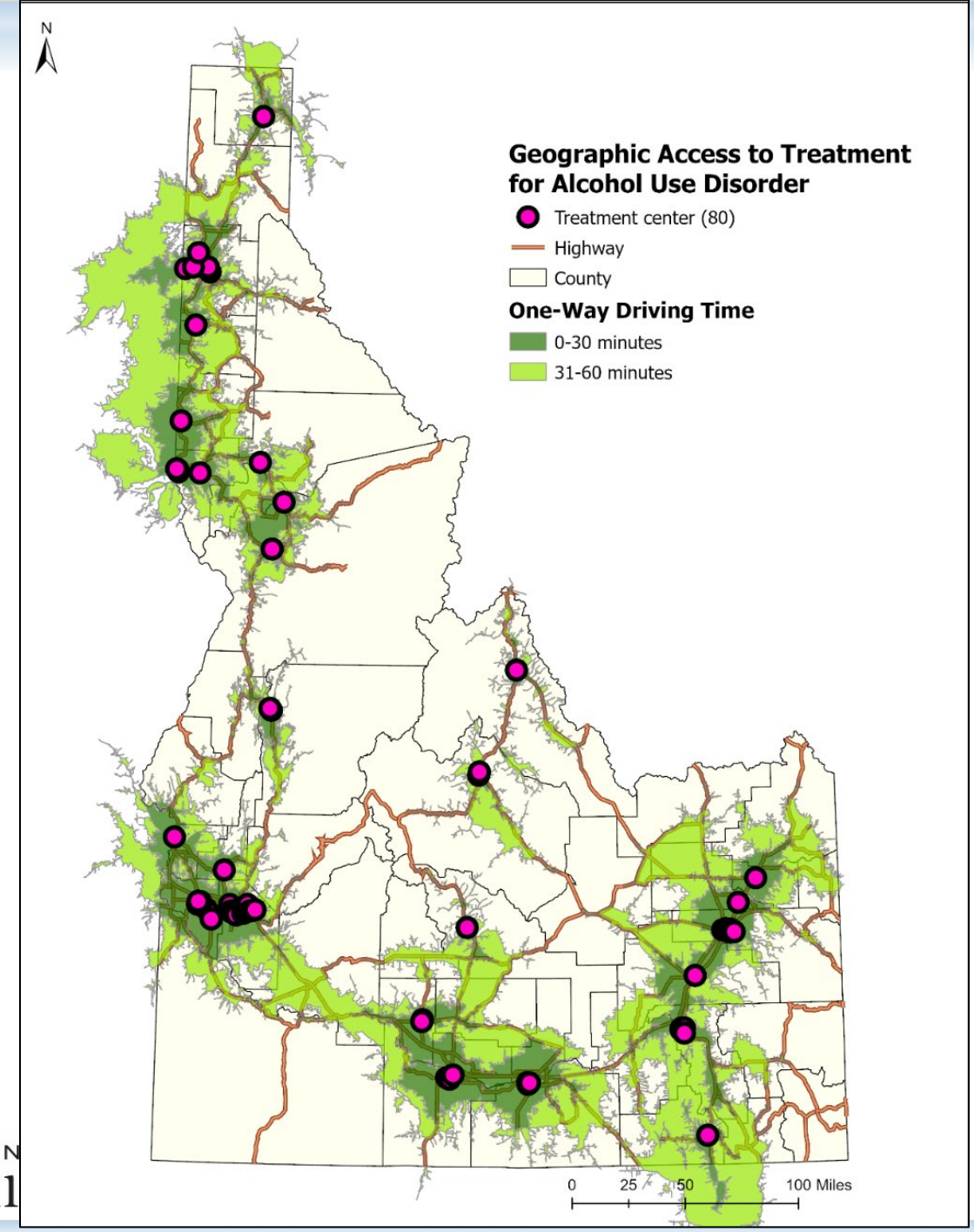
Many rural communities distant from major roads/highways and cities faced travel times exceeding an hour to reach the nearest alcohol use disorder treatment program.



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Alcohol Report: Statistical Analyses and Vulnerability Maps

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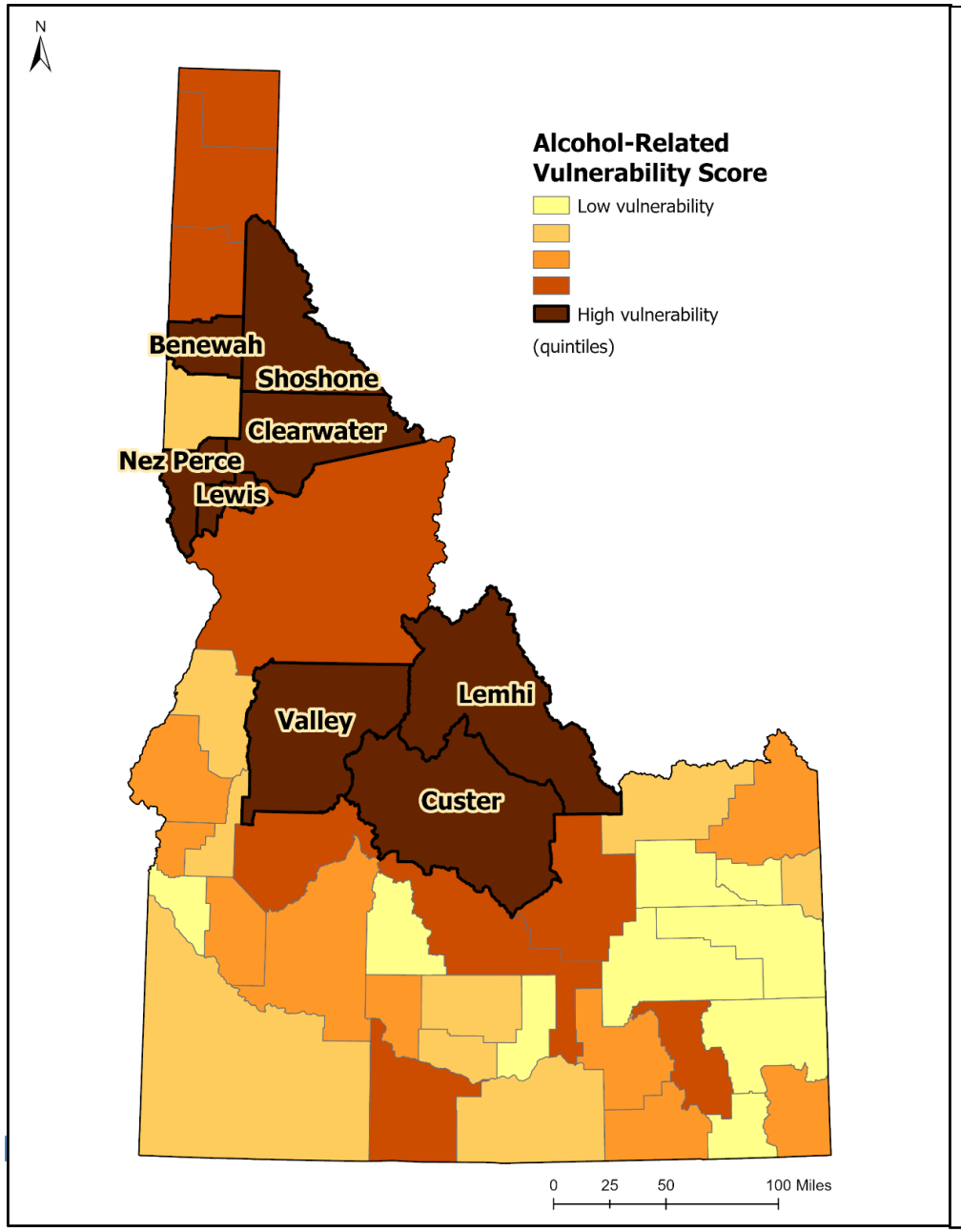
Alcohol-related vulnerability: bivariate regressions

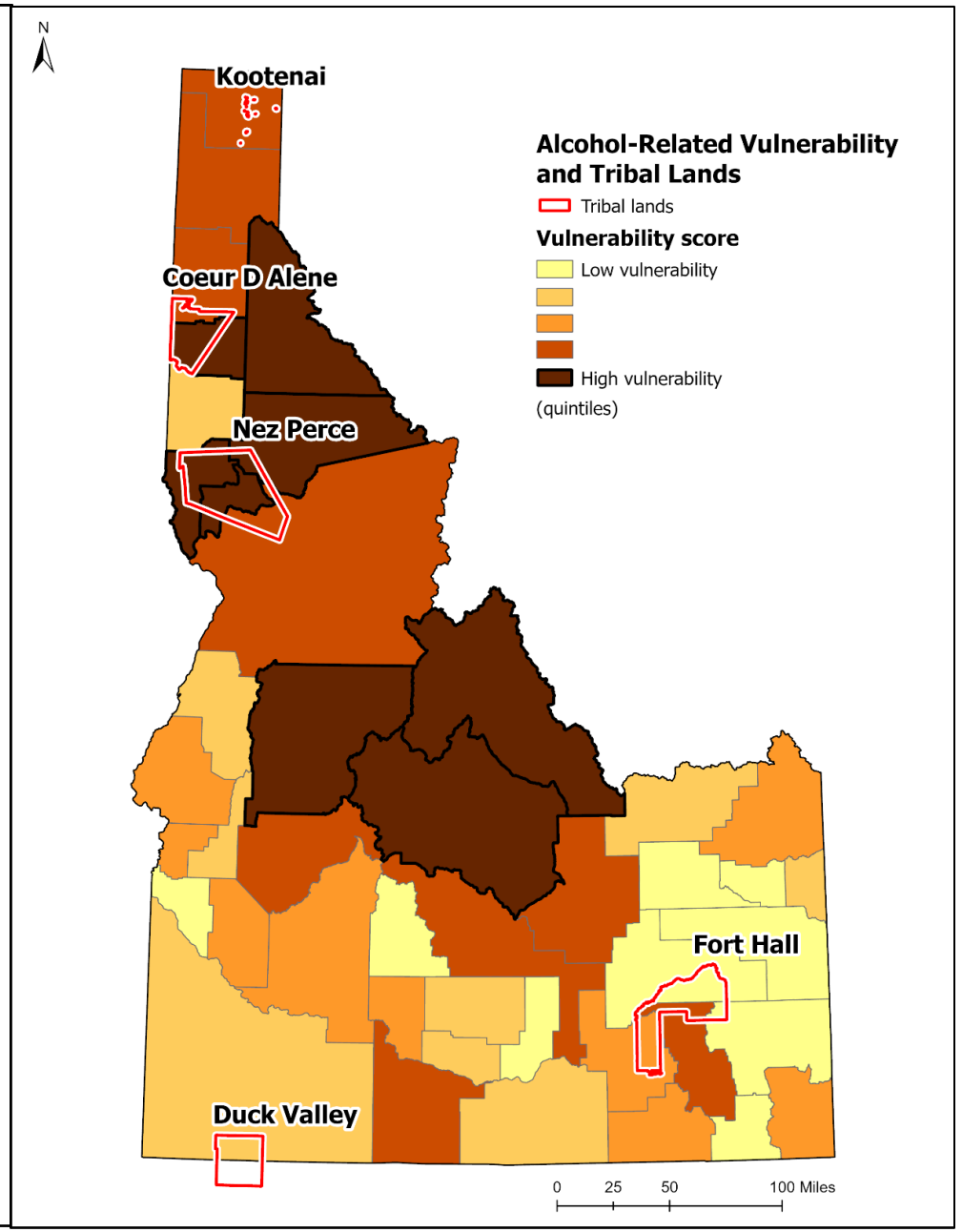
Variables	Mean (SD)	Range	Beta Coefficient	p-value**
Outcome Variable				
Alcohol-related deaths per 100K population	24 (14.2)	(0 - 57.2)		
Core Indicators				
Alcohol-related ED visits per 10K ED visits	114.93 (41.83)	(45.87 - 209.66)	2.73	**0.156**
Alcohol-related crashes per 10K population	9.11 (6.55)	(1.13 - 44.9)	4.52	**0.016**
Alcohol-related crimes per 100K population	392.82 (223.30)	(0 – 1,142.86)	0.31	0.875
Retail alcohol outlets per 10K population	38.92 (24.69)	(3.46 - 130.94)	4.06	**0.032**
Gallons of alcohol sold per 100K population	170,209. (93,806.05)	(0 – 460,526.3)	6.31	**0.001**
Covariates				
SVI (0-1)	0.5 (0.3)	(0 - 1)	1.53	0.429
Male Population (%)	50.97 (1.54)	(45.29 - 55.75)	1.49	0.444
Median Age (Years)	40.39 (7.45)	(21.6 - 55.5)	5.71	**0.002**

Alcohol-related vulnerability: multivariable regressions

Variables	Coefficient	Std. err.	P value	Confidence Interval
Alcohol-related ED visits per 10K visits (quartile)	-0.47	2.01	0.816	-4.54 - 3.60
Alcohol-related crashes per 10K (quartile)	3.81	1.91	**0.053**	-0.05 - 7.67
Retail alcohol outlets per 10K (quartile)	-0.91	2.25	0.687	-5.48 - 3.65
Gallons of alcohol sold per 100K (quartile)	6.40	2.79	**0.027**	.75 – 12.04
Median age (quartile)	0.87	2.68	0.748	-4.56 - 6.30
SVI (quartile)	1.04	1.82	0.573	-2.66 - 4.75

Alcohol-related vulnerability was highest in many rural counties in northern and central Idaho.





Discussion: Alcohol Report

- Almost all counties in the top quintile rank for vulnerability were rural
- Aspects of rural life contribute to risk of drinking and driving[17–19]
- Rural/remote regions face additional barriers to AUD treatment[20–22]
- Risk of alcohol-related harms is high in older populations[23,24]
- There's a need for updated information on alcohol-related harms in AI/AN communities in Idaho
- High alcohol outlet density is tied to negative health outcomes[25–28]
- Drinking & sales increased during the pandemic, but have declined[29]

Stimulant report

Stimulant Report

Results: Descriptive Mapping

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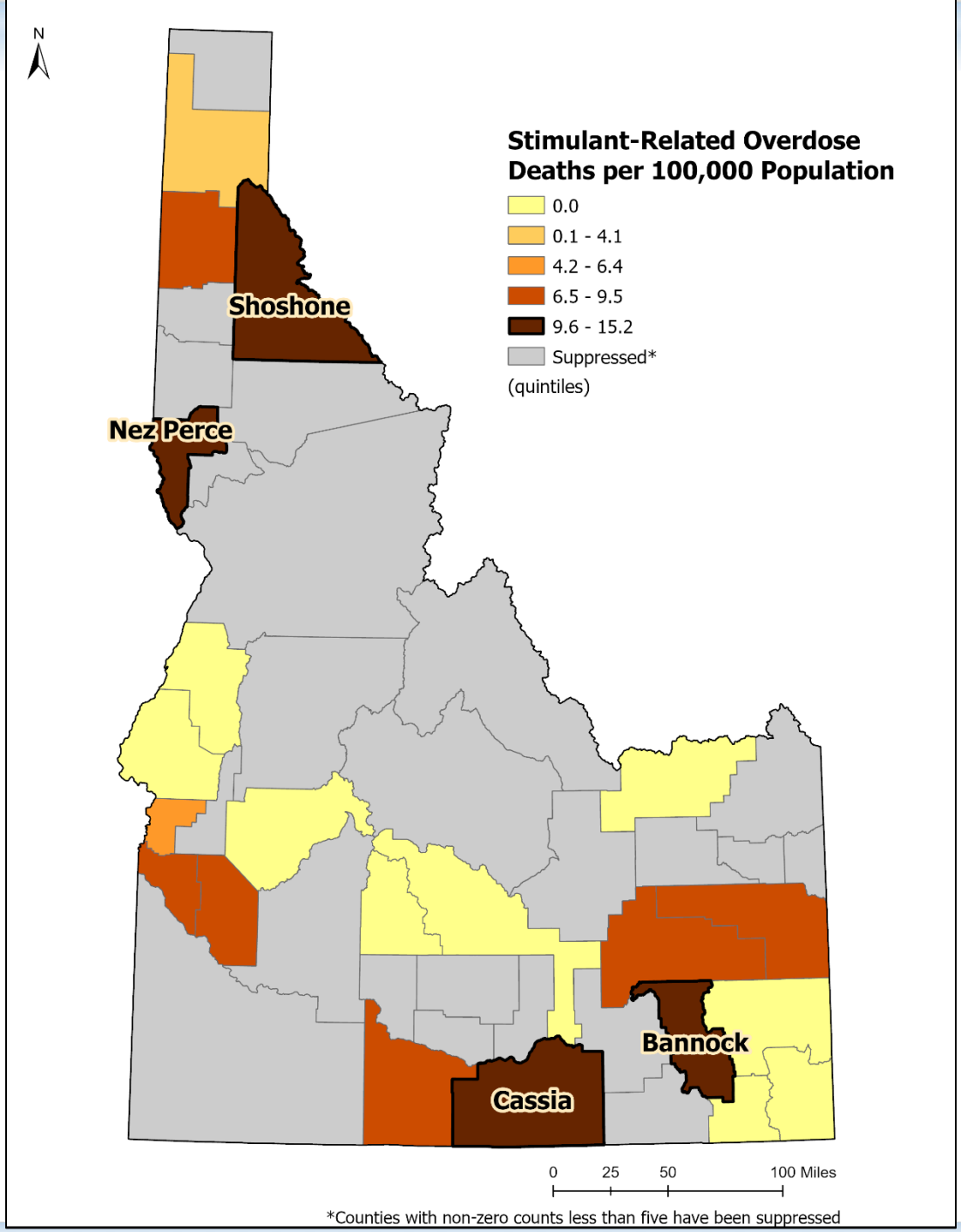
Stimulant-related overdose death rates were highest in Shoshone, Nez Perce, Cassia, and Bannock Counties.



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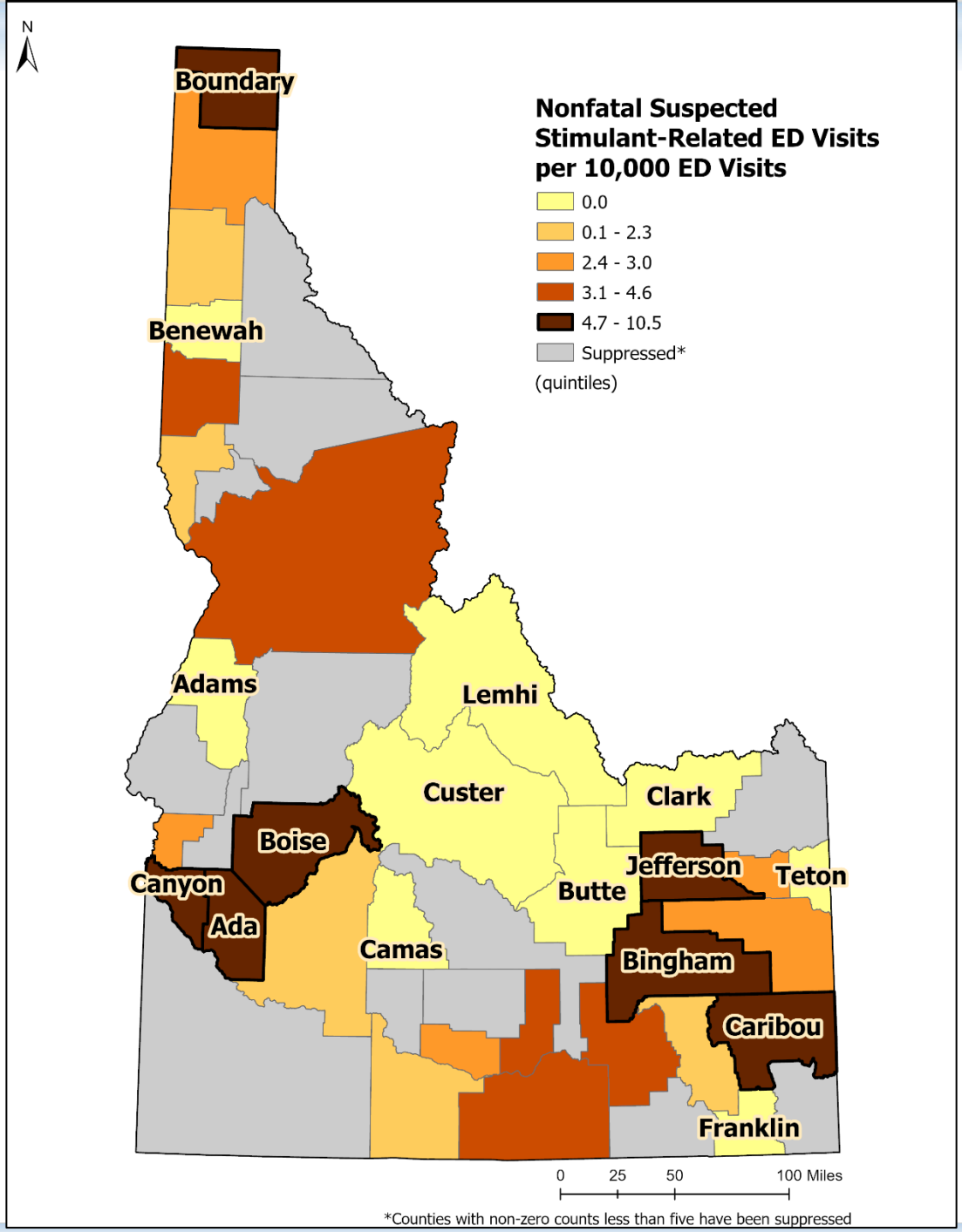
Boundary, Boise, Canyon, Ada, Jefferson, Bingham, and Caribou Counties had the highest rates of stimulant-related emergency department (ED) visits.



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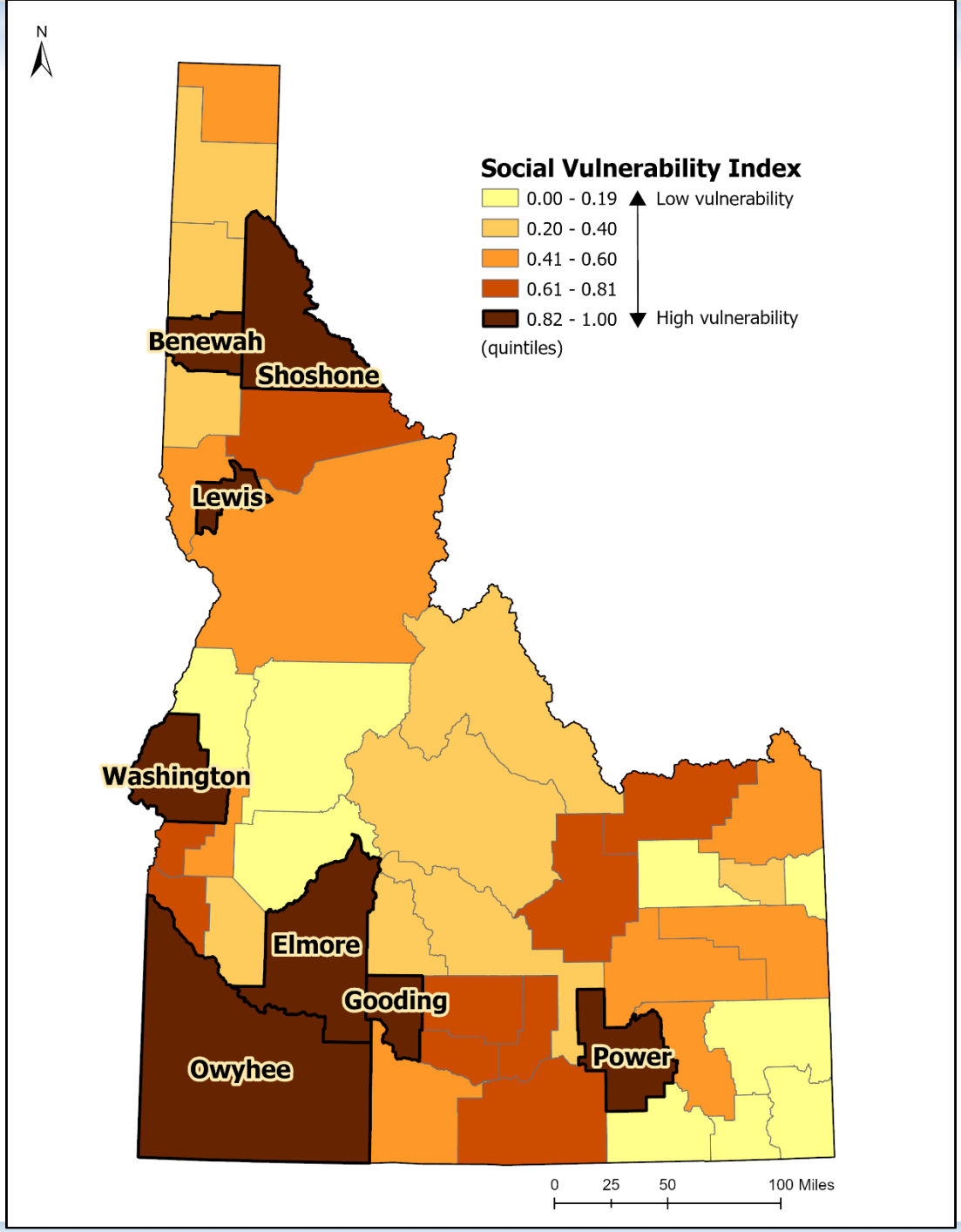
SVI scores were highest in Benewah, Shoshone, Lewis, Washington, Elmore, Owyhee, Gooding, Power, and Owyhee Counties.



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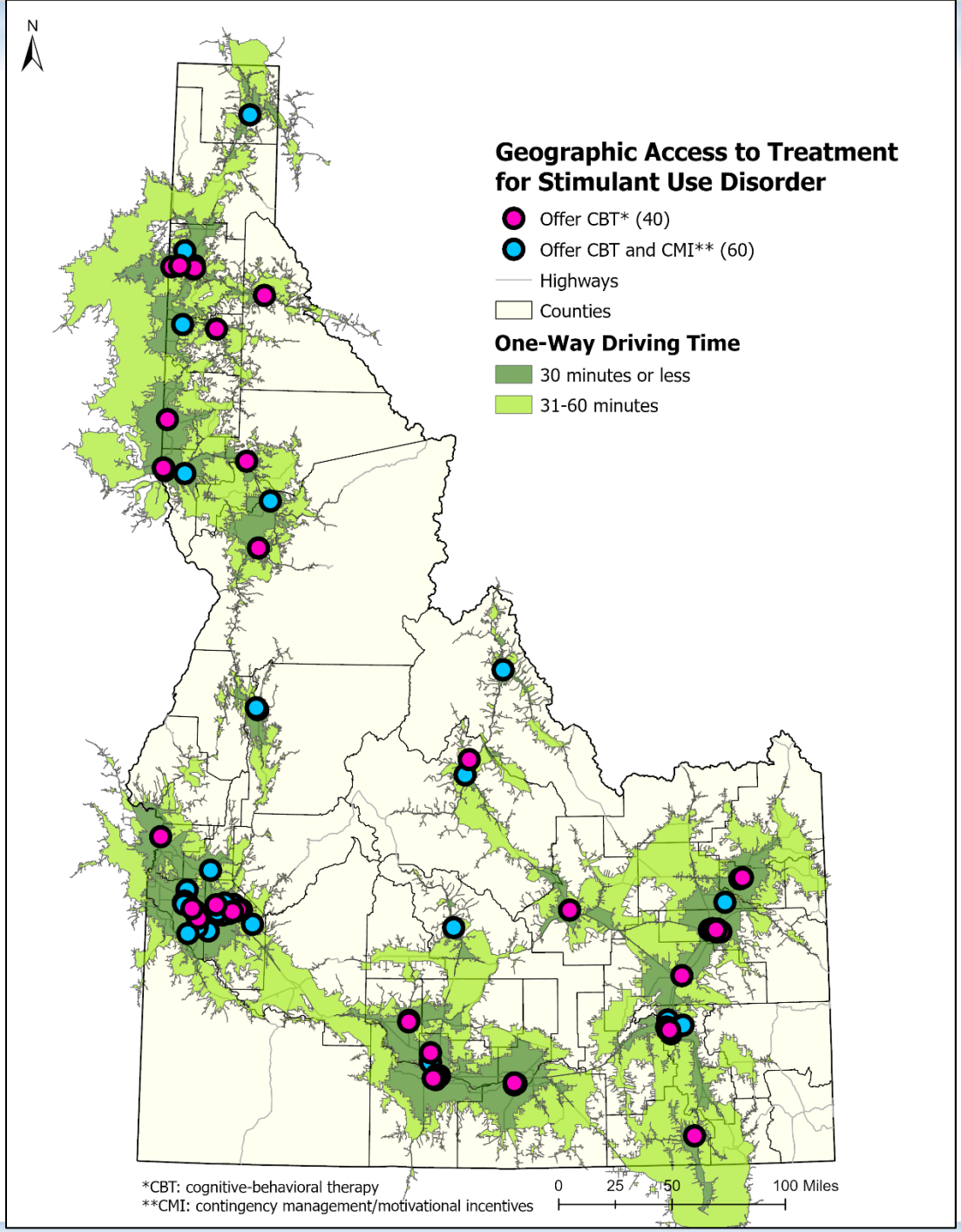
Cities and areas along interstate and major highways were within 60 minutes driving of centers that provided cognitive-behavioral therapy and contingency management programs, but access was limited in rural regions.



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Stimulant Report: Statistical Analyses and Vulnerability Maps

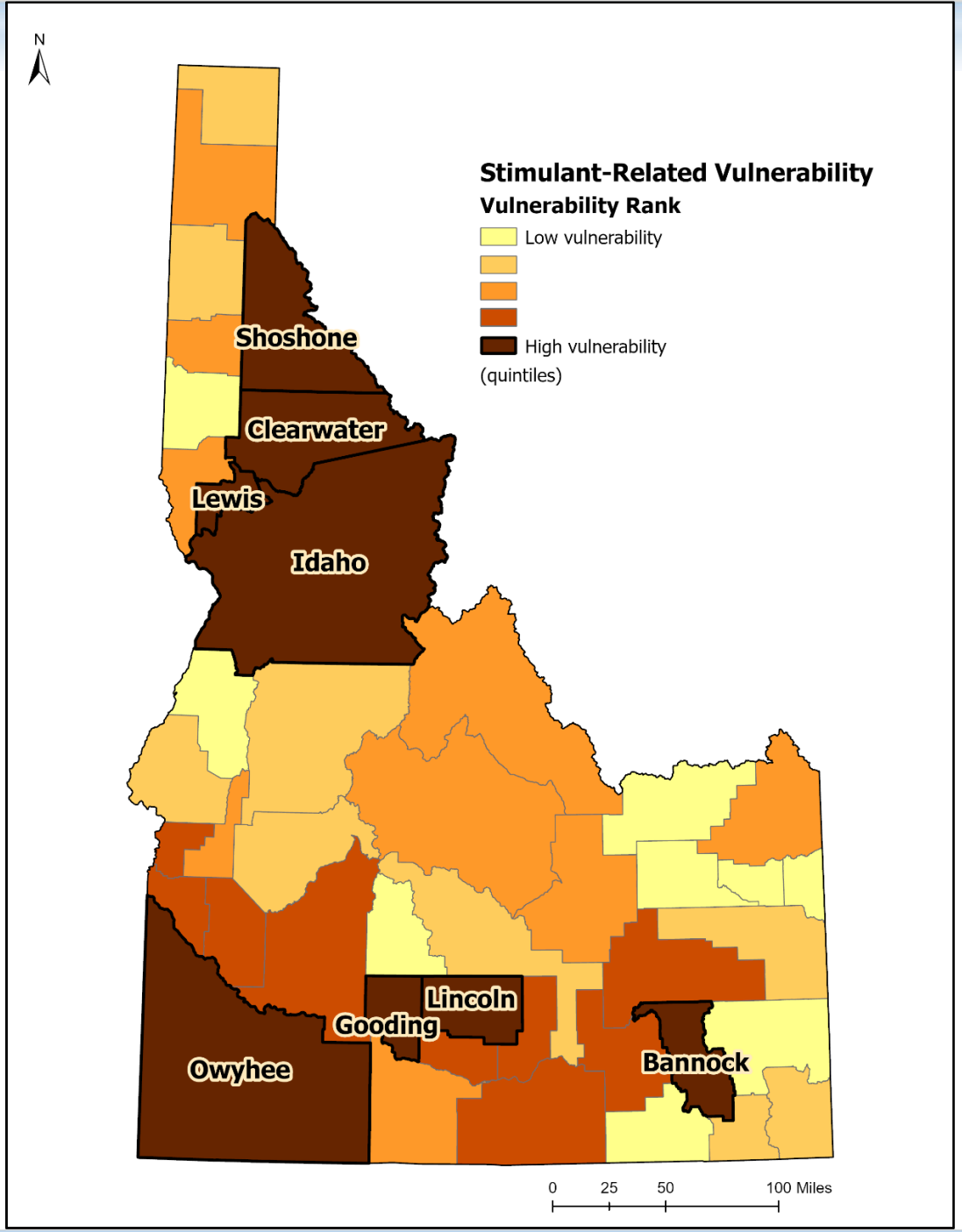
Stimulant-related vulnerability: bivariate regressions

Variable	Mean (SD)	Median	Beta-coefficient	p-value
Outcome Measure				
Stimulant related overdose deaths per 100,000 population	5.5 (4.43)	5.2	-	
Core Variables				
Stimulant related ED Visits per 10,000 Visits	3.0 (2.66)	2.6	-0.19	0.456
Drug-related crimes per 100,000 population	625.1 (677.99)	490.5	-0.001	**0.115**
Chronic HCV infections per 100,000 adults aged 18-24 Years	46.7 (51.45)	41.4	0.04	**0.001**
Covariates				
Social Vulnerability Index (SVI; 0-1)	0.499 (0.299)	0.50	3.70	**0.102**

Stimulant-related vulnerability: multivariable regressions

Variable	Beta-coefficient	p-value
Drug-related crimes per 100,000 population	-0.001	0.113
Chronic HCV infections per 100,000 adults aged 18-24 Years	0.035	**0.005**
Social Vulnerability Index (SVI, 0-1)	3.52	**0.087**

Counties with the highest stimulant-related vulnerability scores were Shoshone, Clearwater, Lewis, Idaho, Owyhee, Gooding, Lincoln, and Bannock.



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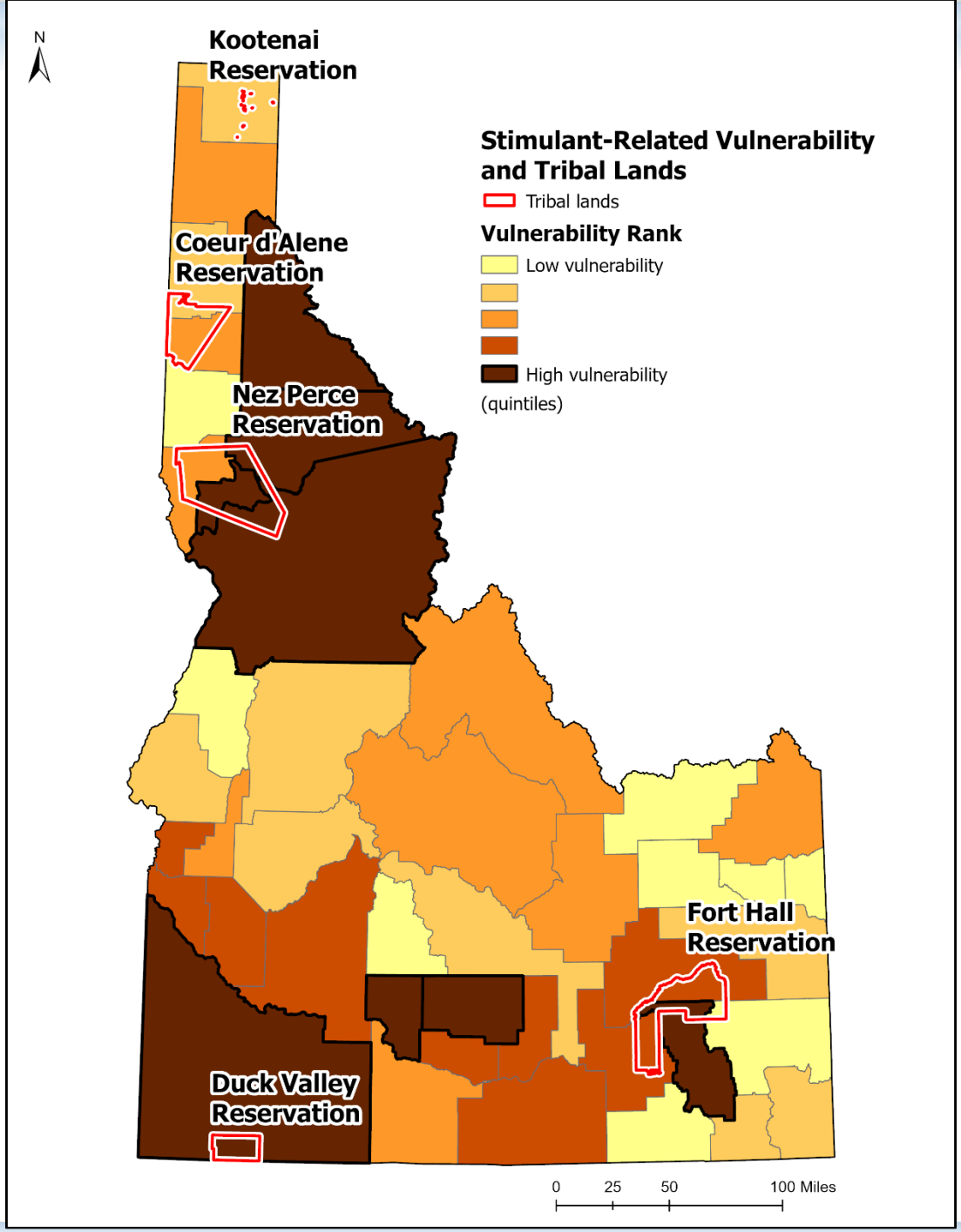
Nez Perce, Duck Valley, and Fort Hall Reservations intersect high-vulnerability counties.



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Discussion: Stimulant Report

- Most counties in the top quintile rank for vulnerability were rural
- Stimulant use and co-use with opioids is more prevalent in rural areas[30–32]
  - Methamphetamine is easily attainable in rural/remote regions[33–35]
- Drug-related crime rates were also significant in both models
  - Drug seizures can increase rates of fatal overdose as it relates to opioids[36–38]
- SVI was also a significant predictor of fatal stimulant-related overdose rates
  - Minority communities, poverty, and rurality are risk factors for stimulant use[33,39,40]

Discussion: Stimulant Report

- In Idaho, stimulant-related ED visit rates have been decreasing while fatal stimulant-related overdose rates have been increasing[3]
- Native American communities face high risk of stimulant-related harm[41,42]
- Cognitive-behavioral therapy and contingency management/motivational incentives are evidence-based interventions for stimulant use disorder[43]
  - It's important to increase availability of these treatments in rural regions
  - Stigma in rural areas can impede access to treatment for people who use drugs[44–47]

Overall Recommendations and Conclusions

Recommendations

- **Target initiatives and funding** to high-vulnerability counties.
- Utilize evidence-based strategies to **increase access to treatment for opioid, alcohol, and stimulant use disorder,** especially in rural regions
  - Address stigma in rural areas
  - Utilize telehealth to expand access
- Continue **expanding the availability of harm reduction resources**

Conclusions

- We identified the counties at highest risk of opioid-related, alcohol-related, and stimulant-related harms
- Increased access to treatment for opioid, alcohol, and stimulant use disorder is needed
- Harm reduction is vital in light of increased polydrug use

Thank you! Questions?

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Appendix

Figure A1: Context Map of Idaho, 2024

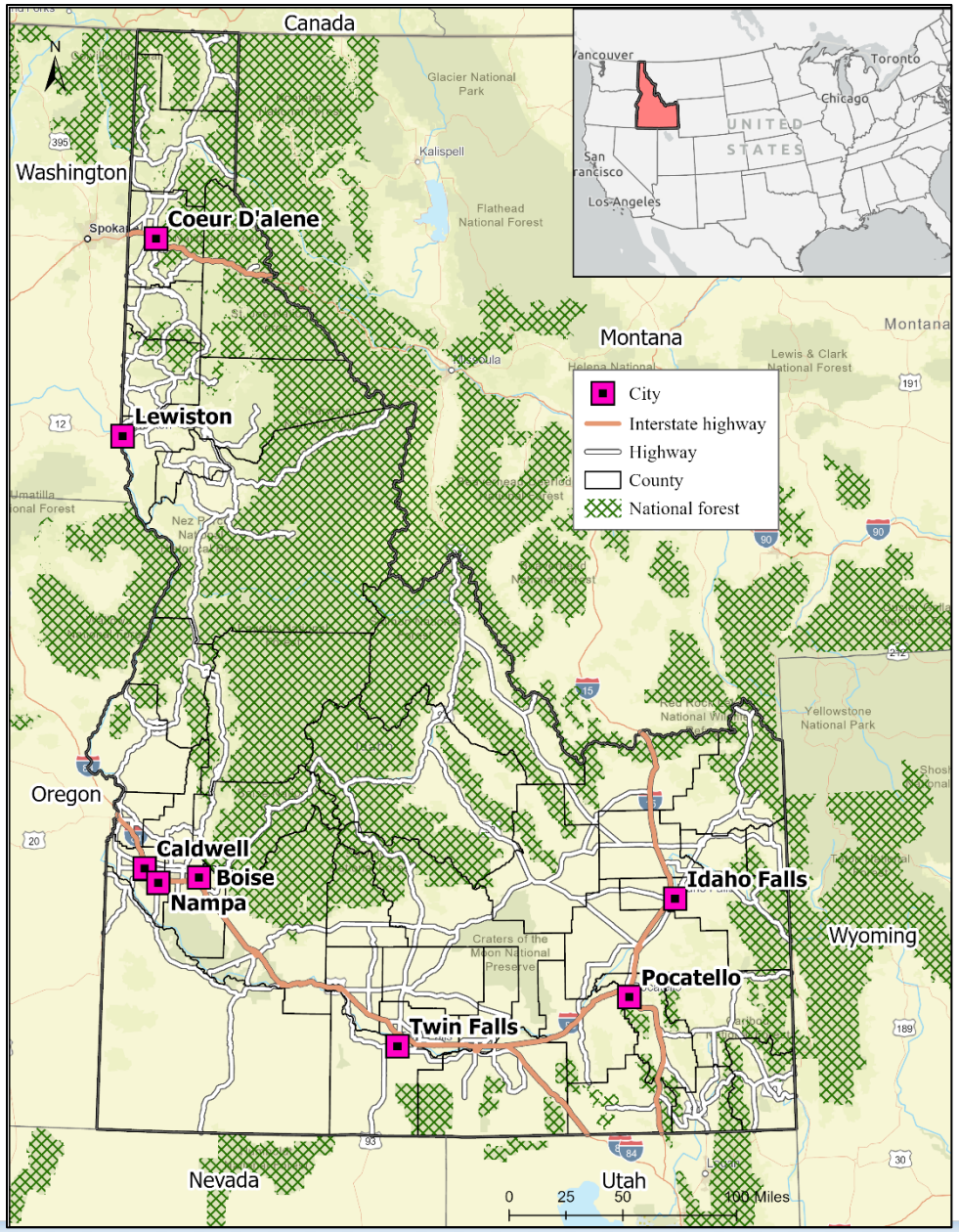

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Figure A2: Urban-Rural Status, Idaho Counties, 2013

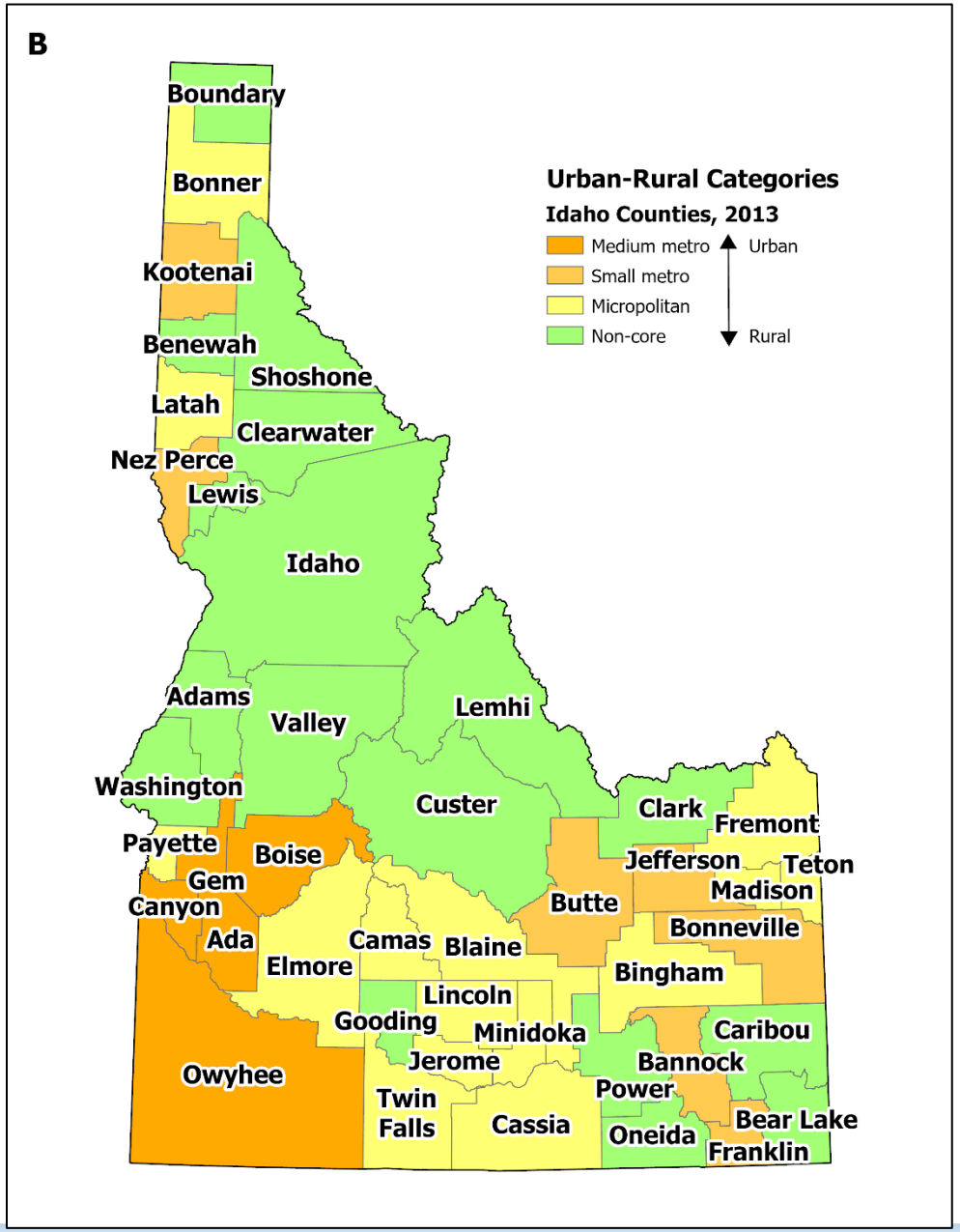

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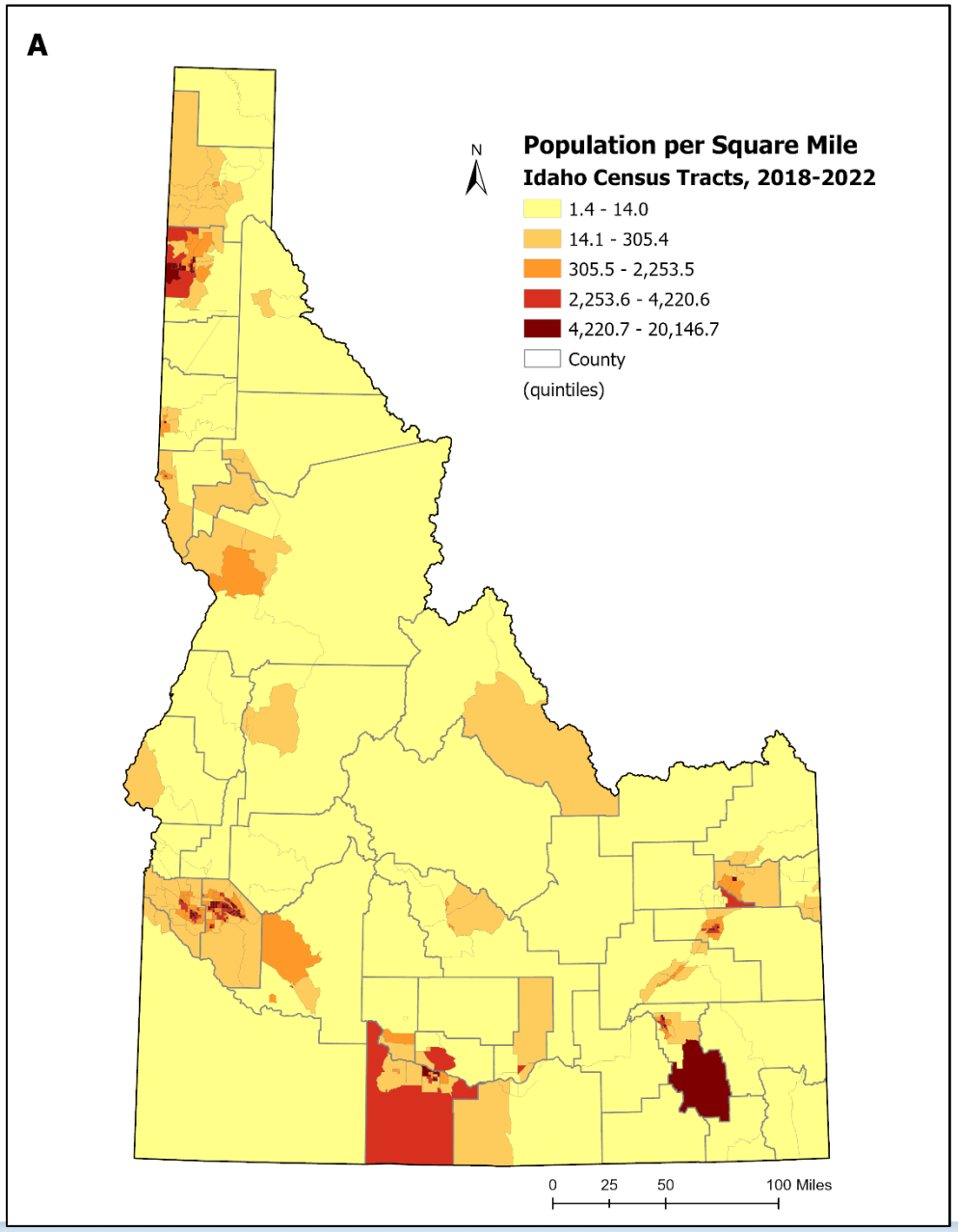
Figure A3: County Names, Idaho

Figure A5: Population Density



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INVESTING IN IDAHO YOUTH MENTAL HEALTH:

Our Current Broken Systems and Direct Strategies To Improve

SUPPORTED BY

Blue Cross of Idaho | Foundation for Health, Inc.

Lead Author:

Rachel Blanton, MHA

Commissioned by:

Blue Cross of Idaho | Foundation for Health, Inc.

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Our Current Broken Systems and Direct Strategies To Improve

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Research Paper Background & Overview

Jackie Yarbrough, MPA, LSW
Senior Program Officer

Co-Authors & Contributors:

Caroline Messerschmidt, MPH, RD
Monica Mispreta, PhD
Elise Winbrocke, MPH
Ashley Anderson, BS

Methodology: Mixed Methods Approach

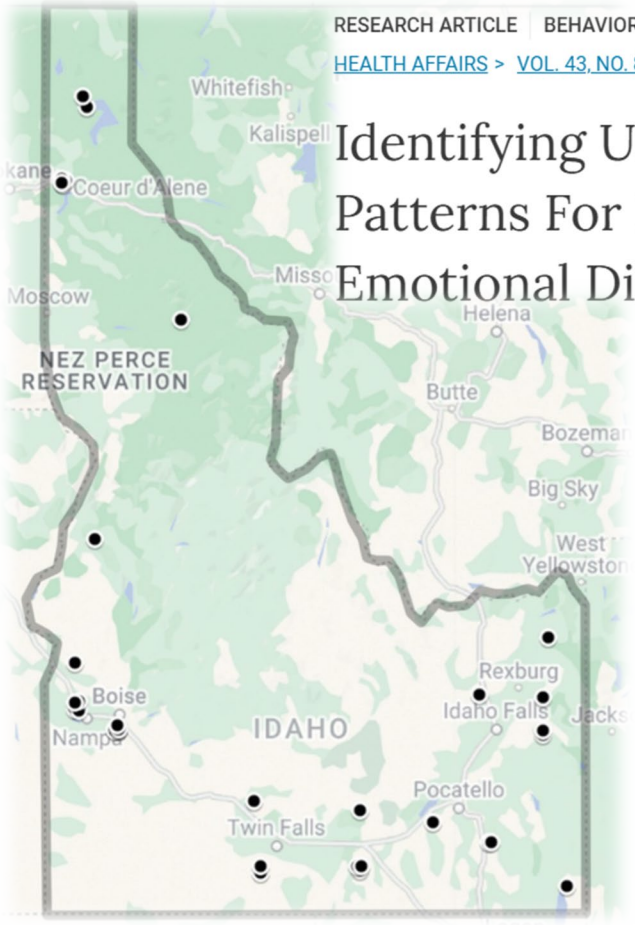
SEMI-STRUCTURED INTERVIEWS

NATIONAL AND STATE DATA REQUESTS

FINANCIAL MODELING

18 MONTHS LATER...

Idaho has a youth behavioral health crisis



Idaho Resident Suicide Deaths Age 15-17 (2019-2021)

RESEARCH ARTICLE | BEHAVIORAL HEALTH CARE

HEALTH AFFAIRS > VOL. 43, NO. 8: MEETING CARE NEEDS, PHARMACEUTICALS & MORE

Identifying Under- And Overutilization Patterns For Idaho Youth With Serious Emotional Disturbance

100%

OF THE STATE IS CONSIDERED A BEHAVIORAL HEALTH PROVIDER SHORTAGE AREA

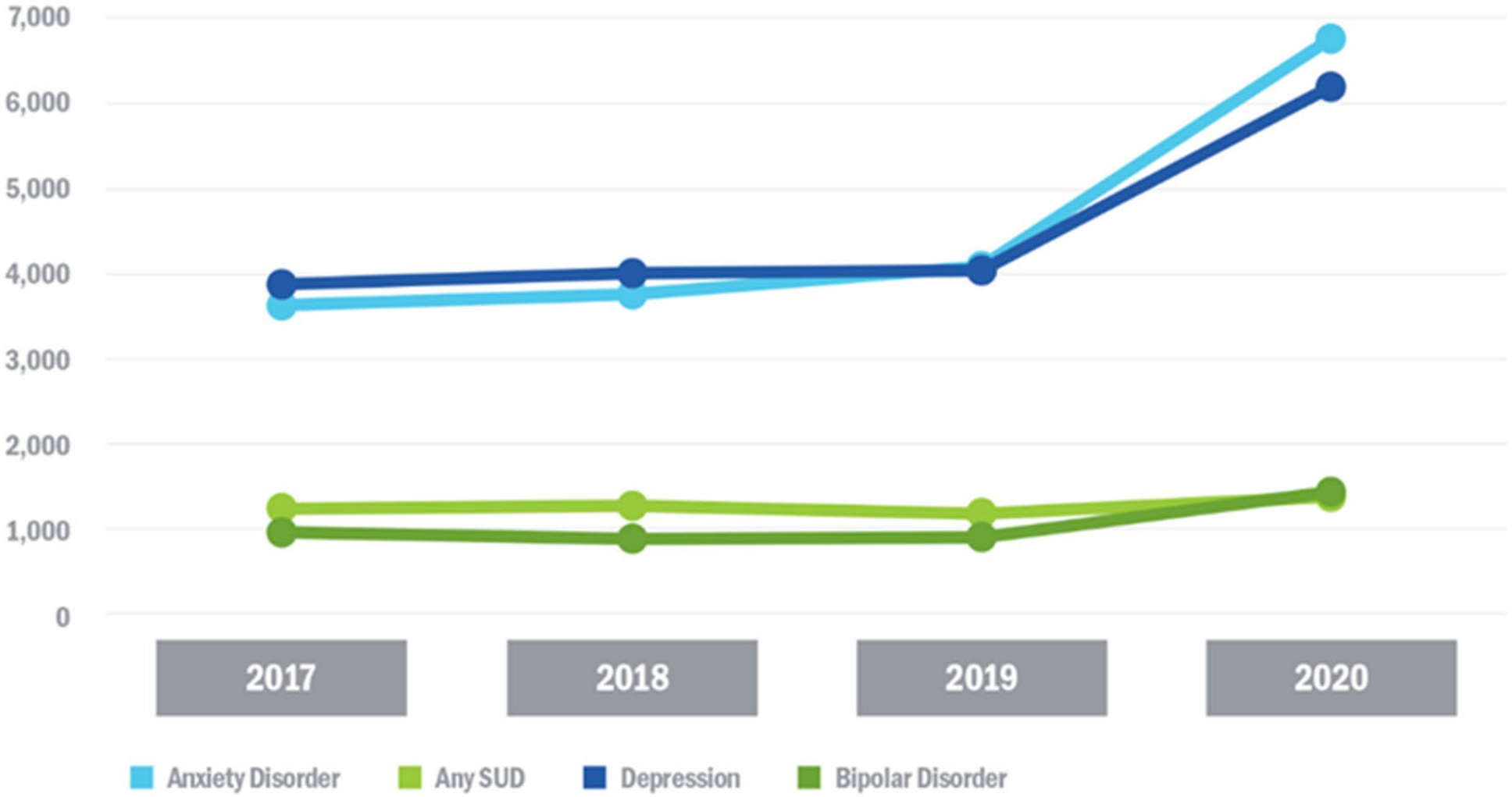
Idaho funded less than one-third of requests for youth to receive highest level of psychiatric care

Sat., July 13, 2024

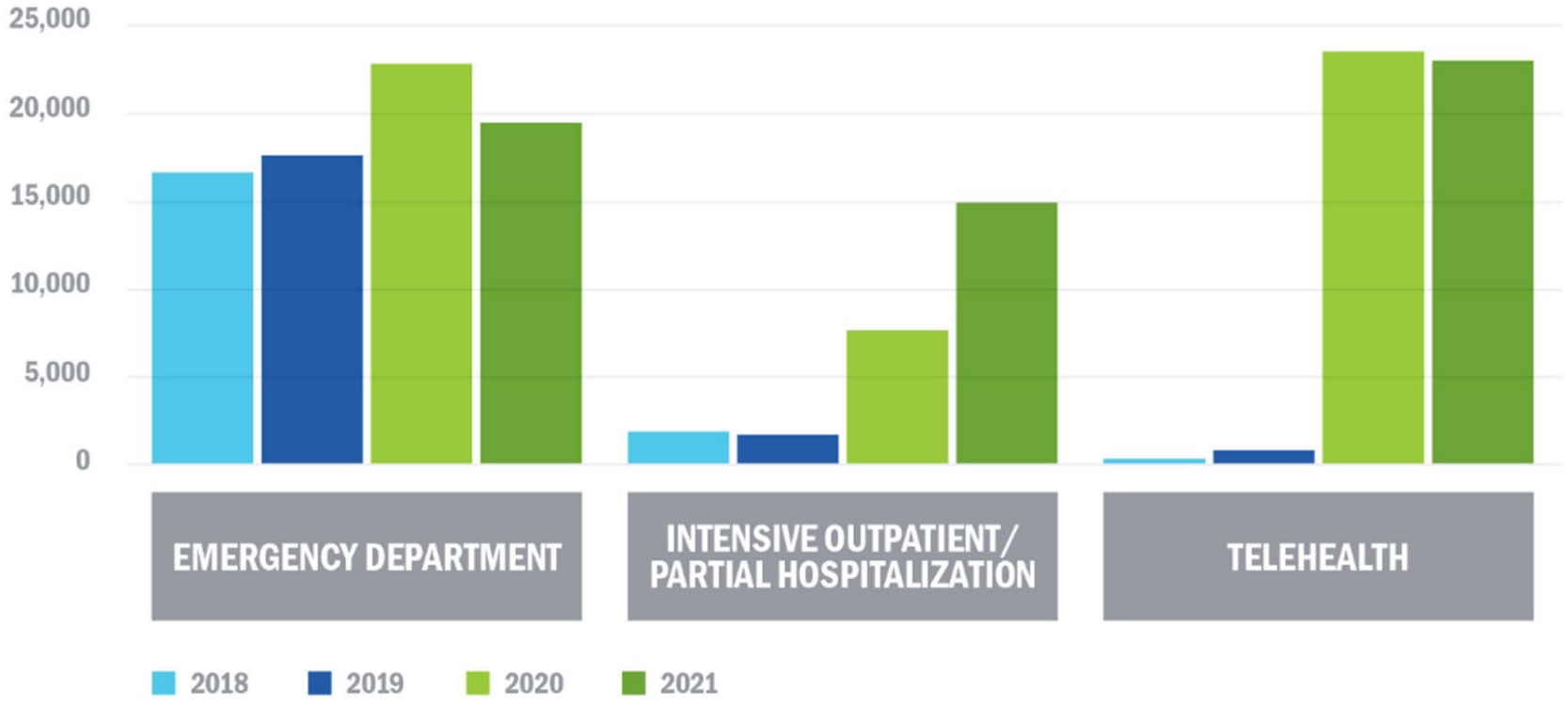
"If there was a disease in the Treasure Valley that has taken 7 teens in the last few weeks, we would desperately want to know about it to protect our own children."

BOISE SCHOOL DISTRICT PARENT, 2023

Idaho Data: Youth Medicaid Beneficiaries Diagnosis



Idaho Data: Behavioral Health Services Utilized by Youth



2022 to now....

Idaho's resources & promising practices

IDAHO
BEHAVIORAL HEALTH COUNCIL

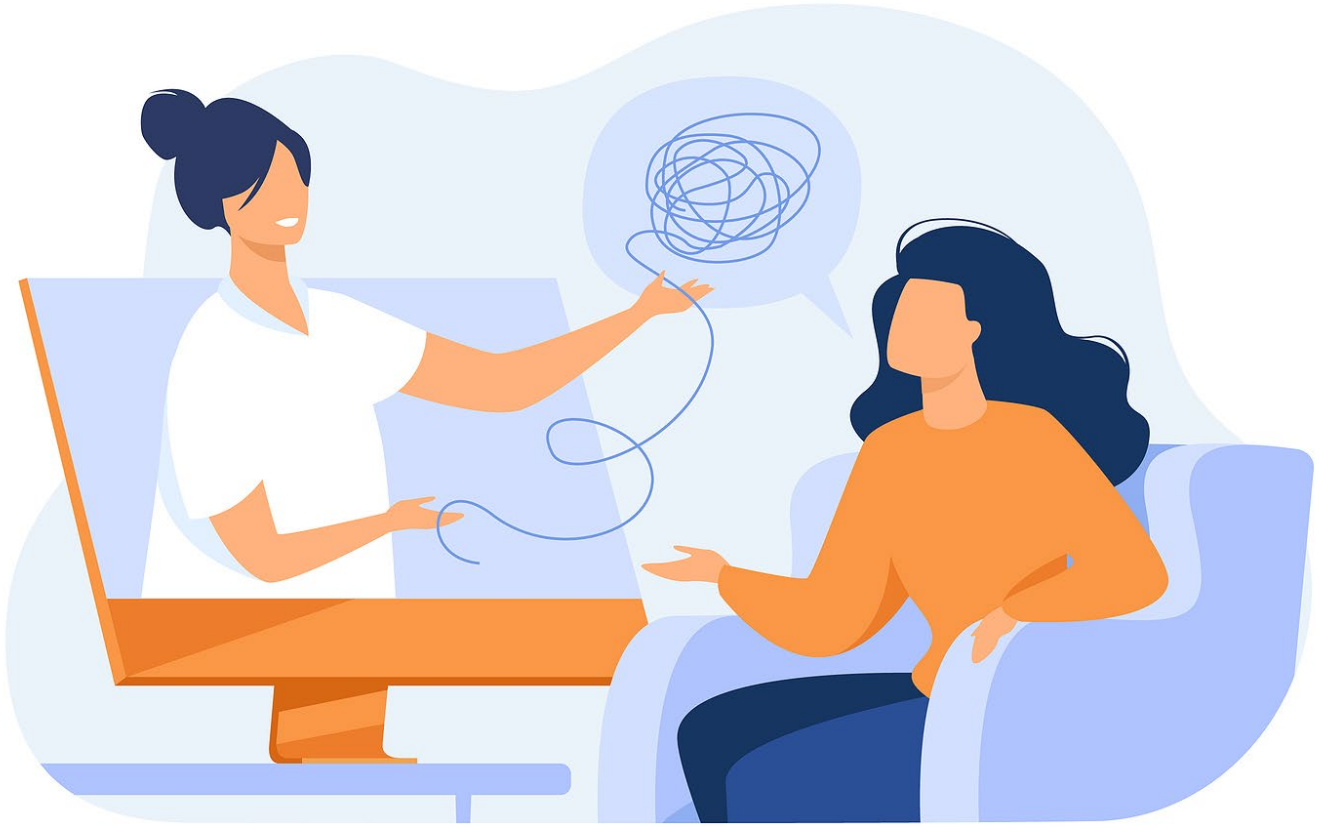
The VILLAGE
a place for youth and families

Finding 1: Enhance reimbursement for master-level clinicians with an emphasis on Medicaid

> *I want to be clear that our division [pediatric behavioral health] does not make money for the hospital. Outpatient mental health ultimately saves the system money in the long run as a prevention measure.*

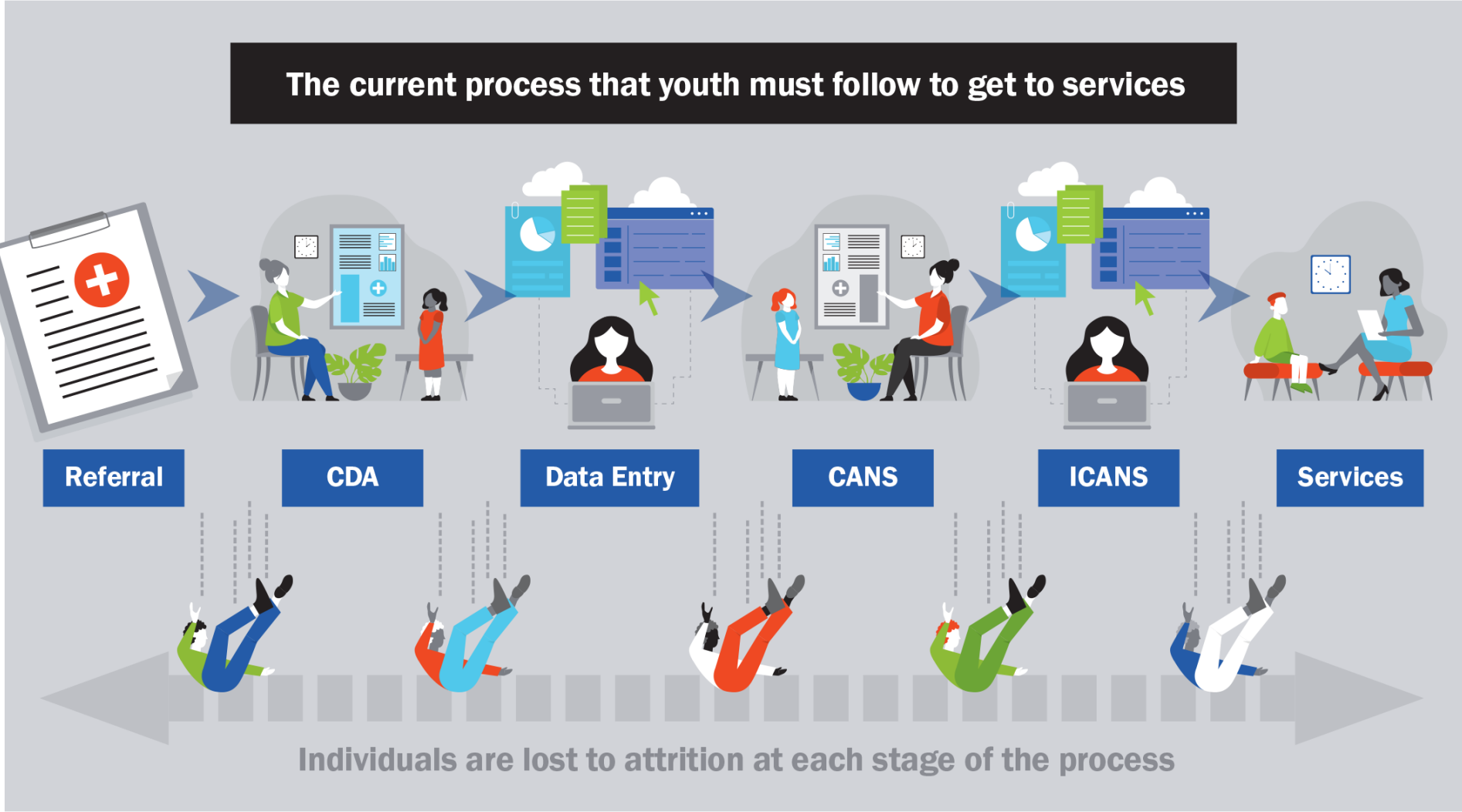
MENTAL HEALTH CLINICAL DIRECTOR

Finding 1: Enhance reimbursement for master-level clinicians with an emphasis on Medicaid



> *There is still a disconnect between the idea that they raised the rates and being five years behind inflation. New grads can either come work for me [agency accepting Medicaid] and make barely enough to scrape by or get 40%-50% more [pay] accepting only cash or commercial.*
>
> **MENTAL HEALTH AGENCY LEADER**

Finding 2: Decrease burden of paperwork for Medicaid clients and providers



Finding 2: Decrease burden of paperwork for Medicaid clients and providers

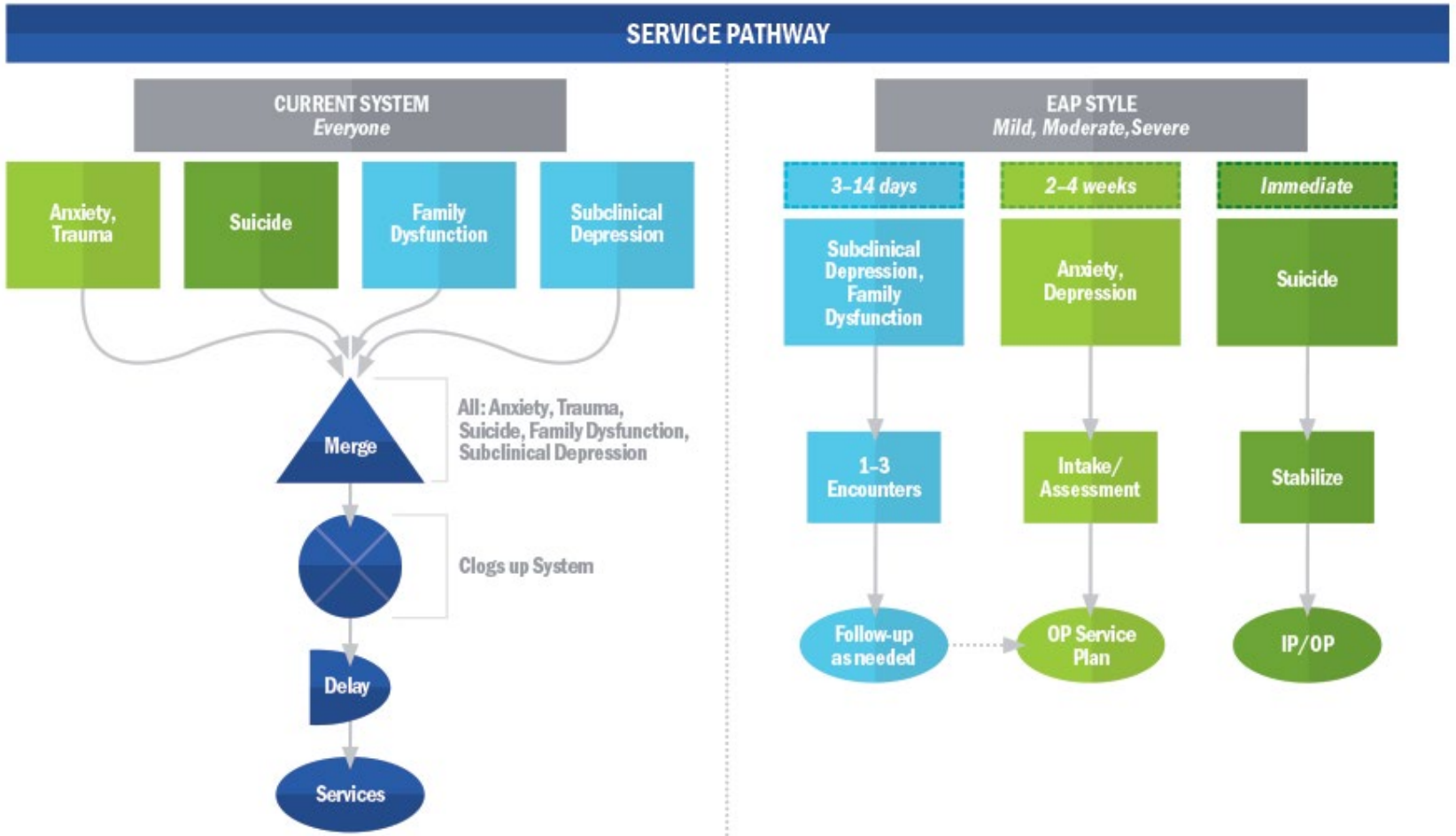
TABLE 4	STATE BY STATE COMPARISON OF KEY CANS ELEMENTS					
CANS Element	Idaho	Utah	Wyoming	Nevada	Montana	Oregon
Required for all new patients prior to session	Yes	No	No	Yes	No	No
Number of Questions	120	64	60	120	60-120	60-120
Therapist required for administration	Yes – Therapist	No – Self-administered (parent or screener)	No – Family care coordinator (non-therapist)	No – Trained support staff	No – Trained support staff	No – Trained support staff

Note updates since time of publication related to condensed item/questions for Idaho (CANS 3.0) and therapist not required for follow-up/updates

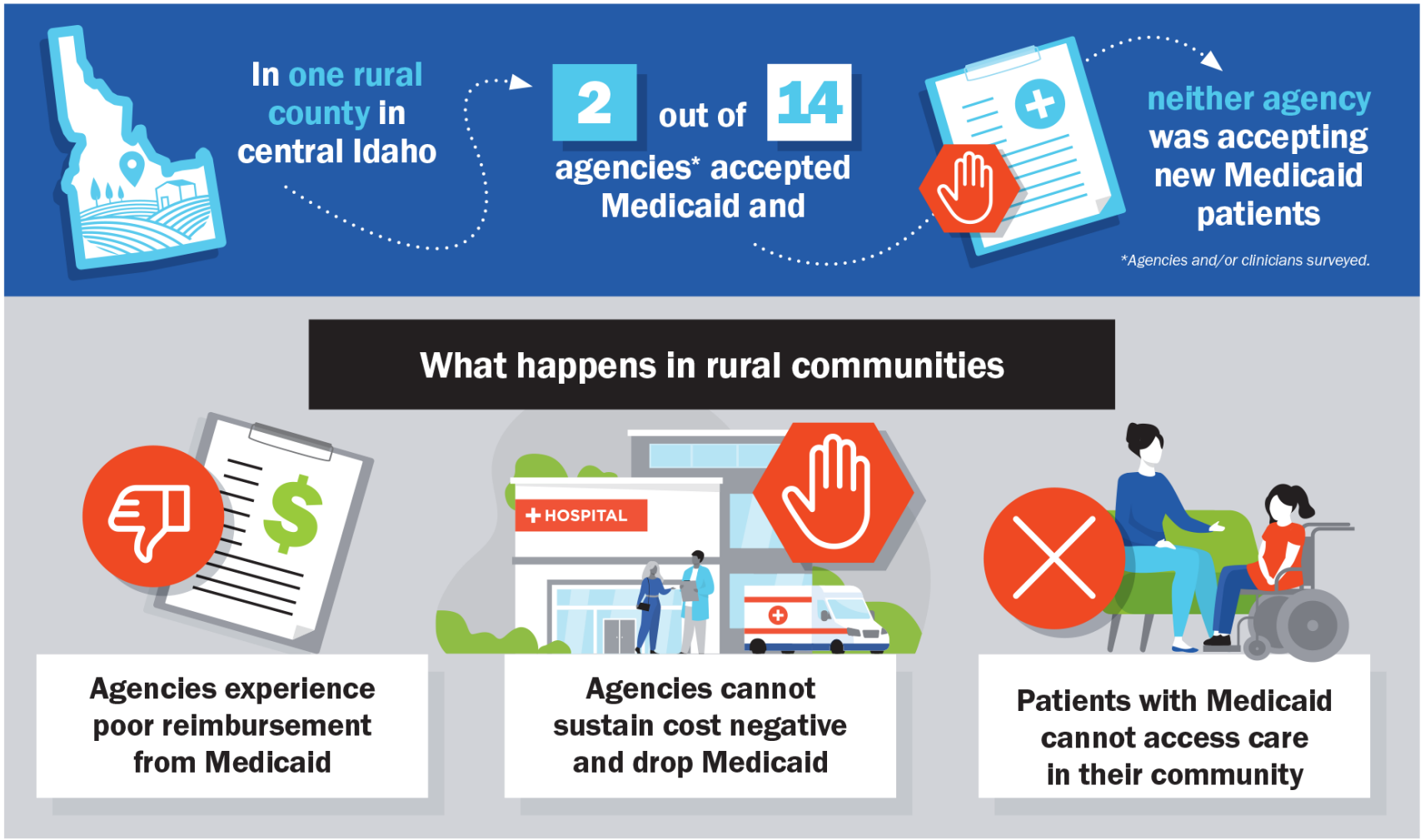
Finding 2: Decrease burden of paperwork for Medicaid clients and providers

> *"It is like having to go through a full head-to-toe physical and bloodwork because you have a sore throat."*

KEY INFORMANT INTERVIEWEE



Finding 3: Bolster capacity for care in rural communities across the state



> *We don't have providers, we don't have enough hospital beds. A kid has to go down three times before they get seen.*

IDAHO SCHOOL ADMINISTRATOR

Finding 3: Bolster capacity for care in rural communities across the state

Finding 4: Significantly increase the funding for schools to implement evidence-based prevention resources and support coordination of services for students

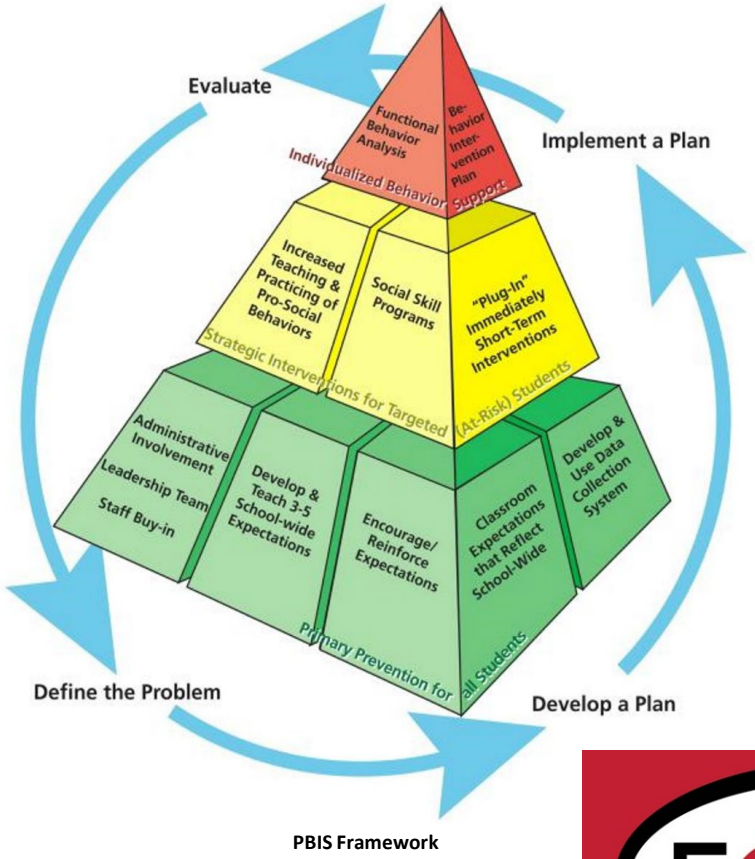
> *“Kids are coming to school because of their teachers. They experience the world through us. We want to help them but that isn’t our training and we don’t have the resources.”*

IDAHO EDUCATION ADMINISTRATOR

Finding 4: Significantly increase the funding for schools to implement evidence-based prevention resources and support coordination of services for students

> *"It isn't just a funding problem. It is a time, human capital, and funding problem."*

IDAHO SCHOOL ADMINISTRATOR



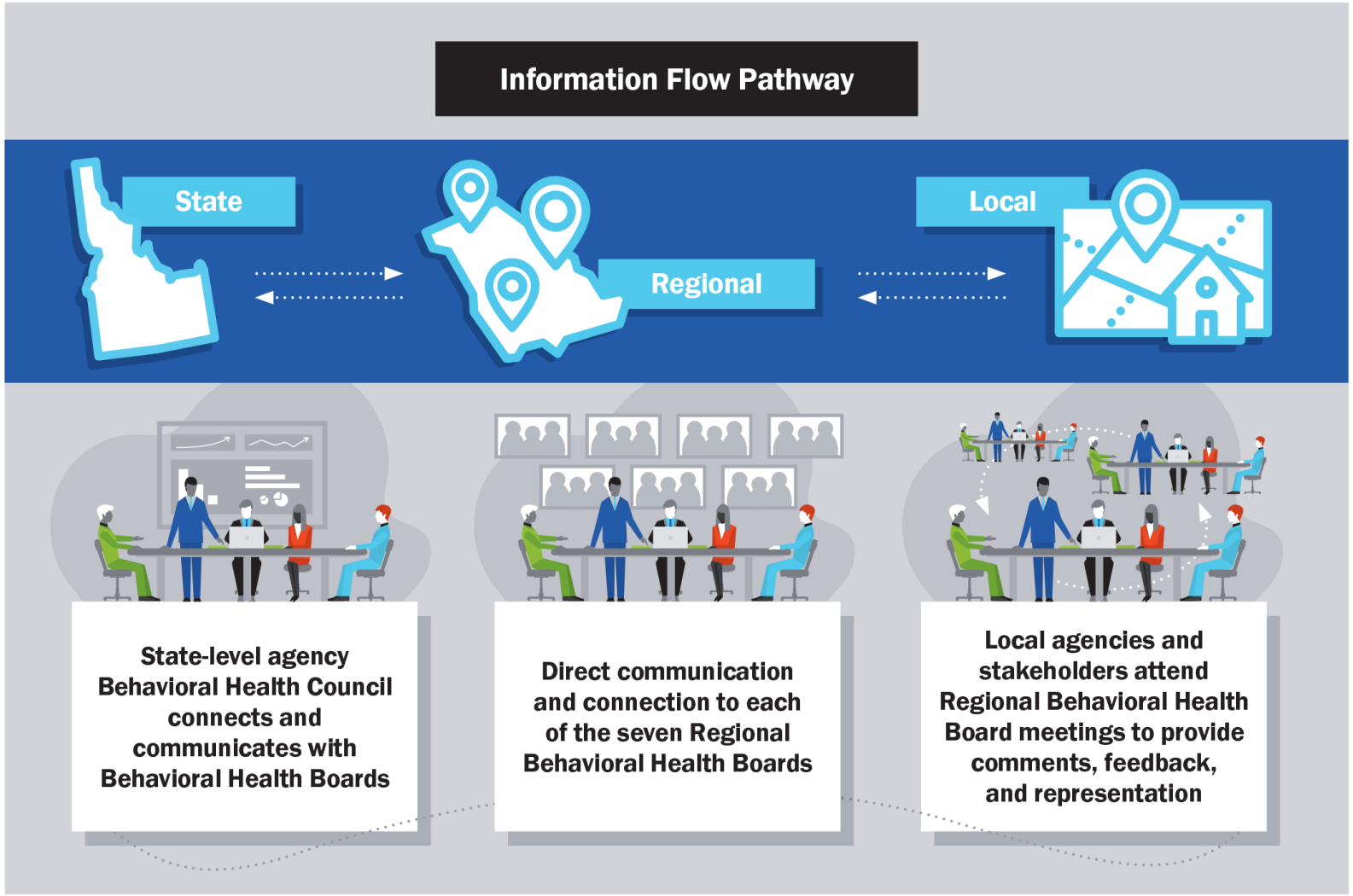
PBIS Framework

Project ECHO®

Finding 5: Facilitate enhanced coordination and communication

> *"The state as a whole (legislative, state agencies, Medicaid) doesn't talk to each other and agencies providing services have to spend a lot of time telling state agencies what the other one is doing or saying... it is a ton of chaos for people trying to help kids."*

RURAL BEHAVIORAL HEALTH DIRECTOR



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The Report in Action

Supporting Idaho's Behavioral Health Needs

- Healthy Minds Partnership (clinician in schools)
- Scholarships for clinicians and counselors
- Evidence-based Frameworks – PBIS (Positive Behavior Interventions and Supports)
- Idaho Coalition for Community Schools
- Idaho Youth Well-being Assessment
- Communities for Youth & Upstream Prevention

Blue Cross of Idaho | Foundation for Health, Inc.

THANK YOU

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Visit our website: *bcidahofoundation.org*

2024-2028 IBHC Prioritized Recommendations

- Workforce
- Program Awareness and Anti-Stigma
- Primary Prevention Programs and Protective Factors
- Foster Care
- Diversion Systems
- Help the Helpers
- Crisis Centers
- Criminal Justice – Continuum of Care
- Treatment Courts
- Competency Restoration
- Supportive Housing

Announcements

- State-Directed Opioid Settlement Fund
- Safe Teen Assessment Centers

Questions?