**Program Awareness and Reduction of Stigma**

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| 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. |

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| **TEAM LEADERSHIP** |
| **Project Sponsors** | IBHC |
| **Team Chair(s)** | Dave Jeppesen |
| **Team Reporter** | Morgan Van Ry |
| **PURPOSE** |
| Within the IBHC Strategic Action Plan, promotion strategies reinforce the entire continuum of behavioral health services and the ability of individuals to withstand challenging conditions in the environments where they live, learn, work, play, worship, and age. Persistent stigma surrounding behavioral health conditions compound the challenge. Stigma may deter individuals and families from seeking care. To implement IBHC Promotion Recommendation #1 - Program Awareness and Reduction of Stigma, a dedicated implementation team will identify, develop, and execute strategies which promote the full continuum of behavioral health services, including prevention, treatment, and recovery support.While stigma reduction efforts are ongoing, further work is needed to foster normalcy, hope, and parity between behavioral and physical health. This includes creating an environment which prioritizes education, personal narratives, and skills development. Reducing stigma and raising awareness of resources empowers Idahoans to build resilience, promote independence, and foster a supportive community for holistic wellness.This initiative will improve awareness of and access to existing public and private resources, advancing a "no wrong door" approach to finding and accessing care, while strengthening resilience across diverse environments and populations. Reducing stigma and increasing awareness among Idahoans of existing programs and services is critical to achieve the IBHC vision 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. |
| **ACTION ITEMS TO ACCOMPLISH** |
| **1.** | Integrate 211 and findhelpidaho.org as the central database of services available, facilitating a no wrong door approach |
| **2.** | Create a supportive environment where Idaho’s youth can openly discuss mental health, access necessary resources, and receive the education needed to foster emotional well-being |
| **3.** | Education for educators, teachers, and parents |
| **4.** | Targeted approach for specific populations to reduce stigma, increase awareness, and improve understanding of mental health |
| **PARAMETERS OR CONSTRAINTS** |
| **Parameters:**This initiative encompasses existing public and private behavioral health services, as well as any new services developed within the next three years.Idahoans deeply value independence and self-reliance. While these traits cultivate resilience and personal strength, they can also make it challenging to openly address stigma. However, when balanced with Idaho’s equally strong traditions of neighborliness and caregiving, there’s a significant opportunity to strengthen community support systems. **Constraints:**While stigma reduction efforts are ongoing, fully overcoming stigma will likely require a sustained commitment extending beyond the next three years.State and Federal financial resources and support earmarked for marketing, advertisements, and campaigning is subject to the guidance of the legislature and may be impacted by legislative changes and priorities.Staff capacity across various state agencies to facilitate marketing campaigns and other efforts may be impacted by current workload, agency priorities, and policy.For some individuals with behavioral health needs, especially those with substance use disorders, have been involved with the criminal justice system sometimes resulting in a conviction. Involvement in the criminal justice system has its own stigma and can be a barrier to broader efforts to reduce behavioral health stigma. Even after recovery, these individuals may face barriers to accessing certain benefits, services, or employment opportunities. |
| **HIGH-LEVEL RISKS** |
| Given the longstanding impact of stigma and resource limitations, a three-year timeframe is insufficient to fully address this challenge.Currently, no dedicated funding has been identified to support the achievement of this recommendation. Further, the projected three-year budget does not include dedicated funding for Recommendation Promotion #1.Currently, Idaho has a shortage of behavioral health services, often leading to long wait times to access services. Other IBHC implementation teams are undertaking work to expand access to services. However, increasing program awareness and reduction of stigma will not directly lead to increased access to services and could result in even longer wait times for existing services.  |

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| **IMPLEMENTATION TEAM MEMBERS** |
| Dave Jeppesen | Idaho Behavioral Health Council |
| Laura Denner | Idaho Department of Health and Welfare, Community Partnerships |
| Chenele Dixon | Idaho Solutions, Inc. |
| Shannon McGuire | Spark! Strategic Solutions |
| Michael Brewster | Guardian |
| Melissa Jo Rivera | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Dustin Lapray | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Stewart Wilder | Idaho Behavioral Health Council; Idaho Suicide Prevention Coalition |
| Morgan Van Ry | Cottonwood Creek Behavioral Hospital; NAMI |
| Kaydin Griffin | Southwest District Health |
| Peyton Darst | Idaho Behavioral Health Association |
| Liz Caval-Williams | Idaho Behavioral Health Association |
| Doug Steele | Lewis-Clark State College, Student Counseling |
| Stacey Hallmark | LCSW, St. Luke’s, Behavioral Health Therapist |
| Curtis Johnson | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Alejandra Del Toro | Empower Idaho |
| Abigail Hackett | Clarvida, Western Idaho Youth Support Center |
| Robert Rieske | Idaho State University, Psychology Clinic |
| Brennan Serrano | Magellan of Idaho |
| **ADMINISTRATION** |
| **Meeting Cadence** | Implementation team to meet monthly to review action item progress, address barriers and revise action items as needed. Action Item teams will meet separately as needed to advance the prioritized action items. |
| **Communication**  | Updates will be provided in the monthly implementation team meeting and via email as needed between meetings. Action item teams will provide updates via email to the implementation chair and reporter monthly.  |
| **Amendment Process** | A change to the charter or scope of work must be approved in an implementation team meeting with at least 50% of the implementation team present and a majority vote in that meeting.  |
| **Dates Amended** |  |