Idaho Behavioral Health Council

Regular Meeting

August 28, 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

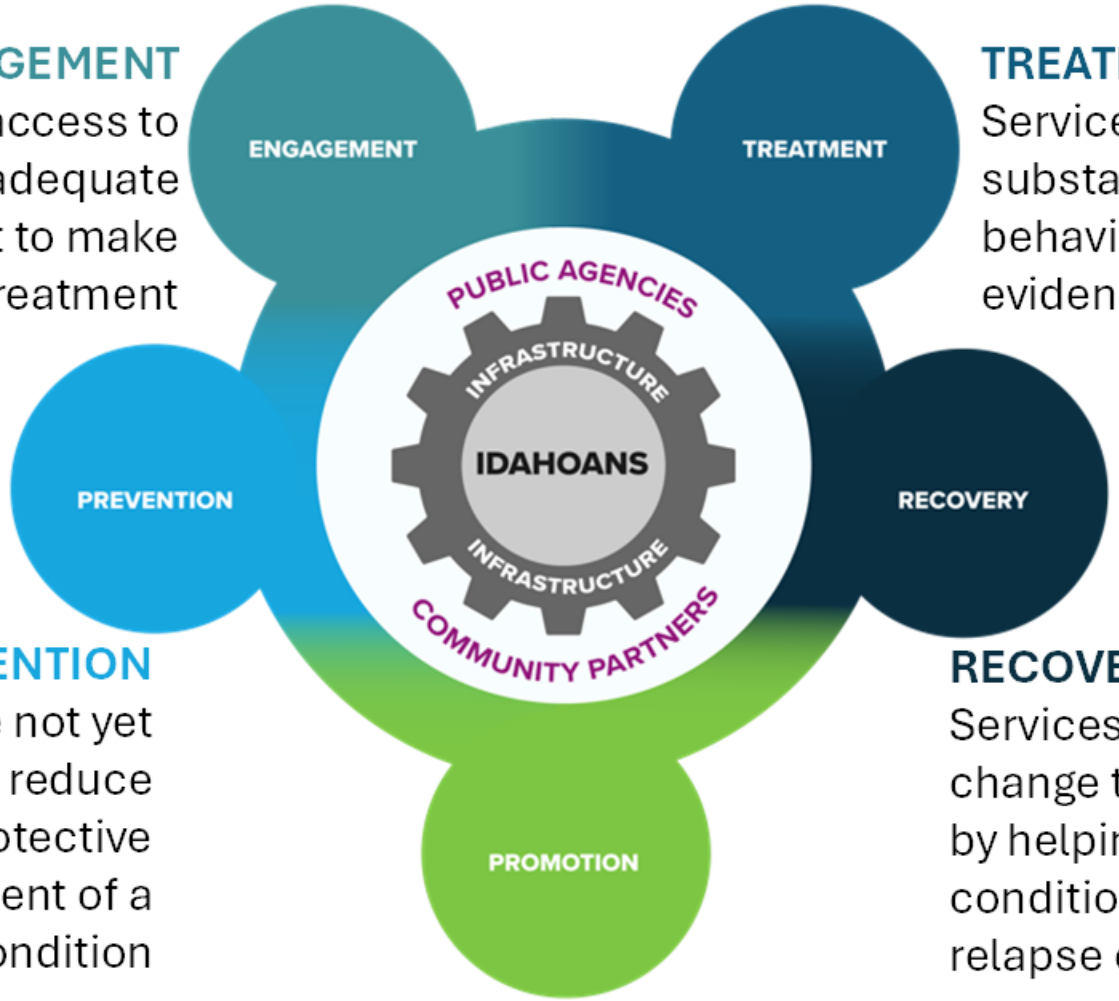
BEHAVIORAL HEALTH SYSTEM FRAMEWORK

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

Idaho Opioid Settlement Fund

Priorities for State Fiscal Year 2028

FY2028 IBHC
Priority Recommendations Preamble

The Idaho Behavioral Health Council recognizes there is a disparity in resources and services between our rural and frontier parts of the state compared to the population areas. We recommend that as the Legislature and the Governor implement priorities for the opioid settlement fund and consider our recommendations, services and resources that are available statewide or target our rural and frontier areas in the state be prioritized.

FY2028 IBHC Priorities

- Prevention for the highest risk populations
- Behavioral health support for first responders
- Workforce development
- Treatment using MOUD

Primary Prevention and Protective Factors

DR. ERIC STUDEBAKER
AND
DR. MEGAN SMITH

About the Implementation Team

Sponsors: IDJC, SDE, DHW, and ODP

Membership:

Include state agency reps, prevention professionals, nonprofits, university professors

Determining Action Items

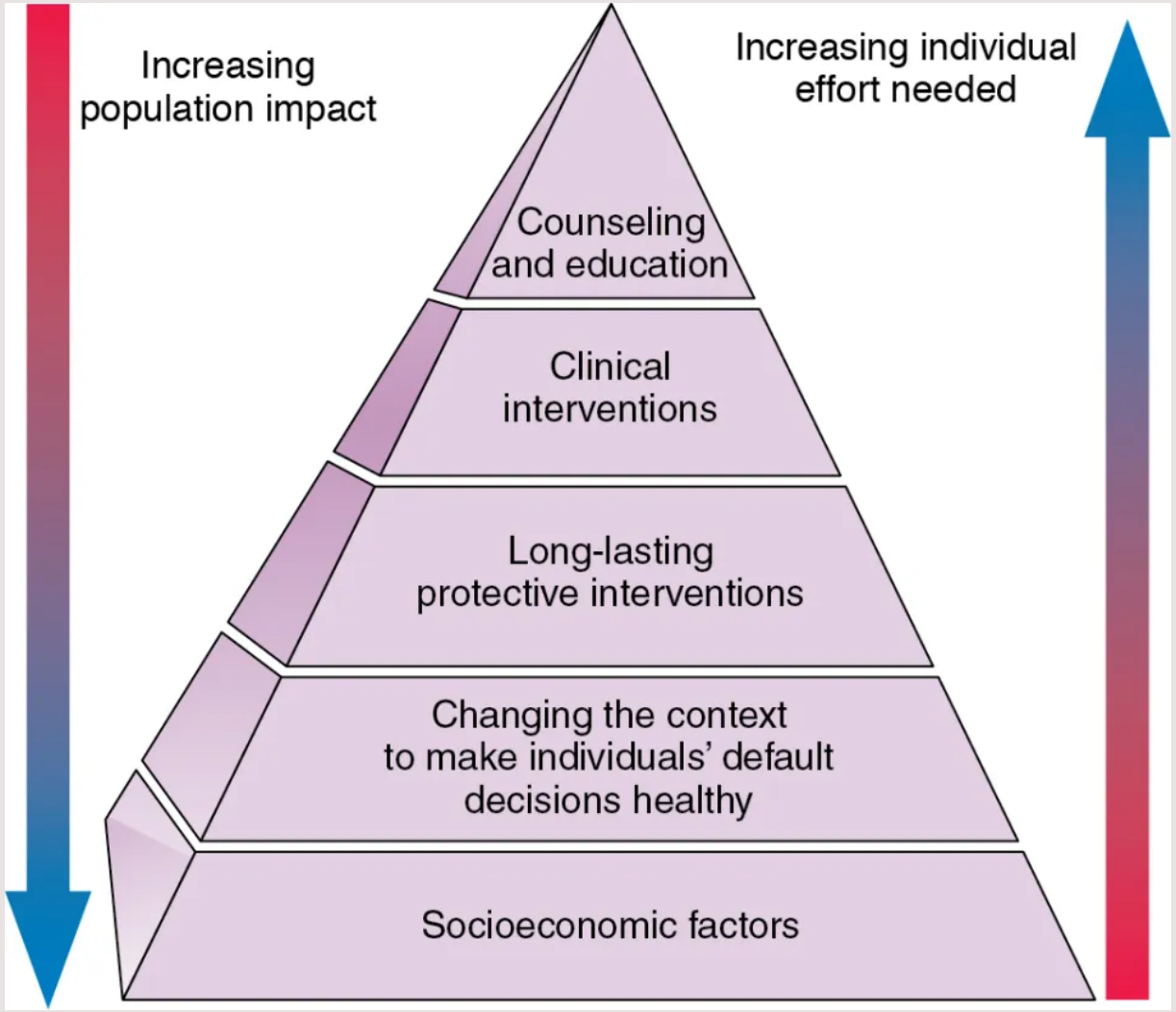
The team members independently proposed 24 action items to the team to prioritize

After evaluating the proposals, the action items and objectives were reorganized to consolidate duplicates. For example, multiple proposals referenced the safe teen assessment centers, ACEs, and data.

The team members voted on both action items and objectives, then sorted into 7 action teams to accomplish the selected action items.

Understanding Our "Lens" for Prevention…

Health Impact Pyramid



Our goal is to promote the most well-being for the most people.

Understanding our Lens for Prevention...

Primary Prevention refers to actions taken to strengthen the conditions that support health, well-being, and thriving before behavioral health challenges or other adverse outcomes occur.

Universal Prevention refers to actions taken at a whole group or population level (rather than an individual or targeted approach).

"Upstream" Prevention refers to actions that "get ahead" of crises. They focus on reducing risk factors and strengthening protective factors at the "root cause" level.

How to Transform Behavioral Health for All (WHO)

Three major pathways:

- deepen the value given to behavioral health by individuals, communities and governments, ***backed by meaningful engagement and investment across sectors***;
- **reshape environments** – in homes, schools, workplaces and communities – ***to better protect and prevent behavioral health conditions***; and
- strengthen behavioral health care by building **community-based networks of accessible, affordable and quality services.**

Action Item #1: Increase community connectedness throughout the state

Social Connection in our communities is a **key protective factor** (*Idaho Youth Well-Being Survey, 2025)* against poor behavioral health outcomes. Loneliness and lack of community connection are key drivers of substance use and mental illness. **Increasing community connectedness in Idaho will increase behavioral health.**

Objectives:

- Build social capital and connection supports for kids
- Develop a campaign to promote the importance of connection for behavioral and physical health
- Bridge connections across generations

Leads: Jean Mutchie, SLHS and Megan Smith, BSU

Action Item #1: **Increase Community Connectedness throughout the state**

Status: In Progress

Accomplishments:

- Multiple organizations renew their awareness of, and commitment to, the importance of social connection; including youth serving orgs, schools, government agencies and faith institutions across the state.
- Communication efforts currently folded into the Idaho Community Resource Network project. ICRN team members are identifying opportunities for social connectivity such as extracurricular activities and safe spaces for youth on 211/Find Help Idaho.

Action Item #2:

Increase Crime Prevention

Lead: J.D. Storm, IDJC

Promote behavioral health wellness through evidence-based primary prevention education and awareness strategies – **increase crime prevention education**.

Objectives:

- Work with the Idaho Association of School Resource Officers (IDASRO) to identify training and resource gaps for officers and the community, including education on the Idaho Fentanyl Project.
- Partner with law enforcement, agencies, community leaders, and educational stakeholders to enhance crime prevention across Idaho.
- Evaluate outcomes by utilizing Idaho-specific data, in conjunction with national data and research.

Action Item #2:

Increase Crime Prevention

Status: In Progress

Accomplishments:

- In lieu of SRO survey, were able to capitalize on SRO research conducted by ISAC in the SRO Report
- Provided training to school administrators on SROs
- Explored Utah HB 0061 which provides a framework for school safety for SROs and other law enforcement
- Partnering with Rising Voices Idaho to promote a positive mental health campaign

Action Item #3:

Expand Positive Youth Development through Primary Prevention

Increase the effectiveness and reach of **evidence-based primary prevention practices** through cross-system engagement and planning.

Status: Closed

Objectives and Accomplishments:

- Compile a list of recommended evidence-based/ informed prevention strategies for communities and providers
- Provide technical assistance and training to communities and organizations
- Evidence-based/informed programs offered to Idaho's K-12 students

Lead: Jessie Dexter, ODP

Action Item #4:

Implement the Idaho Pediatric Psychiatry Access Line (IPPAL) in Idaho

Lead: Eric Studebaker, Project ECHO

Implement IPPAL, **a free resource for primary care providers** to use when **working with youth**.

Status: Closed

Objective:

- Create a structured status report that includes key components of feasibility

Accomplishments:

- The Pediatric Psychiatry Access Line will be funded through the Idaho Rural Health Transformation Program. The funding opportunity closed on August 17 and will be awarded and obligated in October.

Action Item #5:

Promote positive childhood experiences

Promote positive childhood experiences and outcomes by **increasing access to quality services** that address behavioral health and substance use disorders (and other Adverse Childhood Experiences).

Objectives:

- Pursue sharing of data on the early childhood workforce program and quality data in the RISE database to inform decisions across the early childhood sector and intersections with behavioral health
- Strengthen adults' resources, knowledge and skills to care for children.
- Increase access to quality services through strategic statewide partnerships and collaborations that address behavioral health substance use disorders and other ACEs

Lead: Jane Zink, AEYC

Action Item #5:

Promote positive childhood experiences

Status: In progress

Accomplishments:

- The team was not successful in obtaining the level of data needed from the RISE database to complete the project as intended.
- This team's work has also been incorporated into the Idaho Community Resource Network. The team members have identified programs for parenting, early childhood support, and parent cafes.

Action Item #6:

Strengthen Idaho's Safe Teen Assessment Centers

Identify funding sources and enhance the capacity of comprehensive community initiatives to secure funding, thereby **strengthening partnerships, integration, and coordination** of prevention programs, activities, and services to more effectively address the diverse needs across the state.

Objectives:

- Enhance and sustain support for Idaho's Assessment Centers through the creation of standardized processes, increased funding, and heightened awareness to ensure long-term effectiveness and accessibility

- Explore committing Millennium Fund and Opioid Settlement Fund dollars (as allowed) to health promotion and prevention efforts that support Idahoans in promoting behavioral health and well-being where they live, work, play, and worship.

Leads: Nancy Winmill and Todd Mauger

Action Item #6:

Strengthen Idaho's Safe Teen Assessment Centers

Status: In Progress

Accomplishments:

- Formalized the Idaho Safe Teen Assessment Center Coalition.
- Develop and deployed standardized data collection tools, including screening and assessment tools.
- The coalition partnered with NAC to create a data dashboard based on standardized data collection.
- Working to provide primary prevention programs in the centers.

Action Item #7:

Establish data dashboard to promote primary prevention

Develop supportive tools and a public dashboard to encourage common **behavioral health metrics** that can be used to promote protective factors and resilience by preventing poor behavioral health outcomes. Allows for a more efficient, effective, and **targeted approach to improving behavioral health** through programs, policy, and other actions.

Objectives:

- Identify, collect and/or develop standardized tools: Create consistent tools for collecting behavioral health data Idaho that focus on protective factors and resilience.
- Promote Robust Data Collection, Use and Transparency: Facilitate data use by stakeholders to inform behavioral health policies and programs.
- Establish Public Dashboard: Develop an accessible online dashboard to monitor and evaluate behavioral health indicators, focused on prevention and protective factors.
- Identify Prevention Areas: Use data to pinpoint areas where prevention can be strengthened to improve behavioral health outcomes.

Leads: Hannah Crumrine, SDE & Megan Smith, BSU

Action Item #7:

Establish data dashboard to promote primary prevention

Status: In Progress

Accomplishments:

- Data Sources for Risk and Protective Factors, Behavioral Health Outcomes across the Lifespan identified- including conversations with Insight Idaho and State Epidemiology group.
- Plan for Roadshow on Youth Well-being Risk and Protective Factors salient to Behavioral Health with Idaho Department of Education.

Questions?

We’d love to hear from you!

You can reach out directly to Megan Smith at mlsmith@boisestate.edu.

State of IDAHO JUDICIAL BRANCH

Treatment Courts

Agency Representation

- 1 - Idaho Appellate Court – Chair
- 1 - Department of Health & Welfare – Vice Chair
- 4 - Administrative Office of the Courts
- 1 - Ada County Sheriff's Office
- 1 - Idaho Department of Corrections, Probation & Parole
- 2- Treatment Court Magistrate Judges
- 4 - Treatment Court District Managers and Coordinators
- 3 - Trial Court Administrators
- 3 - Treatment Providers & Peer Support Specialists
- 1 - Blaine County Commissioner

Action Item #1:

Objective: Perform a gap analysis towards a recommendation for the potential expansion of Mental Health Courts (MHCs) in the following areas:

- Expand MHCs into unserved areas (new courts)
- Expand capacity of existing MHCs
- Expand eligibility criteria for MHCs

This action item is on hold. The ISC Data & Evaluation team is working on a gap analysis as time allows; however, we are unsure when we will be able to move forward at this time.

Action Item #2:

Objective: Adequately fund Treatment Courts.

What we've done so far:

- [x] Survey sent to providers and district managers about whether they felt their court(s) were adequately funded.

  However, the team realized "adequately" is the wrong terminology. Most respondents felt courts were adequately funded, but the team should ask if courts are being FULLY funded.

Action Item #2:

Where we're going:

- [ ] Reach out to other states to understand how they fund their Treatment Court programs.
- [ ] May resend survey with different language, asking providers and district managers if they feel their courts are FULLY funded.
- [ ] Ask workgroup to update title of action item to "Fully fund Treatment Courts."
- [ ] Next meeting will be late September/early October.

Action Item #3:

Objective: Explore options for participation in a Treatment Court without having to move to the location for the Treatment Court. This may include leveraging virtual technology and supervision resources in neighboring counties.

What we've done so far:

- ☑ Began with a survey to treatment providers and participants in the 6th judicial district regarding virtual treatment pros and cons.
- ☑ Summary of survey findings (see next slide).
- ☑ Based on survey findings, began to explore the idea of satellite/virtual courts.

Action Item #3:

Pros of virtual treatment:

- Less time away from work/obligations
- More convenient/flexible with schedules
- No transportation issues (especially with no license and/or car)
- Less cost for transportation (i.e. gas, bus, etc.)

Cons of virtual treatment:

- Don't know who all is listening (i.e. people in the other room can overhear)
- Less personal interaction with counselor and participants
- Harder to open up when not in person
- Internet connections can be unreliable in rural areas

Action Item #3:

Where we're going:

- ☐ Currently exploring other types of Treatment Courts that involve virtual options. (i.e., Satellite Courts, Virtual Courts, etc.)
- ☐ Explore what these options entail regarding supervision, drug testing, treatment, etc.
- ☐ Create a checklist/guide of things to consider when starting a satellite/virtual court. (Make the framework of what needs to happen for a successful satellite/virtual court.)

Action Item #4:

Objective: Streamline process of entering Treatment Court to reach the targeted 50 days from arrest/PV to entrance into Treatment Court to engage participants more efficiently.

What we've done so far:

- [x] Survey and gap analysis completed on admission processes across 40 treatment courts. Average timeline from arrest to entrance into Treatment Court is about 4 months.
- [x] Worked with IDOC to create avenue for probation clients to apply for treatment court in lieu of PV being filed.
- [x] Meeting with D3 leadership and P&P 8/31/26 to start pilot of applying for a treatment court in lieu of PV being filed.

Action Item #4:

Where we're going:

- ☐ Work with misdemeanor probation to apply for Treatment Court in lieu of PV being filed.
- ☐ Examine courts with less entrance time to see what they are doing differently than other courts.
- ☐ Explore waiving PSI to expedite entry into treatment court or accepting a participant and receiving PSI later.
- ☐ Draft "mini-PSI" document for coordinators to fill out based on information received during application process.

Action Item #5:

Objective: Evaluate the ability to more effectively coordinate through programming and processes the transition from a Rider to the community in a Treatment Court model.

This action item is on hold until Action Item #4 is completed.

IBHC Diversion Systems

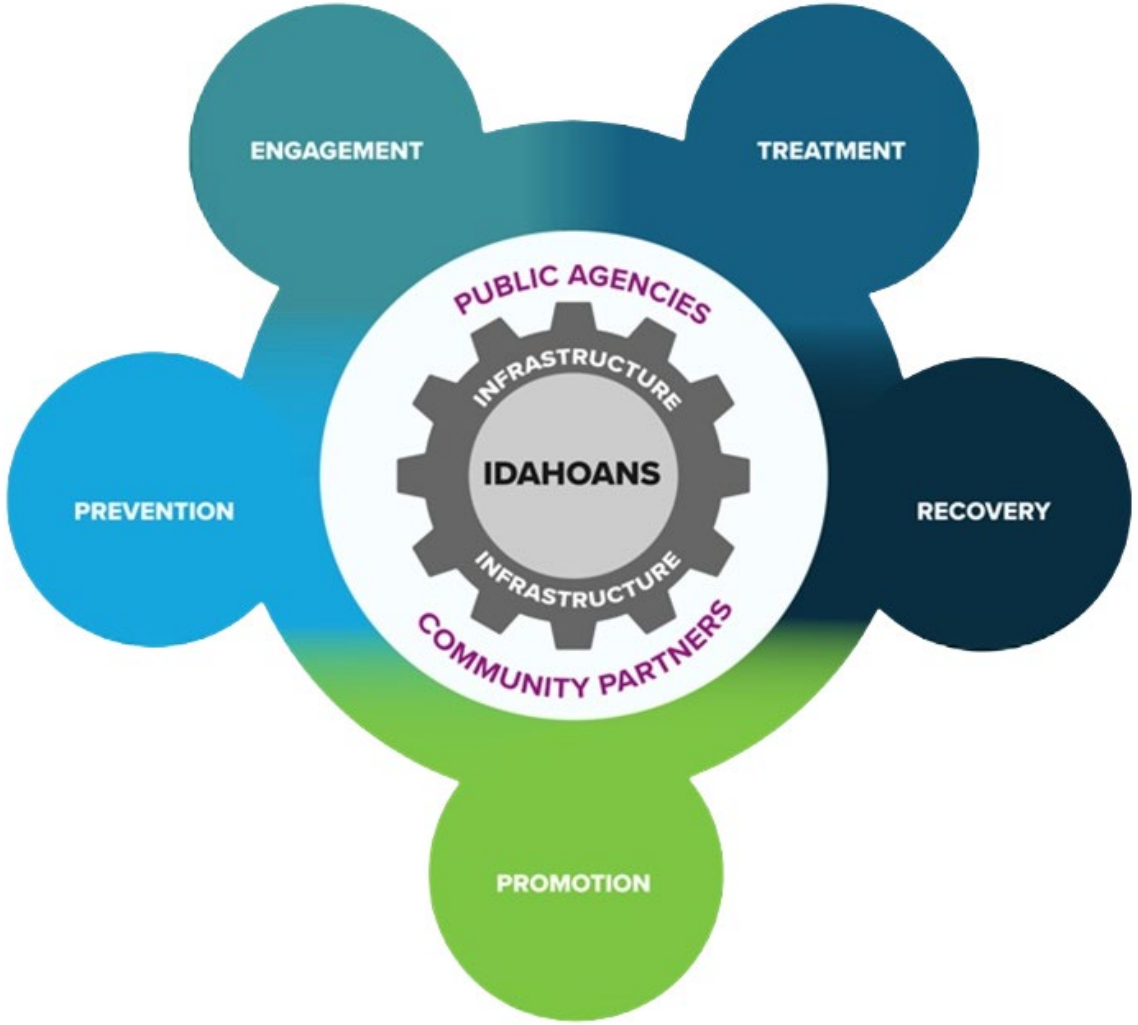
Bree Derrick, Ph. D.
Idaho Department of Correction

Scott Ronan
Idaho Supreme Court

Presentation to the IBHC on August 28, 2026

Engagement #4: Diversion Systems

Develop early diversion and deflection tactics to avoid long-term engagement with the criminal justice system, prearrest, post arrest, and beyond.



Diversion Systems Implementation Team

Agency Sponsors:

- Idaho Department of Correction
- Idaho Supreme Court
- Idaho Department of Juvenile Corrections

Team Membership:

- Sponsor state agency staff
- Local law enforcement
- Research support

Action Item #1: Age of Detainment

Recommend statue changes related to the age of detainment for youth ages 10 and younger.

Lead: IDJC

Objective:
Develop recommendations to revise 20-516/20-520 of the Juvenile Corrections Act

Status: Closed

Action Item #1: Age of Detainment

Accomplishments:

- Collaborated with Idaho Association of County Juvenile Justice Administrators (ACDJJA) to propose revisions to statues
- Drafted revisions to I.C. 20-516 and 20-520
- Refined language with Juvenile Justice Advisory Committee (JJAC)

Action Item #2: Two pilot court projects

Implement two pilot court projects meant to divert justice involved individuals with significant behavioral health issues.

Lead: Scott Ronan, ISC

Objectives:

1. Three low-risk and high-need tracks in existing treatment courts
2. An early intervention Canyon County court seeking to divert court-involved individuals with significant behavioral health issues as soon as possible to address their needs

Status: In Progress

Action Item #2: Two pilot court projects

Accomplishments:

- Finalized a draft of each of the proposals
- Identified potential funding source

Action Item #3: Expand IGNITE in Idaho jails

Evaluate jails' abilities to implement diversionary programs meant to address their service needs, such as behavioral health and education. Specifically, implement the I.G.N.I.T.E. program to at least three additional jails in Idaho. (Inmate Growth Naturally and Through Education)

Lead: Sheriff Sam Hulse, Bonneville County

Objectives:

1. Develop a framework or toolkit for jurisdictions to implement such an effort
2. Provide information about the program to justice stakeholders such as attorneys, judges, recovery coaches, sheriffs, etc.
3. Develop an ongoing learning collaborative for implementation.

Status: In Progress

Action Item #3: Expand IGNITE in Idaho jails

Accomplishments:

- Collected materials from the National Sheriff's Association about IGNITE implementation.
- Reviewed national evaluation framework for intersection with behavioral health.
- I.G.N.I.T.E. is operational in Bonneville, Bingham and Ada County Jails

Action Item #3: Expand IGNITE in Idaho jails

Status: In Progress

- Provide information about the program to justice stakeholders such as attorneys, judges, recovery coaches, sheriffs, etc.
- Develop an ongoing learning collaborative for implementation.
- Complete evaluation of the behavioral health outcomes for IGNITE participants.

Action Item #4: Gap Analysis

Perform a systemwide review and gap analysis of Idaho's deflection and diversion programs or initiatives and their effectiveness.

Lead: Jake Lakey, IDOC

Objectives:

1. Analyze findings from the Sequential Intercept Mapping (SIM) activities throughout the state that occurred in the last three years for the adult system.
2. Show where adult deflection and diversion programs are operating in Idaho.
3. Identify evidence-based models and stages of deflection and diversion in use in Idaho.
4. Connection Regional Behavioral Health Boards with the SIM reports and SIM maps
5. Conduct case studies of successful diversion programs operating in Idaho.

Status: In Progress

Action Item #4: Gap analysis

Accomplishments:

- Reviewed statewide SIM report and spreadsheet of outcomes.
- Created a spreadsheet of known deflection and diversion programs in each county by intercept.
- Recruited additional team members with interest and expertise in diversion programs and criminal justice research.
- Created a plan to transfer ownership of the SIM maps to the RBHBs. (Cancelled).
- Developed a research plan to conduct case studies on four pre-prosecution diversion programs operating in Idaho.

Action Item #4: Gap analysis

Status: In Progress

- Divide and assign research responsibilities to conduct case studies.
- Write up case study results and program outcome report.

Next Meeting

Friday October 30, 2026

THANK YOU!