
IDAHO BEHAVIORAL HEALTH COUNCIL



QUARTERLY MEETING
OCTOBER 24TH, 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.

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

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.

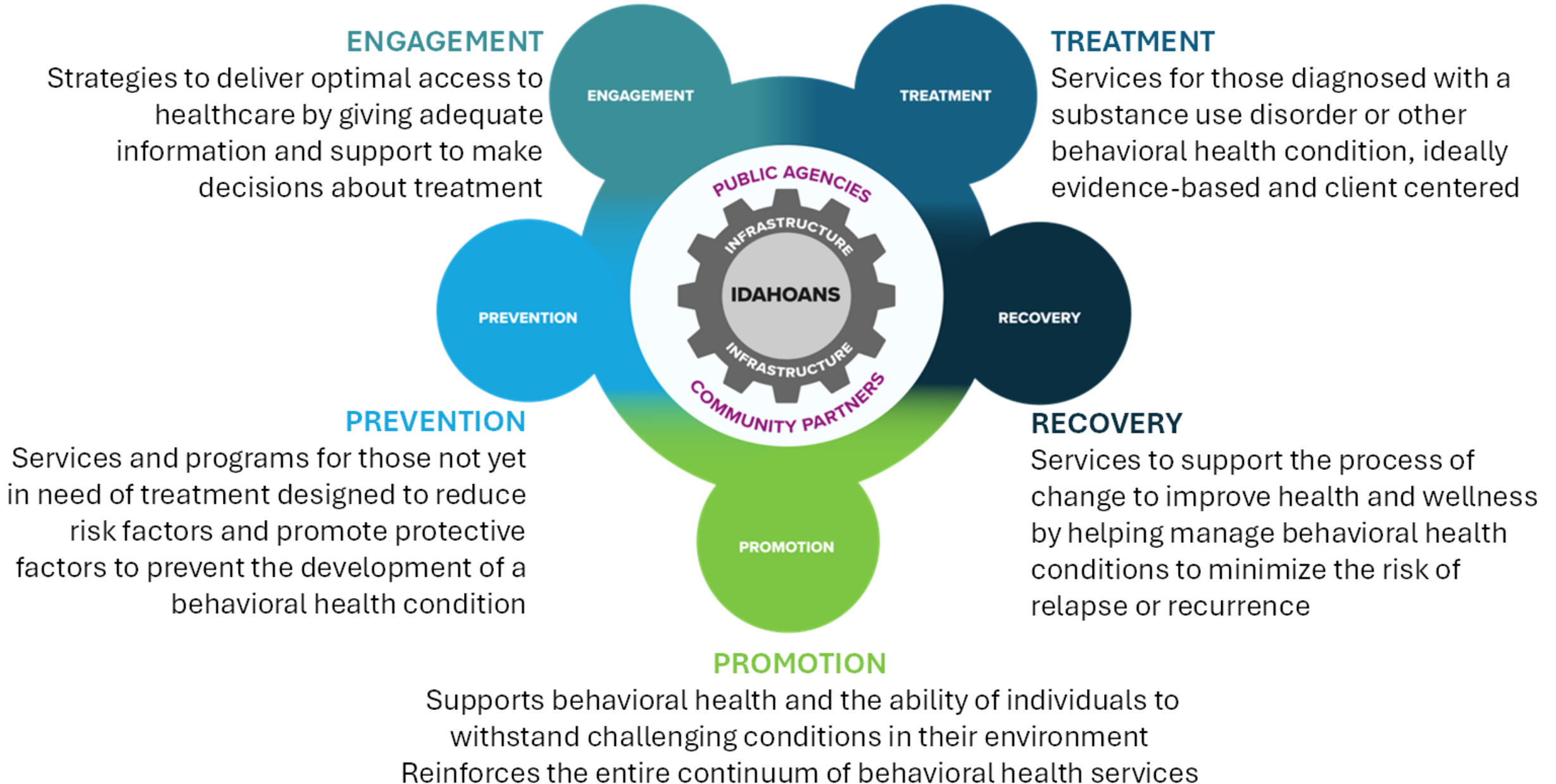
5) Equitable Access

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.

BEHAVIORAL HEALTH SYSTEM FRAMEWORK





2024-2028 IBHC PRIORITIZED RECOMMENDATIONS

- **Workforce**
- **Program Awareness and Reduction of 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**

MEDICATION ASSISTED TREATMENT

Reid Lofgran, D.O.

*Addiction Medicine
Medical Director, **The Walker Center**

*Family Medicine and *Addiction Recovery Program
Clinic Director, **North Canyon Medical Center**

Certifications:

American College of Osteopathic Family Physicians
American Society of Addiction Medicine
American Board of Addiction Medicine
American Osteopathic Association of Addiction Medicine



PEELING BACK THE LAYERS

ADDICTION

Stabilization
Controlling withdrawal
Controlling Cravings

SPIRITUAL WELLBEING

What is their core belief system, and are they living consistently with those core beliefs?
Relationship to their God.



MENTAL AND PHYSICAL HEALTH

Stabilization of co-morbid conditions

BEHAVIORAL HEALTH

Counseling disciplines
Getting to the root cause
Trauma, Resilience
Neuro-development
Intense, long-term

Chronic Disease versus Moral Failing

Very important in determining the attitudes of providers and patients

“It’s going to kill you, just stop doing it!”

“Put them on a contract and kick them out.”

“Make sure they aren’t going to die and discharge them.”

“It’s all in your head, I can’t help you.”

ADDICTION AS A DISEASE: COMPARISON...

Addiction:

Chronic management improves outcomes

- Regular follow-up

- Medication management

- Accountability

Medication compliance critical

Counseling (many types)

Personal decision-making

Large Genetic Contribution

Brings chronic physiological changes

May lead to, or be caused by mental illness

Recovery prevents death

Diabetes:

Chronic management improves outcomes

- Regular follow-up

- Medication management

- Accountability

Medication compliance critical

Counseling (diabetic education)

Personal decision-making

Large Genetic Contribution

Brings chronic physiological changes

May lead to mental illness

Even tightly controlled will deteriorate

WHAT IF WE CHANGED OUR THINKING...?

Fear of addiction

Addict

Drunk

Hopeless

Moral Failing

Failure

Shame

Understanding

Disease of addiction

Disease of alcohol addiction

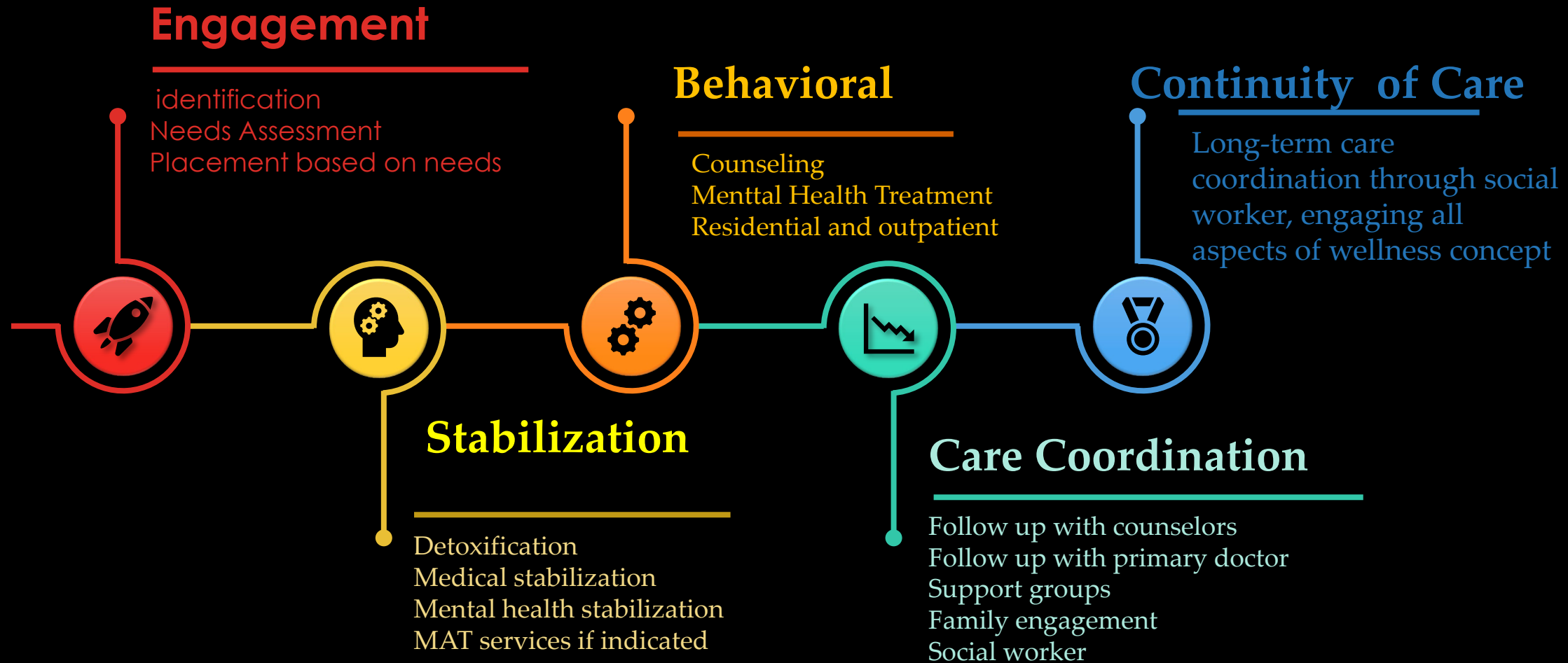
Hope, Potential

Chronic Disease

Relapse as part of disease

Identity vs Behavior

CHRONIC DISEASE MODEL



What

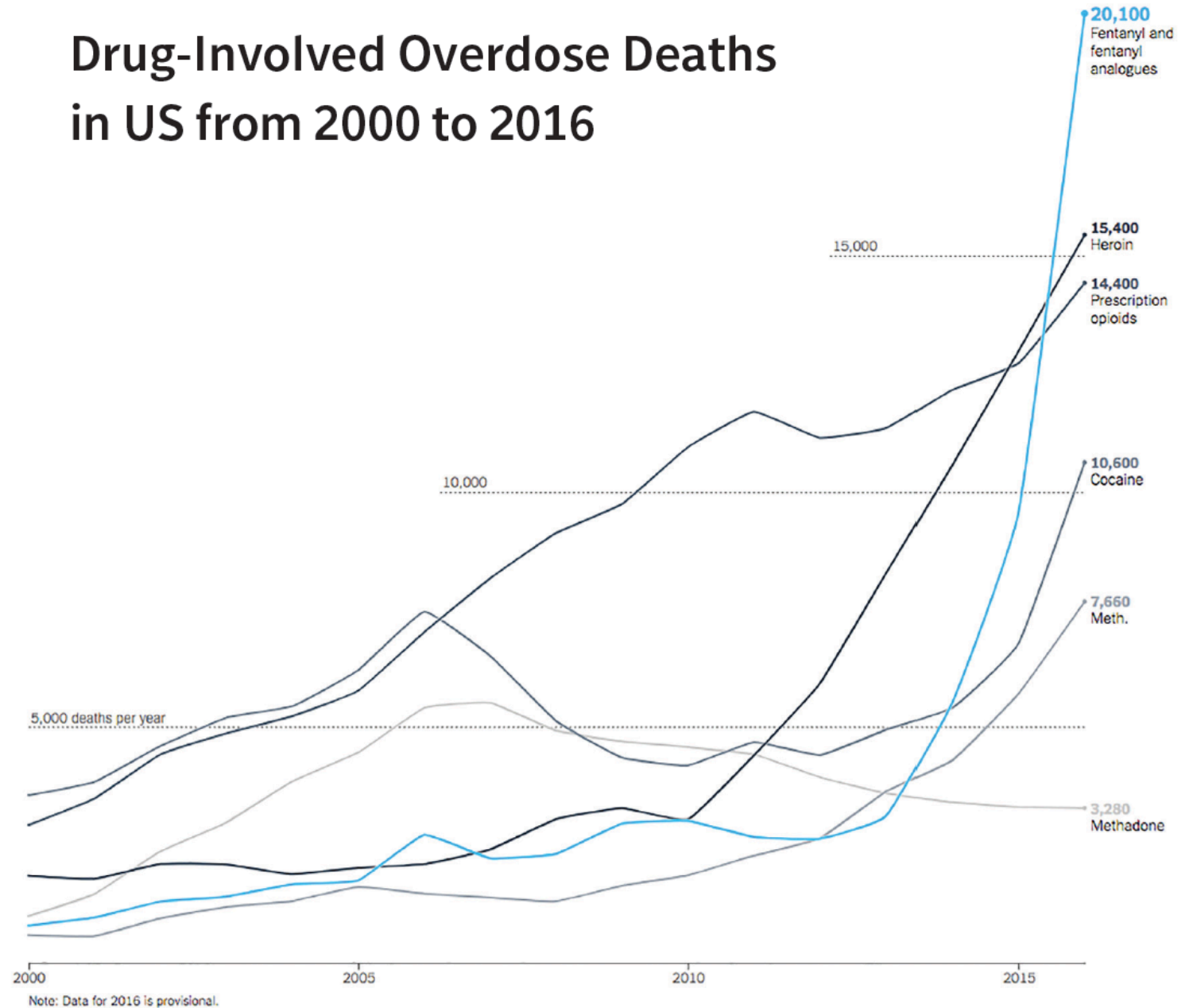
has

happened

with

Opioids

Drug-Involved Overdose Deaths in US from 2000 to 2016



COMPARISON: 2017 TO 2022

2017

- Non-opioid illicit: 23,000
- Opioids: 49,000
- Alcohol: 88,000
- Tobacco products: 488,000

2024

- Non-opioid illicit: 25,654?
- Opioids: 53,000
(>100,000 post Covid)
- Alcohol: 187,000
- Tobacco products: ~ 480,000 annual deaths
- 740,000-770,000/year

Preliminary Data 2023

Data in this table is from time period:Year/Month: 2023 (provisional); UCD - 15 Leading Causes of Death: 52 categories selected

UCD - 15 Leading Causes of Death 	 Deaths  	 Population  
#Diseases of heart (I00-I09,I11,I13,I20-I51)	681,229	333,287,557
#Malignant neoplasms (C00-C97)	613,375	333,287,557
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	223,635	333,287,557
#Cerebrovascular diseases (I60-I69)	162,652	333,287,557
#Chronic lower respiratory diseases (J40-J47)	145,382	333,287,557
#Alzheimer disease (G30)	114,054	333,287,557
#Diabetes mellitus (E10-E14)	95,217	333,287,557
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	55,239	333,287,557
#Chronic liver disease and cirrhosis (K70,K73-K74)	52,226	333,287,557
#COVID-19 (U07.1)	49,942	333,287,557
#Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	49,375	333,287,557
#Influenza and pneumonia (J09-J18)	45,193	333,287,557
#Essential hypertension and hypertensive renal disease (I10,I12,I15)	42,392	333,287,557
#Septicemia (A40-A41)	41,716	333,287,557
#Parkinson disease (G20-G21)	40,174	333,287,557

WHAT IS REALLY THE NUMBER ONE KILLER IN AMERICA?

**Total deaths due to
addictive
substances:
740,000
(conservative)**

**How many of the
diseases listed can
be associated with
drug use
(addiction)...? (!)**

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THE STIGMA OF ADDICTION

- It's a bad word....
- No one wants to admit it...
- No one wants to talk about it...
 - Cultural stigma
 - Stereotypes
 - Difficult to manage
 - Mental health involved
 - Destructive, deadly



Image: <http://wesharepics.info/imagetgkl-twister-tornado-lightning.asp>

ADDICTIVE SUBSTANCES AND DRUGS OF ABUSE

Alcohol

Tobacco/Nicotine

Cannabinoids (marijuana)

Opiates and Opioids (pain medicines)

Benzodiazepines (Sedatives)

Sedative Hypnotics and Sleepers

Stimulants (ADHD meds, methamphetamine)

Dissociative and Hallucinogenic Drugs (club drugs)

Barbiturates

Miscellaneous (bath salts, krokodil, GHB, Ecstasy,
Kratom, Xylazine)



KRATOM

MITRAGYNINE

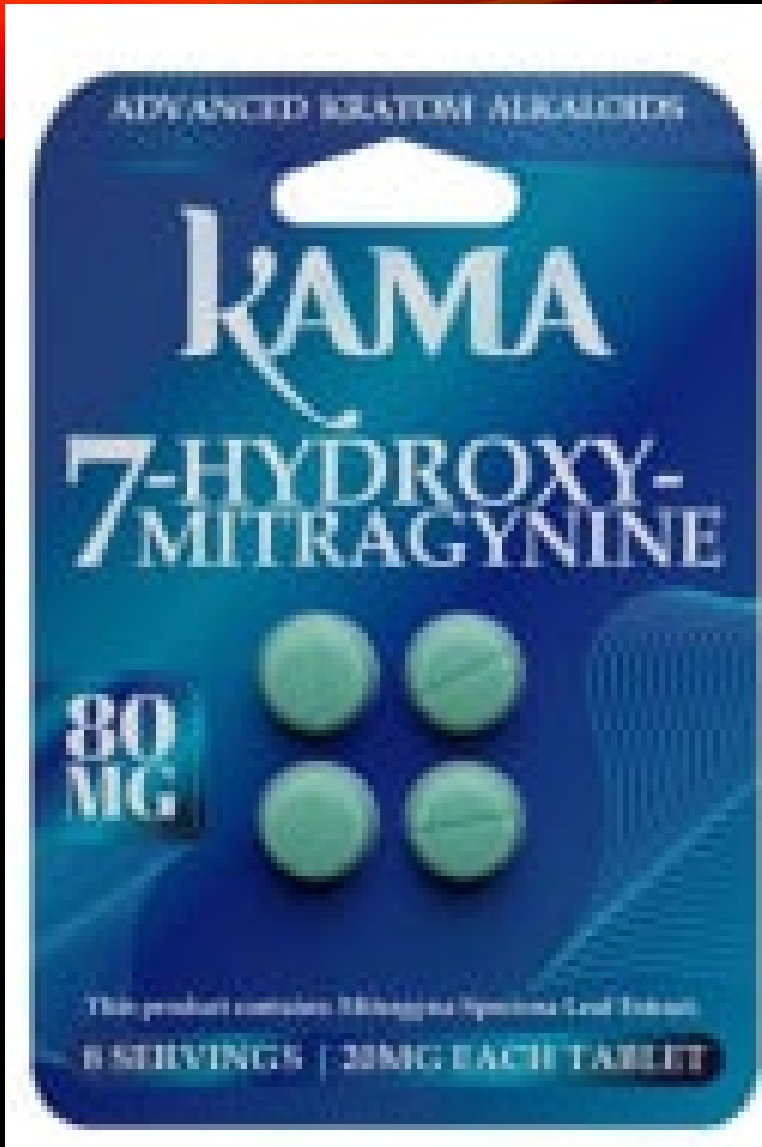
At low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses,

users experience sedative effects. Kratom consumption can lead to addiction.

Several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.



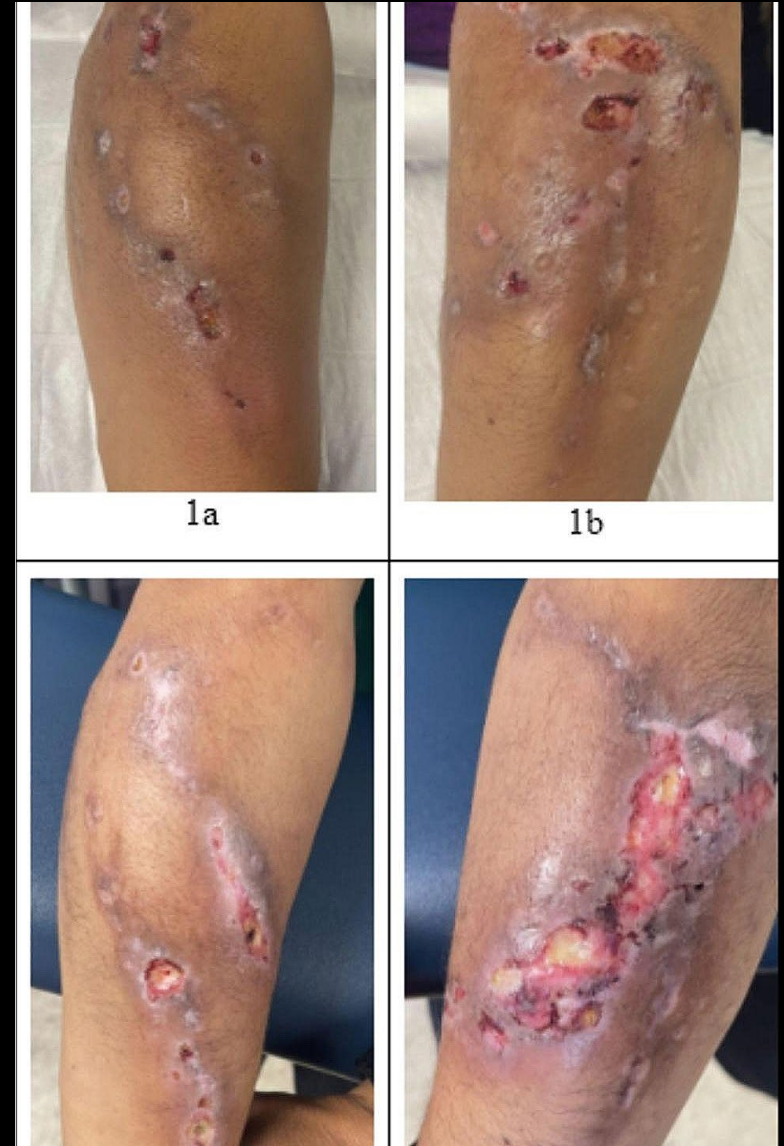
KRATOM

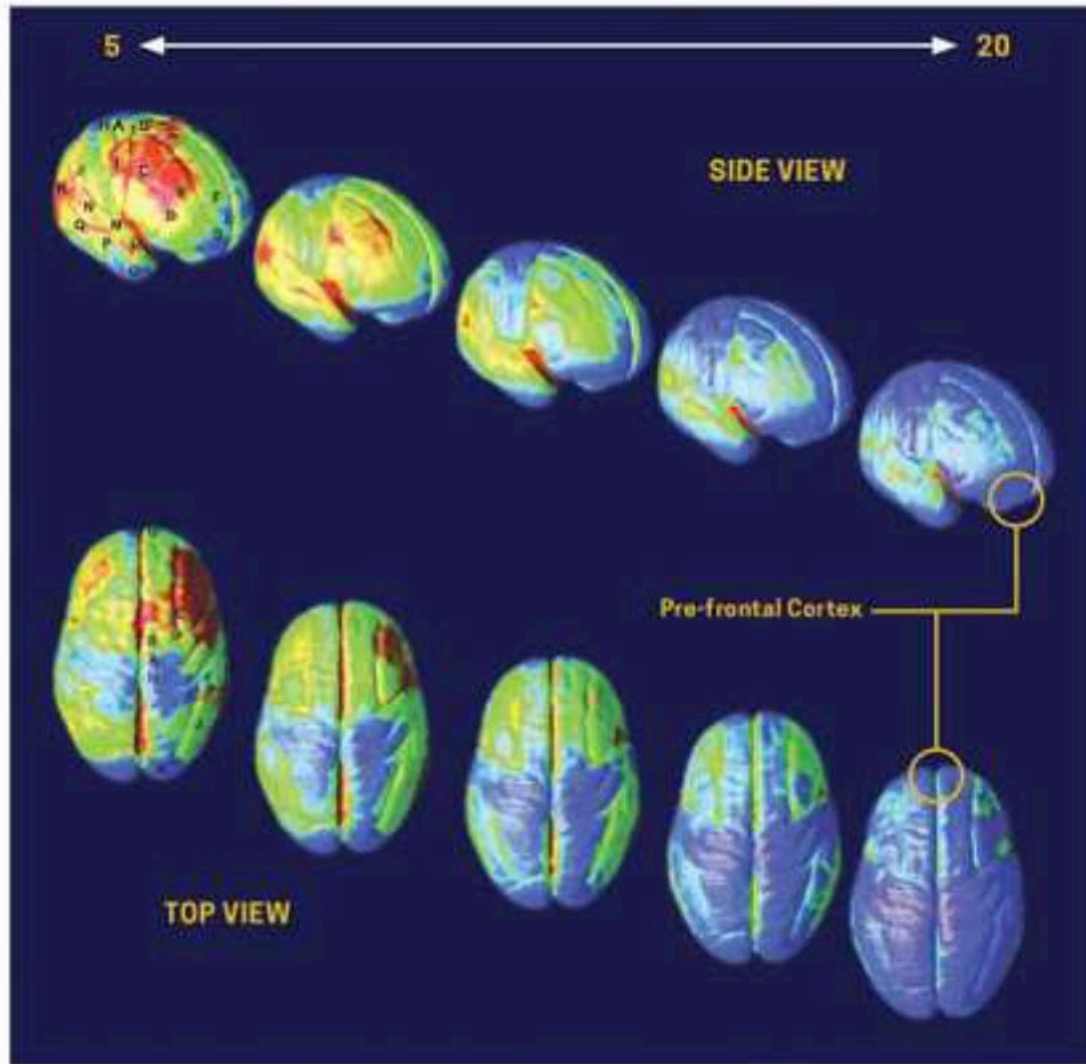


- **Street names:**
- Thang, Kakuam, Ketum, herbal speedball, Biak
- Kratom leaves contain two major psychoactive ingredients:
- mitragynine
- 7-hydroxymitragynine (40X potency of mitragynine and 10X potency of morphine)

XYLAZINE ("TRANQ")

- **Role in street drugs:** Xylazine is most often combined with fentanyl to extend the opioid's effects,
 - a mixture known as "tranq dope". Drug users are often unaware their drugs contain xylazine.
- **Health risks:** Mixing xylazine with fentanyl and other central nervous system depressants dramatically
 - increases the risk of a fatal overdose. A severe and distinct side effect is necrotic skin ulcers
 - (open sores and abscesses) that can develop anywhere on the body, potentially leading to amputation.





Source: PNAS 101:8174-8179, 2004.

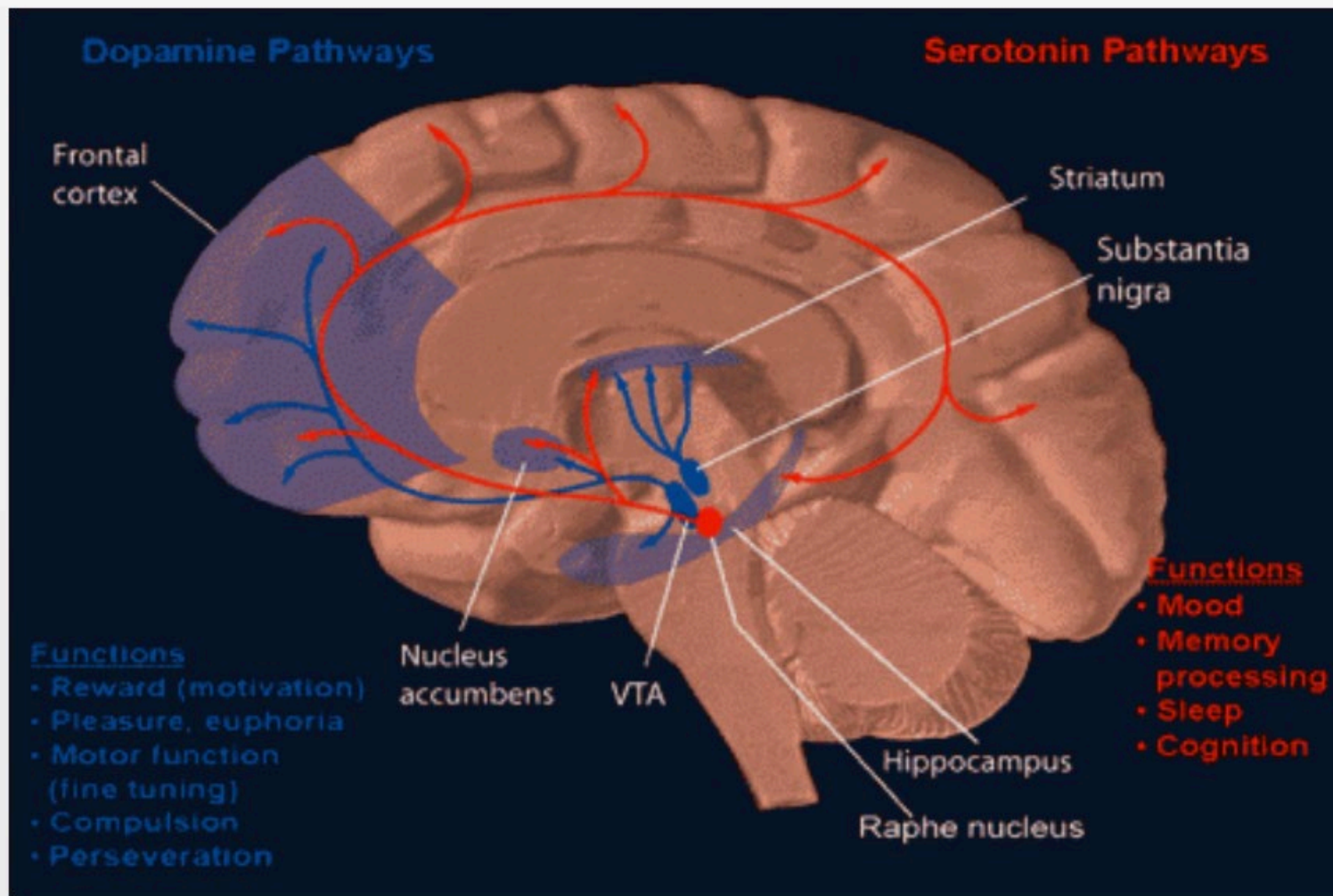
Images of Brain Development in health Children and Teens
(Ages 5-20)

As the brain matures, experiences prune excess neural connections while strengthening those that are used more often. Many scientists think that this process contributes to the steady reduction in gray matter volume seen during adolescence (depicted as the yellow to blue transition in the figure). As environmental forces help determine which connections will wither and which will thrive, the brain circuits that emerge become more efficient. However, this is a process that can cut both ways because not all tasks are desirable. The environment is like an artist who creates a sculpture by chipping away excess marble; and just like bad artists can produce bad art, environments with negative factors (like drugs, malnutrition, bullying, or sleep deprivation) *can lead to efficient but potentially harmful circuits that conspire against a person's well-being.*

PURPOSE OF REWARD SYSTEM IN THE BRAIN

- Reinforce Behavior
- Initially -
 - reward for the act
- Subsequently -
 - reward for anticipation of the act
- 2 most powerful natural systems
 - eating, sexuality





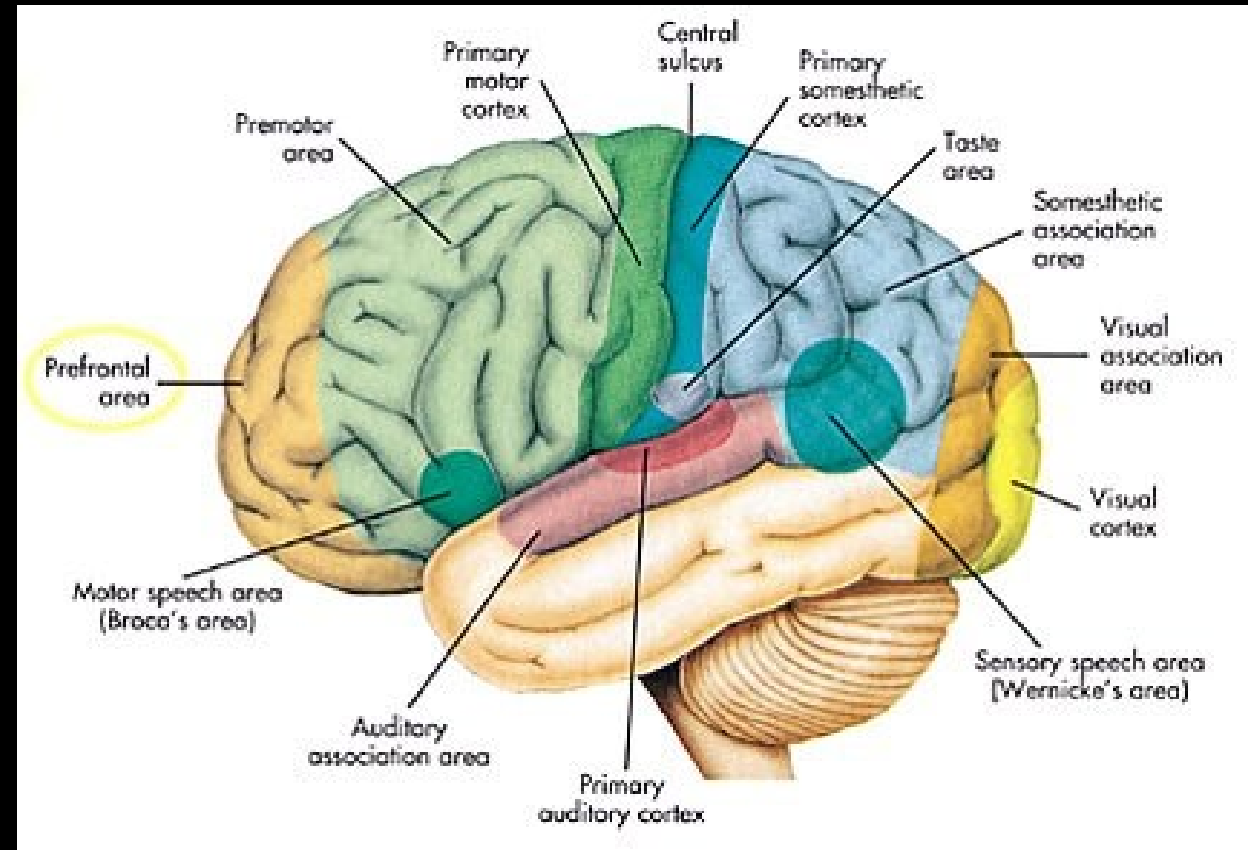
Reward
pathways

Development of
Frontal Cortex

- Development of pre-frontal lobe and consequence learning, age 24
- Anticipation of the reward versus the reward itself - changes with time

Risk Factors for Addiction

- ◆ Genetics
- ◆ Environment/culture
- ◆ Age of onset of use
 - ◆ degree of addiction
 - ◆ emotional development
- ◆ Trauma events
- ◆ Psychiatric illness
- ◆ Development of pre-frontal lobe and consequence learning, age 24



MENTAL HEALTH AND ADDICTION

Co-morbid conditions

Depression

Anxiety

Bipolar disorders

Personality disorders

etc....

Addiction as mental
health disorder?

**WHAT HAPPENS TO
THE BODY WHEN
there is
EMOTIONAL PAIN**



<https://www.womenworking.com/happens-body-youre-emotional-pain/>

ADDICTION AND PAIN

- EMOTIONAL
- PHYSICAL

- Many people are self-medicating, then become addicted
- Medicating the physical pain
- Medicating the emotional pain
- Impact of guilt versus shame





<https://learningtolivelikewaterblog.com/2015/12/02/guilt-vs-shame/>

GUILT VERSUS SHAME

GUILT VS SHAME

Guilt

Decisions

Accountable

Individual Worth

Children of God

Value as a human

Capacity to help
others

Allows us to change

Shame

Actions define you

Hopeless

No individual worth

Worthless

Strain upon society

No value to anyone

Removes capacity to change
how you feel about yourself

WHY IS SUICIDE TIED TO ADDICTION?

Shame

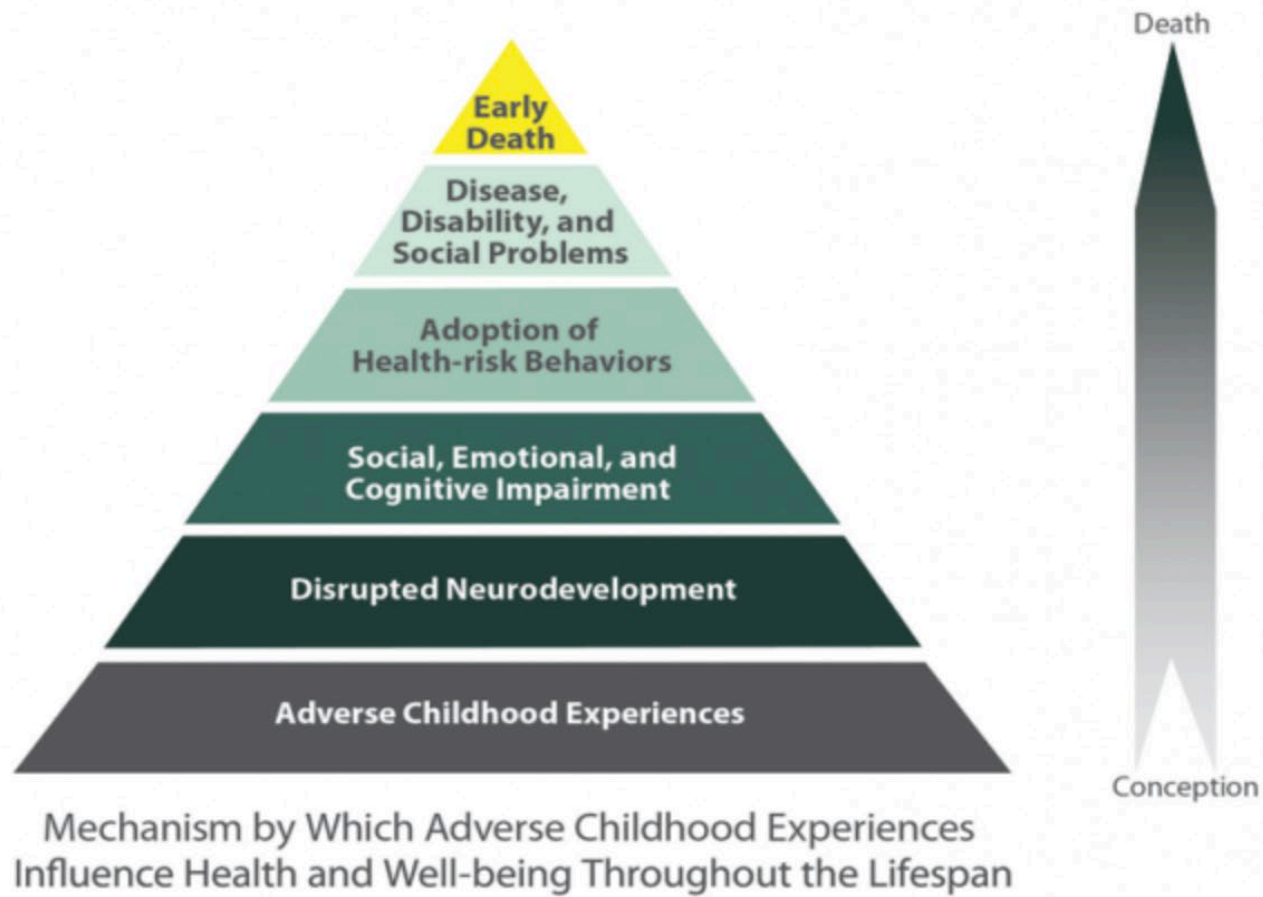
Actions define you
Hopeless
No individual worth
Worthless
Strain upon society
No value to anyone
Removes capacity to change
how you feel about yourself

SHAME:
"I **AM** A
MISTAKE"

GUILT:
I **MADE** A
MISTAKE

The ACE Pyramid

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course.



Adverse Childhood Experience Questionnaire

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ...

Swear at you, insult you, put you down, or humiliate you?

Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you?

Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way?

Try to or actually have oral, anal, or vaginal sex with you?

4. Did you often feel that ...

No one in your family loved you or thought you were important or special?

Your family didn't look out for each other, feel close to each other, or support each other?

5. Did you often feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents ever separated or divorced?

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?

HIGH ACE (ADVERSE CHILDHOOD EXPERIENCE) SCORES INCREASE THE RISK OF NUMEROUS NEGATIVE HEALTH OUTCOMES, INCLUDING CHRONIC DISEASES LIKE HEART DISEASE, DIABETES, AND CANCER, AS WELL AS MENTAL HEALTH ISSUES SUCH AS DEPRESSION, ANXIETY, AND PTSD. HIGHER SCORES ARE ALSO LINKED TO INCREASED SUBSTANCE ABUSE, DECREASED LIFE EXPECTANCY, AND GREATER ODDS OF UNHEALTHY BEHAVIORS LIKE SMOKING AND HEAVY DRINKING.

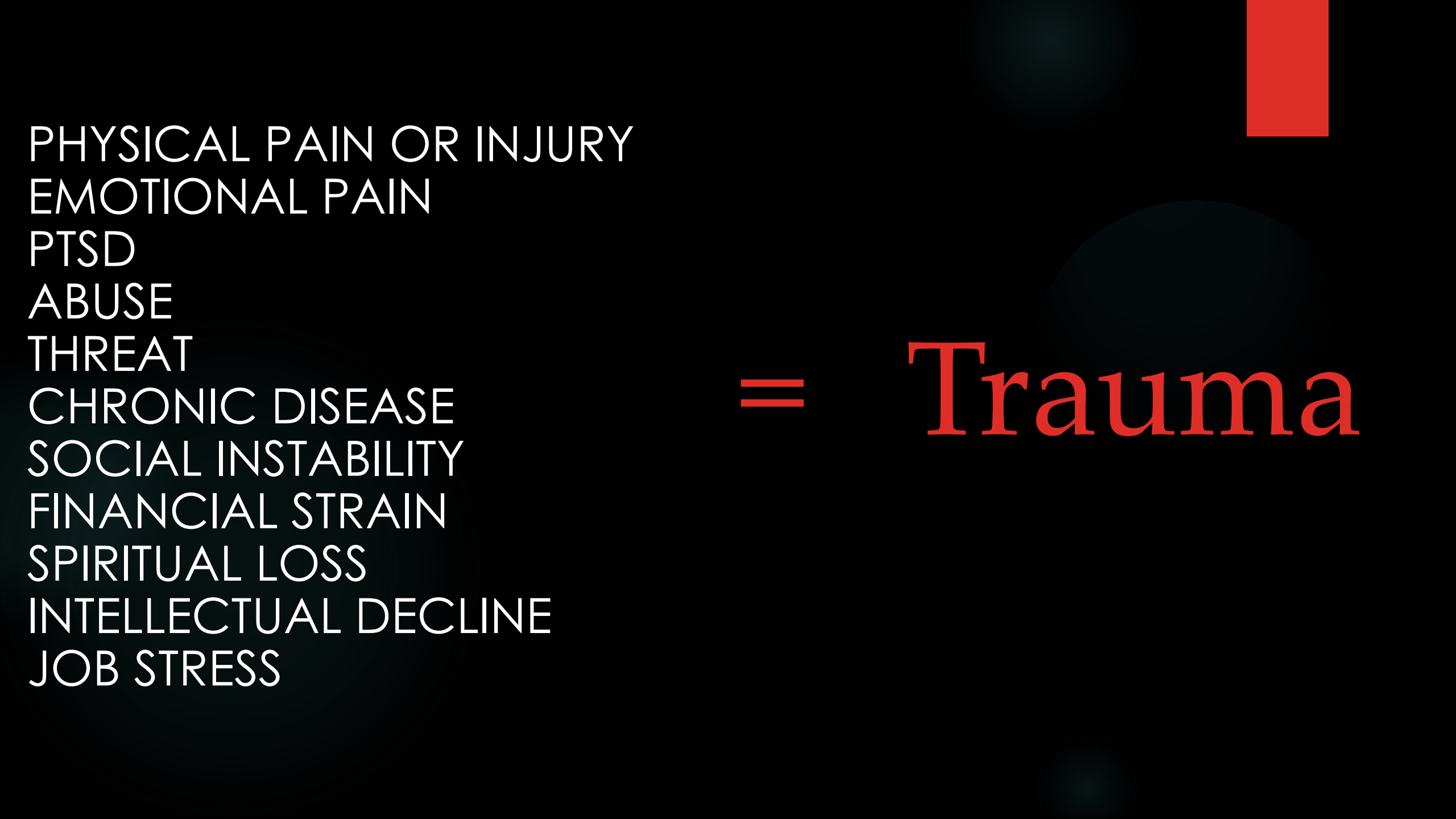
Mental and Behavioral Health Risks

- Depression
- Anxiety
- Post-traumatic stress disorder (PTSD)
- Phobias and mood disorders
- Eating disorders
- Substance abuse (including alcohol and drug use)
- Increased risk of suicide attempts

Chronic Physical Health Conditions

- Cardiovascular disease (including heart disease and stroke)
- Diabetes
- Cancer
- Respiratory diseases (including asthma and COPD)
- Chronic pain
- Obesity

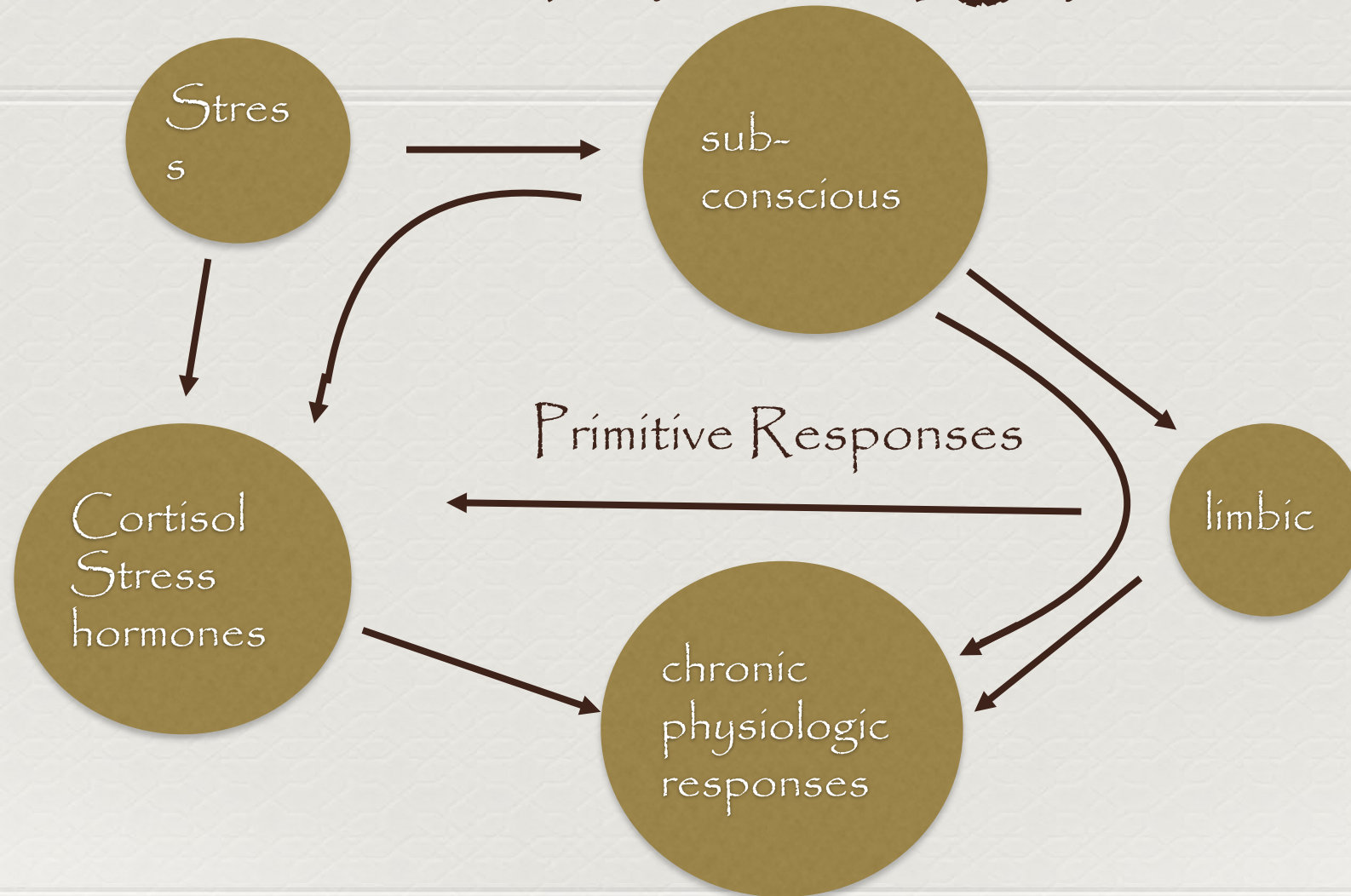
Other Risks Decreased life expectancy, Poor work performance or unemployment, and Increased likelihood of risky sexual behaviors



PHYSICAL PAIN OR INJURY
EMOTIONAL PAIN
PTSD
ABUSE
THREAT
CHRONIC DISEASE
SOCIAL INSTABILITY
FINANCIAL STRAIN
SPIRITUAL LOSS
INTELLECTUAL DECLINE
JOB STRESS

= Trauma

TRAUMA



Limbic System

Memory,

- explicit and declarative

Olfaction

Vision (difference between the sexes)

Corticosteroid control**

Stress processing (adrenalin and stress hormones)

Behaviors, emotional responses

Hormone control, sexual function, autonomic control

EFFECTS OF CORTISOL

Term

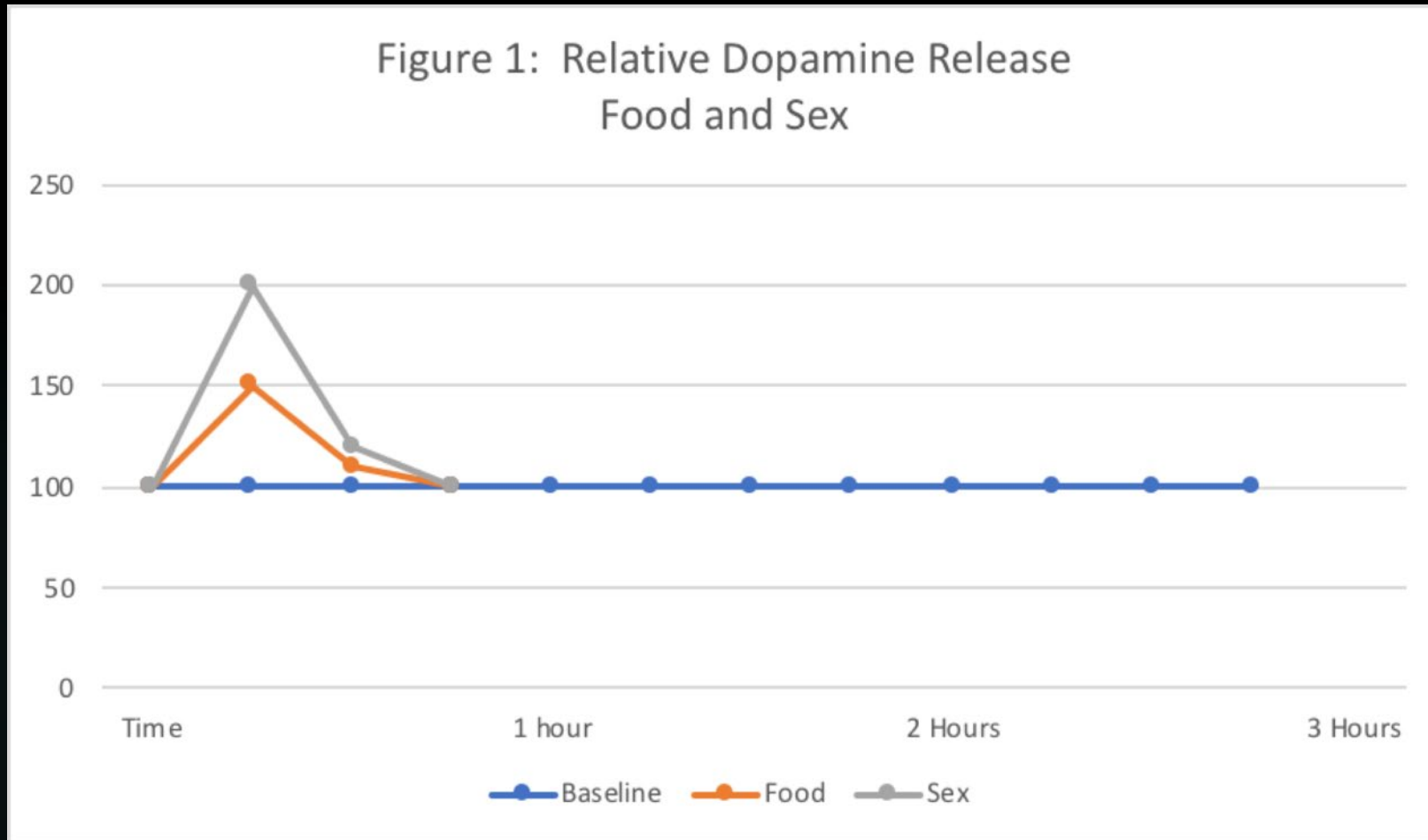
Short Term (saves us)

- fight or flight response, slow insulin production to give glucose to muscle, constricts arteries, increase heart rate

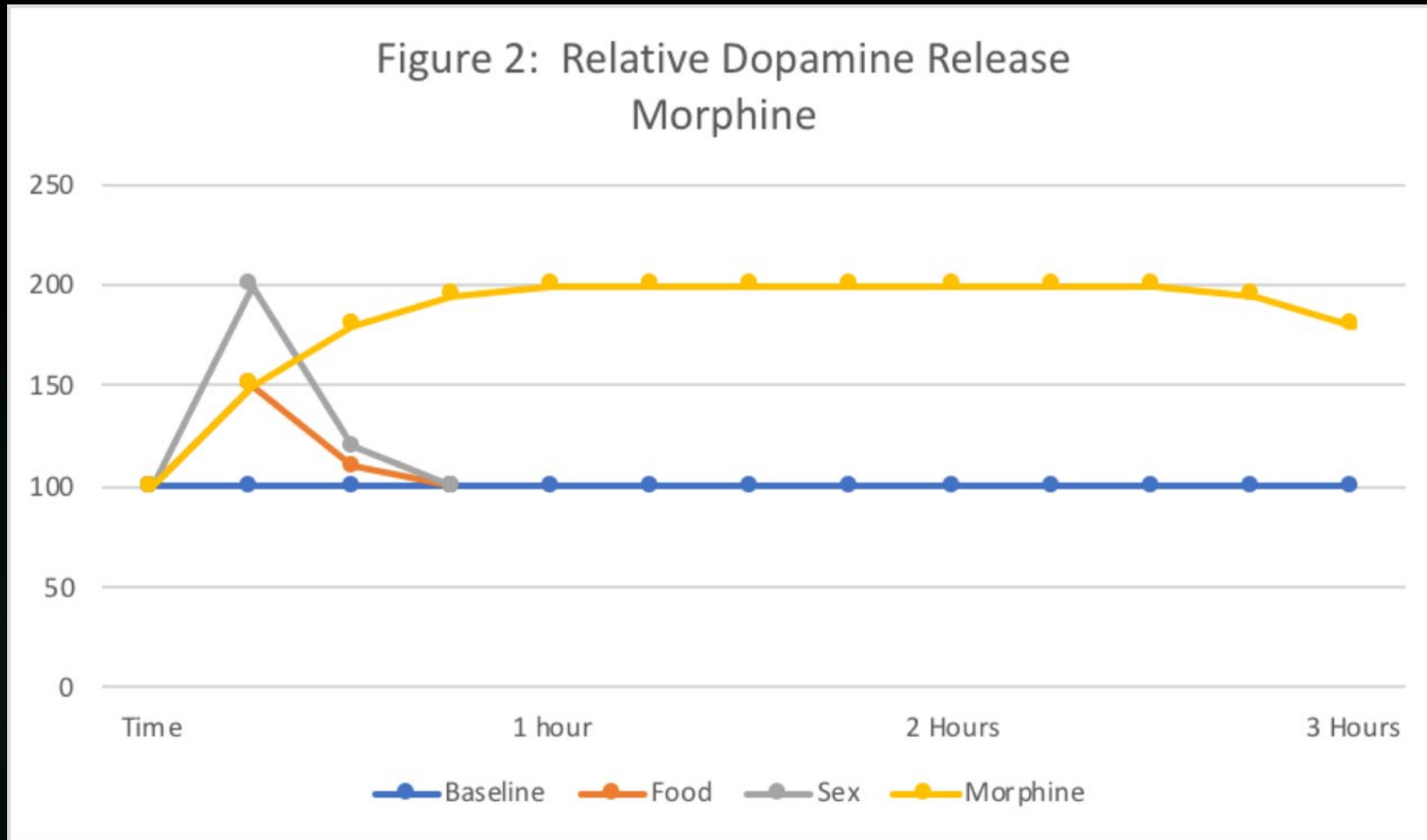
Term

Long Term (kills us)

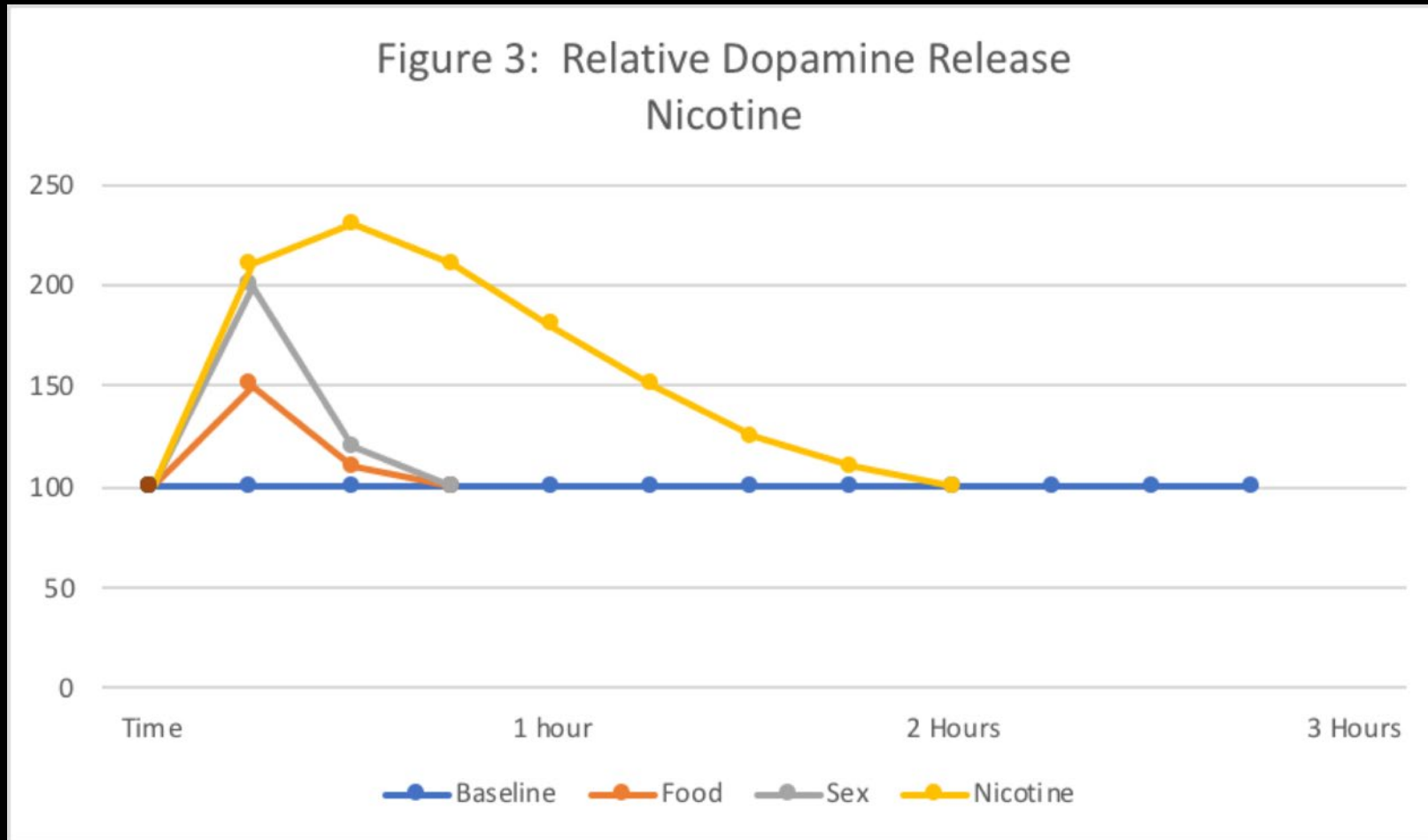
- Blood sugar elevation, diabetes, weight gain, obesity, immune suppression, GI problems, heart disease, fertility problems, menstrual irregularities, insomnia, chronic fatigue, thyroid problems, dementia, depression, anxiety, osteoporosis



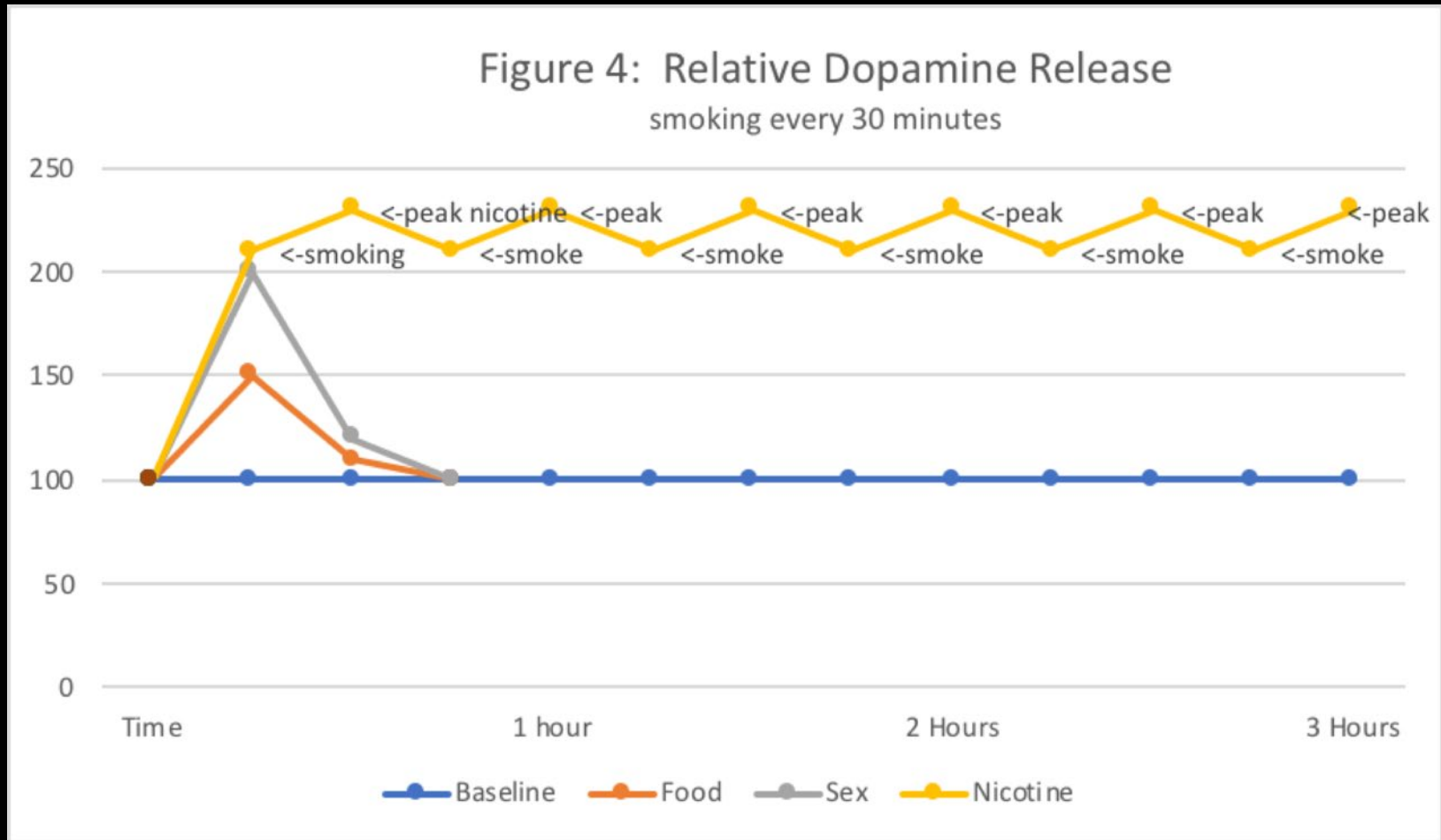
A Christian Approach to Understanding Addiction, Reid Lofgran, Day Publishing, 2018



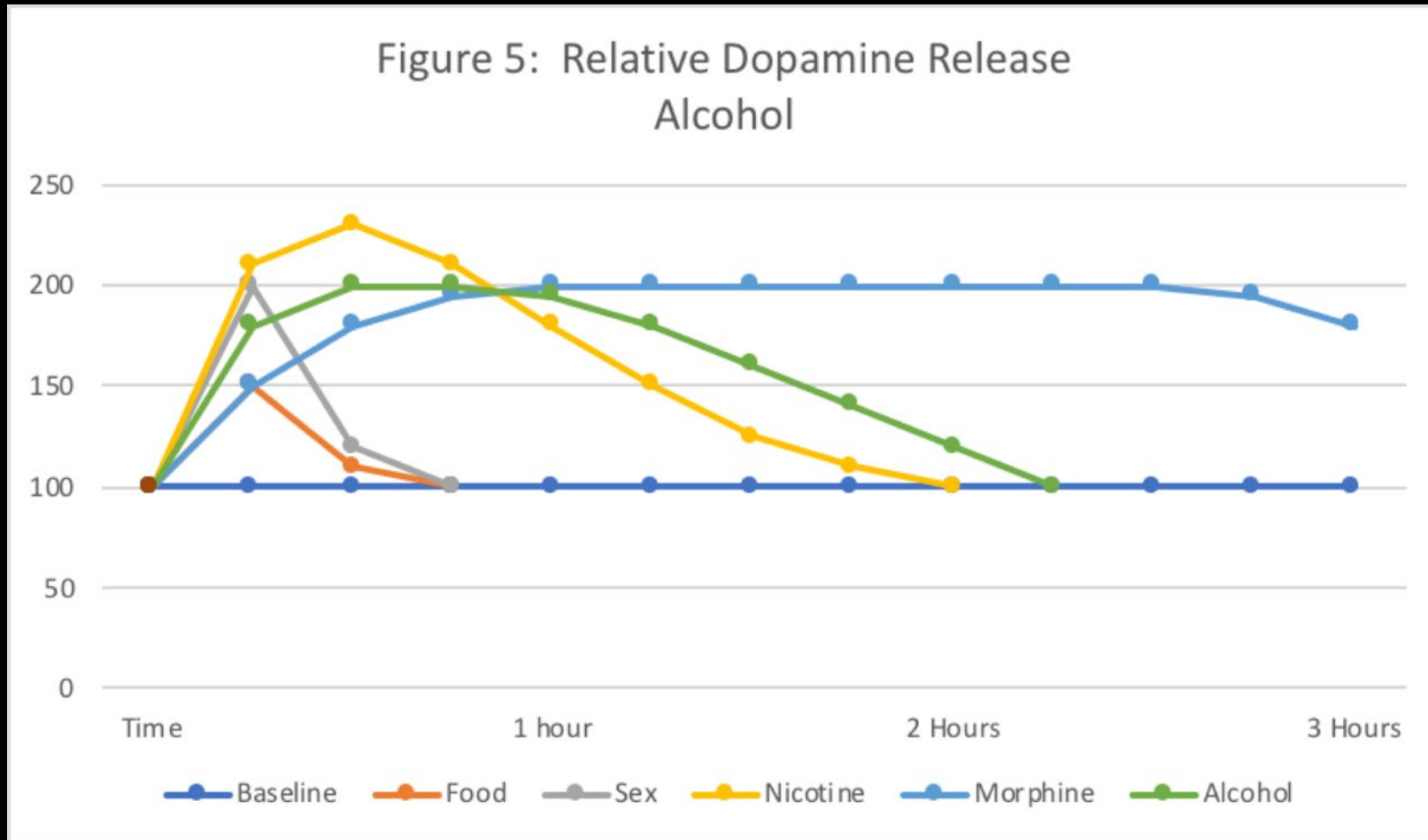
A Christian Approach to Understanding Addiction, Reid Lofgran, Day Publishing, 2018



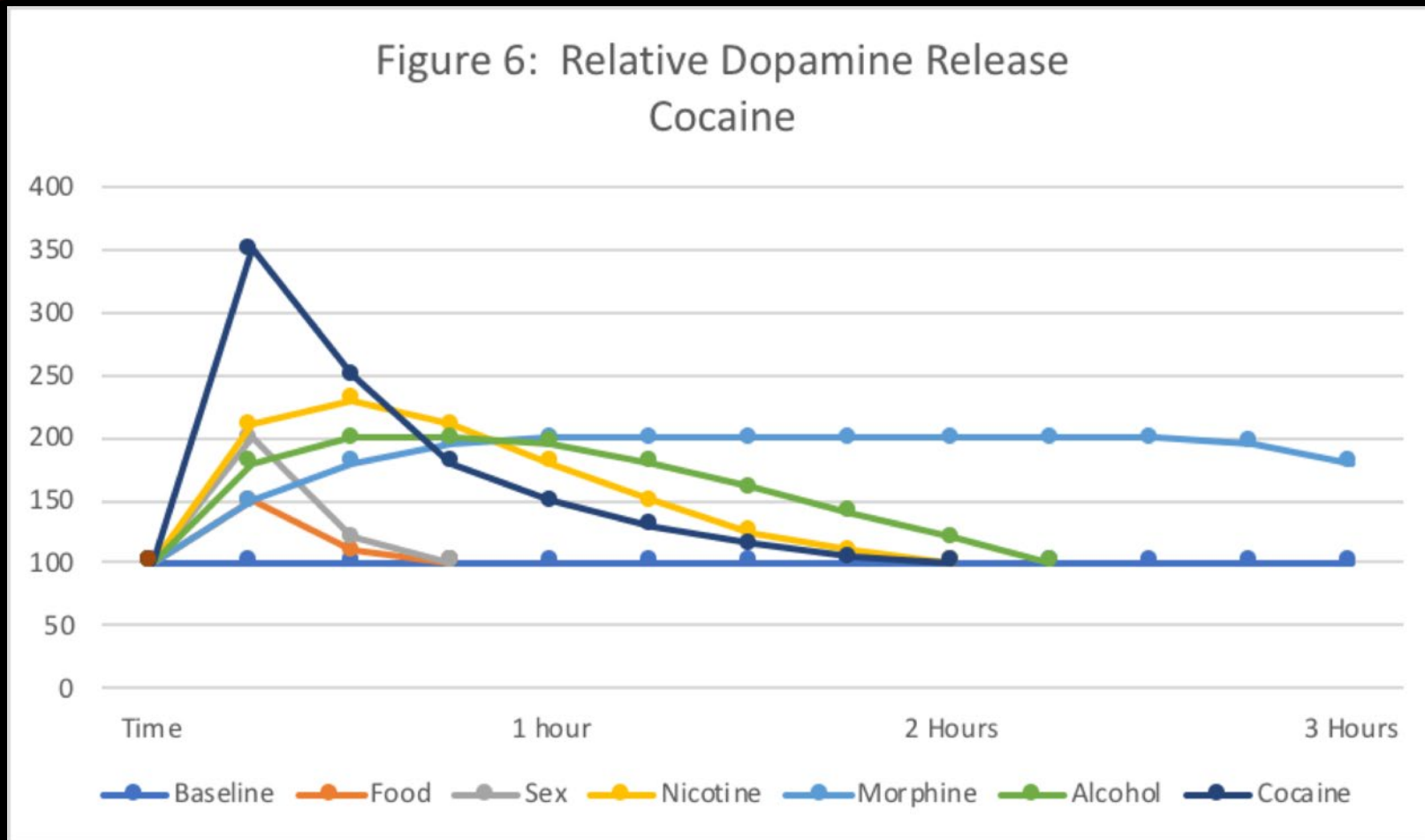
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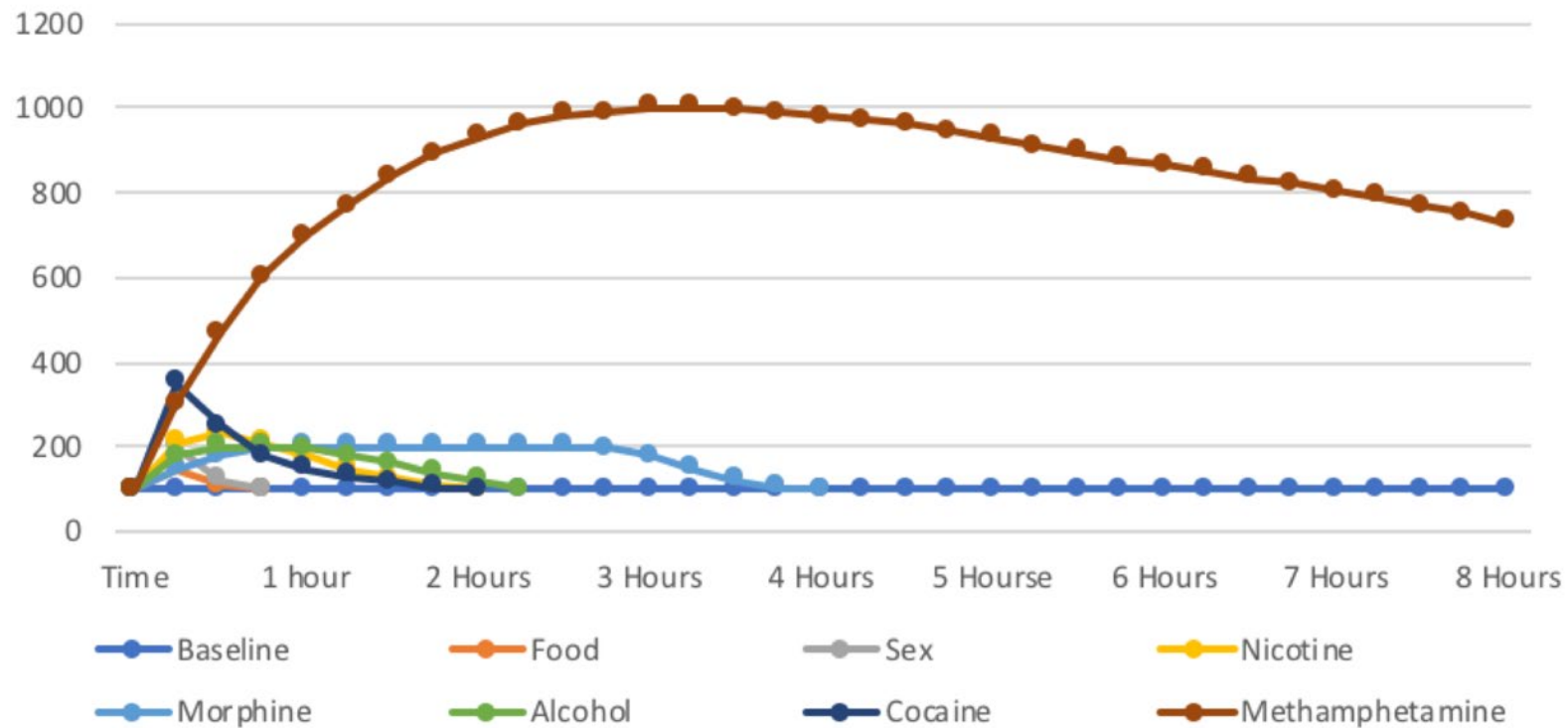


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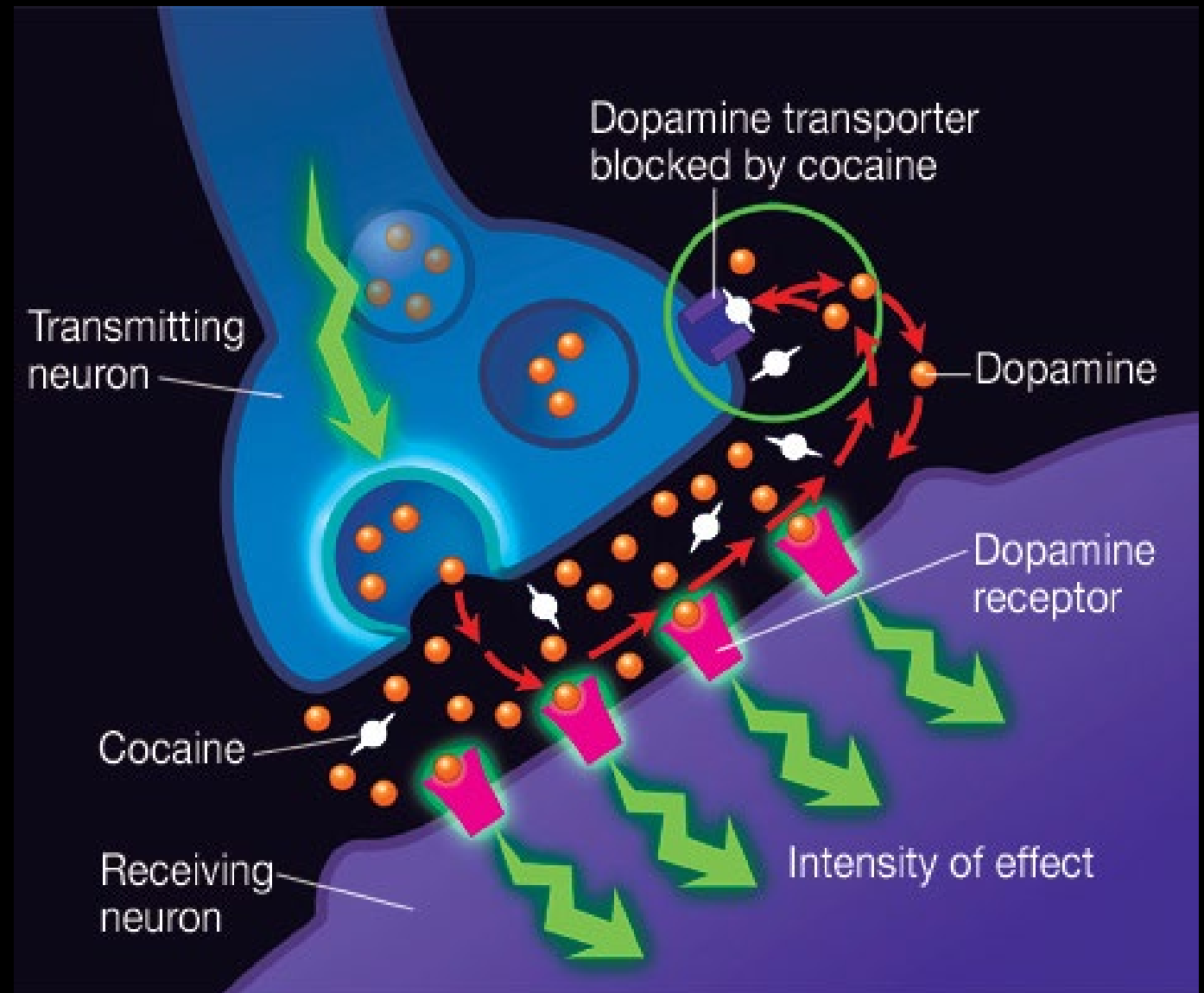
Figure 7: Relative Dopamine Release
Methamphetamine

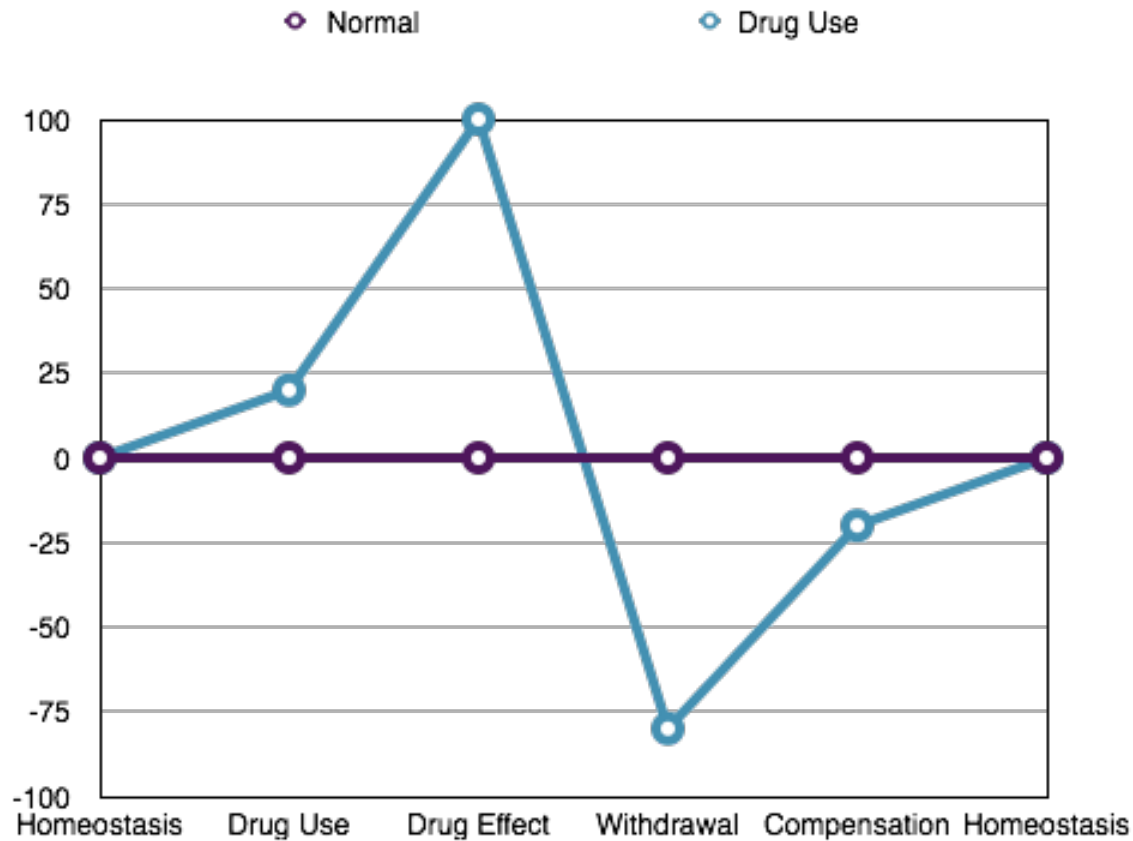


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DOWN-REGULATION

- Continued use of drugs:
- removes receptors
- reduces neurotransmitter production



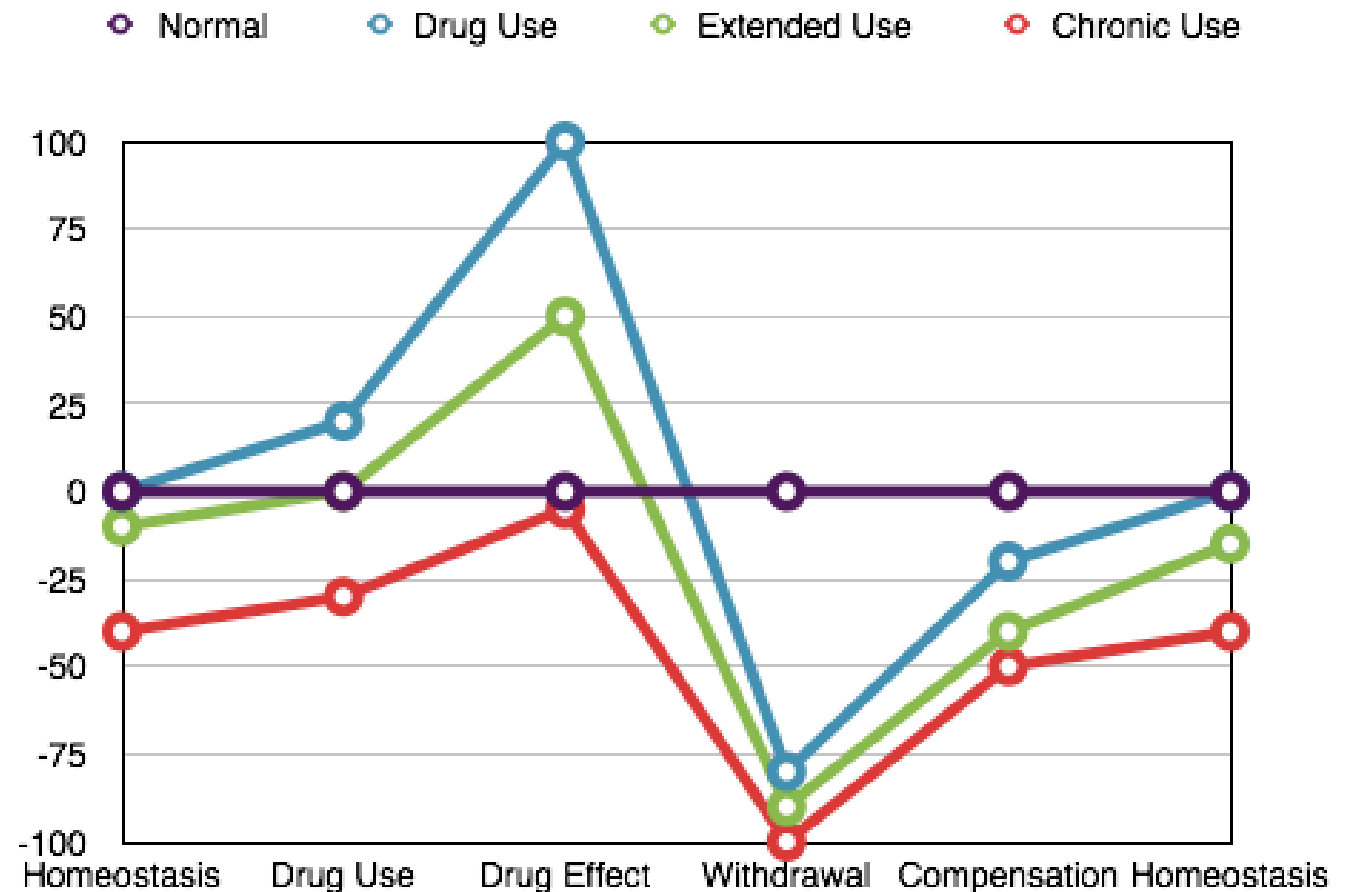


WHAT ABOUT DRUGS?

Purple = normal level of dopamine release
Blue = Drug use, dopamine surge, withdrawal

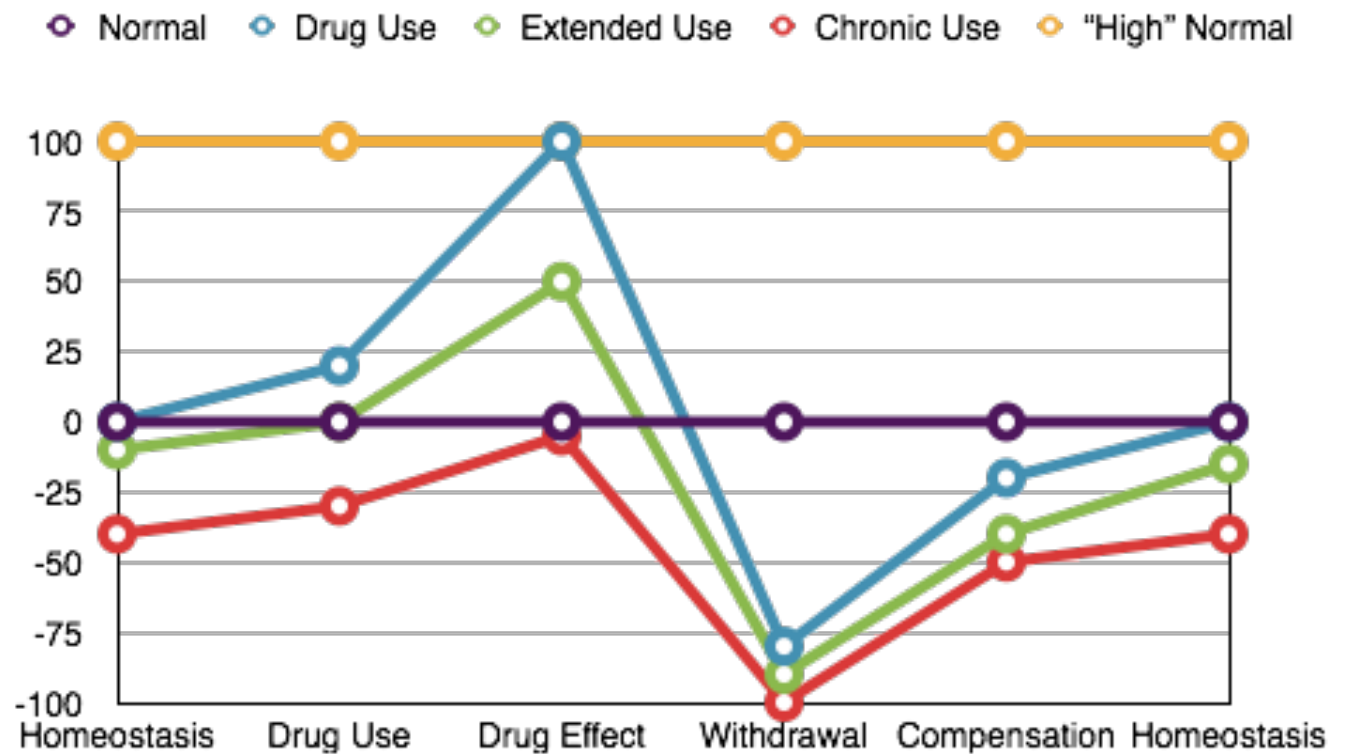
CHRONIC DRUG USE

- With chronic use, dopamine levels drop dramatically.
- Cannot even get back to what used to be normal.

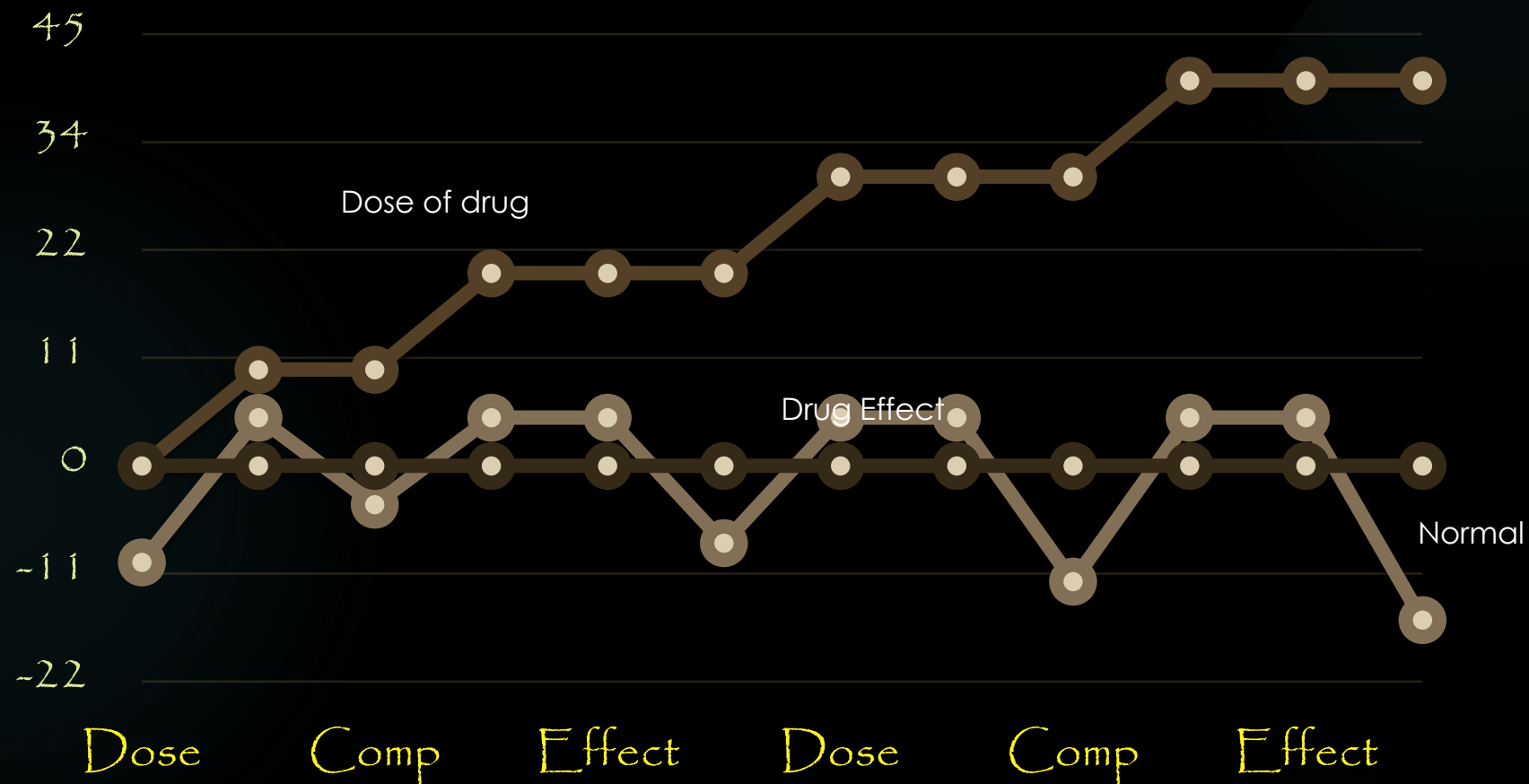


BRAIN REMEMBERS THE “HIGH”

- The brain always remembers how it felt that first time.
- “Chasing the High.”



EFFECTS OF ADDICTIVE MEDS... (OPIATES, BENZOS, THC, ETC.)



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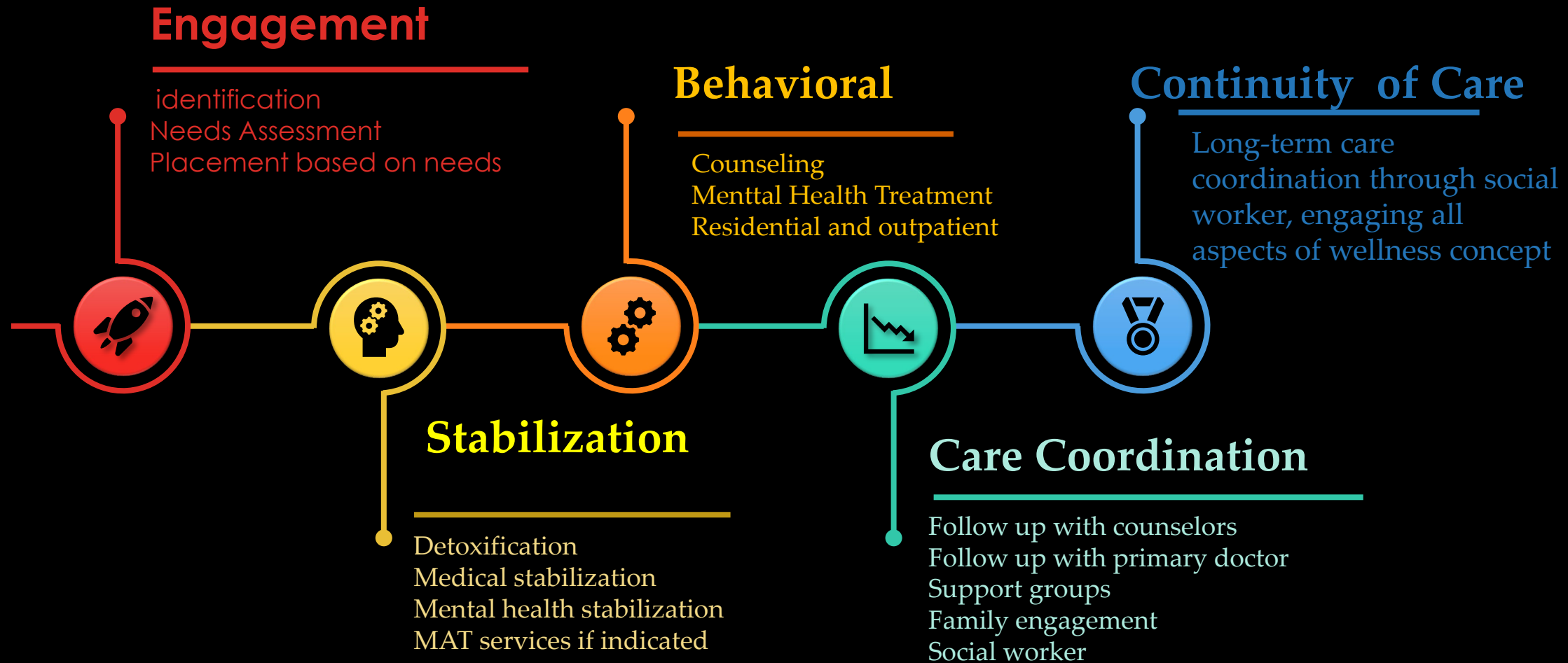
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CHRONIC DISEASE MODEL



DSM 5 Criteria for Substance Use Disorder

Adapted from Diagnostic and Statistical
Manual of Mental Disorders, fifth edition

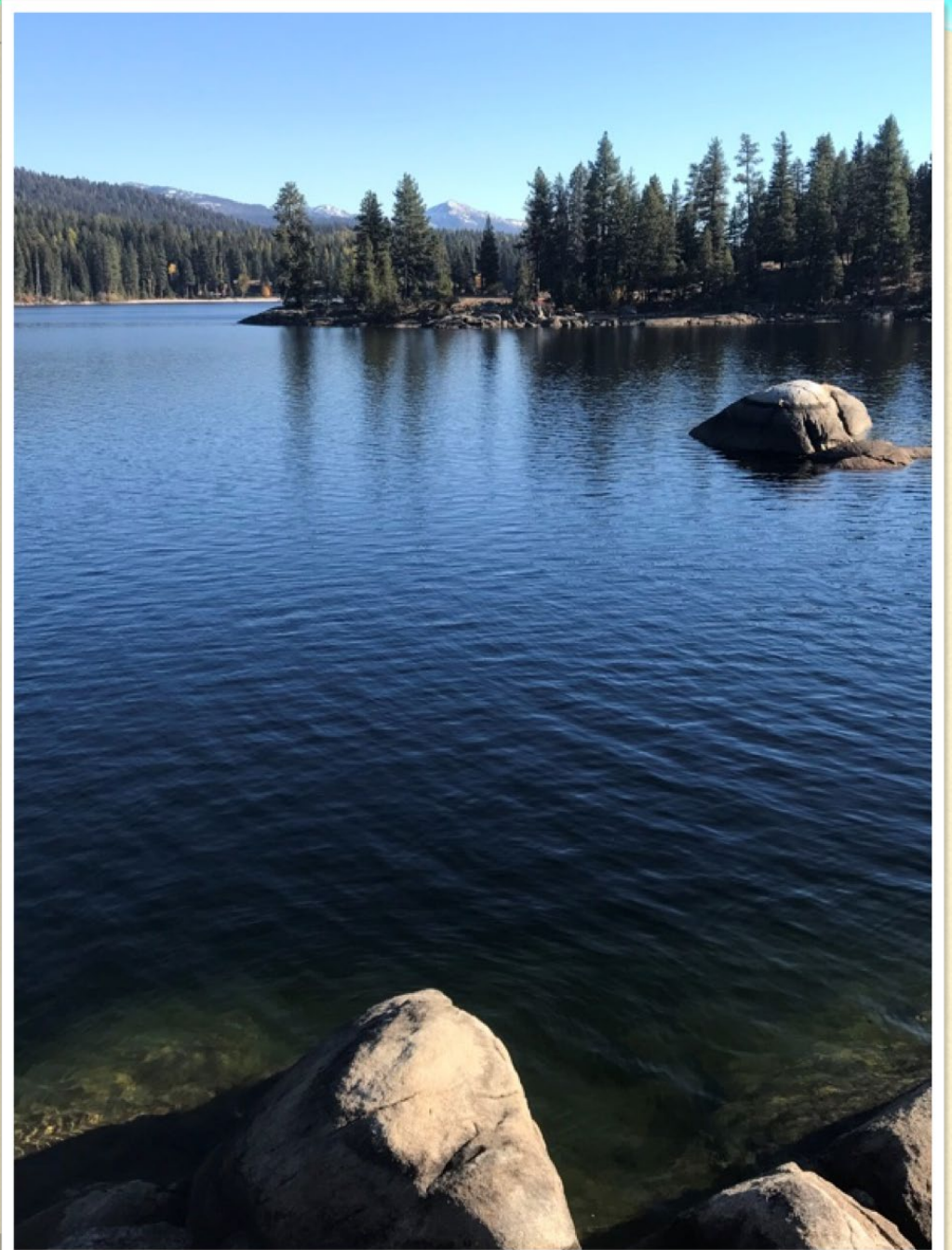
Criterion	Severity
Use in larger amounts or for longer periods of time than intended.	Severity is designated according to the number of symptoms endorsed: 0 – 1: No diagnosis 2 – 3: Mild SUD 4 – 5: Moderate SUD 6 or more: Severe SUD
Unsuccessful efforts to cut down or quit.	
Excessive time spent using the drug.	
Intense desire/urge for drug (craving).	
Failure to fulfill major obligations.	
Continued use despite social/interpersonal problems.	
Activities/hobbies reduced given use.	
Recurrent use in physically hazardous situations.	
Recurrent use despite physical or psychological problem caused by or worsened by use.	
Tolerance.	
Withdrawal.	

What cravings can we treat?

TOBACCO

OPIOIDS

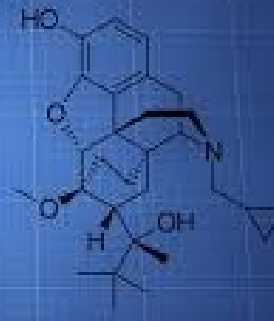
ALCOHOL



OPIOIDS



Buprenorphine



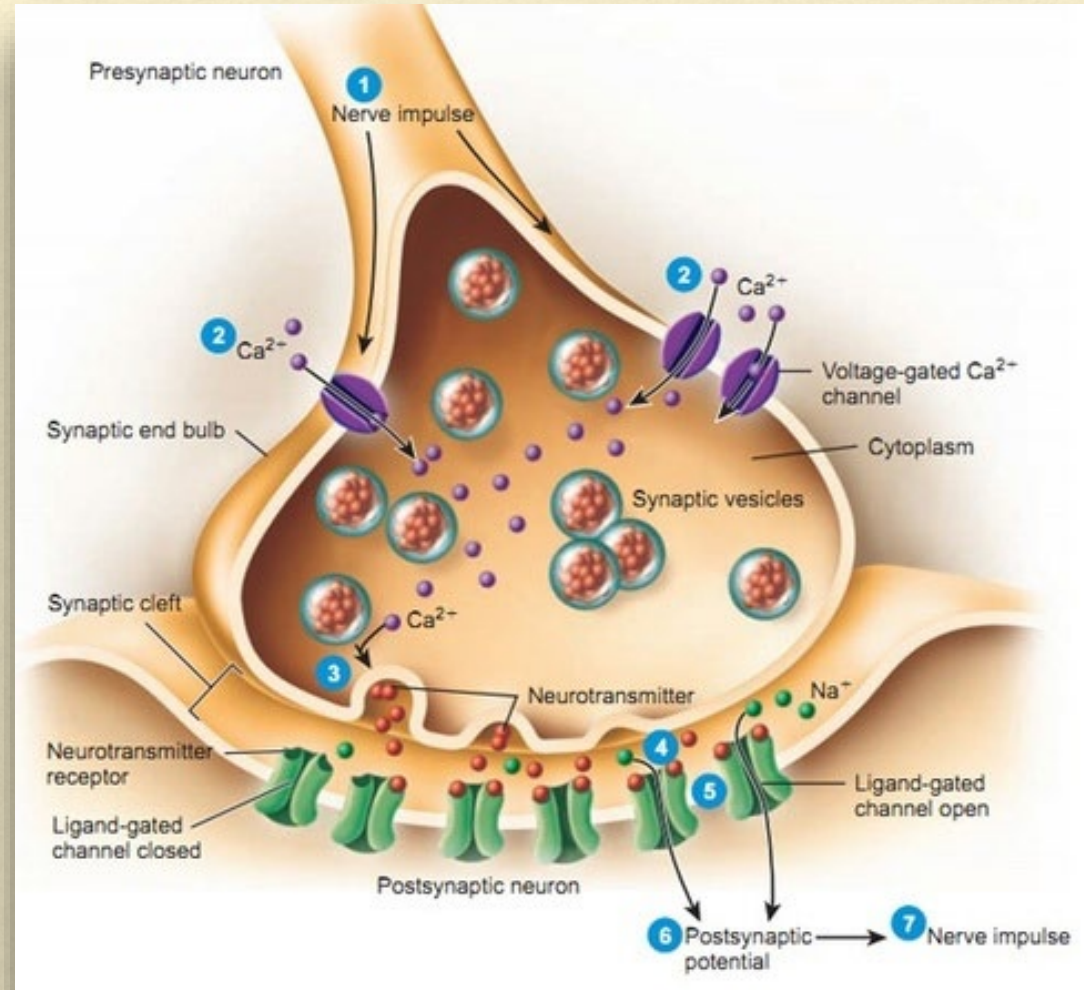
Opioid Receptor Blockade

AGONISTS

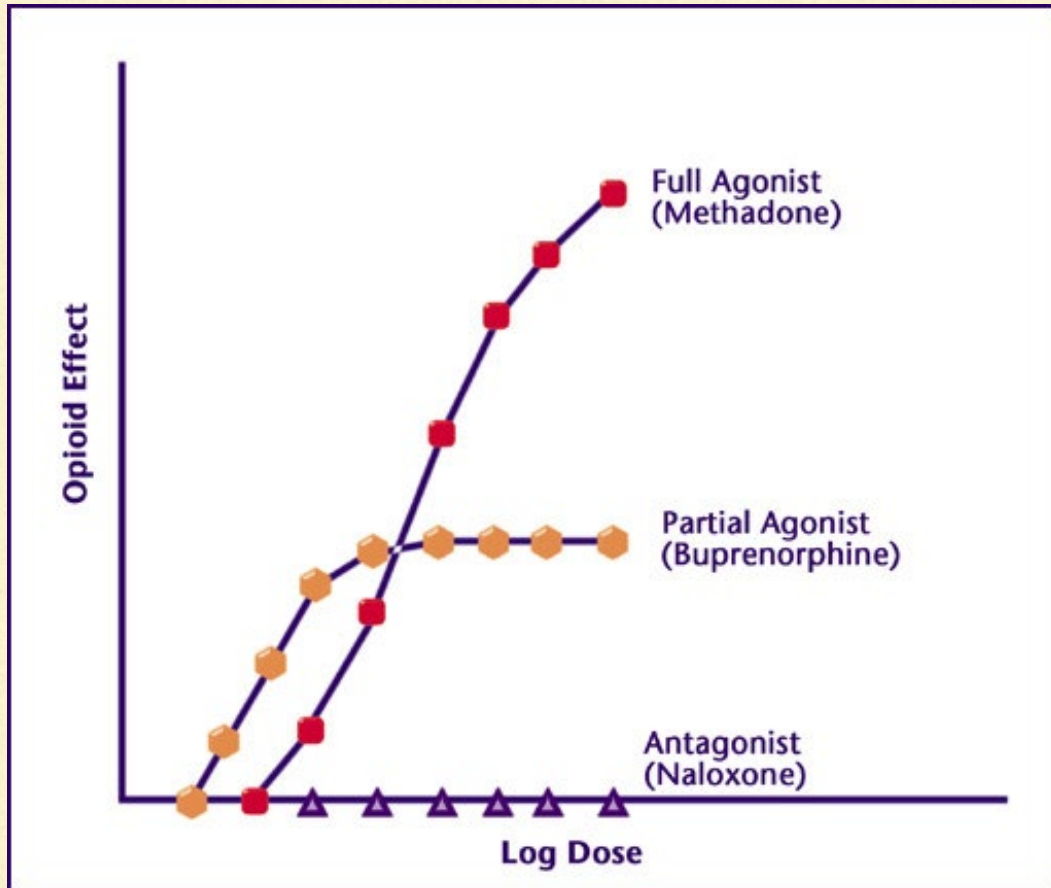
- TRIGGER RECEPTORS
- OPIOIDS
- METHADONE
- BUPRENORPHINE (PARTIAL)

ANTAGONISTS

- BLOCK RECEPTORS
- NALTREXONE
- BUPRENORPHINE (PARTIAL)



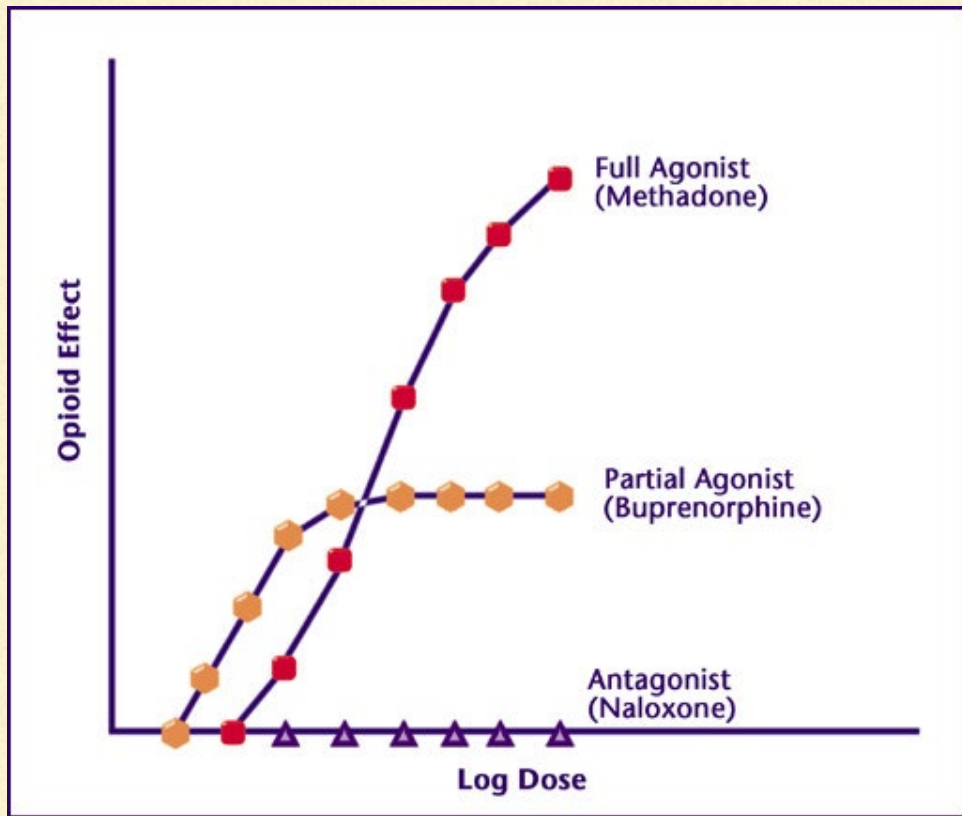
NALTREXONE, VIVITROL



- Pure opioid blockade
- No withdrawal after stopping it
- Oral or injectable
- Must be opioid free at least 7 days
- Cheap and expensive
- Risks:
 - Liver, psychiatric effects

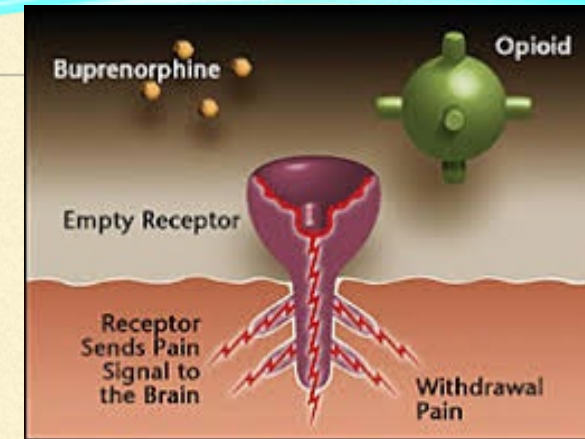


BUPRENORPHINE



- Partial opioid blockade
- Withdrawal after stopping it
- Sublingual, injectable, implants
- Easier transition from opioid use
- Moderately expensive
- Risks:
 - headaches, nausea, abusable

BUPRENORPHINE



Several forms available
buprenorphine (Subutex)
buprenorphine/naloxone



Suboxone, Zubsolv, Bunavail

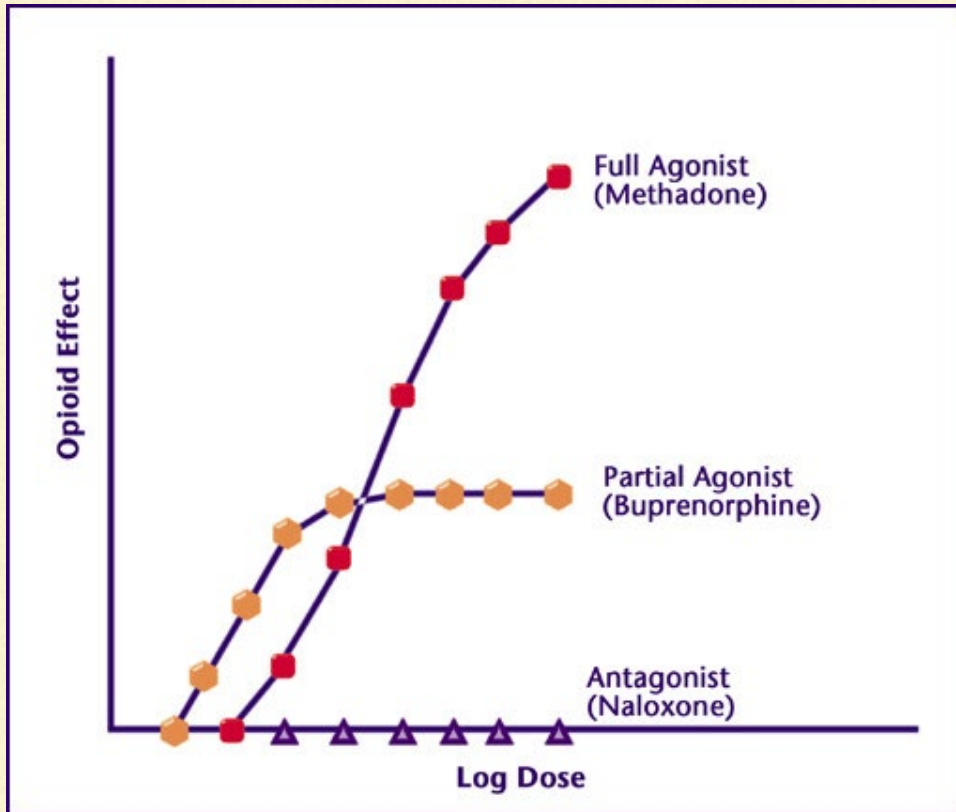


Injectable:



Sublocade, Brixadi

Probuphine,

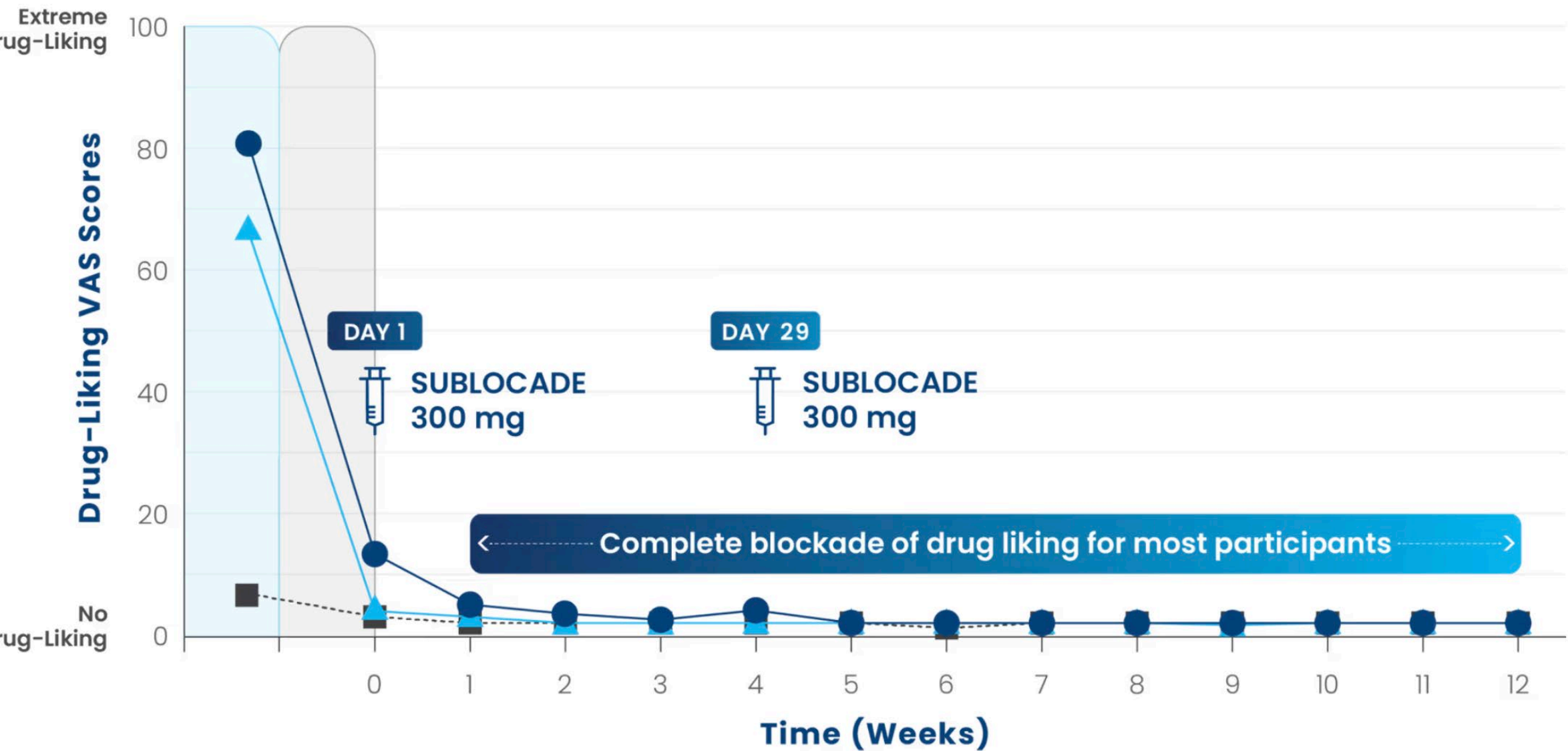


OPIOID USE DISORDER IN PREGNANCY



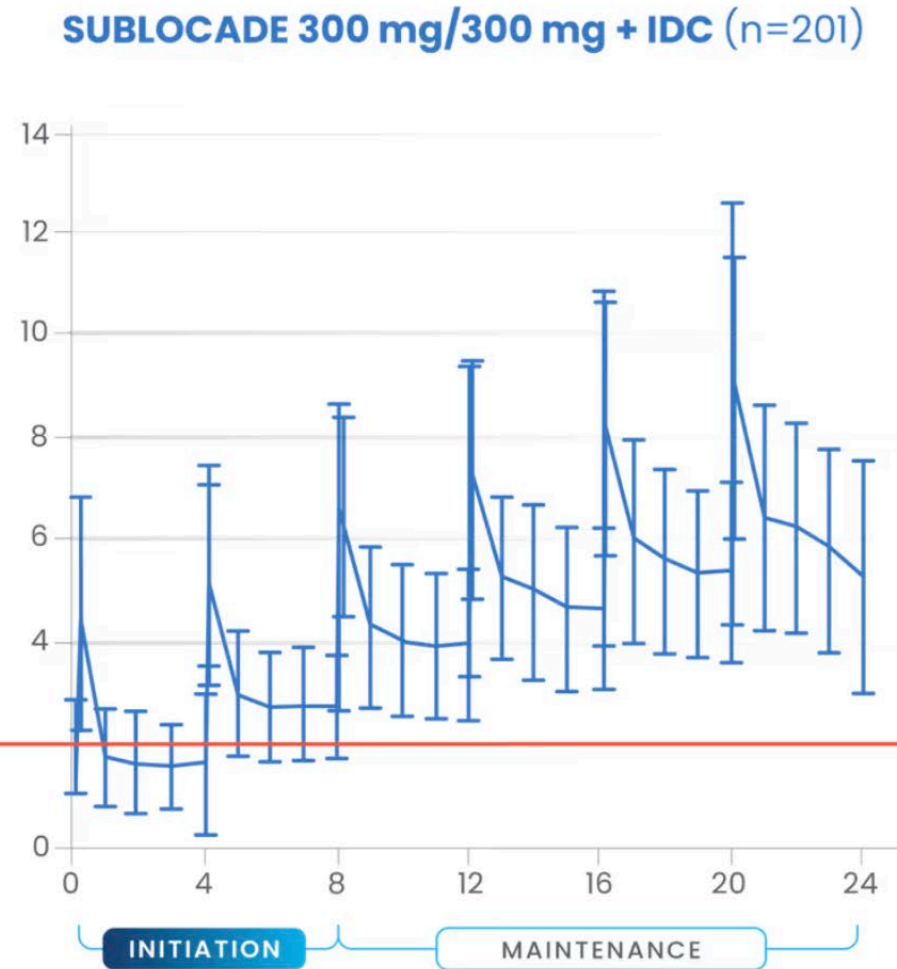
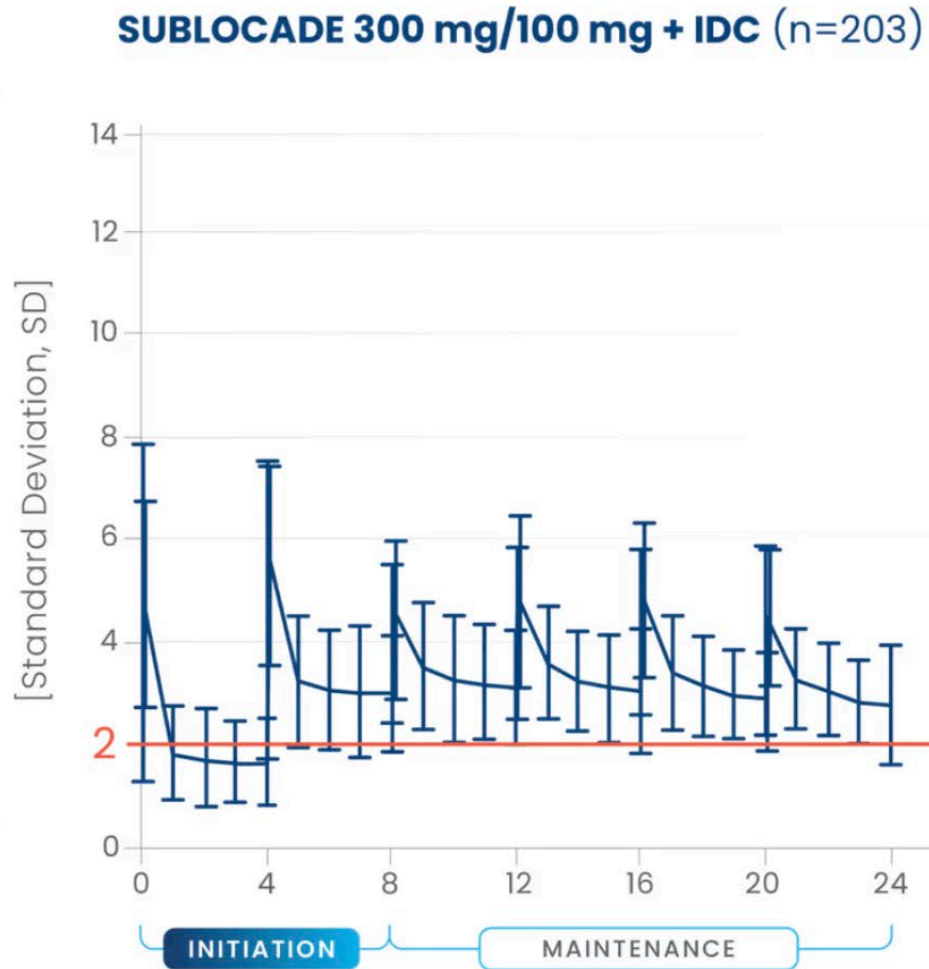
- Opioid withdrawals are potentially lethal to a fetus
- Relapse very dangerous
- Medications:
 - Buprenorphine
 - Methadone
 - Suboxone?
- Neonatal withdrawal
 - Not dose dependent
 - Not even predictable
 - Improved outcomes with early maternal contact and nursing

Median Peak Drug-Liking VAS Scores^{1,2}



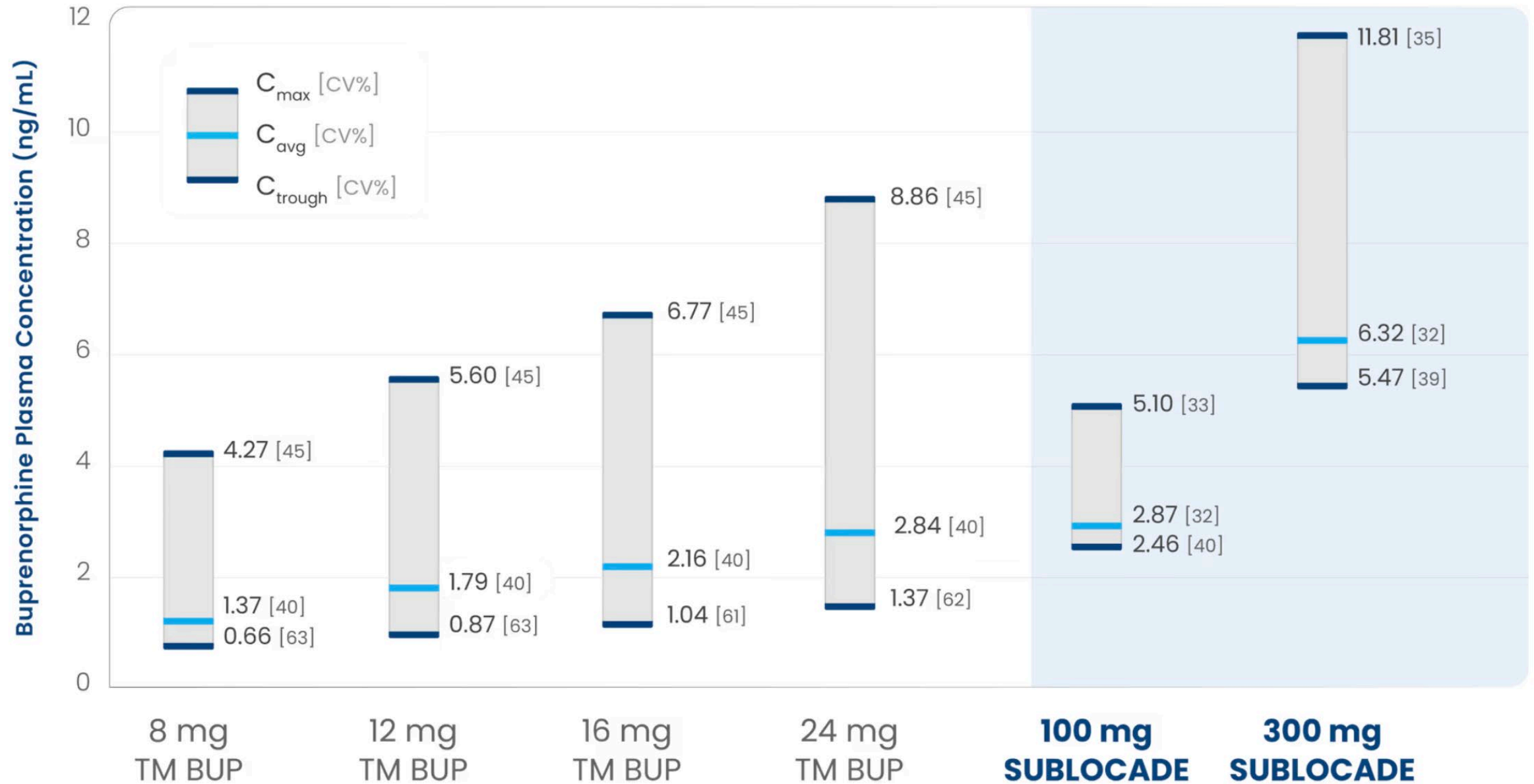
Mean Weekly Buprenorphine Concentration Levels^{2,3}

Mean Buprenorphine Plasma Concentration (ng/mL)



2^{ng/mL}

Comparison of Steady-State Buprenorphine Plasma Exposure as Geometric Mean [CV%]¹

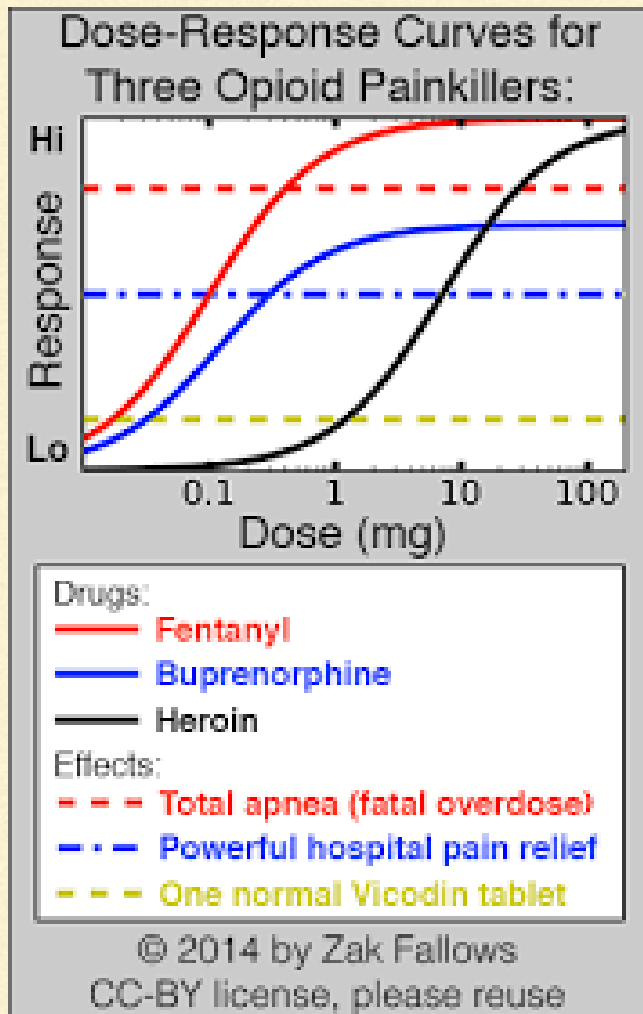


Dosing Issues for buprenorphine

TRAINING 2000 WAIVER
- SHORTEST DURATION
- SMALLEST DOSE
- DOSE ONCE DAILY FOR
OPIOID MAINTENANCE

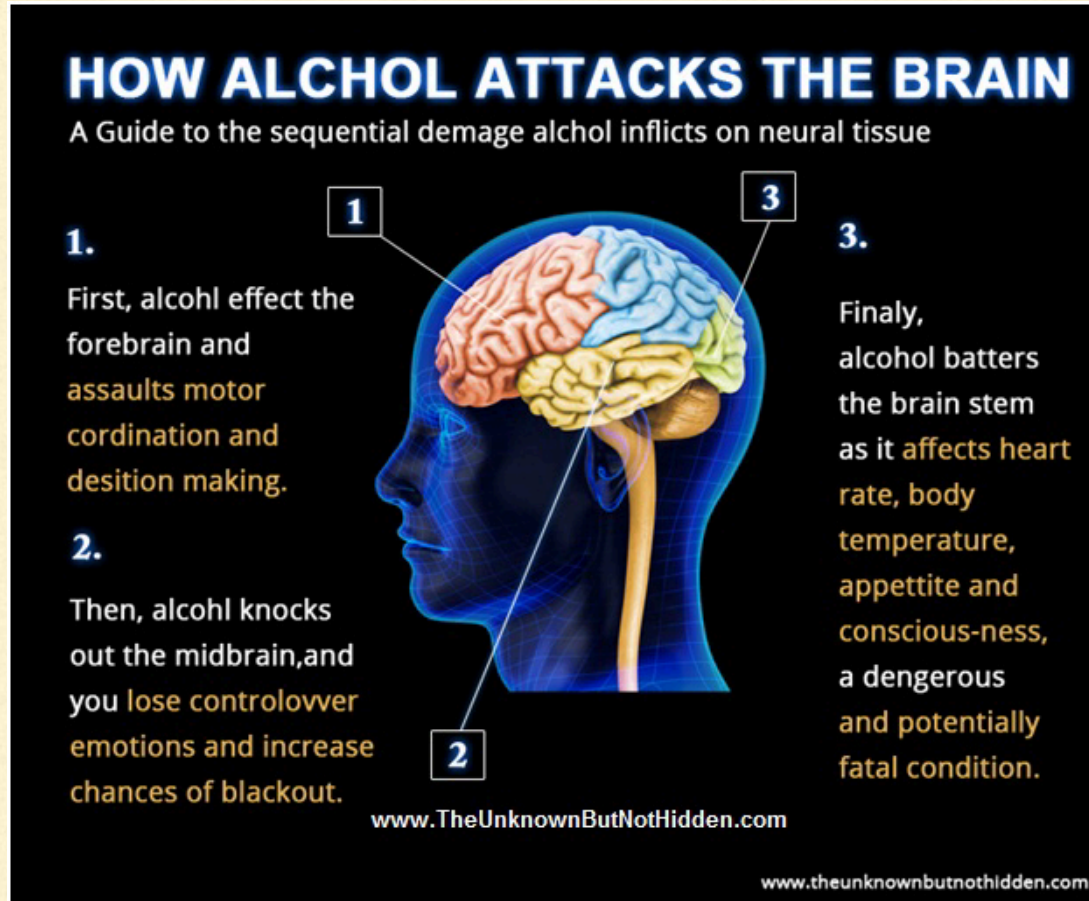
- Recent Data:
 - Higher doses more effective
 - Sobriety maintained longer
 - Dose 2-3 times per day
 - Half-life, serum levels
 - Long-term is ok
 - Cravings vs drug seeking
 - What is stability?

METHADONE



- Full Opioid Agonists all have a lethal Dose Response Curve
- Buprenorphine does not
- (possible in children)
- Methadone, heroin, fentanyl, Dilaudid, hydrocodone all do

ALCOHOL



- “Dirty Drug”
- affects many different receptors
- Benzodiazepine receptors
- (Valium, Xanax, Ativan, clonazepam)
- Opioid receptors
- Glutamate receptors

Alcohol Cravings

BENZODIAZEPINES

- VERY EFFECTIVE FOR DETOXIFICATION, PROTECTS AGAINST SEIZURES
- HIGH RISK OF CROSS ADDICTION
- NOT A SUBSTITUTE OR A TREATMENT FOR ALCOHOL ADDICTION
- NOT GOOD FOR TREATING ANXIETY - TOO ADDICTIVE

Common Benzodiazepines:

<u>Generic</u>	<u>Brand</u>
alprazolam	Xanax Xanax XR Niravam
chlordiazepoxide	Librium
clobazam	Onfi
clonazepam	Klonopin
clorazepate	Tranxene SD Tranxene T-Tab
diazepam	Valium Diazepam Auto- Injector
estazolam	
flurazepam	Dalmane
flunitrazepam	Rohypnol (illegal in US)
lorazepam	Ativan
midazolam	Versed
oxazepam	Serax
temazepam	Restoril
triazolam	Halcion

Benzodiazepine-like medications:

eszopiclone	Lunesta
zaleplon	Sonata
zolpidem	Ambien

Benzodiazepine blocker:

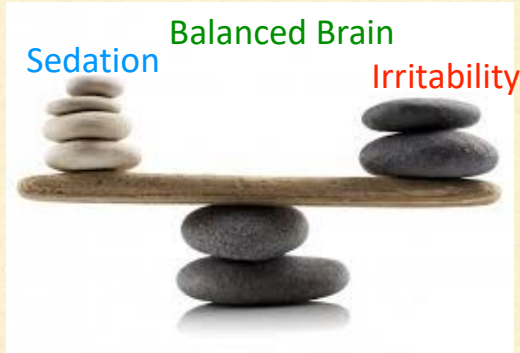
flumazenil	Romazicon
------------	-----------

ALCOHOL CRAVINGS

- Opioid Receptors
- Causes euphoria, relaxation, sleep, pain relief, etc.
- Blocking opioid receptors decreases cravings for alcohol
- Oral naltrexone (\$45/month)
- Vivitrol (\$1300/month)



ALCOHOL CRAVINGS



Alcohol

Glutamate

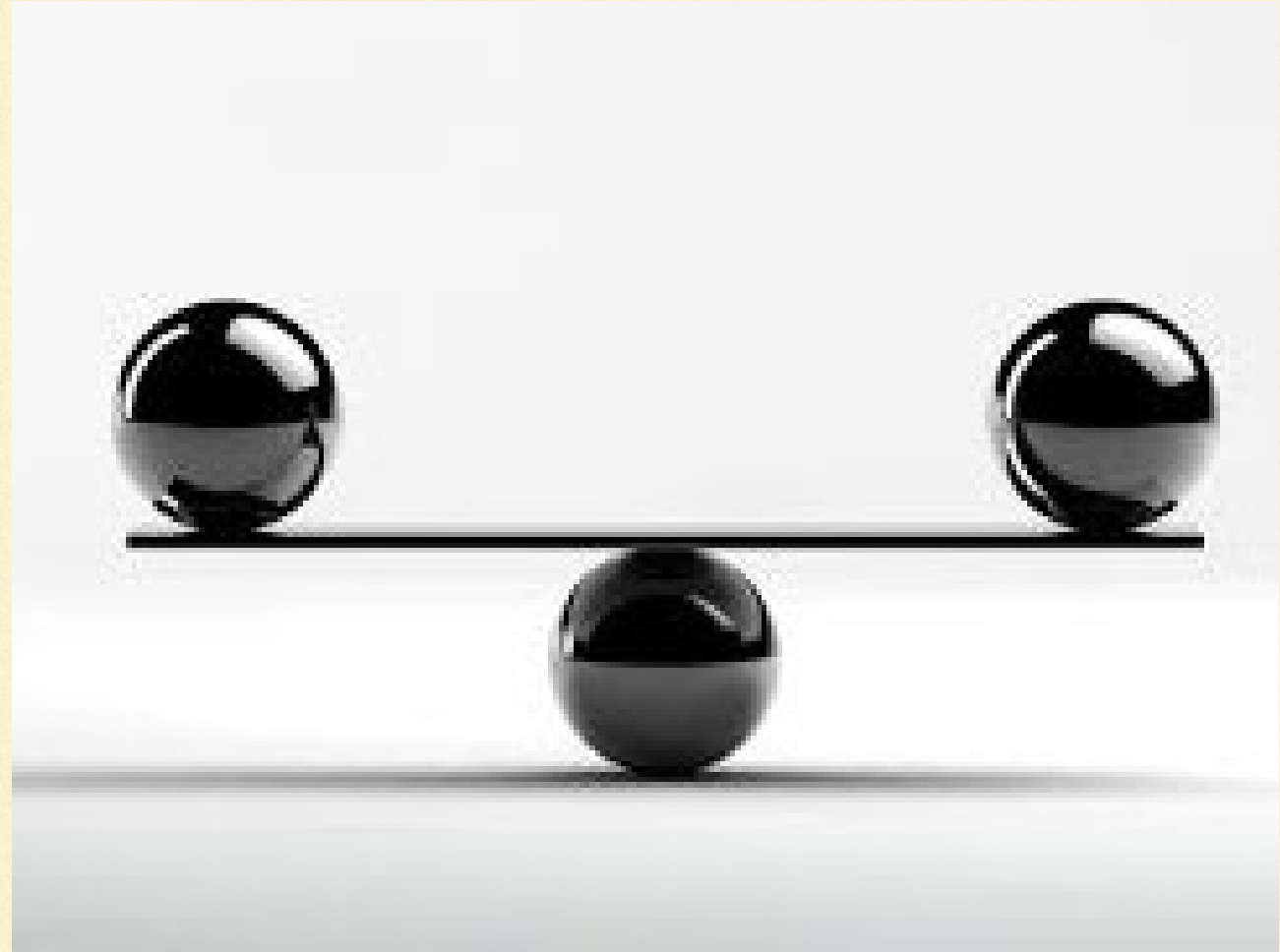


■ Glutamate

- Excitatory neurotransmitter
- Alcohol causes over-sedation
- Glutamate increases to compensate
- If not drinking, the brain is over-agitated
- Desire to drink to calm the brain, reduce agitation, anxiety, irritability

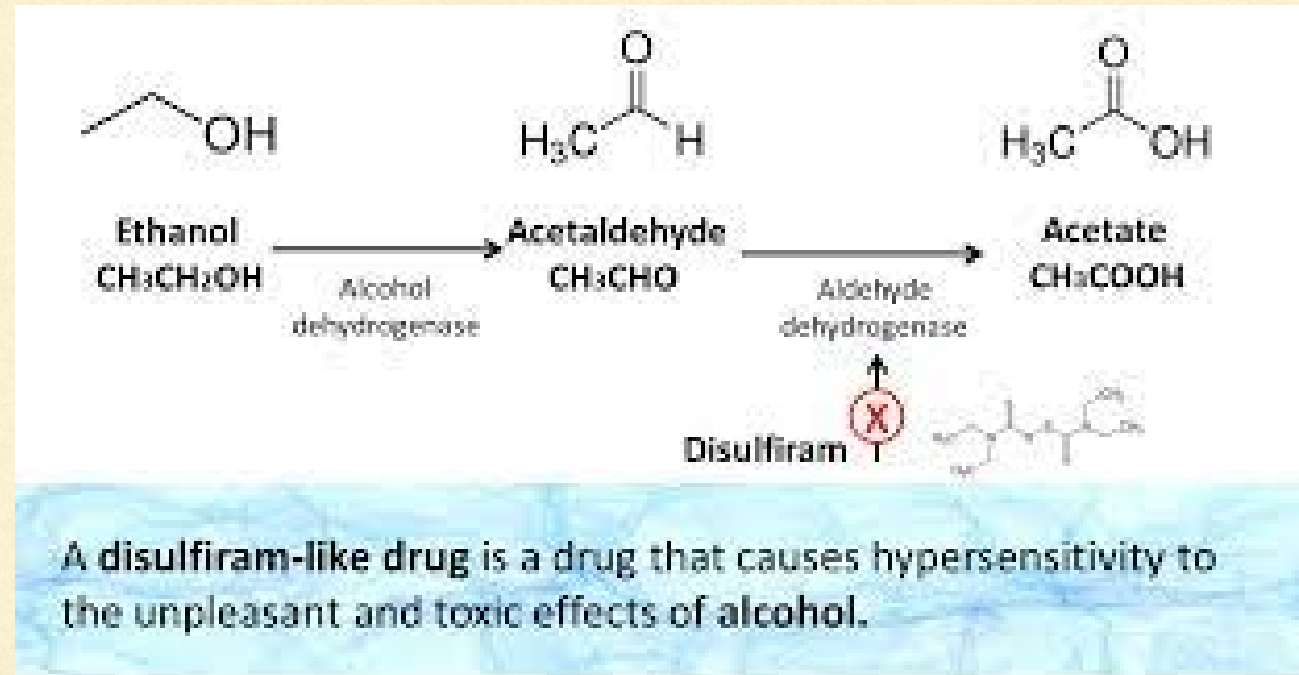
GLUTAMATE BLOCKADE

- Acamprosate
(Campral)
- (\$350/month)
- Blocks glutamate
- Reduces irritability,
agitation
- Decreases the desire
to drink to calm, relax,
wind-down
- Less self-medicating



ANTABUSE

- Disulfiram
- Blocks metabolism of alcohol by inhibiting aldehyde dehydrogenase
- Nausea, vomiting, headache, etc.
- Aversive therapy
- Limited effectiveness
- Someone needs to administer daily
- Some patients willing



STIMULANT USE DISORDER TREATMENT

- High dose naltrexone
 - Vivitrol
 - Monthly injection
- High dose bupropion
 - Bupropion XL 450 mg daily
- (same combination as weight loss medicine)
 - Contrave – different doses



MICRODOSING FENTANYL AND METHADONE => BUPRENORPHINE

*Fentanyl and methadone both very potent agonists.

*Very difficult transition to buprenorphine

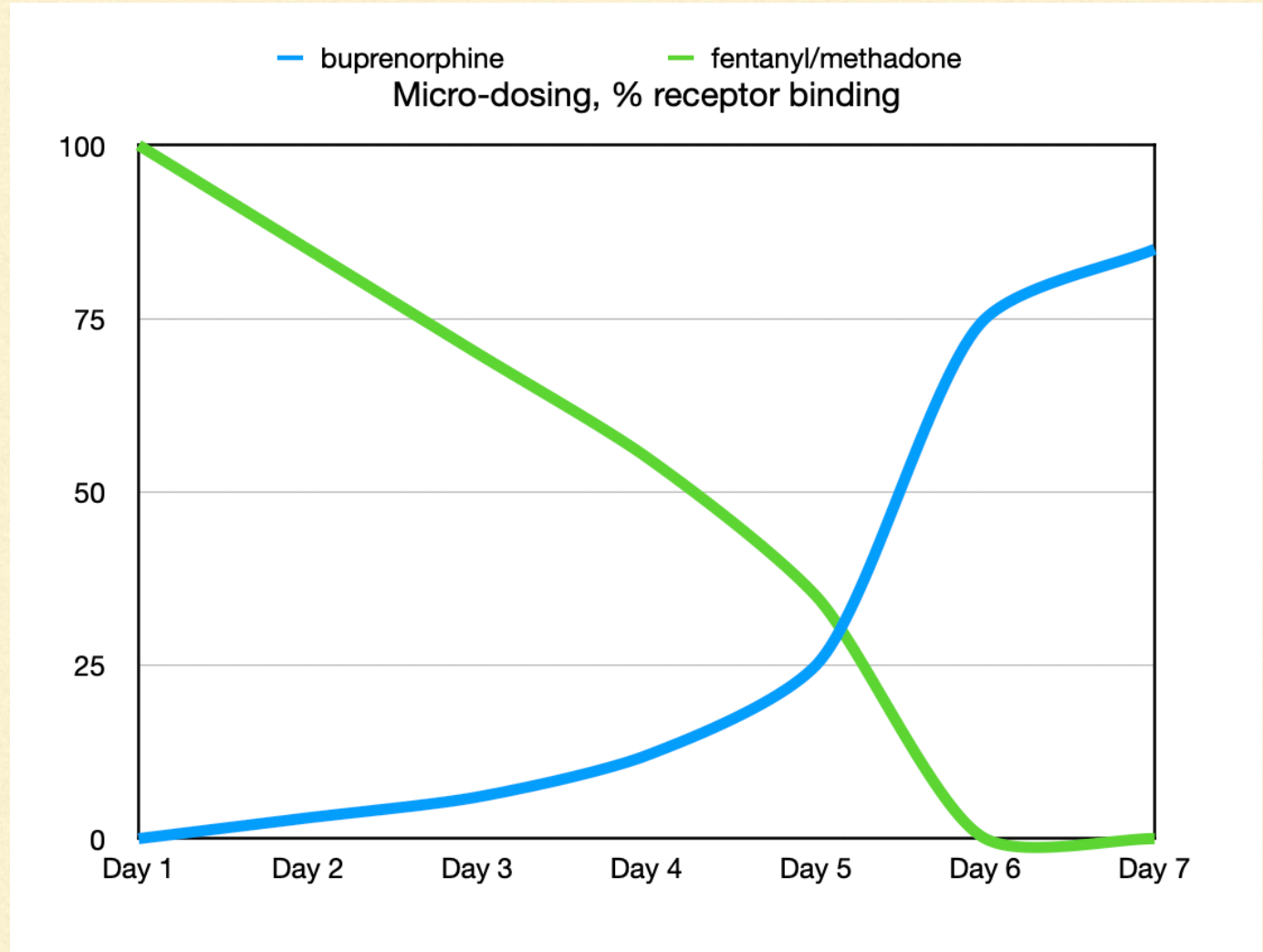
*Traditionally have to taper doses very low, then get into full withdrawal, then pull out with buprenorphine

-If too early => precipitated withdrawal

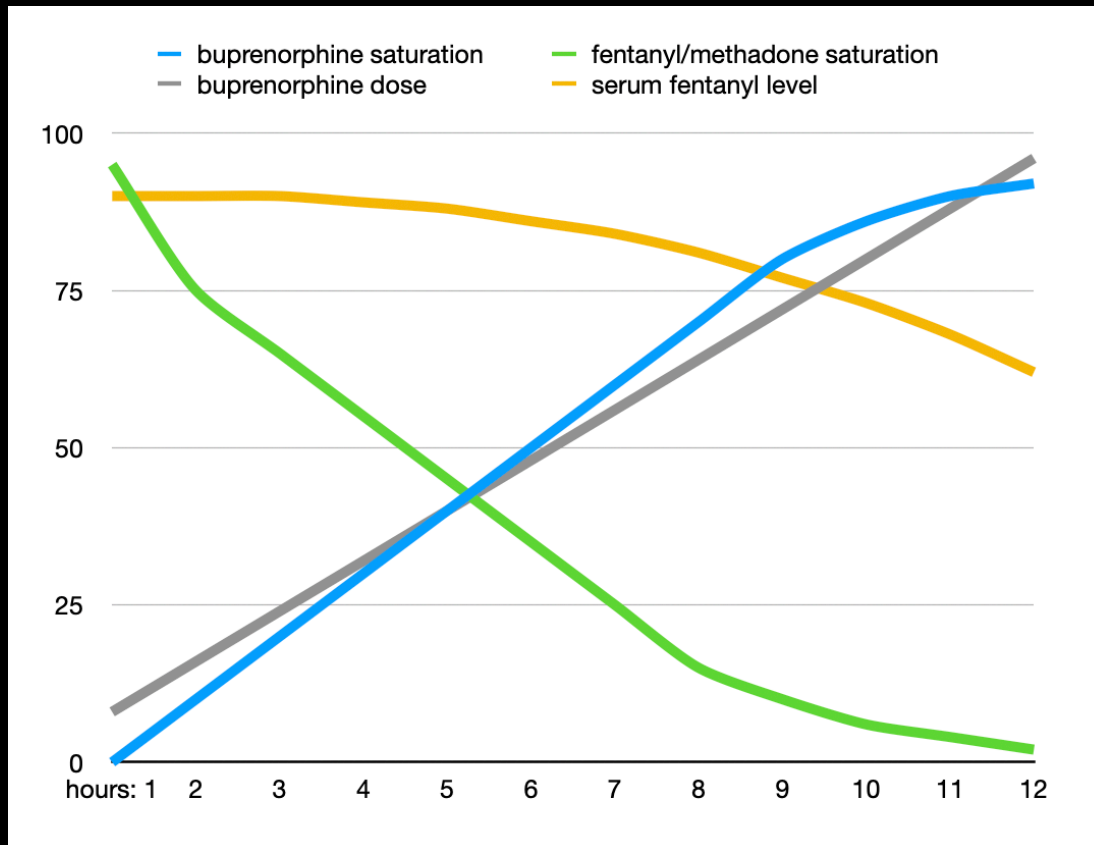
-If too late => prolonged withdrawal

• Micro-dosing

- - drop opioid as rapidly as possible
- - introduce tiny doses of buprenorphine to occupy only vacant receptors
- - do not displace bound opioid
 - (Precipitated withdrawal)
- - as more receptors vacate, increase buprenorphine to control withdrawal
- - as soon as buprenorphine doses begin to have positive effect, escalate buprenorphine dose, cut off full agonist



MACRO-DOSING FENTANYL/METHADONE TO BUPRENORPHINE



- Macro-dosing:
 - Increase buprenorphine dose rapidly – 8 mg/hr
 - Flood opioid receptors
 - Precipitate withdrawal in controlled environment
 - Supportive medications, IV fluids
 - Cannot overdose with buprenorphine
 - Rapidly saturate all receptors with buprenorphine
 - Pulls pt out of withdrawal



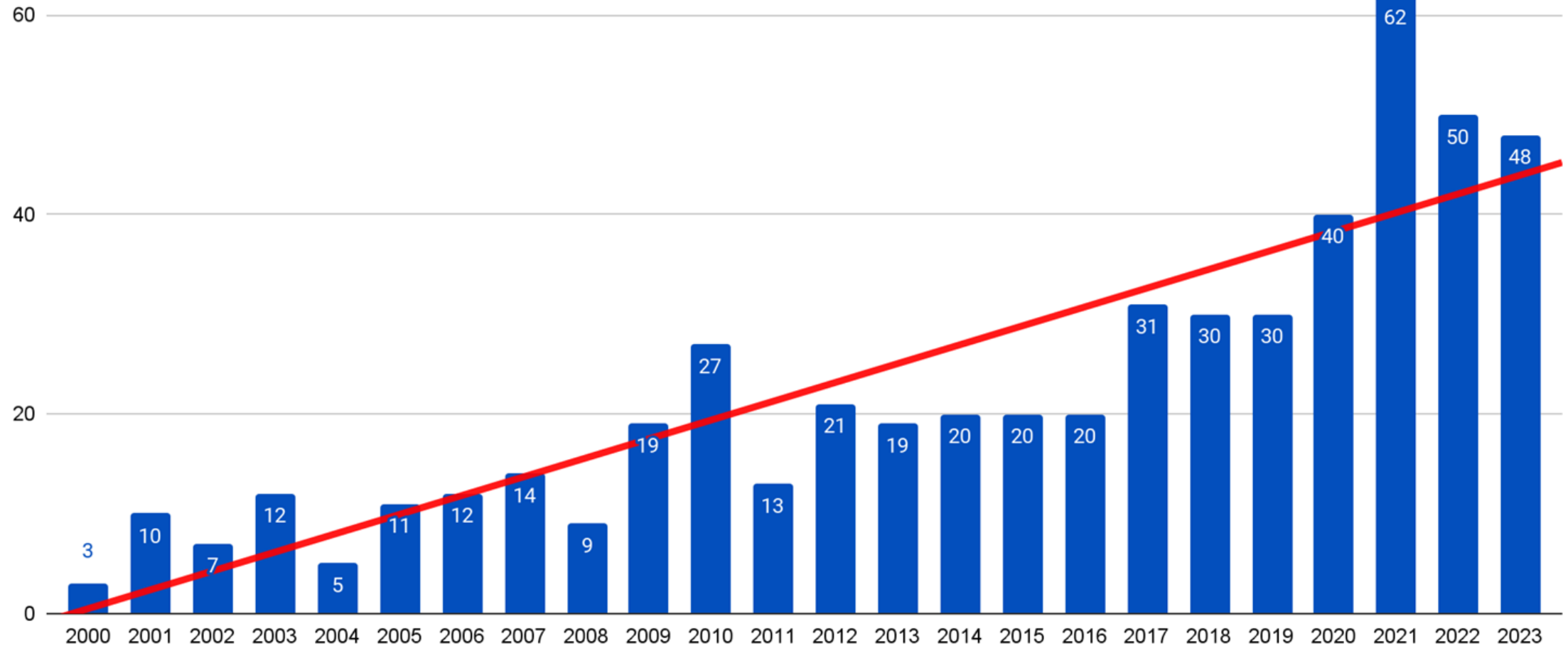


Current Trends in Safety and Violence Prevention

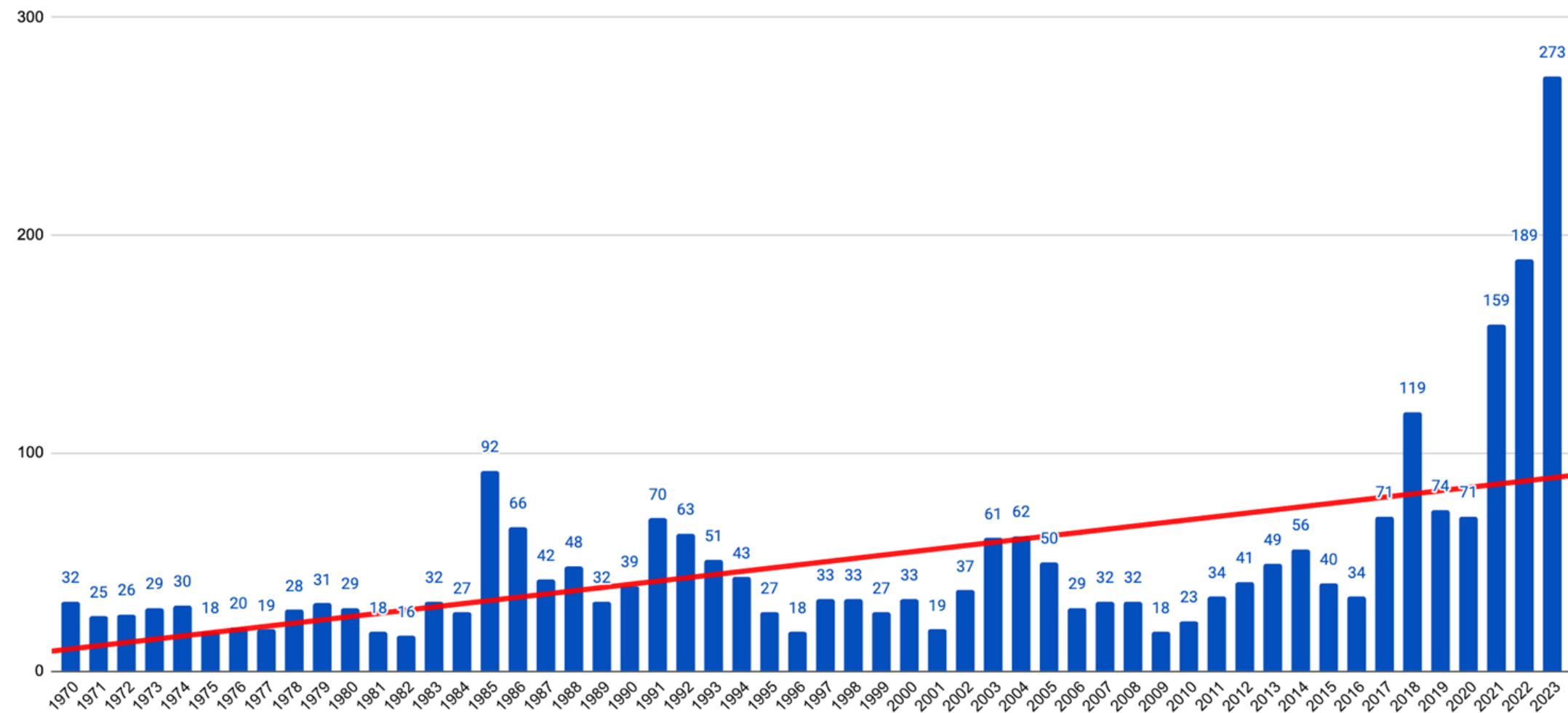
2025



VIOLENT ATTACKS INCREASING

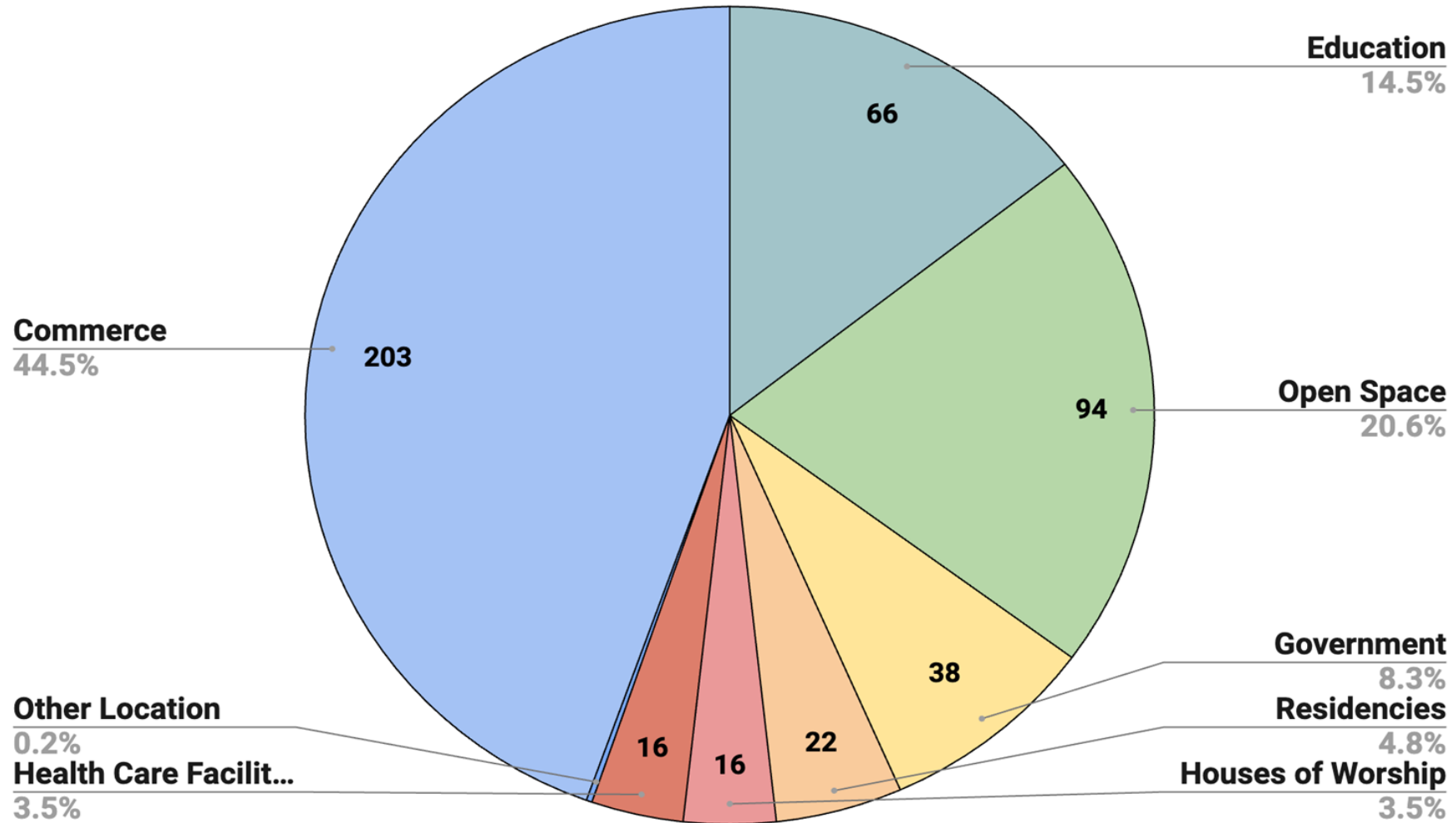


NUMBER OF VICTIMS (FATAL OR WOUNDED) ON K-12 SCHOOL PROPERTY



Riedman, David (2024). K-12 School Shooting Database.

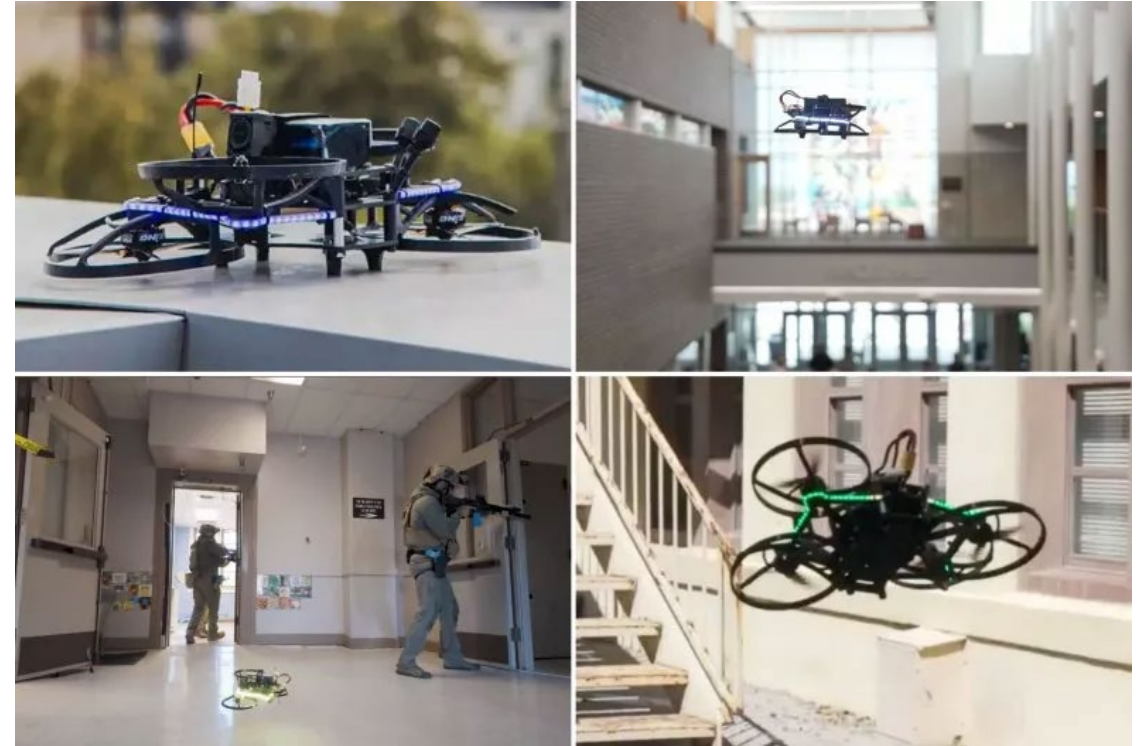
LOCATIONS WHERE THE ATTACKS OCCUR



ARMED DRONES TO BE DEPLOYED AT SCHOOLS TO STOP MASS SHOOTERS

The drones, stored in secure boxes on campus, can be deployed within five seconds of silent panic buttons being activated. The devices—operated remotely by a team in Texas—provide constant live video feeds to first responders and, in some cases, fire nonlethal projectiles to delay or incapacitate an assailant.

The pilot is being funded by \$557,000 in state money as part of Florida's 2025–2026 budget.



WHY IT'S NOT GETTING BETTER - SAME ACTIONS WITH EXPECTATION OF DIFFERENT RESULTS

“And still we are losing. In fact, there are more and more of them (attacks). All the running, hiding, and fighting has failed. It has failed because the monsters are not them. They are us...Our colleagues, our community. They’re walking in and out of the same secure doors we are, past the same armed guards every day, like the rest of us. They’re standing next to us when we rehearse the next shooting...They are not outsiders. They are insiders. This fact may make mass shooters seem harder to stop. The reality is quite the opposite: It means we know where to find them, and...we have learned how to reach them before they ever pick up a gun.”

The Violence Project, 2021

- Follow the money
- Exclusive focus on “Hardening”
- Failure to leverage the evidence

MENTAL HEALTH AS A CORE SAFETY CONCERN

A leading concern for school leaders is student behavior and mental health—35% rank it among the top safety issues. Safety solutions are increasingly expected to support culture and well-being, not just enforce rules.

Alarming numbers of students report feeling unsafe or attempting self-harm. Researchers advocate for expanded mental health services, anti-bullying strategies, and staffing improvements as essential to safety.



40% experienced persistent feelings of sadness or hopelessness



45% lack feelings of connectedness to their school



20% seriously considered attempting suicide



19% were bullied at school



13% missed school in the last 30 days because they felt unsafe



HOW SHOULD WE

ADDRESS THE

PROBLEM?

WHAT IS AND ISN'T BEING DONE?

AN EVIDENCE BASED APPROACH TO PREVENTING TARGETED VIOLENCE



Research Universal Findings

- Knowable and observable behaviors precede violence
- Early identification, recognition, and reporting of behaviors is crucial to violence prevention
- Behavioral Threat Assessment and Management are the BEST preventative measures
- School safety programs should be student centered to be effective



See Cited Reference Materials

AWARENESS: BEHAVIORAL RECOGNITION/DEVIATION FROM BASELINE

1. Mental Wellness Struggles
2. Trouble Getting Along
3. Leakage of Violent Thoughts
4. Lack of Resilience
5. Negative Behavioral Changes
6. Threats of Violence
7. Intense Anger
8. Dark Talk
9. Interest in Weapons
10. Aggression

- Concerning/pre-attack behaviors are observable behaviors exhibited by an individual
- The vast majority of attackers demonstrated concerning behaviors that were noticed in multiple ways

RECOGNITION OF CONCERNING BEHAVIORS DRIVES SHARING/REPORTING

Share Concerning Behaviors

Stressors

Mental health
Financial strain
Job related
Conflicts (friends, school, family)
Substance Abuse
Sexual stress
Criminal problems
Other



Grievances

Adverse interpersonal action
Adverse employment action
General hatred of others
Adverse governmental action
Adverse financial action
Domestic
Hate Crime
Ideology/extremism



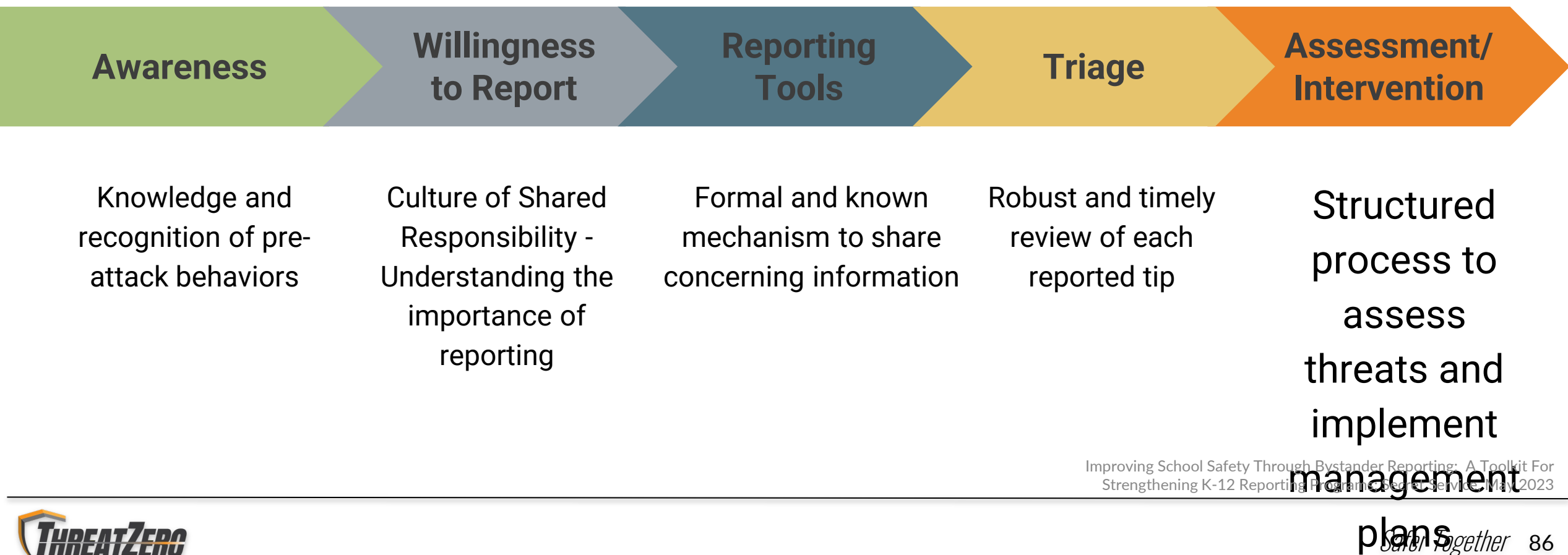
Pathway to Violence



Credit: Fein, Vossekuil, Calhoun

“IMPROVING SAFETY THROUGH BYSTANDER REPORTING”

“Violence can be prevented when communities identify warning behaviors and take steps to intervene.” (National Threat Assessment Center, 2021)



Improving School Safety Through Bystander Reporting: A Toolkit For
Strengthening K-12 Reporting Programs, Secret Service, May 2023

A CALL TO ACTION...AGAIN

*“One of the most distressing aspects of my research is realizing how many attacks could have been prevented...Previous attacks teach us that perpetrators typically leave a long trail of warning signs as they move forward on their path of violence. We must know how to recognize these warning signs and how to intervene effectively to save lives...The **proactive domain of school safety** is identifying potential assailants before they come to school with a gun and the determination to kill.”*

Peter Langman, Warning Signs: Identifying School Shooters Before They Strike



james@threatzero.org
doug@threatzero.org

Idaho Family Prevention & Resource Network (TBD Title) **Implementation Framework**



IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF FAMILY & COMMUNITY PARTNERSHIPS



Contact: Laura.Denner@dhw.idaho.gov



Introduction

The Idaho Behavioral Health Council (IBHC) has identified priority recommendations to improve Idaho's behavioral health system for implementation over three and a half years (2024–2028). These recommendations are designed to:

- **strengthen prevention,**
- **enhance service access,**
- **and promote overall behavioral health and well-being across the state.**



Recommendations Relevant to this Framework



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.



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.



Prevention #2, Foster Care: Collaborate across IDHW Divisions to expand services to youth residing in out-of-home placements, foster care, and adoptive family homes.



Core Areas and Strategies for Implementation:

To operationalize these recommendations, the work is organized within a structured framework built around **three core areas**:

Leadership &
Stakeholder
Engagement

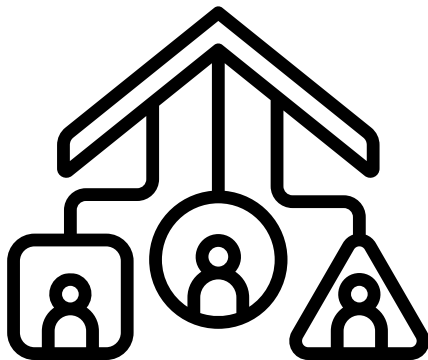
Resource
Development &
Validation

Public
Outreach &
Awareness

Within each core area, **two interconnected strategies** guide implementation:

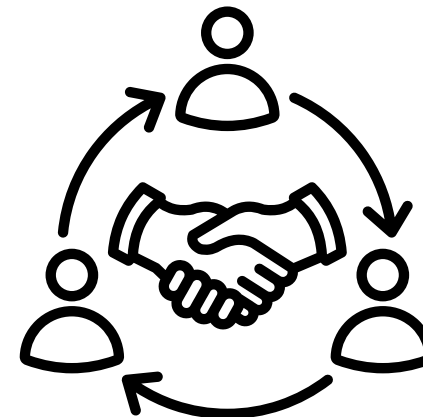
DHW Cross-Division Collaborative Strategy

- strengthening alignment and coordination across DHW divisions



Community-Based Collaborative Strategy

- building and sustaining partnerships with nonprofits, faith-based organizations, and other community groups



Key Infrastructure Expansion:

findhelpidaho.org Integration



Welcome to 2-1-1

The 2-1-1 Idaho CareLine is a free, statewide community information and referral service, and is a program of the Idaho Department of Health and Welfare.

<https://healthandwelfare.idaho.gov/services-programs/211>

Start your search for free and
reduced-cost services

<https://www.findhelpidaho.org>

- **complements** the **211 Idaho CareLine** by providing a user-friendly, self-navigation tool
- **embeds** a DHW-branded **findhelpidaho.org widget** directly into DHW's 211 CareLine website and the Foster Care Resources website
- **provides multiple access options**, users can also connect with a live 211 Customer Representative while navigating the findhelpidaho.org resource directory
- stands as a **cornerstone of Idaho's broader strategy** to create a more **connected, accessible, and responsive system of support**

Key Infrastructure Expansion: Faith-based Community Platform



- provides an **online tool** designed to **connect faith-based organizations** with opportunities to meet the practical needs of families
- **complements** existing resource networks, including **211 Idaho CareLine** and **findhelpidaho.org**
- offers a **centralized, user-friendly space for churches, ministries, and faith-based nonprofits** to identify needs, coordinate responses, and collaborate with community and public partners
- allows **DHW Navigators** to **connect families** with unique or complex care needs directly with local faith-based organizations that can provide wraparound support and community connection
- **reflects** the state's **ongoing commitment** to building a more **connected, responsive, and collaborative system of support**

Implementation Framework

Core Areas



**Leadership &
Stakeholder
Engagement**



**Resource
Development &
Validation**



**Public
Outreach &
Awareness**

Leadership & Stakeholder Engagement



Goal: Establish a coordinated leadership structure that promotes collaboration, accountability, and strategic alignment across DHW divisions and community partners.

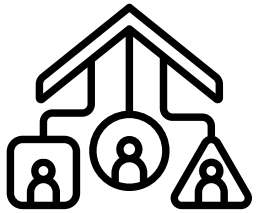
Objectives:

- **Formalize a cross-division leadership group** to provide unified oversight and decision-making **by Q4 2025.**
- **Develop a standard reporting process** to track progress across core areas **by Q2 2026.**
- **Implement a formal feedback loop** that compiles and reviews data from resource development/validation and outreach activities at least quarterly to inform statewide strategies **by Q3 2026.**

Leadership & Stakeholder Engagement

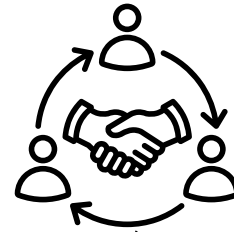


DHW Cross-Division Implementation Activities



- **Provide strategic oversight** and **coordination** to ensure accurate, data-informed resources on findhelpidaho.org, **aligning initiatives** with statewide priorities and fostering **continuous improvement** through collaboration.

Community-Based Implementation Activities



- **Contribute to the findhelpidaho.org Steering Committee** to ensure accurate community resource listings and **strengthen stakeholder collaboration** through regular progress reviews and shared communication.



Outcome: A coordinated, cross-sector leadership structure that ensures accurate resources, informed stakeholders, and ongoing alignment with statewide priorities.

Resource Development & Validation



Goal: Build and maintain a comprehensive, accurate, and accessible statewide resource database centered on findhelpidaho.org.

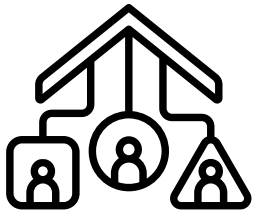
Objectives:

- **Achieve full DHW program representation** on findhelpidaho.org **by Q2 2026**.
- **Maintain 75% accuracy** of DHW and partner resource listings through quarterly validation **from 2026 through 2028**.
- **Increase partner engagement by 60%** annually through recruitment and collaborative verification **from 2026 through 2028**.

Resource Development & Validation

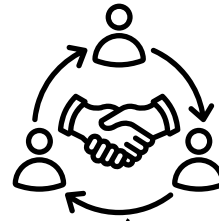


DHW Cross-Division Implementation Activities



- **Maintain** an accurate, comprehensive database of **DHW program listings on findhelpidaho.org** and coordinate regular meetings to **review utilization, validate listings, and enhance collaboration.**

Community-Based Implementation Activities



- **Recruit and partner** with nonprofits, faith-based groups, and local organizations to **expand quality resources on findhelpidaho.org**, using regular meetings and performance data to track progress and ensure accuracy.



Outcome: A reliable, statewide database of resources centered on findhelpidaho.org that effectively supports Idahoans, alongside a coordinated faith-based network that meets unique family needs and strengthens community connections.

Public Outreach & Awareness



Goal: Expand awareness, trust, and use of findhelpidaho.org across Idaho through coordinated public and internal communication efforts.

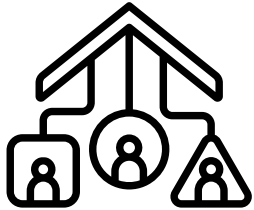
Objectives:

- **Launch and sustain a quarterly statewide outreach campaign** aligned with DHW priorities **by Q2 2026 through 2028.**
- **Increase DHW staff engagement** with findhelpidaho.org resources by 80% **by Q4 2026.**
- **Grow public utilization of findhelpidaho.org** by 60% **annually**, based on outreach metrics.

Public Outreach & Awareness

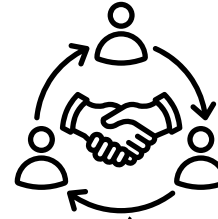


DHW Cross-Division Implementation Activities



- **Develop** unified **outreach strategies** across DHW divisions to **promote findhelpidaho.org** and **strengthen internal communication** through workshops and coordinated workflows.

Community-Based Implementation Activities



- **Lead** community partnerships and **outreach campaigns** that promote unified messaging, **address statewide and local priorities**, and use data to **evaluate impact** and **expand engagement**.



Outcome: Increased public awareness and engagement with high-quality resources on findhelpidaho.org and faith-based platform, leading to stronger community connections and more support for children and families across Idaho.



Measurement and Evaluation

Metric/Focus Area	Description	Frequency/Timeline
Standardized Data Collection & Reporting	Implementation of standardized reporting processes across all core areas , feeding into a centralized dashboard for real-time tracking and leadership oversight.	Quarterly, beginning Q1 2026
Quantitative & Qualitative Insights	Collection of quantitative data (reach, participation, utilization) and qualitative feedback (user experiences, stakeholder input) to assess program quality and impact.	Quarterly, beginning Q1 2026
Resource Accuracy & Engagement Tracking	Continuous monitoring of findhelpidaho.org listings , validation rates, and engagement on faith-based platform , ensuring resources remain accurate, active, and accessible.	Quarterly, beginning Q2 2026
Program Refinement & Evidence-Based Adjustments	Annual review and adaptation of strategies based on data analysis and stakeholder feedback to improve engagement, resilience, and service effectiveness .	Annually, Q4 2026–2028

Conclusion & Next Steps

This framework represents a coordinated, statewide approach to strengthening Idaho's systems of support. By **integrating innovative tools** such as findhelpidaho.org and the Faith-Based Community Platform, and by **aligning efforts** through shared leadership, validated resources, and unified outreach, this framework advances the Idaho Behavioral Health Council's priorities to:

- **strengthen prevention,**
- **enhance service access,**
- **and promote overall behavioral health and well-being across the state.**



Potential Titles:

This will encompass the overall concept and will be recommended by IBHC, IBHC teams, findhelpidaho.org representatives, 211 and Navigation managers, community partners, and other stakeholders.

- **Idaho Family Support & Resource Network**
- **Idaho Family Resource & Prevention Network**
- **Idaho Collaborative Family Support Framework**
- **Idaho Community Resource Network**
- **Idaho Community Resource Connect**
- **Idaho Community Connect**
- **Stronger Together: Idaho Family Support Framework**
- **Connected Pathways: Building Support Around Idaho Families**
- **Connected Pathways Idaho: Aligning Support Systems for Families**
- **Idaho Family Resource Network**
- ~~**Idaho Collaborative Care Network**~~
- **Idaho Community & Family Support Framework**



NEXT MEETING DATES



PROPOSED NEXT MEETING DATES

- April 24, 2026
- June 12, 2026
- August 28, 2026
- October 30, 2026



THANK YOU!