Brad Little
Governor

Sara Omundson
Ross Edmunds
Co-Chairs

IBHC Meeting Minutes - Approved

August 28, 2026

Recording: https://idcourts.zoom.us/rec/share/Q2sk2eCFf9Vzg1GUzwdhYuxha3KPllGbZGY5KzXHPhEqnAeU28i19LS0Cufzx-cA.Ui4NpTHxqmBdHYPh?from=hub

Slides: https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2026/09/IBHC-8-28-2026-PPT.pdf

Members in Attendance: Sara Omundson (AOC), Judge Gene Petty (ICOA), Bree Derrick (IDOC), Christine Starr (COPP), Ashley Dowell (IDJC), Stewart Wilder, Dave Jeppesen, Rep. Brooke Green,

Guests and Staff in Attendance: Judge Michael Tribe (ICOA), Dr. Eric Studebaker (Project Echo), Dr. Megan Smith (BSU), Scott Ronan (AOC), Sharlene Davis (AOC), Brandi Hawkins (AOC), Cheryl Foster (IBHC)

Minutes

Welcome
Co-Chair Sara Omundson greeted the members and noted that Co-Chair Ross Edmunds is out of town. She reviewed the agenda and noted council member Judge Petty's recent appointment to the Idaho Court of Appeals.

Approve Minutes

Mr. Dave Jeppesen moved and Mr. Stewart Wilder seconded approval of the minutes for the June 26, 2026 meeting. The motion passed unanimously without discussion.

Review of IBHC Vision, Guiding Principles, and Behavioral Health Framework

Co-Chair Omundson read one of the council's seven guiding principles on using evidence and best practices for funding services and supports.

Cheryl Foster shared that several components of the IBHC behavioral health system framework will be presented today: Prevention represented by Dr. Eric Studebaker for Primary Prevention and Protective Factors recommendation, Engagement represented by Scott Ronan and Director Bree Derrick for Diversion Systems recommendation, and Treatment represented by Judge Michael Tribe for the Treatment Courts recommendation.

Opioid Settlement Fund Recommendations

Co-Chair Omundson shared a letter that she and Co-Chair Edmunds will send to the Governor and Legislature to meet the IBHC's statutory requirements to provide recommendations on Idaho's opioid settlement fund expenditures. The council voted on the recommendations during the last meeting, so she

clarified that there was nothing to vote on today. To accompany the letter is a handout that identifies risk factors for opioid use disorder in Idaho.

Primary Prevention and Protective Factors

Co-Chair Omundson introduced Dr. Eric Studebaker and Dr. Megan Smith for the Primary Prevention and Protective Factors recommendation. Dr. Studebaker provided a brief overview of the implementation team. They have several agency sponsors: Idaho Department of Juvenile Corrections, State Department of Education, Idaho Department of Health and Welfare, and Idaho Office of Drug Policy. Their membership includes representatives from the sponsor agencies, as well as universities, nonprofits, and prevention professionals. To begin their work, the team accepted proposals from the membership, leading to 24 action items. After evaluating the proposals, they identified 7 for implementation.

Megan Smith talked about the team's lens for prevention. As there are many different ideas of prevention, she emphasized their focus is primary or universal, which is different than targeted interventions. To demonstrate, she shared the Health Impact Pyramid where they want to focus on its base for promoting the most well-being for the most people. They want to strengthen the conditions that support behavioral health at a societal level.

As pertinent to the IBHC's cross-sectional work, she shared the major pathways from the WHO to transform behavioral health: Deepen the value given to behavioral health with meaningful engagement and investment across sectors; Reshape environments to protect and prevent behavioral health conditions; and Strengthen behavioral health care by building community-based networks of services.

Dr. Smith provided an update on each of the action items as follows:

Action item #1 – Increase community connectedness through the state. The importance of social connection is a key protective factor. Social isolation or lack of social connection is the #1 factor in youth mental wellbeing. Fortunately, you do not need to be an expert in behavioral health to support this initiative, and they are working in many communities to try to build connections. They have worked with DHW around the faith initiatives, and they are including community connectedness as a resource in the Idaho Community Resource Network.

Action #2 – Increase Crime Prevention. IDJC is leading this initiative, working to shift the emphasis to primary prevention. For example, they are working with SROs (school resource officers) to help them understand their role in prevention instead of just chasing crime. The team has provided training about SROs, assessed Utah legislation around school safety, and is partnering with Rising Voices to promote a positive mental health campaign.

Action #3 – Expand Positive Youth Development through Primary Prevention. This action item is around increasing the effectiveness and reach of evidence-based primary prevention practices. This action item is closed because ODP already does this work and maintains a website with the information.

Action #4 – Implement the Idaho Pediatric Psychiatry Access Line (IPPAL) in Idaho. Dr. Studebaker leads this action item and provided the update that the Rural Health Transformation Program provides a funding opportunity to fund a pediatric psychiatry access line, for which the University of Idaho will apply. Idaho is the only state without this resource, which assists primary care providers in reviewing psychiatric medications. In response to comments from Co-Chair Omundson and Director Dowell, Dr. Studebaker emphasized that on-call psychiatrists could help reduce the number of prescriptions by ensuring effective treatment. They have many partners ready to support this project.

Action #5 – Promoting positive childhood experiences. Dr. Smith said that this action item is led by Jane Zink from Idaho AEYC (Idaho Association for the Education of Young Children) and Roger Sherman from Idaho Children's Trust Fund. They are focused on upstream prevention by supporting babies and young children and their families with positive experiences. Ten years ago, the focus was identifying adverse childhood experiences. However, the most recent science shows that more positive childhood

experiences are beneficial regardless of an adverse background. The shift is from a deficit-based model to a strengths-based model. As for accomplishments, the team wanted to work with RISE database to get specific data but that wasn't feasible. Instead, they are now part of the Idaho Community Resource Network – connecting with where people are searching for resources.

Action #6 – Strengthening Idaho's Safe Teen Assessment Centers. Nancy (Winmill) and Todd (Mauger) are strong leaders in this space. They brought together all the centers to form a coalition to share best practices, work with the National Assessment Centers Association, and explore sustainable funding. After receiving initial funding to prove the concept and showing return on investment, they have struggled to receive funding for the amazing work they do. One of their projects this year was to standardize their data and metrics to create a dashboard.

Action item #7 – Establish data dashboard to promote primary prevention. This action item reimagines data on behavioral health and how it connects across data sources and upstream. Specifically, what data do we need to move us forward? We have outcome data such emergency department data, but how can we create a dashboard that illustrates risk and protective factors. We are working with the Idaho Youth Well-being Survey, SEOW (Statewide Epidemiological Outcomes Workgroup), and Insight Idaho. They want to collect data and create a public dashboard that identifies key prevention and health promotion areas for the state. They have done a full review of data sources on risk/protective/outcome factors. They have an initial plan to do a roadshow in partnership with Idaho Department of Education through the end of March to highlight data.

Rep. Green asked about action item#1 facilitating the connectivity within communities. She belongs to moms' groups where there are a lot of conversations around access to sports. They know that involvement in sports leads to lower rates of drug use. However, the moms note that sports are pay-to-play and are incredibly expensive, and many cannot afford the fees. Is that something that they plan to address, especially in rural communities? Dr. Smith thanked Rep. Green for highlighting the importance of action item #1. Dr. Smith is also the Director of Communities for Youth, a statewide organization focused on upstream prevention for youth mental health, and she said they are conversing about this. Related to the concerns expressed, sports have become high-level and they are now finding higher rates of substance use and mental health challenge among the most competitive sports. They are engaging with a statewide coaches' organization to emphasize their role as trusted supporting adults, more than just a challenger of competition. She also said they are working to bring back recreational leagues that are more affordable and less competitive.

Dr. Studebaker added that they are working to put these youth activities into FindHelpIdaho. Rep. Green said that the existing rec leagues fill up fast, especially in Ada County. She wondered if the faith-based communities could start creating more rec leagues for kids.

Dr. Smith added that Idaho's attorney general was helpful in getting settlement funds from the social media lawsuit. There is a push for using those funds for in-person activities. This would be an excellent opportunity to build out the upstream prevention systems correctly across the state and support our institutions who are running those.

Co-Chair Omundson said that there was a conscious effort when the IBHC was formed to include others outside of government work. She attended one of this team's meetings earlier in the year and was impressed with the variety of people and organizations represented around the table.

Treatment Courts

Co-Chair Omundson asked Idaho Court of Appeals Judge Michael Tribe who is leading the Treatment Court team to explain the different types of treatment courts. Judge Tribe introduced Sharlene Davis, who works for the Administrative Office of the Courts, as an expert on treatment courts. Judge Tribe said he presided over two types of two types of felony drug courts. There are also specialty courts for veterans, DUI, domestic violence, mental health, as well as young adult drug courts and child protection drug

courts, totaling 70 treatment courts across the state. Idaho's treatment courts are post-plea, meaning that after entering a guilty plea they can participate in a treatment court rather than prison, a rider or traditional probation. Once in treatment court they do 18-24 months of intensive outpatient treatment while they are on probation. They also target individuals considered high-risk and high-need. For mental health court, the high-risk is for committing new crimes and high-need usually includes drug addiction that accompanies a mental illness.

The have 21 members representing several different agencies on the implementation team. They identified five action items and are actively working on three. He provided an update as follows:

Action Item #1 – Gap analysis for mental health courts. It is on hold waiting for the court's Data and Evaluation staff, who are working as time allows with their other priorities. Sharlene added that she just received preliminary data yesterday, but they will meet with the mental health court coordinators to provide context and answer questions.

Action Item #2 – Adequately fund treatment courts. This team originally surveyed treatment managers on whether they were adequately funded but found the results on "adequately funded" ill-defined. Instead, they will send another survey to ask about "fully" funding treatment courts. They are also looking at other states, such as Georgia and other northwestern states for funding models. Co-Chair Omundson pointed out that Idaho uses a cooperative model where the counties and states are both responsible for funding. This is important for treatment courts, where participants are employed, so they have court early in the morning or later in the evening. The counties are responsible for funding the facilities, so they pay to keep the courthouses open after hours, including security.

Action item #3 – Not having to move for treatment court location. Currently treatment court participants must live in the same county as their treatment court, meaning that individuals must move to participate. Judge Tribe said that in the fifth district, there is one mental health court for eight counties. Moving from their home county and away from their support systems has proved problematic for court participants. This team is looking into technology and sharing supervision resources in neighboring counties. They began with a survey of treatment providers and participants to find the pros and cons of virtual treatment, and they developed a checklist or guideline of things to consider for creating a satellite or virtual court.

They will request permission from the ISC's Treatment Court Committee to pilot a satellite court in the Blaine county, where the court will share resources with Twin Falls county.

Action Item #4 – Streamline the process of entering a treatment court to within 50 days. Team leaders Darci Dickinson and Judge Poorman conducted a survey and found it normally takes four months or 120 days from an arrest or probation violation before an individual enters a treatment court. During Admin Conference, Darci proposed a program where an individual can get into a treatment court in lieu of filing a probation violation. District 3 will pilot this program. They have already worked with IDOC to establish a process, and plan to work with misdemeanor probation.

The team is also exploring alternatives to the PSI (Pre-Sentence Investigation Report) for treatment court. It takes eight weeks for a full PSI, which requires extensive interviews of family members, victims, and others to document a defendant's full history. However, getting individuals into treatment sooner provides better outcomes. They are looking at maybe creating a mini-PSI or other application to determine whether someone is a viable treatment court candidate.

Action Item #5 – Transition from the rider to a treatment court model. This action item is on hold as they are waiting until completion of #4.

Stewart Wilder asked if there is a coalition of other rural or western states to collaborate on #3. Court Services Director Scott Ronan responded that Darci Dickinson is the national representative for the National Center for State Courts, and they are starting a western coalition.

Director Derrick mentioned that a subcommittee of the Idaho Criminal Justice Commission is working on

the rider program specifically. They are looking into changing reentry procedures, which may impact work on #5.

Judge Tribe welcomed Judge Petty to the Appeals Court and announced Sharlene's new position as District 3 Deputy TCA.

Diversion System

Co-chair Omundson introduced Scott Ronan and Bree Derrick for the Diversion Systems implementation team. Director Derrick reviewed their purpose to find options for early diversion and deflection tactics to keep people out of the criminal justice system. The team is sponsored by Idaho Department of Correction, Idaho Supreme Court, and the Idaho Department of Juvenile Corrections. Most of their members are from state agencies, but they have support from Dr. Shannon Lynch and local sheriffs. The team for action item #4 has brought in additional members working in local areas. As a committee, they have struggled in a few spots. However, they have pivoted and gained traction on a couple of action items, while a couple still have barriers.

Action item #1 – Statutory changes for the age of detainment. The Idaho Department of Juvenile Corrections led this action item to pursue statutory changes around the age of detainment. The team did a lot of work with stakeholder engagement to prepare legislation, but ultimately this item was closed without a political path forward. Director Dowell agreed and expressed gratitude for their county partners' very good work, but unfortunately there wasn't a political appetite to move it forward in the immediate future

Action item #2 – Pilot court projects. Scott Ronan thanked Judge Tribe and Sharlene for providing background about treatment courts to provide context for his action item. He said the first pilot court project, an early intervention court, has had a long gestation period with Judge Petty leading stakeholders in the 3rd District. The early intervention court would create a pre-plea model to get individuals with significant behavioral health issues into treatment and accountability earlier – an actual diversion from further justice involvement. The second pilot establishes tracks in existing treatment courts for individuals with low risk, but high needs. Director Ronan explained that they operate under treatment court standards that don't currently address the new models. But emerging research shows a need for these alternatives.

Co-Chair Omundson explained that a separate track is needed for low-risk individuals because they don't have the same criminal history as those with higher risk to offend. Judge Petty added that they frequently see individuals just entering the system who don't qualify for the existing treatment court model. They essentially wait until the person is sicker, lose their job, housing, and family support before they are eligible. There was a discussion about the high-risk assessment, where some individuals with addiction don't score high enough on the criminogenic risk assessment if their life isn't otherwise impacted beyond the addiction (i.e., drinking and driving).

Director Roman said they had originally developed these programs years ago to be used with opioid settlement funds until an opinion from the Idaho Attorney General determined otherwise. They are reengaging with the Treatment Court Committee to eventually gain approval from the Idaho Supreme Court to pursue funding opportunities.

Action item #3 – Expanding IGNITE into Idaho jails. Sheriff Sam Hulse leads this action item on IGNITE or Inmate Growth Naturally and Intentionally Through Education, a National Sheriff's Association initiative. IGNITE is an umbrella program designed to bring different types of programming into county jails. The programming must be voluntary, merit-based, and educational. For example, Bonneville jail offers GED and behavioral health programming. There is a national evaluation of IGNITE focused on outcomes, but we are working to evaluate the behavioral health components. Sheriff Hulse is enthusiastic and putting together a toolkit for jails to adopt IGNITE. So far Ada and Bingham counties have also incorporated it.

Action Item #4 – Gap Analysis. They wanted to do a gap analysis of the diversion opportunities around the state and started by reviewing the adult sequential intercept maps. They developed a spreadsheet of

programs in each county but faced a couple of challenges. First, they discovered that similarly named programs (like LEAD) were operated differently in different parts of Idaho, which makes comparisons difficult for a gap analysis. Second, the sequential intercept maps and lists of programs are stale after completion, which isn't useful as a real-time resource. They needed local county-level knowledge and ownership for the work to be sustainable. The team planned to move the work to the Regional Behavioral Health Boards, but that work was cancelled after the boards lost their resources.

The team pivoted to do case studies of pre-prosecution diversion programs. There are a handful of these programs funded through IDOC that we want to evaluate and write up the outcomes. Dr. Lynch is helpful to this team in developing the research plan.

Next Meeting Date October 30

Co-Chair Omundson said they will send the opioid settlement fund letter to the Governor and the Co-Chairs of JFAC by next week. The IBHC will gather in October to talk about where they are and where they are headed.