Brad Little
Governor

Sara Omundson
Ross Edmunds
Co-Chairs

IBHC Meeting Minutes - Approved

June 26, 2026

Location: Idaho Supreme Court, Lincoln Room (basement level)
Recording: https://www.youtube.com/watch?v=Dko2Kr7SDiQ
Slides: https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2026/06/IBHC-6-26-2026-PPT.pdf

Members in Attendance: Ross Edmunds (DHW), Sara Omundson (AOC), Judge Gene Petty, Bree Derrick (IDOC), Christine Starr (COPP), Jeff Agenbroad (SDE), Ashley Dowell (IDJC), Stewart Wilder, Dave Jeppesen, Sen. Camille Blaylock, Rep. Rob Beiswenger

Guests and Staff in Attendance: Brad Baker (DHW), Laura Denner (DHW), Casie Jones (DHW), Scott Rasmussen (DHW), Shannon Fox (DHW), Sarah Kelly (United Way), Scott Ronan (AOC), Lorrie Byerly (AOC), Cheryl Foster (IBHC)

Agenda Items

Welcome
Co-Chair Ross Edmunds introduced himself and had everyone in attendance, both online and in person, introduce themselves.

Approve Minutes

Motion: Ashley Dowell moved and David Jeppesen seconded approval of the minutes of the April 24, 2026 meeting. The motion passed unanimously.

Review of IBHC Vision, Guiding Principles.

Co-Chair Edmunds read the IBHC vision statement, and council members took turns reading the council's seven guiding principles.

IBHC Behavioral Health Framework.

Cherlyl Foster shared the components of the IBHC behavioral health system framework of engagement, treatment, prevention, recovery and promotion.

Opioid Settlement Fund Background

Co-Chair Edmunds shared that the Idaho Legislature passed Idaho Code § 57-825 which provides that the IBHC must report recommendations on the use of the state's opioid settlement fund by September 1st every year to the Governor and JFAC. The legislature is not obligated to follow the recommendations and recently has not, but it is the council's responsibility to make them. The mechanism the IBHC uses to develop the recommendations involves soliciting input from the public, public health service providers and recipients, and other stakeholders. Co-Chair Omundson explained that the IBHC delivers high-level recommendations but does not select individual recommendations for programs. Individual organizations

should contact Cheryl Foster for connection to a state agency to be included in the Governor's budget recommendation.

Co-Chair Omundson indicated that JFAC takes IBHC's recommendations on opioid settlement funds seriously. In response to a question from Mr. Agenbroad, both co-chairs explained that this year was different because the JFAC obtained an additional legal opinion that provided a broader definition than a previous one provided by the Idaho Attorney General.

Opioid Settlement Fund Recommendations Voting

Ms. Foster shared the FY2027 IBHC priority categories and how behavioral health initiatives were funded. The state-directed opioid settlement funds are about $2 million annually, and the legislature often uses additional funds such as the Millenium Fund to fund the priorities.

She summarized the recommendations submitted by the public by categorizing them according to the behavioral health framework. They received 26 submissions containing 46 proposals, including nine fully costed proposals. The treatment (20) and recovery (15) categories had the most recommendations. She added a few summary categories to highlight the most commonly included recommendations. To facilitate the voting for the hybrid meeting, she asked the council to nominate the categories for to populate an online survey form.

Mr. Jeppesen asked if workforce development is still a challenge, and the members agreed it was a challenge in expanding services across the state. Judge Petty commented on the importance of upstream prevention and also recommended prioritizing first responder support. He noted that the Help the Helpers implementation team has a recommendation to the Legislature to provide an app and resources to all first responders in the state. Director Dowell added that the Idaho Criminal Justice Commission is also looking at the workforce for first responders and noted that their stress and trauma is a direct tie to the overall workforce recruitment. Mr. Edmunds noted that many of the proposals cross over multiple categories, such as infrastructure and treatment.

Co-Chair Omundson suggested adding language that asks the Legislature to view the recommendations through a lens of focusing upon services statewide and in rural and frontier areas

Motion: Co-Chair Omundson moved that in their recommendations to JFAC and the Governor that they preface their recommendation of categories with a statement that Idaho focus on resources that are available statewide and are specifically available in our rural and frontier parts of the state. Judge Petty seconded. Director Dowell asked if they should add language that the goal is to increase equity between the urban and rural parts of the state. Judge Petty revised the language to read "The IBHC 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 be prioritized". Mr. Wilder commented in agreement, especially regarding telehealth. The motion to include Judge Petty's language as a preamble to the recommendations passed unanimously

Mr. Jeppesen commented that the $2 million is usually appropriated as one time, and he wondered if most efficient use/highest leverage of use of one-time funds were prevention and first responder support. Co-Chair Omundson asked to specify first responder support as behavioral health support for first responders. The members further discussed the attributes of the categories, including sustainability and specificity.

Co-Chair Omundson asked about statistical data regarding opioids for the purpose of directing prevention resources. The council took a five minute break for Cheryl to review the Substance Misuse in Idaho report from the State Epidemiological Outcomes Workgroup to look for populations that show higher risk in Idaho – such as adults, youth, formerly incarcerated, agricultural industry, or construction. Cheryl read from the report that they don't have data to identify the at-risk populations.

Co-Chair Omundson would like the August 28th agenda to include a discussion regarding what data would be helpful in making decisions next year. Co-Chair Edmunds suggested the possibility of leveraging millennium funds next year. Chair Omundson volunteered to research what drug policies are being worked on and how we can leverage them, and Co-Chair Edmunds will ask the DHW team where this is headed before the next meeting and what the next focus should be.

Mr. Jeppesen said that if he would vote now, his priorities would be First Responders (behavioral health support), Prevention – highest risk areas for prevention, and treatment – especially MOUD. Mr. Agenbroad seconded the motion based on Jeppesen's comments. Director Dowell agreed with prevention and first responders, and her third would be workforce development based on prior conversation.

The members discussed making the priority recommendations first and supplementing information about the highest risk populations later. Although Co-Chair Edmunds indicated that we do not have detailed information about the most important factors.

Council members each voted for their top three priority categories as follows:

Prevention for the Highest Risk Populations – 9 votes (unanimous) – Agenbroad, Derrick, Dowell, Edmunds, Jeppesen, Omundson, Petty, Starr, Wilder

Behavioral Health Support for First Responders – 9 votes (unanimous) - Agenbroad, Derrick, Dowell, Edmunds, Jeppesen, Omundson, Petty, Starr, Wilder

Workforce Development – 5 votes - Dowell, Edmunds, Omundson, Petty, Wilder

Treatment related to MOUD (Medication for Opioid Use Disorder) – 4 votes – Agenbroad, Derrick, Jeppesen, Starr

Recovery Services – 0

Supportive/Sober Housing - 0

Co-Chair Omundson requested that Cheryl gather research and information and have Nate (Poppino) create a handout of the highest risk populations in Idaho to share at the next council meeting. The council can then refine that information then confirm that they will share that information with the Governor and JFAC.

Motion: Director Jeppesen moved, and Judge Petty seconded to accept the votes on four prioritized categories. All approved.

Regarding the reporting mechanism, since the due date is in September, at the August 28 meeting, a final draft and a one-page document with the final vote and data supporting high risk populations needs to be presented, as well as a presentation from the Prevention Team regarding the data. Please send these to Ms. Foster in preparation for the August meeting.

Crisis Centers Recommendation Update

Brad Baker a chief with DHW DBH serves as the initiative team owner. provided a report and update on the Crisis Center Implementation Teams progress.

Brad provided a history of the work done so far and listed the team's priority action items.

Subteam 1 addressed the first action item to increase public awareness and had two initiatives: 1) Dedicated awareness campaign to a broad audience, and 2) Targeted approach to community partners (law enforcement, shelters, hospitals) on services and referral processes. Without funding for an outreach campaign, they relied on Magellan to do provide spotlights in their member and provider newsletters. For their targeted outreach, an expert provided training to the crisis centers on how to conduct outreach and prioritize. They are currently gathering data about the effectiveness of their outreach.

Subteam 2 focused on the second priority to expand youth crisis center services statewide. They met with three of the four youth crisis centers and all the safe teen assessment centers and learned they are already collaborating. Region 2, where there is not a youth crisis center, already conducted a needs assessment for youth crisis services.

Subteam 3 focused on the last two priorities to enhance collaboration between the crisis centers and secure long-term funding to remain stable operations. They established regular statewide meetings for four of the seven crisis centers and began focusing on data to tell the story of their success They want to develop KPIs with an eye to establishing sustainable statewide funding. Each center tracks data related to the number of diversions from the emergency department and jails, but they use different metrics based on their individual agency protocols. That will be their focus for the upcoming year.

Idaho Community Resource Network

Laura Denner and Casie Jones provided an update on the Idaho Community Resource Network (ICRN). They have been building out the framework they presented to the council in October that accomplishes goals for three of the IBHC strategic plan recommendations: Promotion #1 – Program Awareness and Reduction of Stigma; Prevention #1 – Primary Prevention Programs and Protective Factors; and Prevention #2 – Foster Care.

There are many resources available to Idahoans, but they might not know how to find them. DHW's Division of Family and Community Partnerships, which includes the 211 Idaho Care Line; Statewide Service and Resource Navigation; Resource Development; and Office of Faith Based Initiatives brought together healthcare, education, government, prevention programs, nonprofits, and community organizations around a shared resource navigation system. The framework is for a no-wrong door approach. Along with FindHelpIdaho.org, 211 is the front door to getting help. It is supported on the backend by their Navigation program and CarePortal, a national platform for meeting needs.

Division Director Laura Denner provided demonstration of CarePortal, which is the newest pathway under the Office of Faith Based Initiatives. In Idaho, they are piloting having the DHW Navigators in Regions 3 and 4 enter specific needs into the CarePortal. They currently have funds through TANF and work with trusted community partners to meet specific family needs, but the types of services they can provide are limited. However, if they are unable to meet a need through those sources, they will enter the need into CarePortal. It can be tangible things like food, clothing, beds, transportation assistance, but it could also be one-off things such as preparing for a family reunification from foster care by doing a deep clean of a home to remove drug residue. The organizations that sign up to serve are primarily faith-based such as church bodies and other

nonprofits.

Co-Chair Omundson asked if other organizations such as the Women and Children's Alliance can sign up. Ms. Denner said that they are primarily focusing on churches so that the individual needing assistance can be helped directly. The organizations can directly engage the individuals voluntarily within their community and hopefully reduce reliance on government assistance. CarePortal is in addition to the many, many community organizations that are connected to the ICRN, either for referrals or simply listing resources on FindHelpIdaho.org

Ms. Jones explained that it is a tiered system of support. She expanded on their vision of future and expected outcomes such as every Idahoan easily finding and accessing help through trusted coordinated pathways, and services are integrated and not duplicated or fragmented. They have about 40 key performance indicators to track the system-level outcomes.

She highlighted their significant partners such as United Way of Idaho, the provider of FindHelpIdaho and St. Luke's, a key user of FindHelpIdaho and promoter of the ICRN. They also have key connections with prevention programs, such as IDPTV Know Vape.

Co-Chair Omundson asked if this information has been shared with the first responders in the court's criminal system, such as public defenders or law enforcement. Ms. Denner noted that it has not happened yet, but they have several planned campaigns such as a child welfare campaign to educators. Educators are mandated reporters for physical and sexual abuse, but poverty-based needs can be met outside the child welfare system. They are working with the Department of Education to create materials directing those needs to 211 instead of the child welfare system. All the partners working on public outreach and awareness of the network. For example, St. Luke's has their own campaign to law enforcement.

Co-Chair Omundson suggested handouts would be very valuable to the AOC, and she requested Lorrie Byerly share information on Ms. Denner's and Ms. Jone's presentation with Scott Ronan for presentation to the Idaho Treatment Court Committee.

IBHC Strategic Action Plan Implementation Status

Ms. Foster shared the implementation status of IBCH 2024-2028 Prioritized Recommendations are available on the website.

Next Meeting Date August 28

Adjourn