IDAHO BEHAVIORAL HEALTH COUNCIL

QUARTERLY MEETING

APRIL 24, 2026

VISION FOR IDAHO'S BEHAVIORAL HEALTH SYSTEM

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

IBHC GUIDING PRINCIPLES

1) Consumer and Family Voice

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

2) Cross-System Collaboration

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

3) Promote Evidence and Best Practices

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

4) Recovery and Resiliency Oriented

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

5) Equitable Access

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

6) Financially Sustainable

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

7) Quality, Accountability, and Outcomes

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

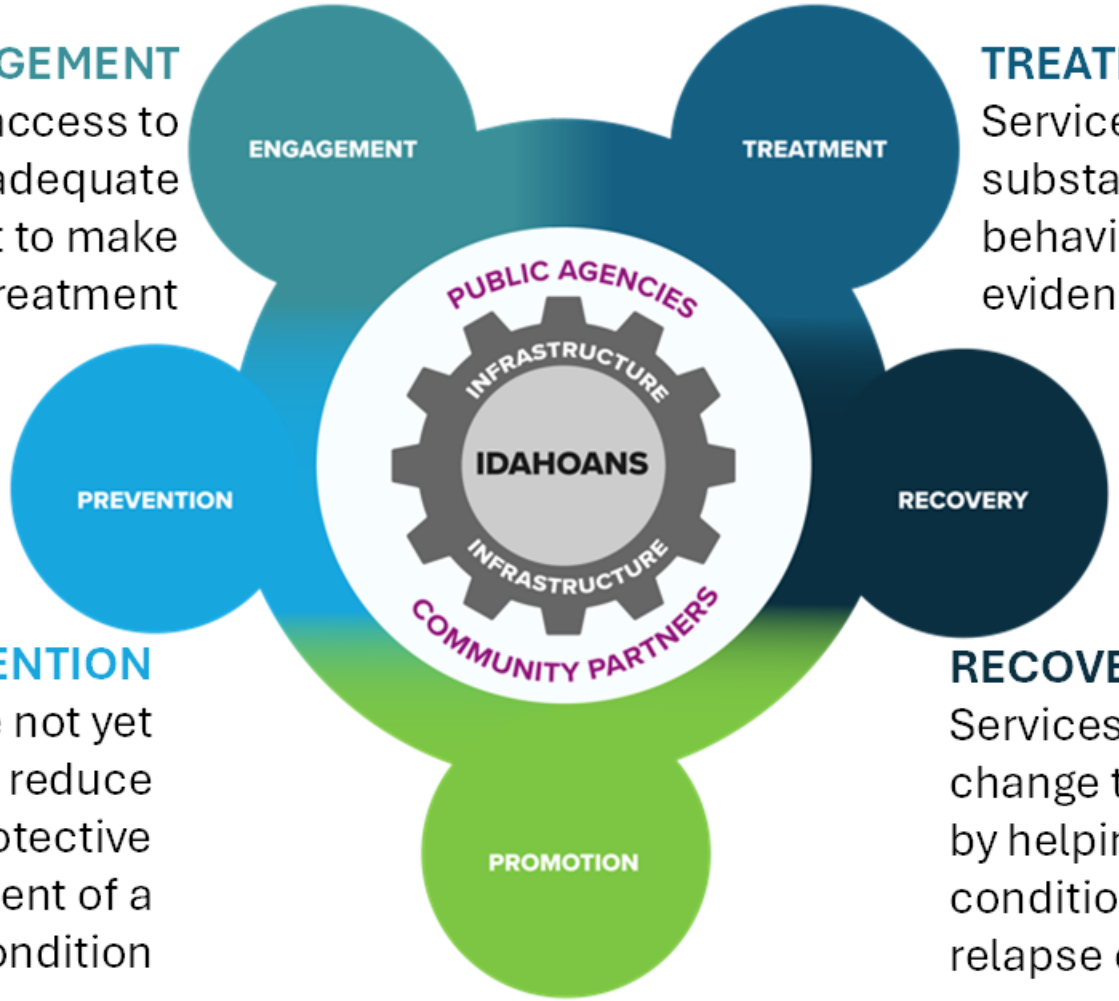
BEHAVIORAL HEALTH SYSTEM FRAMEWORK

ENGAGEMENT

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

TREATMENT

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



PREVENTION

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

RECOVERY

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

PROMOTION

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

2021-2024 IBHC STRATEGIC ACTION PLAN UPDATE

- **CCBHCs**

  Infrastructure #8: *Explore piloting a Certified Community Behavioral Health Clinics model.*

Idaho Behavioral Health Council

April 24, 2026

IDAHO RURAL HEALTH TRANSFORMATION

IDAHO DEPARTMENT OF HEALTH & WELFARE

One Big Beautiful Bill Act (2025)

- Enacted on July 4, 2025, the One Big Beautiful Bill Act (HR 1) approved $50 billion to be awarded to states over a 5-year period starting in 2026.
- Created the Rural Health Transformation Program within the Centers for Medicare and Medicaid Services (CMS).
- Focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment to **transform** healthcare in rural communities and ultimately improve patient health outcomes.

5 RHTP Goals

1. **Make rural America healthy again** –
   - Support rural health *innovations* and *new access points*
   - Promote *preventative health* and *address root causes of diseases*
2. **Sustainable access** –
   - Improve *efficiency* and *sustainability*
   - Support *rural providers* in becoming *long-term access points* for care
3. **Workforce development** –
   - Strengthen *recruitment* and *retention*
   - *Attract* and *retain* a high-skilled health care workforce
4. **Innovative care** –
   - Grow models to improve *health outcomes*, *care coordination*, and promote *flexible care* arrangements.
5. **Tech innovation** –
   - *Innovative technology* for *efficient care delivery*, *data security*, and *access to digital health tools* by rural facilities, providers, and patients.

Application Eligibility Requirements

Who's eligible?

- **All 50 States** are encouraged to apply for a RHT Program award
  - The primary recipient of each award is a **single State**
  - The application must **come from the State government** and include a **letter of endorsement** signed by the **governor**

Who's not eligible?

- The District of Columbia and U.S. Territories are **not** eligible
- All other entities and individuals are **not** eligible to apply

Source: Notice of Funding Opportunity Webinar Centers for Medicare and Medicaid Services

Use of Funds

States must invest in <u>at least</u> three of the following permissible uses (a.k.a. "Initiatives") per the authorizing statute (Public Law 119-21)

- Prevention & Chronic Disease
- Provider Payments
- Consumer Tech Solutions
- Training & Technical Assistance
- IT Advances
- Workforce
- Appropriate Care Availability
- Behavioral Health
- Innovative Care
- Capital Expenditures & Infrastructure
- Fostering Collaboration

Unallowable Costs

Use funding to pay for…

- ✓ Transformation of care delivery
- ✓ Improved access to, quality of, and cost of healthcare in rural America
- ✓ Expanded or enhanced services but not duplicate programs
- ✓ Technological & infrastructure investments and startup costs that will have sustainable impact beyond the end of the program

Do not use funding to pay for…

- × New construction
- × Clinical services that duplicate billable services and/or attempt to change payment amounts of existing fee schedules
- × Other specified limitations outlined in the NOFO

Source: Notice of Funding Opportunity Webinar Centers for Medicare and Medicaid Services

Funding Limitations

- Capital investments and infrastructure cannot exceed 20% of total award amount
- Replacement of Electronic Medical Record (EMR) system cannot exceed 5% of total award if a previous HITECH certified EMR system was already in place as of September 1, 2025
- No more than 10% of the total award may be used for administrative expenses (indirect and direct costs)

Source: Notice of Funding Opportunity Webinar Centers for Medicare and Medicaid Services

Program Milestones

- November 4, 2025: DHW application submitted
  - Read the application summary.
  - Read the application narrative.
- December 29, 2025: Initial award received from CMS
  - Year One Award Amount: $185,974,367.81
- January 30, 2026: Budget revision submitted to CMS
  - Idaho's Budget Narrative
  - Idaho's Revised Budget
- February 11, 2026: Non-contractual funding restriction lifted
- March 31, 2026: Contractual funding restriction lifted
- April 10, 2026: Senate Bill 1453 Signed by Governor Little
- May - June 2026:
  - Posting of Requests for Proposals (RFPs)
  - Competitive subgrant solicitations begin
- July - September 2026: Contracts and subgrants executed
- October 30, 2026: All Year 1 funds obligated

Idaho's Initiatives

Initiative 1. Improving rural access to care through technology

Initiative 2. Ensuring accessible, quality care through innovative models

Initiative 3. Sustaining rural workforce with training, recruitment, and retention.

Initiative 4. Implementing population specific, evidence-based projects to Make America Healthy Again

Initiative 5. Investing in rural health infrastructure and partnerships

Initiative 1 Overview

Initiative 1. Improving rural access to care through technology

Make investments in telehealth, interoperability, artificial intelligence, and cybersecurity

Focus on maternal health services; behavioral health; dental; radiology and diagnostic imaging support; dietetics and nutritional counseling; chronic disease management; gerontology; and pharmacy and medication management

- **Facility technology assessments and shared technology infrastructure to build sustainable, cost-effective technology capacity across rural facilities.**
  - Promote regional partnerships and cooperative agreements to share IT support, cybersecurity resources, and analytics tools.
- **Telehealth expansion to increase access to both primary and specialty care.**
- **Training on telehealth billing, virtual visits, workflows, and care plans.**
- **Equipment and software purchases**

Initiative 1 Overview: Cont'd.

- **Digital health to increase access and ability to track health information**
  - Mobile apps and online portals that integrate with EHR systems to support self-monitoring, appointment scheduling, medication adherence, and case management supports
- **Digital education campaigns tailored for rural populations**
  - Focus on promotion of digital health tools where appropriate for behavioral health and chronic disease prevention and management
- **Cybersecurity modernization and AI tools**
  - Deploy and introduce AI tools to identify and mitigate cyber threats, diagnostic support, patient risk stratification, billing support, and predictive analytics for disease trend identification
  - Training resources
- **Emergency communication systems implementation and enrollment**
  - Replace the antiquated Idaho Health Alert Network (HAN) and upgrade emergency communication systems to Next Generation 911 standards

Initiative 1 Overview: Cont'd.

- **Health management software and data analytics tools to support risk stratification, care coordination, and outcome tracking across rural populations.**
  - Use data to identify high-need communities, track chronic disease trends, and evaluate success of health interventions.
- **EHR software and upgrades to ensure interoperability and efficiency across Idaho's rural healthcare facilities.**
  - Support system setup, technical assistance, and workforce training to optimize EHR adoption and data quality.
  - Facilities must participate in a state facilitated work group to formally adopt and implement the CMS Interoperability Framework.

Initiative 2 Overview

Initiative 2. Ensuring accessible, quality care through innovative models

Invest in access to innovative diagnostics, leverage new technologies, expand workforce by enhancing the role of health extenders (e.g., community health workers, community health EMS [CHEMS], pharmacy allied professionals, and other non-physician healthcare professionals), strengthen EMS systems, and support home-based and community-based care solutions.

- **Diagnostic and care access innovations to provide accessible entry points for preventive screenings, lab testing, and virtual consultations.**
  - Diagnostic kiosks, care stations, telehealth pods, pharmacy kiosks and prescription lockers, remote patient monitoring programs (for individuals w/ chronic conditions and following hospital discharge).
  - Integrate data from kiosks and remote patient monitoring systems with local clinics and hospitals to support coordinated care and patient engagement.

Initiative 2 Overview- Cont'd.

- **Understand opportunities to leverage health extenders and optimize service delivery to align with local needs and rural health trends.**
  - Complete rural community needs assessment specifically examining the gaps in care that can be filled by health extenders and opportunities for cost savings.
  - Develop technical assistance resources for rural provider entities, including EMS agencies, specific to the assessment findings to improve patient care and utilize staff in the most efficient way.
  - Develop shared resource agreements between counties to pool personnel, training, and equipment as needed following the assessment.
  - Increase the number of available allied and health extender certificate programs available through high schools and community colleges in Idaho with focus on pharmacy, maternal and child health, emergency services, and behavioral health.

Initiative 3 Overview

Initiative 3. Sustaining rural workforce with training, recruitment, and retention.

Leverage financial incentives, training pathways, infrastructure and community support to build and sustain a skilled rural health workforce addressing the need for high demand, specialty providers and allied healthcare providers in the far reaches of the state. Participants will commit to a minimum of five years of service in rural communities.

- **Ladder payments based on priority positions and rural presence to address challenges in staffing by offering escalating incentives.**
  - A tiered system (ladder payments) based on workforce priorities and geographic need.
  - Recruitment incentives like signing bonuses and relocation stipends to attract new hires, particularly for hard-to-fill positions and shift gaps.

Initiative 3 Overview- Cont'd.

- Retention bonuses to foster long-term retention, health professionals meeting multi-year service commitments in rural counties may receive retention bonuses at key milestones (e.g., at two and four years).

- **Healthcare career exploration and advancement programs to attract Idahoans to pursue healthcare careers by exposing them to opportunities within the healthcare field.**
  - Develop healthcare profession training and education programs using a "learn in place" or "grow your own" approach.
  - Develop or enhance available training, education, and degree programs for healthcare professions in coordination with educational institutions.
  - Provide incentives for staffing or healthcare professionals serving as mentors and instructors for new or enhanced healthcare profession programs.

Initiative 4 Overview

Initiative 4. Implementing population specific, evidence-based projects to Make America Healthy Again

Implement population-specific, evidence-based prevention and treatment programs that address chronic disease, behavioral health, and maternal and child health.

- **Chronic disease prevention and treatment to reduce incidence and improve management of chronic diseases through proven prevention, screening, and education programs accessible to rural populations.**
  - National Diabetes Prevention Program (DPP)
  - Diabetes self-management education and support (DSMES)
  - Alzheimer's and related dementias awareness materials and screening capabilities (including technology) within rural provider entities.
  - Cancer, heart disease, and other chronic disease prevention programs

Initiative 4 Overview-Cont'd.

- **Behavioral health prevention and treatment to expand access to services through integration into primary care, school-based programs, and mobile or telehealth-enabled crisis response.**
  - Space for parent-selected behavioral health professionals to support access to services through integration into school-based settings while mitigating disruption during the academic day.
  - Start-Up Costs for a Pediatric psychiatry access line (PPAL) so pediatric providers can consult with child psychiatrists on child behavioral health conditions.
  - Enhance mobile crisis response teams to include post crisis linkage and medication assisted treatment.
  - Partner with rural healthcare facilities, community organizations, including faith-based entities and houses of worship, to implement evidence-based mental health and substance use prevention and education programming.

Initiative 4 Overview-Cont'd.

- **Maternal and child health efforts to strengthen maternal and perinatal care through implementation of evidence-based programs that improve maternal safety, enhance prenatal and postpartum services, and coordinate community-based supports for mothers and infants.**
  - Complete statewide maternal and neonatal care assessment to understand the resources available across the state. Leverage assessment results to prioritize funding and supports to close gaps in care.
  - Support rural provider entity obstetric readiness for both birthing and non-birthing facilities and launch quality improvement initiative with an Obstetric Emergency Readiness Resource Kit to meet the CMS Obstetrical Services' Conditions of Participation.
  - Improve outcomes for mothers and infants through data-driven quality improvement projects within rural hospitals with the Idaho Perinatal Quality Collaborative.

Initiative 5 Overview

Initiative 5. Investing in rural health infrastructure and partnerships

Address sustainable access to rural healthcare through investments in rural health infrastructure and partnerships and Tribal rural health transformation support.

- **Healthcare facility renovations tied to Initiatives 1, 3, 4 and 5 could require facility and equipment upgrades to support innovative care delivery, such as spaces and technology appropriate for telehealth services and evidence-based programs.**
  - Statewide assessment of technology gaps, needs, and readiness in rural healthcare facilities is complete in Initiative 1, identify and support space upgrades that will accommodate technology infrastructure.
- **Clinical equipment to help rural healthcare facilities offer more efficient, modernized services and generate ongoing revenue.**

Initiative 5 Overview- Cont'd.

- **Vehicles for patient transport and rural mobile health units to bring services to rural areas with limited healthcare access.**
- **Bring all healthcare facilities into compliance with current federal, state, and local safety code**
  - Support physical structure upgrades to bring them into compliance with current local, state, and federal safety codes
- **Tribal rural health transformation support**
  - 3.5% to support tribal RHTP goals and approved use of funds in alignment with the Idaho RHTP plan

Next Steps

IDAHO
RURAL HEALTH TRANSFORMATION

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IBHC STRATEGIC ACTION PLAN IMPLEMENTATION UPDATE

- **Crisis Centers**
  Treatment #1: *Expand the functionality of crisis centers.*

- **Criminal Justice – Continuum of Care**
  Treatment #3: *Ensure continuity of care for those entering and leaving the criminal justice system by providing treatment and ensuring links to services for those coming out of incarceration.*

- **Workforce Development**
  Infrastructure #1: *Implement strategies to increase recruitment and retention to strengthen the behavioral health professional workforce.*

IBHC: Criminal Justice Continuum of Care

APRIL 2026

Committee Chairs:

Sandy Jones, AOC Senior Program Manager

Wally Campbell, IDOC Chief Psychologist

Workgroups

- “Ensure continuity of care for those entering and leaving the criminal justice system by providing treatment and ensuring links to services for those coming out of incarceration.”
  - Expand Peer Recovery Services
  - Funding of IDOC/IDJC to prepare for release
  - Expand use of MOUD/MAT
  - Cross Agency Collaboration

1. Expand Peer Recovery Services

- Recognizing the importance of reintegrating incarcerated (prisons and jails) residents back into the community, this team's goal is to strengthen peer-led support services.
  - Expand access to Peer Recovery Coaches and Peer Support Specialists (including access to supervisors and CEUs)
  - Develop oversight for nine recovery centers across state
  - Create a network for certified peer recovery support specialists
  - Advocate for development of forensic endorsement for peer services

“Peer Recovery” accomplishments

- Expand access to Peer Recovery Support Specialists (including access to supervisors and CEUs)
  - Continuing to seek funding opportunities
- Develop oversight for nine recovery centers across state
  - COMPLETE:
- Create a network for certified peer recovery support specialists
  - COMPLETE: Monthly meetings are currently taking place
- Advocate for development of forensic endorsement for peer support
  - IN PROGRESS: Researching existing training curricula

2. Funding for IDOC/IDJC release prep

- Recognizing the importance of release from incarceration back into the community, this team is focused on exploring options to fund behavioral health assessments and pre-release services
  - Obtain Medicaid 1115 waiver to pay for assessment and pre-release services in correctional settings
  - Monitoring federal law implementation that requires Medicaid enrollment for youth 30 days prior to release
  - Explore expanding Community-Based Adult Services by leveraging Medicaid providers and coverage for IDJC Community-Based Services
  - Find resources to fund supported living for juveniles needing BH services (congregate care or foster care)

“Funding for Release” accomplishments

- Reviewed approaches to pre-release services involving 1115 waivers and use of Consolidated Appropriations Act authority to access Medicaid funds for payment for services. EXPLORED AND DROPPED
- COMPLETED: Monitoring federal law implementation that requires Medicaid enrollment for youth 30 days prior to release. LEGISLATIVE FUNDING AND AUTHORITY NOT AVAILABLE.
- COMPLETED: Reviewed the potential for providers serving juveniles post-release from incarceration to engage more fully with Medicaid funding. Limited opportunities, no further actions planned.
- IN PROGRESS: Continuing to explore Medicaid health home and general BH coverage to find potential resources to provide these services, including information on those continuing to be incarcerated due to limited options.

3. Expand use of MOUD/MAT

- Given the importance of evidence-based substance use treatment as an element of successful re-entry, this team focuses on expanding Medication for Opioid Use Disorder(MOUD/MAT) medications
  - Develop awareness around processes serving the same clients across service areas
  - Enhancement of criminal justice systems and community partnership
  - Evidence-based oversight of individuals in MOUD/MAT services

“MOUD/MAT” accomplishments

- Develop awareness around processes serving the same clients across service areas
  - COMPLETE: Developed a list of all available services in Idaho
- Enhancement of criminal justice systems and community partnership
  - COMPLETE: Distributed list of services to partnering agencies
  - IN PROGRESS: Connecting with other similar statewide programs (WALLY _ CHECK WITH ORR)
- Evidence-based oversight of individuals in MOUD/MAT services
  - IN PROGRESS: Reviewing supervision systems

4. Cross-Agency Collaboration

- This team seeks to expand and strengthen multi-agency partnerships for screening, court processes, alternative placement, and non-incarceration parole violation options.
  - Updating and expanding IDOC reports to courts for ‘riders’ (Retained Jurisdiction) with significant mental health concerns
  - Expand education and training between IDOC, courts, and parole commissioners

Cross-Agency Collaboration accomplishments

1. COMPLETE: Provided presentations on clinical assessments to Parole Commissioners and District Judges in each region
2. COMPLETE: Hosted judges tour of IDOC facilities:
    1. Mountain View Transformational Center: Rider facility
    2. Behavioral Health Unit: medium security mental health treatment unit
3. COMPLETE: Updated APSI (Addendum to PreSentence Investigation)
    1. Created updated forms through which IDOC MH staff communicate with courts who are considering rider sentencing after IDOC placement

Workforce Implementation Team

April 24th, 2026

IDAHO BEHAVIORAL HEALTH COUNCIL

Introductions

Initiative Owners
Scott Rasmussen
Eric Call
Sub-Team Leads
Eric Call – Sub Team 1
Michaelina Page – Sub Team 1
Shannon Fox – Sub Team 2
Debra Stace – Sub Team 2
Brook Heath – Sub Team 3
Nicole Cleveland – Sub Team 3

Implementation Team Members

Name	Role
Adam Panitch	Stakeholder
Anne Stegena	Advisory Board
Ashley Porter	Stakeholder
Cade Hulbert	Stakeholder
Cheryl Foster	Project Manager
Chris Irizarry	Stakeholder
Debra Stace	Stakeholder
Dr. Lyn McArthur	Advisory Board
Eric Call	Implementation Owner
Shannon Fox	Project Manager
Jenny Lingle	Stakeholder

Jessica Devine	Stakeholder
Laura Scuri	Advisory Board
Matthew Niece	Advisory Board
Morgan Nicholson	Stakeholder
Nicole Cleveland	Stakeholder
Nicole Metzger	Stakeholder
Rosie Andeuza	Stakeholder
Ross Edmunds	Sponsor
Scott Rasmussen	Implementation Owner
Toni Lawson	Advisory Board

History of Crisis Center Team Decision Making Process

- Implementation Team was established & began meeting (Jan 2025)
- Majority voting determined the approved action items (Feb 2025)
- Formal Implementation Team documents were finalized (April 2025)
- Sub Teams developed, staffed, and began meeting (June 2025)

Sub-Team One
Expanding Behavioral Health Training Programs

Sub-Team Leads: Eric Call and Michaelina Page

Sub Team 1 – Updates & Status

Expand Behavioral Health Training Programs

- Conduct a Statewide Analysis of Existing Behavioral Health Degree Programs
  - Develop a Sub Team – Complete
  - Data Collection – Complete
  - Final Analysis Report – In Progress
- Identify Gaps in Internship and Residency Opportunities
  - Completion of statewide assessment – In Progress
- Partner with Training Programs and facilities to Increase Placements and Expand the Number of Trainees
  - Partnership Agreements Established – Future Work

Sub Team 1 –

Challenges
-Gathering information on educational institutions
-Creating and getting approval for survey distribution.
-Getting adequate survey response

Successes
-Good community partner involvement on sub-committee
-High response rate for survey
-Good data gathered around educational institutions

Opportunities
-Gap analysis of data collected
-Partnering with educational institutions

Sub-Team Two
Peer Workforce

Sub-Team Leads:
Shannon Fox & Deb Stace

Sub Team 2 – Updates & Status

Strengthen the Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists Workforce

The team has identified solid areas of the workforce that could be strengthened. Current work includes;

- Bring needed subject matter experts to the sub team
- Collect available data regarding the workforce
- Review and evaluate data
- Draft a workforce analysis

Sub Team 2 – Updates & Status

Support the work of the DBH team in transitioning management and oversight of MH peer and SUD paraprofessional certifications from IDHW/DBH to Idaho's Division of Occupational and Professional Licenses (DOPL).

- The DBH team working on the DOPL project has not needed support from the IBHC sub team. The proposed changes are waiting to be reviewed by DBH and state leadership.

Engage Peer Support Specialists, Family Support Partners, Peer Recovery Coaches and Provisional Peer Recovery Coaches in focus groups to understand workforce challenges, wage compensation, needs, and opportunities for growth.

- The team is putting together a list of questions to employ during focus groups
- A list of potential focus group participants is being developed
- The sub team has added members to assist with action items

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Sub Team 2 –

Challenges
- Funding changes for peer BH Services paused the Teams work. The Implementation Team approved waiting to resume outreach until after the start of the new year.

Successes
- Recruiting new Subject Matter Experts
- Collaboration on the current landscape for BH paraprofessionals

Opportunities
- Request support from Implementation Team
- Execute focus groups with peers & recovery coaches

Sub-Team Three Addressing Rural and Frontier Workforce Gaps

Sub-Team Leads: Nicole Cleveland and Brook Heath

Sub Team 3 – Updates & Status

Address Rural & Frontier Workforce Gaps

- Gather data from clinics in rural areas to understand barriers to recruitment and retention.
  - Develop a Sub Team – Complete
  - Data Collection – Complete

- Conduct an inventory of existing workforce strategies to identify what is working and what needs improvement.
  - Completion of Strategy Report – in progress, currently working on developing proposals for workforce strategies

- Develop recommendations to support workforce expansion in underserved areas.
  - Policy Recommendations Drafted – Future Work
  - Implementation Roadmap – Future Work

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Sub Team 3 –

Challenges – Reducing burden on providers and agencies to respond to surveys for information that has already been provided through previous surveys and research on a national and state specific level.

Successes – Utilizing existing survey responses and research to inform understanding of barriers to recruitment and retention, and identifying existing workforce strategies.

Opportunities – Possible collaboration opportunities with activities in the Rural Health Transformation grant that are working towards the same goals.

Future Implementation Team Meeting Dates

June 15th – 1:00 to 2:00pm mst
September 21st – 1:00 to 2:00pm mst
December 21st – 1:00 to 2:00pm mst

STATE-DIRECTED OPIOID SETTLEMENT FUND

Public Comment Period – May 4 through June 5

THANK YOU!