**Primary Prevention Programs and Protective Factors *– Updated 6/16/2025***

|  |
| --- |
| 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. |
| 1. **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 |
| 1. **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 |
| 1. **Implement the Idaho Pediatric Psychiatry Access Line (IPPAL) in Idaho**
 |
| Create a structured status report that includes key components of feasibility |
| 1. **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. |
| 1. **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. |
| 1. **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.

|  |
| --- |
| **ACTION ITEM #1** |
| **Increase Community Connectedness throughout the State** |
| **FULL DESCRIPTION** |
| Social Connection in our communities is a key protective factor against poor behavioral health outcomes. Loneliness and lack of community connection are key drivers of mental illness as well as substance use. Increasing community connectedness in Idaho will increase behavioral health.  |
| **TARGET OBJECTIVES** |
| **1.** | Build social capital/connections for kids. |
| **2.** | Promote Civility & Togetherness |
| **3.** | Develop a communication campaign to promote the importance of connection for behavioral and physical health. |
| **4.** | Bridge connections across generations. |

|  |
| --- |
| **SMART GOALS TO ACCOMPLISH ACTION ITEM #1 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET DATE FOR COMPLETION** | **RESPONSIBLE PARTY** |
| 1. | Build social capital/connection for kids.Investigate opportunities to support recreational/Out Of School initiatives, particularly in low/under resourced communities. |  |  |  |
| 1. | Strengthen family support to promote connectedness. |  |  |  |
| 2. | Increase community picnic/potluck activities |  |  |  |
| 2. | Investigate evidence based approaches to increasing neighborhood connection. (i.e. Promote “Good Neighbor” initiative through Neighborhood/Block captains, “Community Project” communication campaigns, etc. |  |  |  |
| 2. | Create a research clearinghouse/toolkit that supports Idaho communities. (Existing opportunities in this ID: Idaho Listens/ “Village Co”/ Braver Angels) |  |  |  |
| 3. | Collect stories from Idahoans that speak to the power of connection. |  |  |  |
| 3. | Hire communication team. |  |  |  |
| 3. | Education campaign for elected officials across multiple levels of government. |  |  |  |
| 4. | Develop, promote, support many free public spaces. |  |  |  |
| 4. | Increase, promote, and support local volunteering opportunities. |  |  |  |
| 4. | Training and Education for Trusted Adults, and Cross Generation mentorship. |  |  |  |
| 4. | Create easy to navigate, all in one place opportunities to gather/volunteer for all ages |  |  |  |

|  |
| --- |
| **TEAM LEAD** |
| Jean Fitzgerald-Mutchie | St. Luke’s Health System, Idaho Resilience Project |
| Megan Smith | Boise State University |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #1** |
|  |  |
|  |  |
|  |  |
|  |  |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #1** |
|  |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #1** |
|  |

|  |
| --- |
| **ACTION ITEM #2** |
| **Increase crime prevention education** |
| **FULL DESCRIPTION** |
| Promote behavioral health wellness through evidence-based primary prevention education and awareness strategies – increase crime prevention education. |
| **TARGET OBJECTIVES** |
| **1.** | 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  |
| **2.** | Partner with law enforcement, agencies, community leaders, and educational stakeholders to provide and educate on crime prevention |
| **3.** | Evaluate outcomes |

|  |
| --- |
| **SMART GOALS TO ACCOMPLISH ACTION ITEM #2 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET DATE FOR COMPLETION** | **RESPONSIBLE PARTY** |
| 1. | Conduct a survey or review current surveys/research on school resource officers (SROs) to assess knowledge gaps related to fentanyl awareness, prevention, and specific topics. | Needs assessmentBest practicesIdentify gaps |  |  |
| 2. | Explore opportunities for training, including the annual SRO conference. | Implementation PlanTraining Pre/Post test for officers |  |  |
| 2. | Partner with law enforcement, agencies, community leaders, and educational stakeholders to provide and educate on crime prevention |  |  |  |
| 3. | Collaborate with mental health providers, schools, or community centers to see if health outcomes improve markedly. | Validity, evaluations, and ongoing evaluations |  |  |
| 3. | Use Idaho-specific data, along with national data and research. | Validity, evaluations, and ongoing evaluations |  |  |

|  |
| --- |
| **TEAM LEAD** |
| Leahann Romero | Idaho Department of Juvenile Corrections |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #2** |
| Stu Hobson | Idaho Department of Education |
| Katie Watkins | Idaho Department of Education |
|  |  |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #2** |
|  |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #2** |
| **Special Items of Consideration:**The team will review the following considerations when executing SMART goals: * Rural communities are particularly at risk due to a lack of resources and access, and require the highest priority.
* Research articles supporting evidence-based, evidence-informed, and best practices guidelines will be used to make data-driven/evidence-based decisions.
 |

|  |
| --- |
| ACTION ITEM #3 |
| **Enhance Youth Life Skills Through Engaging Primary Prevention Strategies within a Positive Youth Development Framework** |
| **FULL DESCRIPTION** |
| Increase the effectiveness and reach of evidence-based primary prevention practices through cross-system engagement and planning. |
| **TARGET OBJECTIVES** |
| **1.** | Compile a list of recommended evidence-based/informed prevention strategies for communities and providers. |
| **2.** | Provide technical assistance and training to communities and organizations |
| **3.** | Evidence-based/informed programs offered to Idaho’s K-12 students |

|  |
| --- |
| **SMART GOALS TO ACCOMPLISH ACTION ITEM #3 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET DATE FOR COMPLETION** | **RESPONSIBLE PARTY** |
| 1. | \*Create a unified definition of evidence-based/informed prevention programs, policies, and practices that all state prevention funders can endorse. Idaho funders will compile and recommend a list of evidence-based/informed prevention strategies for communities and providers.\**Coordinate with Action Team #7* | Establishment and publication of definition and shared list of Evidence-based Practices | 9/1/2025 |  |
| 2. | Provide quarterly technical assistance and training to communities and organizations interested in establishing and expanding prevention programs. This will include guidance on implementing evidence-based and/or evidence-informed practices, including education and training on fidelity monitoring and effective program evaluation. | Attendance logs and participant outcome surveys from each quarterly training and technical assistance session | 5/31/2026 |  |
| 3. | At least 75% of prevention programs implemented in schools and community centers will be evidence-based or evidence-informed. These programs will engage youth on topics like substance use risks, building resilience, promoting healthy lifestyles, and fostering peer support. | Annual provider reports listing specific evidence-based or evidence-informed programs delivered and outcomes achieve | 9/1/2027 |  |
| 3. | At least 33% of Idaho's K-12 students will participate annually in evidence-based outreach, education, training, and prevention services. This will be measured through formal partnerships and/or grant agreements with community-based organizations, in-school and out-of-school programs, and youth-serving organizations. | Funder summary of provider reports documenting program attendance – and -participation | 3/31/2028 |  |

|  |
| --- |
| **ACTION ITEM #3 TEAM LEAD** |
| Marianne King | Idaho Office of Drug Policy |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #3** |
|  |  |
|  |  |
|  |  |
|  |  |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #3** |
|  |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #3** |
|  |

|  |
| --- |
| **ACTION ITEM #4** |
| **Implement the Idaho Pediatric Psychiatry Access Line (IPPAL) in Idaho** |
| **FULL DESCRIPTION** |
| Implement the Idaho Pediatric Psychiatry Access Line (IPPAL) in Idaho. IPPAL is a free resource for primary care providers to use when working with youth. Goal Statement: Over the next six months, ECHO Idaho’s team will work to develop a comprehensive status report for IBHC to provide a clear roadmap for the implementation of IPPAL. This report will detail funding opportunities, strategic partnerships, stakeholder support, and the operational model for IPPAL. |
| **TARGET OBJECTIVES** |
| **1.** | Create a structured status report that includes key components of feasibility |

|  |
| --- |
| **SMART GOALS TO ACCOMPLISH ACTION ITEM #4 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET COMPLETION DATE** | **RESPONSIBLE PARTY** |
| 1. | List of potential funders and funding opportunities to support the sustainability of IPPAL | At least three (3) potential funding strategies identified | 10/1/2025 |  |
| 1. | Letters of support from health clinics, clinicians, and key stakeholders outlining the need for this resource and including endorsements from high-ranking officials and key decision-makers in Idaho’s healthcare and policy sectors. | A minimum of ten (10) healthcare providers, clinics, or policy leaders providing letters of support | 10/1/2025 |  |
| 1. | A defined model outlining the implementation process, operational workforce, and key performance indicators for IPPAL | Clearly articulated implementation model that aligns with evidence-based practices | 10/1/2025 |  |
| 1. | A projected budget with an estimated cost breakdown and strategy for securing long-term financial stability |  | 10/1/2025 |  |

|  |
| --- |
| **ACTION ITEM #4 TEAM LEAD** |
| Eric Studebaker | Project Echo |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #4** |
|  |  |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #4** |
|  |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #4** |
|  Our team will leverage existing networks, engage stakeholders through targeted outreach, and utilize best practices from similar child psychiatry access programs to develop a robust and actionable report. Regular progress check-ins will ensure we stay on track.This report aligns with IBHC’s mission to enhance behavioral health access for Idaho’s pediatric population. By outlining funding sources, stakeholder engagement, and a concrete implementation plan, we will establish a strong foundation for launching and sustaining IPPAL.The final status report will be completed and submitted to IBHC by October 1st, 2025, ensuring a timely review and integration into the council’s strategic planning efforts. |

|  |
| --- |
| ACTION ITEM #5 |
| **Promote positive childhood experiences and outcomes by increasing access to quality services that address behavioral health and substance use disorders (and other ACEs)** |
| **FULL DESCRIPTION** |
| Promote positive childhood experiences and outcomes by increasing access to quality services that address behavioral health and substance use disorders (and other Adverse Childhood Experiences). |
| **TARGET OBJECTIVES** |
| **1.** | 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 |
| **2.** | Strengthen adults’ resources, knowledge and skills to care for young children. |

|  |
| --- |
| **SMART GOALS TO ACCOMPLISH ACTION ITEM #5 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET COMPLETION DATE** | **RESPONSIBLE PARTY** |
| 1. | Establish agreements to share data on the early childhood workforce, program, and quality efforts in the RISE database to inform decisions that affect young children and their families across sectors. | 1. Workforce, professional development, incentive, Idaho Child Care Program (ICCP), state licensing, program, quality, and continuous quality improvement (CQI) data will be available to all IBHC partners. 2. Using existing data, elevate stories of impact in primary behavioral health prevention for families with young children. | 12/31/2025 |  |
| 2. | Increase the number of professionals who have Infant and Early Childhood Mental Health (IECMH) endorsements and complete the IECMH Basics Course. | 1. Establish a baseline for the number of professionals and the role. 2. Evaluate and set metrics based on need using the Comprehensive Statewide Strategic Plan for Early Childhood.3. Promote membership in [AIM Early](https://www.aimearlyidaho.org/); utilize its free trainings and endorsement network. | 12/31/2025 |  |
| 2. | Increase the number of early childhood programs (school district based and private child care) implementing the [Pyramid model](https://idahotc.com/Topics/Pyramid)/Early Childhood Positive Behavior Interventions and Supports (PBIS) framework. | 1. Increase the number of schools using PBIS. 2. Increase the number of private early childhood programs in the pipelines of community schools and schools within early learning collaboratives. | 12/31/2026 |  |
| 2. | Provide professional development in Adverse Childhood Experiences (ACES), Positive Childhood Experiences (PCEs), the Strengthening Families Protective Factor Framework, and the Building Blocks of Hope to all family-serving organizations. | 1. Inventory all organizations with certified facilitators in HOPE and Strengthening Families Frameworks. 2. Identify region-specific frameworks and activities for adult behavioral support (e.g., Circle of Security, Trust-Based Relational Intervention [TBRI], Strengthening Families, Healthy Outcomes from Positive Experiences [HOPE], and Conscious Discipline) to establish common understanding and verbiage. | 12/31/2025 |  |
| 2. | Promote and fund [READY! For Kindergarten](https://readyforkindergartenidaho.org/) in every Idaho community. | 1. Increase the number of families attending READY! for Kindergarten workshops, especially for the ages of 0-1, 1-2, and 2-3. | 12/31/2025 |  |

|  |
| --- |
| **ACTION ITEM #5 TEAM LEAD** |
| Jane Zink | Idaho Association for the Education of Young Children |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #5** |
| Heather Lee | Idaho Association for the Education of Young Children |
| Roger Sherman | Idaho Children’s Trust Fund |
| Megan Smith | Boise State University |
| Linsey Belisle | Boise State University |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #5** |
|  |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #5** |
|  **Resources** 1. Several evidence-based and evidence-informed frameworks are already in use to support primary prevention efforts for families. 2. A database is available for data-driven decision-making. 3. Programs with demonstrated success are ready to fund (like READY! for Kindergarten workshops) to support families for promoting positive parenting, reducing stress, and improving access to resources. 4. By increasing training for existent social-emotional models like the Idaho Pyramid Model and PBIS for educators alongside preventive efforts for families at home, children can be surrounded by guiding adults who promote positive behaviors and create safe and supportive learning environments.5. The Statewide Strategic Plan for Early Childhood details four goals that inform the implementation of Action Item 2. It was created in collaboration with state agencies, organizations and families.**Risks**1. Workforce, professional development, incentive, Idaho Child Care Program (ICCP), state licensing, program, quality, and continuous quality improvement (CQI) data must be shared by the holders of the database for IBHC to have an accurate deployment plan.**Additional Information**A [shared Google folder](https://drive.google.com/drive/folders/1cmp0ah7QEpoEErPerXTCnyp_zcufvFY0) is available to our team to access and populate with resources and documents |

|  |
| --- |
| ACTION ITEM #6 |
| **Strengthen Idaho’s Assessment Centers** |
| **FULL DESCRIPTION** |
| Identify funding sources and enhance the capacity of comprehensive community initiatives to secure funding, thereby strengthening partnerships, integration, and coordination of prevention programs, activities, and services to more effectively address the diverse needs across the state. |
| **TARGET OBJECTIVES** |
| **1.** | 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. |
| **2.** | 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. |

|  |
| --- |
| **SMART GOALS TO ACCOMPLISH ACTION ITEM #6 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET COMPLETION DATE** | **RESPONSIBLE PARTY** |
| 1. | Formalize ISTAC (Idaho Safe Teen Assessment Center) Coalition. | ISTAC will become a governing body with elected leadership roles. Establish a Coalition Charter as well as Bylaws and GuidelinesISTAC will have representation within the IBHC Prevention Implementation Team, as approved by the implementation team chairs | 6/30/2025 |  |
| 1. | Integrate a primary prevention program or initiative into Idaho Assessment Centers. |  |  |  |
| 1. | Develop and deploy standardized data collection tools for ISTAC Coalition Centers to collect data for an impact study. | Assessment Centers begin using collection tools provided by ISTAC Coalition  | 12/30/2025 |  |
| 2. | Determine the feasibility of utilizing Millennium Fund and Opioid Settlement dollars to support Assessment Centers and “comprehensive community initiatives” within six months. Based on eligibility requirements of identified funding source(s), collect, prepare, and submit funding requests within 12 months. | Based on the eligibility requirements of the identified funding source(s), collect, prepare, and submit funding requests. | 06/3/2026 |  |
| 1. | Assessment Centers in Idaho will use the same standardized and validated screening and assessment tools. | 12 Assessment Centers will provide consistent and validated screening and assessment through evidenced-based tools. | 6/30/2026 |  |
| 1. | Analyze data collected over a 12-month period from ISTAC Coalition Centers and compile results to effectively leverage funding opportunities. | Create visualizations, reports, data tables, or presentations to share results of study. | 12/30/2027 |  |
| 1. | Create a Stigma Reduction Campaign surrounding use of Assessment Centers and participation in “comprehensive community initiatives” to increase utilization of available prevention services. | Collect and review current marketing materials in use by Assessment Centers and “comprehensive community initiatives”Create and distribute promotional and educational material (Print, Digital and Social Media).  | 6/30/20259/30/2025 |  |

|  |
| --- |
| **ACTION ITEM #6 TEAM LEAD** |
| Savannah Nalder | Southwest District Health |
| Nancy Winmill | Simply Hope |
| Todd Mauger | Chief Juvenile Probation Officer |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #6** |
| Megan Smith | Boise State University |
| Dani Pere | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Danielle Osgood | Idaho Department of Juvenile Corrections |
| Sandra Miller | Cassia School District Superintendent |
| Katie Watkins | Idaho State Department of Education |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #6** |
| Research Experts (BSU Colleges) |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #6** |
| **Risks*** Lack of funding opportunities

**Resources**-          ISTAC Coalition leadership-          IDJC Assessment Center Grant Monitor-          Megan Smith (BSU)-          Katie Watkins (Dept. of Ed) |

|  |
| --- |
| ACTION ITEM #7 |
| **Establish standardized data collection tools and a public dashboard to support evidence-based primary prevention strategies and protective factors to promote behavioral health.** |
| **FULL DESCRIPTION** |
| This item is intended to develop supportive tools and a public dashboard to encourage common behavioral health metrics that can be used to promote protective factors and resilience by preventing poor behavioral health outcomes. Utilizing standardized metrics should support effective and efficient monitoring and evaluation to enhance community level and statewide knowledge that allows for a more efficient, effective, and targeted approach to improving behavioral health through programs, policy, and other actions. |
| **TARGET OBJECTIVES** |
| **1.** | **Collect/develop standardized tools**: Create consistent tools for collecting behavioral health data in Idaho, focusing on protective factors and resilience. |
| **2.** | **Promote Data Collection, Use & Transparency:** Facilitate data use by stakeholders to inform behavioral health policies and programs. |
| **3.** | **Establish Public Dashboard:** Develop an accessible online dashboard to monitor and evaluate behavioral health indicators, including prevention and protective factors data. |
| **4.** | **Identify Prevention Areas:** Use data to pinpoint areas where prevention can be strengthened to improve behavioral health outcomes. |

|  |
| --- |
| **SMART GOALS TO ACCOMPLISH ACTION ITEM #7 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET COMPLETION DATE** | **RESPONSIBLE PARTY** |
| 1.a. | Identify existing data tools related to youth behavioral health from sources like hospitals, crisis centers, assessment centers, Idaho Department of Health and Welfare (IDHW), Idaho Department of Juvenile Corrections (IDJC), Idaho Statistical Analysis Center (ISAC), Idaho Office of Drug Policy (ODP), Idaho Department of Education (SDE), Communities for Youth, etc. | Complete list of data sources for federal, state, and local data. |  |  |
| 1.b. | Identify similarities and differences among datasets to determine what data elements are comparable and where there are gaps. | Report on measurement commonalities, differences, and gaps across existing available data sources. |  |  |
| 1.c. | Identify missing data and confirm gaps in available data. | Report for the IBHC and the Legislature with the intent to formalize opportunities to begin collecting missing data. |  |  |
| 1.d. | Identify a minimum of four participating state agencies and/or community organizations and develop interagency agreements to facilitate data sharing. | Signed, valid interagency agreements. |  |  |
| 1.e. | Convene a technical advisory group of relevant experts. | Set meeting schedule and draft tentative agendas. |  |  |
| 1.f. | Prioritize 15 to 20 data elements for early implementation and create a data dictionary defining all behavioral health metrics that will be include on the public dashboard. | Report detailing priority outcomes, metrics, data collection methods, and expected data presentation that will be used as the foundation for the public dashboard. |  |  |
| 1.g. | Develop data tools that identify standardized protocols for data collection, quality assurance, and entry. | Protocol document. |  |  |
| 1.h. | Pilot data tools and protocol with the four participating state agencies and/or community organizations identified in Outcome 1.d.  | Report with findings and next steps. |  |  |
| 2.a. | Establish a training and communication plan for participating state agencies and/or community organizations to minimize data collection discrepancies.  | Training and communication plan. |  |  |
| 2.b. | Promote the use of data to inform behavioral health policy, planning, program development, and evaluation in Idaho. | Conduct at least three training sessions webinars on how to use to the data and interpret information. |  |  |
| 3.a. | Develop a budget proposal for the public dashboard. | Budget proposal. |  |  |
| 3.b. | Identify existing national and Idaho-specific public dashboards such as Get Healthy Idaho, National Violent Death Reporting System (NVDRS), Idaho VDRS, Katz Amsterdam, Western Idaho Community Health Collaborative (WICHC), etc. to identify best-practices and additional partnerships. | Complete list of dashboards and an analysis of recommendations for the new behavioral health public dashboard. |  |  |
| 3.c. | Identify an entity with the technical expertise to build and maintain the public dashboard. | Document anticipated costs and identify partnership expectations. |  |  |
| 3.d. | Ensure appropriate data sharing agreements that address compliance and accessibility among participating state agencies and partners are completed. | Completed data sharing packets. |  |  |
| 3.e. | Build and pilot the public dashboard. | Fully functioning online, accessible dashboard that is available to the public, behavioral health practitioners, state agencies, and other relevant stakeholders. All data presented will be FERPA, HIPAA-compliant etc. with tiered access for different audiences. |  |  |
| 3.f. | Conduct a quarterly survey of dashboard users to help understand what works well and what does not meet user needs for (at least) the first two years after the public dashboard is available. | Quarterly reports detailing findings and recommendations for improvements. |  |  |
| 3.g. | Track dashboard usage analytics such as users, page views, downloads, etc.) | Quarterly reports that accompany the user survey findings and recommendations. |  |  |
| 4.a. | Conduct a feasibility assessment identifying key behavioral health metrics that could be used to achieve desired statewide behavioral health outcomes.  | Report for the IBHC and the Legislature that identifies potential next steps. |  |  |
| 4.b. | Develop a “clearinghouse” of evidence-based programs and approaches that match the key behavioral health metrics to support ongoing, evidence-based implementation.\**Coordinate with action team #2* | Clearinghouse webpage on the public dashboard. |  |  |
| 4.c. | Establish a communication plan to communicate findings to stakeholders such as participating state agencies and community partners, the IBHC, and the Legislature. | Communication Plan. |  |  |

|  |
| --- |
| **ACTION ITEM #7 TEAM LEAD** |
| Hannah Crumrine | Idaho Department of Education |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #7** |
| Dani Pere | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Eric Studebaker | Project ECHO Idaho |
| Haley Myers | Idaho Department of Juvenile Corrections |
| Hannah Crumrine | Idaho Department of Education |
| Jackie Yarbrough | Blue Cross of Idaho Foundation |
| Katie Watkins | Idaho Department of Education |
| Linsey Belisle | Boise State University, Department of Criminal Justice |
| Marianne King | Idaho Office of Drug Policy |
| Megan Smith | Boise State University, School of Public and Population Health |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #7** |
| Statewide Epidemiological Outcomes Workgroup, Insight Idaho |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #7** |
|  |