



## **IBHC Meeting Minutes - Approved**

**August 22, 2025**  
**9 a.m. – 11 a.m.**

**Location:** Idaho Supreme Court, Lincoln Room (basement level)

**Meeting Recording:** [Idaho Behavioral Health Council Meeting - Zoom](#)

**Slide Deck:** <https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2025/08/IBHC-8-22-2025-PPT.pdf>

**Members in Attendance:** Jared Larsen (DHW), Sara Omundson (AOC), Judge Gene Petty, Dave Jeppesen, Sen. Ali Rabe, Sen. Camile Blaylock, Rep. Rob Beiswenger, Rep. Brook Green, Commissioner Brent Mendenhall, Stewart Wilder, Jeff Agenbroad (SDE), Tina Transue for Bree Derrick (IDOC), Leahann Romero for Ashley Dowell (IDJC), Shelly Anzuoni for Christine Starr (COPP)

**Staff in Attendance:** Brandi Ellis (AOC), Destini Grimm (AOC), Ryan Porter (AOC), Shannon Fox (DHW), Cheryl Foster (IBHC),

### **Agenda Items**

#### **Actions taken in red**

##### **Welcome**

Co-Chair Sara Omundson opened the meeting, reviewed the agenda, and asked for a change in the agenda. **She recommended moving the IDOC presentation on their MOUD program to after the voting to avoid influencing the vote. Judge Petty motioned to accept the agenda change, Rep. Beiswenger seconded the motion, and the motion passed unanimously.**

##### **Approval of Meeting Minutes**

Co-Chair Omundson deferred the approval of the meeting minutes to Co-Chair Larsen, as she was not in attendance during the previous meeting. Co-Chair Larsen asked for a motion to approve the June 20 meeting minutes. **Judge Petty motioned, Jeff Agenbroad seconded, and the motion passed unanimously.**

## **Review of IBHC Vision, Guiding Principles, and Framework**

Co-Chair Omundson referenced the council's guiding principles on page 14 of the IBHC strategic plan, and highlighted "Evidence and Best Practices," "Recovery and Resiliency Oriented" and "Financially Sustainable" for them to consider as they make recommendations to the legislature. She also read the vision statement 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.

Cheryl Foster described the council's behavioral health framework and commented that the opioid settlement fund proposals are categorized accordingly.

## **Opioid Settlement Fund Background**

Co-Chair Omundson asked Cheryl Foster to provide a primer on the Opioid Settlement Fund, state budgeting and the state's investments in behavioral health. Cheryl said that the funds came from lawsuits where states and local governments sued the opioid manufacturers and distributors for the damage to their communities from the availability of opioids. Idaho's fund is divided three ways – local governments receive 40%, the state receives 40%, and the public health districts receive 20%. The IBHC makes recommendations only for the state's 40% - approximately \$2 million annually.

Cheryl continued by noting that Exhibit A of the settlement agreement restricts the funds to opioid abatement activities. Co-Chair Omundson added that the Idaho Attorney General has added further restrictions that the funds may only be used on individuals with opioid use disorder and not for individuals with a different substance use disorder. The Court returned money to the fund because they had developed programs that were not limited to individuals with OUD.

Idaho Code 57-825 on the opioid settlement fund gives the IBHC the responsibility to make recommendations to the Governor and JFAC. Co-Chair Omundson continued by saying that the council does not pick winners, but only broad categories for investment, since the legislature makes the final appropriation. Cheryl notifies the proposal submitters of specific state agencies germane to their recommendation so they can begin lobbying the Governor's office and JFAC for potential inclusion in a state agency budget. Co-Chair Larsen commented that current council member, Jeff Agenbroad authored 57-825 with Carolyn Troy.

Next, Cheryl shared slides with the previous years' IBHC recommendations (FY2024, FY2025, FY2026) and related appropriations. Additional funds, such as the Millennial Fund or General Funds, were often used to pay for initiatives consistent with the IBHC recommendations.

## **Opioid Settlement Fund Recommendation Voting**

To help the council set priorities, Cheryl took the 65 email submissions received during the public comment period and broke them into 109 separate proposals. She categorized the proposals according to the behavioral health framework as a starting point for determining voting categories. She shared the eight categories and asked council members for their feedback on adding, subtracting or consolidating voting categories.

Co-Chair Omundson explained the public comment process in detail and commented on the range and thoughtfulness of some of the proposals. She said that now is the time for the council members to advocate for specific areas or suggest additional categories.

**Judge Petty** reminded the council that last summer they heard about the needs of first responders and adopted it as one of the strategic plan recommendations. Exhibit A of the settlement agreement has a specific section addressing **the support of first responders, and he motioned to add it as a separate category.** **Co-Chair Larsen** noted that he was also at the public comment session and heard from the first responders and **seconded the motion.** After no further discussion, **the motion passed unanimously.** Cheryl displayed the pertinent section from exhibit A (I.) to the members.

Former Senator Jeff Agenbroad said that he supported Judge Petty's recommendation. However, he wanted to point out that local municipalities also have opioid settlement funds, and we should be aware and coordinate with any of their activities. Co-Chair Larsen recommended having the Idaho Association of Cities or the Public Health Districts inform us on how they are using their funds.

After no further additions, Co-Chair Omundson noted that the voting categories are finalized and provided the members an opportunity to advocate for specific areas. Cheryl will send out a link via email to a survey form for the members to vote electronically. Rep. Beiswenger asked to clarify the voting priorities, noting that the opioid settlement fund has a narrow range of focus and that the priorities could potentially cover initiatives in the whole state (as funded in previous years). Co-Chair Omundson said that the IBHC has a statutory obligation to provide recommendations for the opioid settlement fund, which is the purpose of the vote today. However, in the past, the Governor and JFAC have sometimes found other ways to fund the priorities.

Co-Chair Omundson asked for general discussion prior to voting.

Former DHW Dave Jeppesen said that he would make his annual advocacy for workforce development. Access to services can only be met with a sufficient workforce to meet the demand. He also said that he is 100% supportive of first responders based on the compelling meeting from a year ago.

Representative Green wanted to know the difference between supportive services for recovery and treatment and recovery and treatment, as it seems duplicative. Co-Chair Omundson asked Cheryl to clarify. Cheryl said that supportive services are not paying for treatment per se but paying for wraparound services that support treatment or recovery – such as childcare or transportation.

Senator Rabe supported the housing recommendation, noting that many folks exit the carceral and hospital systems with opioid addiction issues. There are a limited number of halfway homes for these individuals; and we know if they have housing, they are more likely to recover. Cheryl noted that Supportive Housing, like Workforce are priorities in the current strategic plan.

Former Senator Jeff Agenbroad said that in his role at the State Department of Education, he needs to advocate for the children – specifically prevention education programs. He said that prevention is important because you can stop them (using drugs) before they start.

Tina Transue said that the people most affected by the opioid crisis are arguably the ones who end up incarcerated because of their addiction. She said providing the life-saving medications to individuals before they reenter in the community is vital, so she wants to advocate for IDOC's treatment program.

Co-Chair Omundson said that they recognize there are many needs, and it is difficult to choose. The members will only get three votes, so that they can begin to rank and prioritize the categories.

Rep. Beiswenger asked if there was already experimental treatment for psilocybin or other items mentioned in the list of proposals. Co-Chair Larsen noted that they are schedule 1 drugs and currently illegal in the state of Idaho. To enact those proposals would require a statutory change.

The council took a five-minute break to tabulate the results.

The voting categories in order of number of votes received are:

- 8 - Prevention and Promotion (Agenbroad, Blaylock, Jeppesen, Anzuoni, Larsen, Petty, Romero, Mendenhall)
- 7 – Treatment (Beiswenger, Anzuoni, Transue, Larsen, Rabe, Romero, Mendenhall)
- 7 - Recovery Services (Agenbroad, Wilder, Blaylock, Beiswenger, Transue, Rabe, Mendenhall)
- 6 - Infrastructure –Workforce Development (Wilder, Omundson, Jeppesen, Larsen, Petty, Green)
- 5 – Housing (Wilder, Omundson, Jeppesen, Rabe, Green)
- 5 - First Responders (Agenbroad, Blaylock, Omundson, Petty, Green)
- 2 - Supportive Services (Anzuoni, Transue)
- 1 - Infrastructure Research (Beiswenger)
- 1 - Engagement – Connecting individuals with services (Romero)

Co-Chair Omundson suggested several ways to report the results, suggesting top priority, high priorities and next priorities. She asked for a motion on how to put them forward. **Co-Chair Larsen** said that there is one clearly at the top that is a majority, then the next three could be high priority, then the next two could be next. He said that there was a clear indication that the top six received significant support. He **motioned that their top priority be Prevention and Promotion, that high priorities be Treatment, Recovery, and Infrastructure-Workforce Development, and other priorities are Housing and First Responder Support. Judge Petty seconded the motion. Co-Chair Larsen restated his motion to say that the top priority received 8 votes, the high priorities received 7 or 6 votes, and other priorities would be anything that received 5 votes.** He said this would be to ensure that the categories are accurately reflected. **Judge Petty accepted the language and seconded the motion. The motion passed without opposition.**

Co-Chair Omundson said that the letter to the Governor's office and Legislature with the priorities will also include the list of emailed proposals the council members received.

### **Idaho Department of Correction MOUD Re-entry Program**

Tina Transue explained that IDOC started the program a year ago at the East Boise Community Reentry Center for women, as they thought that group would be the most prepared to implement the pilot program. They spent a lot of time on the front end for change management because there

is stigma around opioid use medication. They brought in Dr Lofgran from the Walker Center to talk about opioid use, the crisis, and kind of what it does to the brain to educate both the staff and the population about opioid use. IDOC hired two medical discharge planners who would escort the people from incarceration through reentry into the community. They contracted with Full Circle Health and trained them to work with incarcerated women and provide daily dosing in the facilities. They provide treatment 90 days before release and 90 days post-release, after which the patients can work directly with the provider for prescriptions and not depend on IDOC.

Twelve people have received treatment. One decided to go off the medication. Part of the change management was to help people understand they are not giving up their sobriety by using suboxone.

The staff from the male Treasure Valley Community Reentry Center participated in the current program to learn alongside the East Boise CRC staff. The men incarcerated there are excited about that program coming.

Tina explained that they have learned a lot about their biases and narrative from this process. There are differences in expectations between the male and female populations. The women are going back to families and often children, so they want to be sober when they exit.

Co-Chair Larsen asked about the appropriation amount and about the cost per dosage. Ms. Transue thought the appropriation was for \$400,000. Much of those funds went to acquire a client-facing app for scheduling, reminders, and case management. Unfortunately, the app company went out of business after many grants went away. IDOC chose to do suboxone because the money goes a lot further. He asked how many people they have treated and when the program started? They started dosing in February. They have dosed 12 people and there are 9 people waiting until their 90 days before release.

Judge Petty asked about IDOC's vision for the program. Ms. Transue said they would like to offer it to everyone that meets the criteria and wants to do so.

Co-Chair Omundson asked about the criteria. Ms. Transue said the criteria are having a documented history of opioid use, followed by screening which qualifies them to go to a doctor for diagnosis. Co-Chair Omundson asked if there is a risk of overdose that comes after release from incarceration, due to decreased tolerance. Yes, and Ms. Transue said they have seen it many times. Often, they leave the prison thinking that they have been sober for years and believe that they have it under control. However, they have been living in a controlled environment, and the stress of reentry and family reunification leads to relapse. The medication cuts the cravings and gives them a fighting chance while they adjust to reentry.

Co-Chair Larsen spoke of Ms. Transue's expertise in this area, as she previously worked in probation and reentry. He mentioned that the state has an opportunity to both save money and expand the program. He prefaced his statements by saying that he would not advocate for it, but the state has an opportunity to change Medicaid policy by pursuing a corrections waiver to allow Medicaid to cover the final 90 days of everyone incarcerated. Currently the state pays a contractor \$21 a day for every inmate out of general funds, where Medicaid could cover either 90% or 60%

of those costs. The state could then use the opioid funds to cover the general fund Medicaid match for the suboxone. So, there could potentially be a way to save money, provide this service, and scale it to the entire corrections system. However, any Medicaid policy change must be made at the legislative level.

Co-Chair Omundson followed up with a question about the 90 days of coverage and wondered if it was enough time for them to get on Medicaid. She says that judges face situations where people are released from jail with seven days' supply of medicine, but there is a gap to when they can get additional medication. This program addresses that issue, but at a cost to the opioid settlement fund. Ms. Transue said that 700 people in the five, soon to be six, reentry centers, can rely on their employer's insurance. These individuals have jobs with insurance or have purchased private insurance.

Co-Chair Larsen explained that the DHW and IDJC are bringing a bill this session mandated by CMS, which requires Medicaid coverage for juveniles' last 90 days in custody and 90 days after release. He clarified that the bill they are bringing this session is required by a 2023 federal law, but the corrections waiver he mentioned previously is optional. Co-Chair Omundson reiterated that federally they are required to cover juveniles with Medicaid for 90 days pre-release and 90 days post-release. However, the Medicaid coverage is voluntary for adults, and Idaho has not pursued it.

Judge Petty said that seven days is not enough time to schedule an appointment to get in to see a doctor to get a prescription. He thought the coordinating services with Full Circle Health are extremely beneficial. He then asked if the Medicaid corrections waiver would also apply to county jails. Co-Chair Larsen said he did not know, but that they are having difficulty with implementing the juvenile waiver at the county level. Co-Chair Omundson said that courts would be very interested in having a conversation about developing a solution for adults. She thinks that if judges feel like treatment can be provided in the community, then fewer people would be sent to IDOC's control or custody.

Co-Chair Omundson asked Ms. Foster for a presentation on MOUD to provide updated information on the medications are available and how they work. Ms. Transue suggested Dr. Lofgran to provide the presentation.

### **IBHC Strategic Action Plan Implementation Update**

Cheryl Foster began by saying that under the previous strategic plan, they provided an update on every recommendation at each council meeting. However, with 11 recommendations, it will be difficult to give a good update. Going forward, she would like to highlight a few at each meeting.

The IBHC is the sponsor for the recommendation on Program Awareness and Reduction of Stigma, so she wanted to give them an update on their progress while sharing the overall process that she's using for all the teams. Co-Chair Omundson read the council a description of the recommendation: "Developing an outreach and marketing strategy to increase awareness of publicly and privately funded programs and services, and address and reduce behavioral health stigma."

She explained that each team has a project charter, and the project charter identifies the action items or initiatives they will accomplish. Action items were originally identified in the strategic planning process, however the council does not adopt them – letting the teams themselves choose which ones they are able to complete. She shared the action items selected by the Program Awareness and Reduction of Stigma team, now dubbed PARS: 1) Integrate 211 and findhelp.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. She said that as the team continued to meet and flesh out their scope of work, the team combined #2 and #3 into a single action item.

The next step was to turn the action items into objectives – which is what they are going to do to accomplish the action item. She shared the objectives for the first action item, whose team is led by Laura Denner. She then shared the objectives for the original action item #3.

As an aside, she mentioned that each implementation team has about 25 members, with a non-duplicated count of 269 people working on the implementation teams. She estimated that the unduplicated number is around 150 people. Co-Chair Omundson added that these implementation team members are not just government employees, but they include people from the private sector, non-profits, former government employees, and lay people, such as former council member and former representative Chenele Dixon, leader for action item #2.

One thing they discovered by having so many people in so many groups is that many people aren’t aware of work already being done. In the case of the Education for Educators action item, they had an objective to create for-credit professional development courses for teachers. Cheryl happened to know from the last strategic plan that former council member Dr. Eric Studebaker invested a lot of resources at Project ECHO to develop an entire series of behavioral health trainings for teachers, schools nurse and administrators, which this team didn’t realize. So, she sent the entire scope of work for the PARS team to the Primary Prevention and Protective Factors teams, so they can inform each other’s work. That’s one of the reasons the two action items were combined.

These aren’t the only two teams who are having this issue. Everyone is looking at the same problems throughout the state, but they are looking at addressing them through the lens of their team. So, this summer has been spent refining the action items and objectives. And most of the teams are at this place, where they are refining their objectives.

Cheryl recognized council member Stewart Wilder as the leader for the action item on targeted approach for reducing stigma. She said that team has been very active, and that Stewart has brought in folks from Health and Welfare’s Suicide Prevention program into his action team. This is beneficial because the council has no money to produce an outreach campaign, so we want to leverage the suicide prevention funds to accomplish the team’s objectives.

She shared the next step for the teams after defining the objectives – to create SMART goals: Specific, Measurable, Achievable, Relevant, and Timebound. These are to ensure that the

objectives that they choose are achievable, and we can track the progress of the teams. This step has proven difficult for the teams, because they have a lot of big ideas, but are discovering that they don't have funding or are losing previous funding and must go back and revisit the objective.

Co-Chair Omundson asked Cheryl how a council member could keep up to date on all the implementation teams and what they are working on. Cheryl directed everyone to the IBHC website, where each recommendation has its own webpage.

### **Adjourn**

Co-Chair Omundson closed the meeting by commenting on how the teams are finding out what the other groups are working on. She said that is exactly the role of the council, that provides a central organization for groups to coordinate and talk to each other. The next IBHC meeting is on October 24. She also recognized Destiny Grimm filling in for her assistant today. **She asked for a motion to dismiss, which was provided by Rep. Beiswenger, seconded by Co-Chair Larsen, and passed unanimously.**