

IDAHO DEPARTMENT OF JUVENILE CORRECTIONS
IDAHO JUVENILE JUSTICE COMMISSION MEETING MINUTES
MARCH 3, 2022

Location: <https://us06web.zoom.us/j/82717505804>

Meeting ID: 827 1750 5804

Call In: 1 (669) 900-6833

Time: 9:30 am-4:30 am
 Mountain Standard Time

Members Present:

- Hakim Hazim, Idaho Juvenile Justice Commission Chair
- Bill Thompson, Vice-Chair, Latah County Prosecuting Attorney
- Amanda Leader, D4 Council Chair, Boise County Community Justice Director
- Amy Guier, LMSW, D2 Council Chair, CJPO, Nez Perce County Justice Services
- Anna Briggs, D2 Council, Youth member
- Carolyn Estess, Youth Committee
- Cassandra Arc, Youth Committee Vice-Chair
- Dahlia Stender, D3 Council Chair, Washington County CJPO
- Darin Burrell, D7 Council Chair, Fremont County CJPO
- Dave Peters, MS, LMFT, CPM, Chief of CMH, H&W - Region 7
- Dawn Maglish, Victim Coordinator
- Hannah Burrell, Youth Committee Chair
- Suzanne Peck, State Coordinator, Title IX-A Homeless Education, Title ID Neglected, Delinquent & At-Risk, Idaho State Department of Education

- Honorable Dayo Onanubosi, State of Idaho Magistrate Court, Canyon County
- Honorable Mark A. Ingram, Idaho Magistrate Judge of the 5th Judicial District
- Kenadee Gorton, Youth member
- Kimberly Hokanson, Idaho Behavioral Health Council Advisory Board
- Korey Solomon, LSW, D5 Council Chair, Owner/President of Northstar I.H.S.S.
- Lina Smith, Trivium Life Services Director
- Natella Shaw, Tribal Council Chair, Tribal Council Chair
- Ruth York, Executive Director, Idaho Federation of Families
- Sam Moore, Youth Committee
- Shannon Fox, D6 Council Chair
- Shawn Harper, Lieutenant, Community Services Division Meridian Police
- Stacy Brown, D1 Council Chair, CJPO Boundary County

Comprising a quorum of the Idaho Juvenile Justice Commission.

Others Present:

- Monty Prow, Director, IDJC
- Alicia Baptiste, District 4 Liaison, IDJC
- Chelsea Newton, Program Supervisor, Planning & Compliance
- Jason Dye, Statewide Juvenile Justice Manager, Idaho Supreme Court
- Jason Stone, Community, Operations, and Program Services Director, IDJC
- Jeff Armstrong, Financial Specialist, Sr., IDJC
- Jen Callahan, Administrative Services Administrator, IDJC
- Joe Langan, District 3 Liaison, IDJC
- Jose Martinez, Behavior Health Program Specialist, IDJC
- Katherine Brain, Administrative Assistant I, Planning & Compliance, IDJC

- Marissa Evans, Program Specialist, Planning & Compliance, IDJC
- Renee Waite, District Liaison Supervisor, District 5 Liaison, IDJC
- Shane Boyle, District 7 Liaison, IDJC
- Stace Gearhart, District 6 Liaison, IDJC
- Zlata Myr, District 1 & 2 Liaison, IDJC
- Chad Jacobs, IDJC
- Kimber Janes, Child Advocate
- Leahann Romero, IDJC
- Brianna Woolsey, Idaho Resiliency Project

Note: The order of the agenda items is subject to change.

Agenda		Meeting Outcomes/Decisions Reached	Who's Responsible
1.	Call to Order	Welcome. Today we have guests: Leahann Romero, Kimber Janes, and Brianna Woolsey.	Hakim Hazim, Chair
2.	Action Item Approval of Consent Agenda	Motion: Darin Burrell moved to approve the 2022 March Consent Agenda as is. Second: Stacy Brown. All in favor. No one opposed. Motion passed.	Members
3.	Idaho Resiliency Project	Updates: <ul style="list-style-type: none"> • Trainings across Idaho to help participants to focus on their story, claim their story, and become resilient in their own story. • Youth Mental Crusade training. • Received second grant to expand training in the parenting program. 	Brianna Woolsey

Agenda		Meeting Outcomes/Decisions Reached	Who's Responsible
4.	Youth Committee Update	<ul style="list-style-type: none"> • Guest-Luis Granados, Executive Director of Breaking Chains Academy talked about his program. • CWI Update on the Youth Newsletter and handbook. • Hoping to schedule the Youth Speaks tour in July with speaker Noah Schultz. • Need more youth members. 	Hannah Burrell, Chair
5.	Tribal Council Update	Appreciate any suggestion for Tribal speakers or training in the area to share with the Tribal Council	Chelsea Newton
6.	Action Item Commission Membership <ul style="list-style-type: none"> • New member applications <ul style="list-style-type: none"> ○ Kimber Janes • Reappointments-June 2022 • Need youth members 	New Member Appointment: Kimber Janes Kimber shared her background on how and why she became involved in child advocacy. Motion- Bill Thompson moved to accept Kimber Janes' application for appointment to the Commission and send a recommendation to the Governor for appointment. Second- Stacy Brown and Shawn Harper. All in favor. Motion passed to recommend Janes to the Governor for appointment to the Commission. Discussion on the OJJDP requirements for state advisory group memberships and why we need more youth and non-government employee members. Reappointments due by June 2022-Amanda Leader, Dahlia Stender, Dawn Maglish, Hannah Burrell, and Suzanne Peck. Please send resumes and application for appointments to Katherine or Chelsea.	Hakim Hazim, Chair
7.	Compliance Update	Summary-Our focus is on the four core requirements. DSO, or Deinstitutionalization of Status Offenders, has been our biggest concern as we have been out of compliance. However, we are confident that we will be back into compliance this year. For more updates, please refer to the Compliance Update Report located in the meeting book.	Chelsea Newton
8.	Grant Scoring Committee Update DSO Project Grant ACTION ITEM: Approval to fund to applicant's request of \$10,000 for youth at risk.	On March 2, 2022, we scored an application for the DSO Grant Funding, which was announced in December 10, 2021. The only applicant was Shepherd's Home in McCall, Idaho, who scored well enough to recommend approval for funding with two special conditions: <ul style="list-style-type: none"> • Need a copy of the resume for the new hires overseeing the program • Budget question-the entry for unanticipated cost should follow the federal guidelines for funding. The applicant requested \$10,000 for their project. The formal recommendation of the Grants Scoring Committee is to honor the applicants request. The formal recommendation has become the motion. Second: All members agreed to approve full funding of the applicant's grant request of \$10,000.	Darin Burrell
9.	R/ED Update <ul style="list-style-type: none"> • BSU Statewide Data Analysis 	Please review the Racial and Ethnic Disparities report included in the meeting book.	Marissa Evans
10.	Budget	FY18-Spending in the budget is incredible. We are just at 50.02% spending in DSO category, which is where we want to be. FY19-Spending has started with 76.5% of the money going towards the DSO category. FY20-Budget modification approved by OJJDP. District Council's and Youth Committee's budgets were increased. Money is available to spend.	Jen Callahan
11.	Printing JJ Directory	Discussion-Printing the directory is not really a priority. No action item needed.	Chelsea Newton
12.	Action Item: <ul style="list-style-type: none"> • Juvenile Justice Stakeholders Training Grant 	The Juvenile Justice Stakeholders Training Grant is a state-wide funding opportunity, and historically the Idaho Juvenile Justice Association (IJA) has submitted a grant application for funds for the past three or four years. Before we release the grant this year, do you want to make any changes? Is the amount \$20,000 enough? Too much? One opinion-yes. Suggestion-a track to focus on DSO and use DSO funds. The award will be a competitive process and open to anyone to apply.	Chelsea Newton

Agenda		Meeting Outcomes/Decisions Reached	Who's Responsible
		<p>Motion: Stacy Brown moved to continue the Juvenile Justice Stakeholders Training Grant with the focus being on DSO.</p> <p>Seconded: Judge Ingram. All in favor. Motion passed</p>	
13.	IDJC Update	<ul style="list-style-type: none"> • Three pieces of legislation, HO451, HO452, and HO453, passed the House and the Senate with no opposition and signed by Governor Little on March 7, 2022. • Custody Review Board update-legislation proposed to add another group of youth that will be reviewed by the CRB based on length of custody, 18 months, and not related to age. • Idaho Behavioral Health Council was formed in 2020 to discover the gaps. The Strategic Plan is included in the meeting book. • SRO Update is located in the meeting book. • Current custody is at 148 juveniles. 	Director Prow
14.	Committee Breakout and Reports	<p><u>R/ED Committee:</u> Alicia, Amy Lina, Marissa, and Stace.</p> <p>Discussion-</p> <ul style="list-style-type: none"> • What data will be beneficial? • Do we include poverty level? • Where are the gaps in the communities and where should we put our money? • We need to define our problem areas. • Who are the repeat offenders? • Are they still reported and how does it affect the data? <p><u>DSO Committee:</u> Chelsea, Jason Dye, Stacy, and Zlata</p> <p>Discussion-</p> <ul style="list-style-type: none"> • How will we use the money? • IDJC will be contracting with the National Assessment Center Association to help provide training to stakeholders on the assessment center model. • Funding should be allocated to help pay for travel costs so that stakeholder can attend the training in the hope that they will look at building such centers in their areas. • Will continue looking at other training options. <p><u>Strengthening Families & Reduce Recidivism:</u> (New committee) Amanda, Bill, Dahlia, Darin, Jose, Korey, Renee, Shane, and Shannon.</p> <p>Discussion-</p> <ul style="list-style-type: none"> • Where to start? • What are the challenges, the needs and the issues? • Surveys will be sent out to the district councils for feedback. • We will work to come up with a plan to spend the FY20 funds. 	Commission Members
15.	Adjournment	We would like to meet in-person for the June 16, 2022, meeting. Meeting adjourned at 2:20	Commission Members

Submitted to Chair by,
Administrative Assistant 1

Planning and Compliance Unit

Next meeting is scheduled for June 16, 2022

Idaho Juvenile Justice Commission
Commission Consent Agenda Meeting Book



**IDAHO
JUVENILE
JUSTICE**



C O M M I S S I O N

Idaho Juvenile Justice Commission
March 3, 2022, 9:30 am - 4:30 pm Mountain Time
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Idaho Juvenile Justice Commission Standing Committees

Executive Committee

Hakim Hazim, Commission Chair
Bill Thompson, Vice Chair
Darin Burrell, Grants Committee Chair
Hannah Burrell, Youth Committee Chair
(Vacant), Legislative Committee Chair

Legislative Committee

(Vacant), Chair

Program Committee

Hakim Haim, Commission Chair

Grants Committee

Darin Burrell, Chair
Stacy Brown

Youth Committee

Hannah Burrell, Chair
Cassandra Arc, Vice-Chair
Anna Briggs
Carolyn Estess
Kenadee Gorton
Sam Moore

Ad-Hoc Committees

Bylaws Committee

Bill Thompson, Chair
Honorable Mark Ingram

Compliance Committee/DSO

Hon. Mark Ingram, Chair
Amanda Leader
Bill Thompson
Carolyn Estess
Cassandra Arc
Dave Peters
Hakim Haim
Hannah Burrell
Kenadee Gorton
Korey Solomon
Stacy Brown

Ethics Committee

(Vacant), Chair
Bill Thompson
Marc Crecelius, IDJC DAG

Racial and Ethnic Disparity

(Formally known as DMC)
Hon. Dayo Onanubosi, Chair
Amy Guier
Anna Briggs
Dahlia Stender
Darin Burrell
Dawn Maglish
Kimberly Hokanson
Lina Smith
Natella Shaw
Ruth York
Sam Moore
Shannon Fox
Shawn Harper
Stace Gearhart
Suzanne Peck

Reintegration Committee (suspended)

Restorative Justice Practices Committee (suspended)

Idaho Juvenile Justice Commission Committees Descriptions

Name	Purpose	Authority	Expectations
Executive Committee	<ul style="list-style-type: none"> Hear and decide funding appeals Develop membership recommendations 	<ul style="list-style-type: none"> Standing Committee Decision-making authority 	<ul style="list-style-type: none"> Chair a standing committee Resolve appeals Manage membership
Grants Committee	<ul style="list-style-type: none"> Review grant applications Prioritize grants Develop funding recommendations 	<ul style="list-style-type: none"> Standing Committee Recommendation authority Lead for sub-grant funding 	<ul style="list-style-type: none"> Be available to review and score grants Advise staff on granting projects Identify conflicts of interest Provide feedback to applicants
Legislative Committee	<ul style="list-style-type: none"> Be involved in legislative activities necessary to the fulfillment of the goals and objectives of the Commission 	<ul style="list-style-type: none"> Standing Committee Recommendation Authority 	<ul style="list-style-type: none"> Stay current on legislative activities Identify critical issues Establish strategy for Commission Engage /Inform key stakeholders
Program Committee	<ul style="list-style-type: none"> Review program activities Determine effectiveness of programs. Initiate planning process for future program activities Facilitate coordination among various programs Make recommendations to the Commission 	<ul style="list-style-type: none"> Standing Committee Recommendation Authority Lead for Planning 	<ul style="list-style-type: none"> Lead the 3-Year Planning process Review Commission projects and analyze impacts Research evidence-based approaches
Ethics Committee	<ul style="list-style-type: none"> Review and update Commission ethical standards Develop recommendations to the Commission 	<ul style="list-style-type: none"> Ad Hoc Committee Recommendation authority 	<ul style="list-style-type: none"> Deliberate ethical issues and make recommendations
Youth Committee	<ul style="list-style-type: none"> Actively engage youth in the juvenile justice system Support the youth members in planning and implementing projects Recruit and recommend youth members 	<ul style="list-style-type: none"> Standing Committee Recommendation authority Decision authority for youth project funds 	<ul style="list-style-type: none"> Support youth members in your local area Participate in committee meetings in-person or via conference call Assist youth in making introductions Connections throughout the state Encourage and support a network of youth volunteers
Compliance Committee	Assist Compliance Monitor by <ul style="list-style-type: none"> Brainstorming ideas Overseeing activities Assisting with relationship-building 	<ul style="list-style-type: none"> Ad Hoc Committee Recommendation authority Decision authority for compliance project funds 	<ul style="list-style-type: none"> Stay informed on compliance issues Participate in onsite inspections when possible Develop recommendations for funding Assist Compliance Monitor with local agency relationships
Racial and Ethnic Disparity Committee (DMC)	<ul style="list-style-type: none"> Review Data to inform DMC activities Select communities to assess Assist onsite or via other communication to implement principles of DMC 	<ul style="list-style-type: none"> Ad Hoc Committee Recommendation authority Decision authority for DMC project funds 	<ul style="list-style-type: none"> Stay informed on DMC issues Visit project communities when possible Assist DMC Coordinator with local agency relationships
Reintegration Committee	<ul style="list-style-type: none"> Pursue and/or adapt the activities in the 3-year Plan related to reintegration Identify and support evidence-based approaches 	<ul style="list-style-type: none"> Ad Hoc Committee Recommendation authority Decision authority for reintegration funds 	<ul style="list-style-type: none"> Research evidence based approaches Manage budget, Establish priorities, Establish program benchmarks
Restorative Justice Practices Committee (RJP)	<ul style="list-style-type: none"> Pursue and/or adapt the activities in the 3-year Plan related to restorative justice practices Promote RJP to stakeholders 	<ul style="list-style-type: none"> Ad Hoc Committee Recommendation authority Decision authority for RJP funds 	<ul style="list-style-type: none"> Learn and promote RJP Participate in local RJ activities Manage budget/ establish priorities and program benchmarks

2022 Commission Member Worksheet

Member Name	Original Appt	Last Reappt	Expires	Formula Category	Formula Category	Council Chairs	FT Govt. Emp.	Youth Members	Total Members	District
Amanda Leader	9/18/19	7/1/19	7/1/22	B		D4	1		1	4
Anna Briggs	7/1/13	7/1/19	7/1/22	E				1	1	2
Cassandra Arc	5/1/18	7/1/19	7/1/22	E				1	1	4
Dahlia Stender	7/1/19	7/1/19	7/1/22	B		D3	1		1	3
Dawn Maglish	7/1/19	7/1/19	7/1/22	I	D				1	3
Hannah Burrell	7/1/19	7/1/19	7/1/22	E				1	1	7
Suzanne Peck	9/18/18	7/1/19	7/1/22	G	C		1		1	4
Shannon Fox	12/30/21	12/31/21	1/1/23	D		D6			1	6
Aide "Sam" Moore	12/14/17	12/14/20	7/1/23	E				1	1	4
Amy Guier	7/1/20	7/1/20	7/1/23	B		D2	1		1	2
Carolyn Estess	7/1/20	7/1/20	7/1/23	E				1	1	4
Darin Burrell	5/13/14	7/1/20	7/1/23	B		D7	1		1	7
Dave Peters	5/14/14	7/1/20	7/1/23	C	H		1		1	7
Hon. Mark Ingram	5/13/14	7/1/20	7/1/23	A	B		1		1	5
Korey Solomon	5/14/14	7/1/20	7/1/23	F	H	D5			1	5
Natella Shaw	12/14/17	7/1/20	7/1/23	J		Tribal	1		1	Tribal
Shawn Harper	7/1/20	7/1/20	7/1/23	B			1		1	4
Hakim Jamal Hazim, Chair	2/15/21	2/15/21	1/1/24	E	F				1	3
Kimberly Hokanson	1/1/21	1/1/21	1/1/24	E					1	7
Lina Smith	1/1/21	1/1/21	1/1/24	C	H				1	3
Ruth York	1/1/21	1/1/21	1/1/24	D					1	4
Bill Thompson	7/2/02	7/1/21	7/1/24	A	B		1		1	2
Hon. Dayo Onanubosi	10/15/15	7/1/21	7/1/24	A	B		1		1	3
Kenadee Gorton	11/1/21	7/1/21	7/1/24	E				1	1	7
Stacy Brown	8/31/12	7/1/21	7/1/24	B		D1	1		1	1
Three Commission members must have been under the jurisdiction of the JJ system							12	6	25	15-33 Total
Percent of full time government employees (<50%)							48%			
Percent of Youth Members (>20%)								24%		

2022 Commission Member Worksheet

Key to Formula Categories

A. Locally elected official representing general purpose local government.

B. Representative of law enforcement and juvenile justice agencies, including:

1. Juvenile and family court judges
2. Prosecutors
3. Counsel for children and youth
4. Probation workers

C. Representatives of public agencies concerned with delinquency prevention or treatment:

1. Welfare
2. Social services
3. Child and Adolescent Mental Health
4. Education
5. Child and Adolescent substance abuse
6. Special Education
7. Services for youth with disabilities
8. Recreation
9. Youth services

D. Representatives of private nonprofit organizations, including persons with a special focus on:

1. Family preservation and strengthening
2. Parent groups and parent self-help groups
3. Youth development
4. Delinquency prevention and treatment
5. Neglected or dependent children
6. Quality of juvenile justice
7. Education
8. Social services for children

E. Volunteers who work with delinquent youth or youth at risk of delinquency.

F. Representatives of programs that are alternatives to incarceration, including programs providing organized recreation activities.

G. Persons with special experience and competence in addressing problems related to school violence and vandalism and alternatives to suspension and expulsion.

H. Persons, licensed or certified by the applicable State, with expertise and competence in preventing and addressing mental health and substance abuse needs in delinquent youth and youth at risk of delinquency.

I. Representatives of victim or witness advocacy groups, including at least one individual with expertise in addressing the challenges of sexual abuse and exploitation and trauma, particularly the needs of youth who experience disproportionate levels of sexual abuse and exploitation and trauma, particularly the needs of youth who experience disproportionate levels of sexual abuse, exploitation, and trauma before entering the juvenile justice system.

J. For a State in which one or more Indian Tribes are located, an Indian tribal representative (if such representative is available) or other individual with significant expertise in tribal law enforcement and juvenile justice in Indian tribal communities.

1/5th must be under age 28 at time of appointment.

A parent or guardian of someone who has been or is currently under the jurisdiction of the juvenile justice system may substitute for the requirement for at least 3 members who have been under the jurisdiction of JJ system.

A majority of members including the chair shall not be full-time employees of federal, state, or local government.

(3) provide for an advisory group that—

(A) shall consist of not less than 15 and not more than 33 members appointed by the chief executive officer of the State—

(i) which members have training, experience, or special knowledge concerning adolescent development, the prevention and treatment of juvenile delinquency, the administration of juvenile justice, or the reduction of juvenile delinquency;

(ii) which members include—

(I) at least 1 locally elected official representing general purpose local government (**category A**);

(II) representatives of law enforcement and juvenile justice agencies, including juvenile and family court, judges, prosecutors, counsel for children and youth, and probation workers (**category B**);

(III) representatives of public agencies concerned with delinquency prevention or treatment, such as welfare, social services, child and adolescent mental health, education, child and adolescent substance abuse, special education, services for youth with disabilities, recreation, and youth services (**category C**);

(IV) representatives of private nonprofit organizations, including persons with a special focus on preserving and strengthening families, parent groups and parent self-help groups, youth development, delinquency prevention and treatment, neglected or dependent children, the quality of juvenile justice, education, and social services for children (**category D**);

(V) volunteers who work with delinquent youth or youth at risk of delinquency (**category E**);

(VI) representatives of programs that are alternatives to incarceration, including programs providing organized recreation activities (**category F**);

(VII) persons with special experience and competence in addressing problems related to school violence and vandalism and alternatives to suspension and expulsion (**category G**);

(VIII) persons, licensed or certified by the applicable State, with expertise and competence in preventing and addressing mental health and substance abuse needs in delinquent youth and youth at risk of delinquency (**category H**);

(IX) representatives of victim or witness advocacy groups, including at least one individual with expertise in addressing the challenges of sexual abuse and exploitation and trauma, particularly the needs of youth who experience disproportionate levels of sexual abuse, exploitation, and trauma before entering the juvenile justice system (**category I**); and

(X) for a State in which one or more Indian Tribes are located, an Indian tribal representative (if such representative is available) or other individual with significant expertise in tribal law enforcement and juvenile justice in Indian tribal communities (**category J**);

(iii) a majority of which members (including the chairperson) shall not be full-time employees of the Federal, State, or local government;

(iv) at least one-fifth of which members shall be under the age of 28 at the time of initial appointment; and

(v) at least 3 members who have been or are currently under the jurisdiction of the juvenile justice system or, if not feasible and in appropriate circumstances, who is the parent or guardian of someone who has been or is currently under the jurisdiction of the juvenile justice system

TARA C. WOODWARD
(208) 477-4998 | tara.woodward@phd3.idaho.gov

PROFESSIONAL SKILLS PROFILE:

- *Internal & External Communication:* Communicates with internal/external partners, organizations, and customers verbally in presentations and programs; Creates written informational content disseminated through email and print methods; Supervises and trains through thoughtful leadership and clear direction.
- *Campus & Community Partner Collaboration:* Coordinated and facilitated internal and external multiorganizational Student Basic Needs Collaborative sub-committee group focused on projects related to food, housing and transportation; Initiates new opportunities through outreach and relationship building.
- *Health Education:* Utilizes qualitative and quantitative data to assess population needs; Develops content using reputable sources in order to address specific population needs; Empowers through empathetic, thoughtful connections; Eagerly accepts opportunities to continue to learn.
- *Equity/Inclusivity in Health and Safety:* 6+ years working with individuals of multiple ages, abilities and backgrounds in a variety of settings; Relates through shared experience to build trust and mutual respect; Learns through listening and engaging.
- Proficiency with Google Suite, Microsoft Office Suite (Word, PowerPoint, Excel), and database use

EDUCATION & CREDENTIALS:

Boise State University, Boise, ID May 2021
Master of Public Health: Prevention & Intervention Programming, GPA: 4.0
Thesis: Adolescent substance use: risk and protective factors of family, school, peer, and leisure
University of Utah, Salt Lake City, Utah Dec 2015
Bachelor of Science: Parks, Recreation & Tourism: Commercial Recreation

EXPERIENCE:

Program Planning and Development Specialist | Southwest District Health | Caldwell, Idaho Current

- Assessing and analyzing various data sources to determine the health of priority populations, and the factors influencing health
- Engaging priority populations, partners, and stakeholders to participate in the planning and implementation of community appropriate health education and promotion interventions to address health priorities
- Designing, managing, and analyzing process, impact and outcome evaluations for community interventions
- Coordinating and engaging with community coalitions and stakeholders to identify emerging health issues, and advocate for environmental change
- Utilizing theory and models to develop and disseminate effective messaging to various audiences
- Identifying, engaging, and facilitating Community Health Action Team meetings to identify and address priority community health needs

Graduate Assistant | BroncoFit | Boise, ID August 2019 – May 2021

- Developed and updated nutrition and health education program content to be distributed to the student body
- Assisted with development of email material for two unique employee wellness program events to be distributed to over 450 employees
- Fostered relationships with other campus organizations to expand campus outreach
- Converted physical programming into a digital deliverable format to meet needs of students
- Led 10-15 mindfulness sessions twice a week via Zoom to university community members
- Served as lead facilitator of a multi-organizational Student Basic Needs Committee sub-committee group focused on projects related to food, housing and transportation
- Provided support to student and employee health-related programs and projects

RELEVANT PROJECTS:

Relatives as Parents Research Project | Graduate Research Assistant | Boise State University March 2021 – May 2021

- Conducted a literature review on the impact of substance use on RAP families
- Assisted with qualitative coding of interviews, analyzing of findings, and development of themes to identify gaps and opportunities
- Utilized findings to develop recommendations for the Idaho Office of Drug Policy in their efforts to support RAP families impacted by substance use
- Collaborated with research team members to create a report that was submitted to the Idaho Office of Drug Policy

Building Resilience | Graduate Assistant | Boise State University Spring 2021

- Collaborated with campus partners to create a resource page to help campus members build and reflect upon resiliency

- Strategic Planning Project** | Intern | Central District Health Fall 2020
- Coded, analyzed, and presented qualitative findings to be utilized in strategic plan development for a regional health board
- Staying Well** | Graduate Assistant | Boise State University Fall 2020
- Prepared informational, reputable content catered to university students specific to COVID-19 for the BroncoFit website
- Weight Loss Challenge: Nutrition** | Volunteer | St. Luke's Health Care System Summer 2020
- Converted nutrition related content to a new distribution platform
 - Selected balanced nourishing meals to be sent weekly to challenge participants
 - Created weekly content to accompany recipe alerts
- Bronco Family Table Meal Kits** | Graduate Assistant | Boise State University Spring 2020
- Converted physical programming into a digital deliverable format to meet needs of students
 - Developed and consolidated resources to distribute in weekly meal kits
 - Digitally distributed emails to over 200 students and employees
- Fruit & Veggie Week** | Graduate Assistant | Boise State University Spring 2020 & 2021
- Developed content to be sent in daily emails to over 100 employees
 - Adjusted all content to fit the needs of employees in regard to the COVID-19 pandemic
 - Created and led virtual mindfulness tasting activities
- 10 Days of Gratitude** | Graduate Assistant | Boise State University Fall 2020 & 2021
- Assisted with development of email content to be sent daily to over 400 employees
 - Developed and led a chocolate tasting mindfulness activity ● Analyzed pre and post survey evaluations to identify employee needs and wants
- Ride Your Way to Wellness** | Graduate Assistant | Boise State University Fall/Spring 2020 & 2021
- Utilized health survey data to inform updates to challenge format, topics, and materials
 - Updated organizational plans with actionable items and developed a more thorough report, financial documentation, and replicable instructions to facilitate, plan for, and monitor the event
 - Led development of updated program content and outreach initiatives
 - Fostered new and old partnerships to acquire donations for the event
 - Expanded outreach to include more active events on campus
- Wellness Carnival Nutrition Table** | Graduate Assistant | Boise State University Fall 2020
- Assisted with planning and responsible for appropriate purchasing and allocation of goods
 - Interacted with and educated participants who visited the table
 - Co-created and provided a vision to develop content for an infographic handout
- OTHER PROFESSIONAL EXPERIENCE**
-
- Alp-n-Rock**, Carlsbad, CA March 2017 – March 2019
- Customer Service Manager – Internally promoted**
- Responsible for assisting with the planning and execution of Alp-n-Rock's largest trade exhibition
 - Analyzed and provided constructive feedback for design implementation, fit and product improvement to meet customer demand
 - Effectively assisted with increasing wholesale sales by 30 percent by building, maintaining and establishing new customers through outreach, organization and extensive product knowledge demonstrated through presentation
- Ecommerce Customer Representative**
- Established several new customer satisfaction programs including integrating a new return platform to ease all customer returns, exchange and warranties, as well as developing copy for personal outreach initiatives
 - Supported COO in accounting and administrative duties
- Woodward Tahoe**, Truckee, CA Summer 2015 & 2016
- Camp Store and Activities Supervisor**
- Provided an all-inclusive variety of activities for campers by expanding and updating the activity programming
 - Supervised and scheduled all camp activities and camp store staff
 - Awarded both the Individual Outstanding Leadership Award and the Team Achievement Award for Summer Camp 2016

From: [Katherine Brain](#)
To: [Katherine Brain](#)
Subject: RE: District-I-2019-Action-Plan-01282022
Date: Tuesday, February 1, 2022 8:50:23 AM

From: sbrown@boundarycountyid.org <sbrown@boundarycountyid.org>
Sent: Friday, January 28, 2022 11:36 AM
To: Katherine Brain <Katherine.Brain@idjc.idaho.gov>
Subject: District-I-2019-Action-Plan-01282022

Here you go Katherine.

We do not have any 'new from the last time' members, but we did have Amy Hirtle resign.

Hello, Stacy,

Please accept this email as my formal resignation from the Juvenile Justice Council. I am leaving my role as Partnerships for Success Grant Coordinator at Panhandle Health District on December 20, 2021. A new coordinator should be hired in the next month.

It has been a pleasure serving on the Council. I'm grateful for the opportunity to have worked with you and the Council on prevention strategies around the region.

I will be working for the State of Idaho as the Rural Health Program Manager.

In case you may need more information or assistance of any nature, you can reach me at 208.819.3701 or hirtleamy@gmail.com.

Sincerely,

Amy Hirtle, MS, MCHES®
Health Education Specialist, Sr.
Panhandle Health District
208-415-5241
8500 N. Atlas Road
Hayden, ID 83835
Pronouns: she, her, hers
Panhandlehealthdistrict.org

Thank you so much for all you do. Stacy Brown

Stacy Brown
Chief Probation Officer
Boundary County Probation
208-267-7983 extension 6

Dear Madam Chair,

This is to formally notify you that I am ending my position with the District 3 Juvenile Justice Council effective November 23, 2021.

I appreciate the professional, training, social, and personal development opportunities I've had while working with this council. I thank you for the support and opportunities I have had during my time.

Best regards,

Jamie Pennington

Jamie Pennington

2899 W Malad St

208-995-9803

jamiepennington3197@gmail.com

DATE:

DISTRICT I COUNCIL 2019 ACTION PLAN UPDATE

Report to the Idaho Juvenile Justice Commission

Priority Area 1: Outreach and Education

Goal: Educate Juvenile Justice Stakeholders and community partners on current youth challenges regarding mental health needs. We will continue to better understand and implement change in our skills, so we can make connections between changes that occur because of our training and education. We will continue our process of exploration, to find tradition-shattering ways to meet the mental health needs of our youth, as new paradigms and challenges emerge.

Objective A: Understanding Child Traumatic Stress

STATUS: District 1 has trained heavily on understanding the links between childhood stress and trauma and the impact this has on future health and behaviors. We have learned there is no magic in what makes one child more resilient to trauma and makes another child less resilient, but we have learned the importance of having a positive adult in the child's life is significant. We have not had an opportunity to continue our training as a district due to the constraints of COVID, but we are looking forward to being able to get together soon.

NEXT STEPS: We hope to get together soon and continue our training and education.

Objective B: Develop stakeholder's capacity to deliver trauma-informed services, finding ways to shift the perspective of stakeholders when dealing with challenging behaviors. Educate Stakeholders in finding ways to ameliorate the negative impact of adverse childhood experience reaction.

STATUS: We have had several people trained on TBRI, who are more than willing to give trainings to schools, counselors and the community, and HAVE!!!!

NEXT STEPS: Reach out and widen the trainings to groups who have interaction with our juveniles, when we can do so again.

Objective C: Strengthen and Develop Community-based services, such as YES Program and ACES Resiliency.

STATUS: We are proactive in linking those needing services, with the providers. We talk about services available at each council meeting, and include this information in minutes, that

can be referred to, as well as our District Liaison sends out trainings available on a regular basis.

NEXT STEPS: We will continue this process. It works.

Objective D: Strengthen and Develop communication in schools.

STATUS: We have good communication with our educators in District 1. We have stakeholders from the school on our council, who are invested in answering and alleviating any questions or barriers.

NEXT STEPS: We will continue with this communication and collaboration.

Objective E: Strengthen and Develop family relationship services.

STATUS: We have several counties engaged in the LEAP program, in an effort to strengthen family relationship services.

NEXT STEPS: Continuing

Objective F: Family Group Decision Making (FGDM)

STATUS: Not currently addressing.

NEXT STEPS:

Objective G: Restorative Practices

STATUS: District 1 advocates restorative justice practices, and works to repair the harm caused to our victims

NEXT STEPS: Continuing

Objective H: Resiliency

STATUS: See priority area 1

NEXT STEPS:

Priority Area 2: Early Intervention

Goal 1: Reduction in low risk juveniles entering the juvenile justice system in District 1.

Objective A: Shift the perspective of stakeholders when dealing with challenging behaviors. Educate stakeholders in finding ways to ameliorate the negative behaviors in more restorative way, instead of retributive punishments.

STATUS: District 1 has utilized diversion programs for years. We are working to help educate law enforcement and courts on DSO. Some counties have started meeting with school principals, Superintendents, Prosecutors, and probation to brainstorm ways to address negative behaviors in a much more restorative way.

NEXT STEPS: Some of the schools are looking at ways to fund additional counselors and programs for at risk children.

Objective B: Develop appropriate community resources

STATUS: Continuing

NEXT STEPS:

Objective C: Strengthen family dynamics

STATUS: Continuing

NEXT STEPS:

Objective D: Develop Life Skills

STATUS: Continuing

NEXT STEPS:

Objective E: Challenge Zero Tolerance in school

STATUS: Continuing

NEXT STEPS:

Objective F: Support adolescent development

STATUS: Continuing

NEXT STEPS:

Objective G: Use of risk evaluation assessments

STATUS: We believe strongly in utilizing risk evaluation assessments. Each County utilizes their own procedures and assessments, but every county builds their case management procedures from their assessments.

NEXT STEPS:

Goal 2: Communication and collaboration through District-wide forums on a regular basis

Objective A: Identify, propose and provide or recommend training to implement new and underutilized prevention practices for youth in our communities.

STATUS: Continuing

NEXT STEPS:

Objective B: Collaboration with stakeholders/community members: i.e. improving relationships between law enforcement and our at-risk juveniles and their parents – (realizing each community's results would look different from every other community, so more of a paradigm shift instead of a strategy.)

STATUS: District 1 is always striving to build and improve relationships between all stakeholders.

NEXT STEPS:

Objective C: Coordinate an effort to fill knowledge gaps and translate existing knowledge about adverse childhood experiences

STATUS: Continuing

NEXT STEPS:

Objective D: Bluejeans project – stronger communication. The ability to have visual communication is potentially a more effective way to communicate with less chance for misunderstandings.

STATUS: BlueJeans is utilized as needed.

NEXT STEPS:

COUNCIL WELLNESS

Successes: Have you realized success you would like to share? The wealth of knowledge of the members of the District 1 council is amazing. Each and every member believes strongly in trauma informed care, in educating ourselves to better serve our Idaho youth, and each member gives their all.

Challenges: Is the Council encountering challenges? COVID has been the challenge of the times!

Wisdom: Do you have anything to share with other councils? Always listen, find strengths, each person sitting around the table are there because they care.

Members: How is the overall health of your Council? Amazing

Are members engaged? Absolutely

Do you recognize their efforts? I hope to never take the District 1 council members for granted, they are amazing!!

Support: How can IJJC and IDJC support you? As always, NEVER EVER take Kathy or Zlata away from us, NOPE NEVER.

DATE: 2/15/2022

DISTRICT III COUNCIL 2019 ACTION PLAN UPDATE

Report to the Idaho Juvenile Justice Commission

Specialty Priority Area: Mentoring

Objective A: Mentoring—Building on mentoring in the district with focus on transition mentoring for juveniles reintegrating into the community.

STATUS: Mentoring committee is seeking non-traditional mentors in the district to present to the council; the committee met with Big Brothers and Big Sisters who are expanding in the community.

NEXT STEPS: Council presentations and prepare list of available mentoring in the district; continue working with BB/BS on short term mentoring and advisory group.

Objective B: Create a mentoring resource guide for the district

STATUS: Ongoing

NEXT STEPS: Identify mentors and mentoring partners in the community

Priority Area: Develop an Early System of Support and Services

Objective A: Utilize Restorative Justice Practices and Trauma-Informed Care where applicable.

STATUS: Surveyed D3 school superintendents completed and indicate interest in training for RJ practices in schools.

NEXT STEPS: Identify RJ trainings accessible for school superintendents in D3; schedule RJ training for school personnel, JP, and community members.

Objective B: Continue partnerships with other already established groups

STATUS: Partnership for Success grant being accessed by Washington County for Prevention Services; working with Tara Woodward (Program Planning and Development Specialist) to address needs in D3 to access grant resources.

NEXT STEPS: Continuing development of relationship with Partnership for Success Grant resources; information sharing as it becomes available.

Priority Area: Improve diversion efforts and systems of support for juveniles new to the Juvenile Justice System

Objective A: Provide support and resources to juveniles entering diversion, as well as their parents and community members.

STATUS: CWI working on curriculum development for coaching; parent handbooks being distributed to juveniles and families through juvenile probation departments in both English and Spanish.

NEXT STEPS: Identify other systems of supports for juveniles in the district.

Objective B: Provide training opportunities and resources on prevention for parents and community members

STATUS: Ongoing

NEXT STEPS:

COUNCIL WELLNESS

Successes: Have you realized success you would like to share?

Challenges: Is the Council encountering challenges? A lot of members are not participating in person, and spending challenges.

Wisdom: Do you have anything to share with other councils?

Members: How is the overall health of your Council?

Are members engaged? We have a lot of very active members and some that can use a boost. Meeting virtually diminishes the interaction and progress of the council.

Do you recognize their efforts?

Support: How can IJJC and IDJC support you?

DATE:

DISTRICT IV COUNCIL 2019 ACTION PLAN UPDATE

Report to the Idaho Juvenile Justice Commission

Specialty Priority Area: Reintegration

Goal: District 4 has successful reintegration where services are readily available, timely, in place prior to the juvenile leaving the facility AND increase positive reintegration outcomes for youth in District 4

Objective A: Increase family engagement/input/knowledge for release back into the community and increase programs such as Family Group Decision Making (FGDM) and Family Preservation referrals to aid in reintegration planning.

STATUS: (No change since the last update provided) We had 4 action steps, including: (1) Creation of an Aftercare Team to meet 30-90 days prior to release; (2) Locate or develop an app for families and clients for calendaring appointments, relapse prevention, positive messaging, etc.; (**COMPLETE**) (3) Creation of a wallet sized laminated card for youth upon release, with coping skills and contact information for providers; and (4) Publishing a resource list to 211 and Family Connections' websites. Action steps (**COMPLETE**) (2) and (4) have been completed. Action step (1) is on pause due to the low level of commitments for the counties in our district where implementing a pilot would be most feasible. Action step (3) has been tabled due to the low number of commitments and was overshadowed by the availability of the app.

NEXT STEPS: Action steps 2 and 4 are complete. Due to the low number of commitments, especially from the rural counties in our district, we have tabled action steps 1 and 3 and are focusing on our new goals.

Objective B: Increase family participation in reintegration planning by having 85% of families participate on their youth's IDJC staffing calls.

STATUS: Our action steps included: (1) Advocating/encouraging JPOs and JSCs to partner for home visits, and (2) Encourage the use of Blue Jeans. We have obtained information on the use of Blue Jeans and it was reviewed and distributed by our District 4 Liaison earlier this year (**COMPLETE**)

NEXT STEPS: Action step 1 was tabled due to the onset of COVID and the increased use of Blue Jeans for meetings because of face to face restrictions. Action step 2 is complete as Blue Jeans use is at an all-time high.

Objective C: Increase utilization of REP (Re-Entry) funding for youth releasing from IDJC back to District 4.

STATUS: Our action steps included: (1) Exploring treatment by phone in rural areas, and (2) Educating JPOs and JSCs on what services funds can be used on. This objective has been **completed**.

NEXT STEPS: Action steps 1 and 2 are complete. For the first step, one of the benefits of the current pandemic is the increased use of telehealth for both urban and rural areas. Step 2, JPO's and JSC's have had continued informal trainings and discussions on what services these funds can cover and they submit applications for funding regularly.

Priority Area: Family Engagement

Goal: Juvenile Justice Family Engagement is a strength-based family centered approach, partnering with parents and youth to set goals, be part of the decision-making process, effect change, and achieve desired outcomes

Objective: Partner with POST Academy and design and implement an 8 hour Family Engagement Curriculum for Juvenile Probation Academy

STATUS: Our action steps included: (1) Having a member of our council become a POST Certified Instructor to facilitate Family Engagement, (2) Complete video tours of each facility, (3) To offer a shortened Family Engagement curriculum and facilitate it statewide to juvenile probation offices and juvenile detention centers, and (4) other systems who request the training. This objective has been **completed**.

NEXT STEPS: This objective is complete but we will continue to offer Family Engagement training as requested throughout the state and to improve the curriculum based on ongoing feedback.

Priority Area: Prevention and Collaboration

Goal: Support prevention and diversion in each of the four counties

Objective A: Hold District 4 Prevention and Educational Tours

STATUS: Our action steps included: (1) Resilience and Paper Tiger Tour, (2) Mental Health First Aid tour, and (3) Darkness 2 Light tour within our district. This objective has been **completed**. We are proud owners of Resilience and Paper Tigers and we have a Youth Mental Health First Aid instructor on our council. Darkness 2 Light training was provided to D4 Council and others in D4 on December 11, 2020 and on January 22, 2021.

NEXT STEPS: This objective is complete but we will continue supporting and promoting these programs.

Objective B: Develop and implement Parenting Program pilot project in Boise School District Elementary School (Whittier Elementary School) – Families United.

STATUS: Our action steps included: (1) Contacting the school district and SROs in Boise to coordinate efforts and develop programming, (2) Engage parents and children in monthly groups, complete with daycare, dinner, speakers, translation and transportation services, and (3) Evaluate efficacy of the program through Whittier Elementary and move into other elementary schools and Head Start programs. This objective has been **completed** and partnerships continue to be developed along with new schools implementing the program.

NEXT STEPS: **This objective is complete** but we continue to provide Families United Neighborhood (FUN) to new schools each year.

COUNCIL WELLNESS

Successes: Have you realized success you would like to share? *Our goals on this action plan are complete and we have started working on the goals set for the next 3 years ☺*

Challenges: Is the Council encountering challenges? *Our meetings have gone back to being virtual. We do have some new interest in the Council so that is exciting.*

Wisdom: Do you have anything to share with other councils. *We are very excited to start working on the new 2021-2023 3 year plan.*

Members: How is the overall health of your Council?

Are members engaged? *Most members are engaged. It would be great to come up with ideas on how to engage and incorporate members who have never participated in a subcommittee.*

Do you recognize their efforts? *Yes, and hopefully it is received. As our meetings have now started back up in person, as well as virtually, it is easier to express appreciation, share snacks, and get back to being personable and showing that genuine appreciation.*

Support: How can IJJC and IDJC support you? *So far, we have the support we need and if we ever need more we simply ask.*

2021-2023 Action Plan Updates

District 1 Council

A Report to the Idaho Juvenile Justice Commission

Priority Area #1: Deinstitutionalization of Status Offenders

- Goal: Address status offenders in District 1, specifically targeting Kootenai County.
 - Objective A: Develop partnerships with key stakeholders to divert runaway juveniles from detention centers.
 - Status:
 - Next Steps:
 - Objective B: Utilizing evidenced based curriculum, partner with key stakeholders to offer training/assistance to law enforcement.
 - Status:
 - Next Steps:

Priority Area #2 Mental (Behavioral) Health

- Goal: Educate youth, families and stakeholders on mental health, trauma, and resiliency.
 - Objective A: Increase protective factors and reduce the risk factors that lead to both substance abuse and mental health issues in youth.
 - Status:
 - Next Steps:
 - Objective B: Focus on Resiliency within Adverse Childhood Experience trauma informed practices.
 - Status:
 - Next Steps:

Priority Area #3 Family Engagement

- Goal; District I will continue promoting family engagement for justice involved youth.
 - Objective: Partner with stakeholders to provide evidenced based training programs to youth and families.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates

District 2 Council

A Report to the Idaho Juvenile Justice Commission

Priority Area #1: Deinstitutionalization of Status Offenders

- Goal #1: Address truancy in District II.
 - Objective A: Develop and maintain productive Attendance Court programs in District II.
 - Status:
 - Next Steps:
 - Objective B: Develop mentoring program to support DSO, with a specific focus on habitually truant youth.
 - Status:
 - Next Steps:
- Goal #2: Keep status offenders out of Juvenile Detention Centers in District II.
 - Objective: Train partner agencies to recognize status offenses and keep status offender youth out of DJC in District II.
 - Status:
 - Next Steps:
- Goal #3: Inform youth and parents of the benefits and risks of technology on the school and parent/professional levels.
 - Objective: Research and identify local technical specialists and sponsor training throughout the District.
 - Status:
 - Next Steps:

Priority Area #2 Support Dually Adjudicated Youth

- Goal #1: Strengthen Multi Disciplinary Teams (MDTs) in District II.
 - Objective: Assist MDTs in District II in meeting the statutory requirements set forth in Idaho Code Section 16-1617.
 - Status:
 - Next Steps:
- Goal #2: Achieve District wide consistency on Idaho Juvenile Rule 16 Screening Team procedure.
 - Objective: Implement consistent Idaho Juvenile Rule 16 Screening Team procedure in District.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates

District 3 Council

A Report to the Idaho Juvenile Justice Commission

Priority Area #1: Develop an Early System of Support

- Goal: Collaboration with community partners to develop an early system of support.
 - Objective A: Utilize Restorative Justice Practices and Trauma-Informed care where applicable.
 - Status:
 - Next Steps:
 - Objective B: Continue partnerships with other already established groups (BHB, Partnership for Success Grant, community coalitions).
 - Status:
 - Next Steps:

Priority Area #2 Mentoring

- Goal: Build on mentoring in District 3 with focus on transition mentoring for juveniles reintegrating into the community.
 - Objective A: Identify non-traditional mentoring opportunities in the district.
 - Status:
 - Next Steps:
 - Objective B: Create a mentoring resource guide for the district.
 - Status:
 - Next Steps:
 - Objective C: Bring in a trainer on mentoring programs, district wide training on volunteer mentoring.
 - Status:
 - Next Steps:

Priority Area #3 Diversion

- Goal: Improve diversion efforts and systems of supports for juveniles new to the Juvenile Justice System.
 - Objective A: Provide support and resources to juveniles entering diversion, as well as their parents, and community members.
 - Status:
 - Next Steps:
 - Objective B: Provide training opportunities and resources on prevention for parents and community members.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates

District 4 Council

A Report to the Idaho Juvenile Justice Commission

Priority Area #1: Deinstitutionalization of Status Offenders

- Goal: Support the deinstitutionalization of status offenders in Ada, Boise, Elmore, and Valley Counties.
 - Objective: Provide ongoing educational trainings to stakeholders.
 - Status:
 - Next Steps:

Priority Area #2 Racial and Ethnic Disparities

- Goal: Prevent racial and ethnic disparities within Ada, Boise, Elmore and Valley Counties.
 - Objective: Provide educational trainings to stakeholders.
 - Status:
 - Next Steps:

Priority Area #3 Prevention/Collaboration

- Goal: Support prevention/diversion and collaboration efforts in Ada, Boise, Elmore and Valley Counties.
 - Objective A: Provide family engagement trainings.
 - Status:
 - Next Steps:
 - Objective B: Increase the diverse membership of our council.
 - Status:
 - Next Steps:
 - Objective C: Invite and involve youth in council activities.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates District 5 Council

A Report to the Idaho Juvenile Justice Commission

Priority Area #1: Improve or Increase Access to Community Based Service

- Goal: Facilitate trainings to increase awareness and access to community based services.
 - Objective A: Provide Restorative Practices training, i.e. Family Group Decision Making Training, Circles, and/or Conferencing.
 - Status:
 - Next Steps:
 - Objective B: Provide resources to communities in support of strengthening families engagement.
 - Status:
 - Next Steps:

Priority Area #2: Diversion

- Goal: Increase number of youth diverting from the formal justice system.
 - Objective: Educate stakeholders on benefits and diversion programs available for youth.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates

District 6 Council

A Report to the Idaho Juvenile Justice Commission

Priority Area #1: Deinstitutionalization of Status Offenders, Jail Removal, Sight and Sound Separation, Disproportionate Minority Contact

- Goal: Be in compliance with the with DSO requirement of the JJDP Act and reduce the number of status offenders placed in detention in detention.
 - Objective A: Educate District 6 stakeholders of crisis interventions that are available to keep status offenders out of detention.
 - Status:
 - Next Steps:
 - Objective B: District 6 will sponser training to ensure compliance with the DSO requirements regarding status offenses.
 - Status:
 - Next Steps:
 - Objective C: Provide training to stakeholders to assess family dynamics to develop a crisis management plan.
 - Status:
 - Next Steps:

Priority Area #2: To strengthen family engagement and involvement

- Goal: To engage and involve parents across the spectrum of services to support their capacity to effectively fulfill their parent role.
 - Objective A: Training for family engagement and family involvement.
 - Status:
 - Next Steps:
 - Objective B: Educate stakeholders on effective measures for holding parents accountable for their lack of engagement or compliance with the courts orders.
 - Status:
 - Next Steps:
 - Objective C: Educate stakeholders on the principles of evidence-based practices. Provide information regarding what evidence-based resources are available within District 6 to enhance youth safety and enhancing the skills of parents.
 - Status:
 - Next Steps:

Priority Area #3: Youth wellness and safety

- Goal #1: To promote practices, policies and interventions that promote youth wellness and safety in District 6.
 - Objective A: To provide a resource (app) that will allow youth to reach out during a crisis.
 - Status:
 - Next Steps:
 - Objective B: To provide training to parents on trauma.
 - Status:

- Next Steps:
 - Objective C: To educate stakeholders in District 6 on sex trafficking, sexual victimization, crisis, and self-harm.
 - Status:
 - Next Steps:
- Goal #2: Increase access in rural counties to community based resources that promote overall youth wellness and safety.
 - Objective: Evaluate and educate rural communities on resources that are available. Including telehealth option and on-line programs that address criminogenic risk factors and needs (Third Millennium programs etc).
 - Status:
 - Next Steps:

Priority Area #4: Racial and Ethnic Disparities

- Goal: Reduce over representation of Native Americans in the District 6 Juvenile Justice System.
 - Objective: Tribal representation on the District 6 Juvenile Justice Council.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates

District 7 Council

A Report to the Idaho Juvenile Justice Commission

Priority Area #1: Prevention

- Goal: Prevent youth from entering the Juvenile Justice system, and for youth involved in the system, prevent further escalation.
 - Objective A: Encourage expansion of use of diversion programs or youth courts throughout the region.
 - Status:
 - Next Steps:
 - Objective B: Share information about available trainings with partner agencies and promote best practices and evidence-based strategies, as well as continuing education for professionals who are in frequent contact with youth.
 - Status:
 - Next Steps:
 - Objective C: Educate partner agencies about best practice prevention strategies.
 - Status:
 - Next Steps:

Priority Area #2: Collaboration and Referral

- Goal: Encourage systems improvement through comprehensive juvenile justice and delinquency prevention programs by collaborating with the many local entities before which a youth will appear.
 - Objective A: Support the increased availability of evidence-based programs.
 - Status:
 - Next Steps:
 - Objective B: Create and maintain an updated web-based resource guide for families and partners to refer to for local supports and best practices available to youth when additional help is needed.
 - Status:
 - Next Steps:
 - Objective C: Assist counties to maintain compliance with the four core requirements of Juvenile Justice and Delinquency Prevention (JJDP) Act.
 - Status:
 - Next Steps:

Priority Area #3: Reintegration

- Goal: Support offending youth reintegration plans to enter back into the primary prevention phase and integrate back into the community.
 - Objective: Utilize and share survey data to help drive decision making about youth and their family needs to successfully reintegrate.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates

Tribal Council

A Report to the Idaho Juvenile Justice Commission

- **Goal #1:** Idaho Tribal Youth will have a voice at Tribal/local, state and national levels.
 - Objective A: The TJJC will support youth councils within each tribe through activities such as participating in youth leadership events.
 - Status:
 - Next Steps:
 - Objective B: The TJJC will encourage youth representation on the IJJC Youth Committee.
 - Status:
 - Next Steps:
- **Goal #2:** The Tribal Juvenile Justice Council will encourage best practice approaches for positive youth development.
 - Objective A: The TJJC will provide information on the importance of effective policies and practices that encourage and support family engagement.
 - Status:
 - Next Steps:
 - Objective B: The TJJC will support and encourage trauma-informed care practices.
 - Status:
 - Next Steps:
 - Objective C: The TJJC will support cultural activities that reinforce identity, spirituality, and traditional practices.
 - Status:
 - Next Steps:
- **Goal #3:** The Tribal Juvenile Justice Council will collaborate with and support educational programs and services, especially for at-risk or delinquent youth.
 - Objective: The TJJC will promote collaboration and share information with stakeholders regarding available resources, programs, and training, or the need for additional services.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

2021-2023 Action Plan Updates Youth Committee

A Report to the Idaho Juvenile Justice Commission

Priority Area #1:

- Goal: The Youth Committee will research and promote programs for positive youth development.
 - Objective A: Enhance youth membership to promote youth involvement on the JJC and district councils.
 - Status:
 - Next Steps:
 - Objective B: Ensure youth involved in the juvenile justice system have a voice.
 - Status:
 - Next Steps:
 - Objective C: Research and promote programs for at-risk youth including LGBTQI youth and youth of color.
 - Status:
 - Next Steps:

Council Wellness

Successes: Have you had any successes you would like to share with the Commission?

Challenges: Is the Council encountering challenges?

Wisdom: Do you have anything to share with other councils?

Members: How is the overall composition of your Council? (i.e., do you have a strong membership, are members attending, and engaged?)

Support: How can IJJC and IDJC support you?

**IDAHO DEPARTMENT OF JUVENILE CORRECTIONS
IDAHO JUVENILE JUSTICE COMMISSION MEETING AGENDA
MARCH 3, 2022**

Location: <https://us06web.zoom.us/j/82717505804>

Meeting ID: 827 1750 5804

Call In: 1 (669) 900-6833

Time: 9:30 am-4:30 am
Mountain Standard Time

Members Present:

- Hakim Hazim, Idaho Juvenile Justice Commission Chair
- Bill Thompson, Vice-Chair, Latah County Prosecuting Attorney
- Amanda Leader, D4 Council Chair, Boise County Community Justice Director
- Amy Guier, LMSW, D2 Council Chair, CJPO, Nez Perce County Justice Services
- Anna Briggs, D2 Council, Youth member
- Carolyn Estess, Youth Committee
- Cassandra Arc, Youth Committee Vice-Chair
- Dahlia Stender, D3 Council Chair, Washington County CJPO
- Darin Burrell, D7 Council Chair, Fremont County CJPO
- Dave Peters, MS, LMFT, CPM, Chief of CMH, H&W - Region 7
- Dawn Maglish, Victim Coordinator
- Hannah Burrell, Youth Committee Chair
- Suzanne Peck, State Coordinator, Title IX-A Homeless Education, Title ID Neglected, Delinquent & At-Risk, Idaho State Department of Education

- Honorable Dayo Onanubosi, State of Idaho Magistrate Court, Canyon County
- Honorable Mark A. Ingram, Idaho Magistrate Judge of the 5th Judicial District
- Kenadee Gorton, Youth member
- Kimberly Hokanson, Idaho Behavioral Health Council Advisory Board
- Korey Solomon, LSW, D5 Council Chair, Owner/President of Northstar I.H.S.S.
- Lina Smith, Trivium Life Services Director
- Natella Shaw, Tribal Council Chair, Tribal Council Chair
- Ruth York, Executive Director, Idaho Federation of Families
- Sam Moore, Youth Committee
- Shannon Fox, D6 Council Chair
- Shawn Harper, Lieutenant, Community Services Division Meridian Police
- Stacy Brown, D1 Council Chair, CJPO Boundary County

Comprising a quorum of the Idaho Juvenile Justice Commission.

Others Present:

- Monty Prow, Director, IDJC
- Alicia Baptiste, District 4 Liaison, IDJC
- Chelsea Newton, Program Supervisor, Planning & Compliance
- Jason Dye, Statewide Juvenile Justice Manager, Idaho Supreme Court
- Jason Stone, Community, Operations, and Program Services Director, IDJC
- Jeff Armstrong, Financial Specialist, Sr., IDJC
- Jen Callahan, Administrative Services Administrator, IDJC
- Joe Langan, District 3 Liaison, IDJC

- Jose Martinez, Behavior Health Program Specialist, IDJC
- Katherine Brain, Administrative Assistant I, Planning & Compliance, IDJC
- Marissa Evans, Program Specialist, Planning & Compliance, IDJC
- Renee Waite, District Liaison Supervisor, District 5 Liaison, IDJC
- Shane Boyle, District 7 Liaison, IDJC
- Stace Gearhart, District 6 Liaison, IDJC
- Zlata Myr, District 1 & 2 Liaison, IDJC

Note: The order of the agenda items is subject to change.

Agenda		Meeting Outcomes/Decisions Reached	Who's Responsible
1.	Call to Order		Commission Chair
2.	Action Item Approval of Consent Agenda		Members
3.	Idaho Resiliency Project	Update	Guests: Shannon McGuire/Jack Varin
4.	Youth Committee Update		Youth Chair
5.	Tribal Council Update		Tribal Council Chair
6.	Action Item Commission Membership • New member applications	Mew Member Appointments: Kimber Janes/Tower Reappointments: Cassandra Arc Amanda Leader Anna Briggs Dahlia Stender Dawn Maglish Hannah Burrell Suzanne Peck	Commission Chair

Agenda		Meeting Outcomes/Decisions Reached	Who's Responsible
	<ul style="list-style-type: none"> • Kimber Janes/Towers • Reappointments-June 2022 • Need youth members 		
7.	Compliance Update		IDJC
8.	Grant Scoring Committee Update Action Item: DSO Project Grant		Grants Chair
9.	R/ED Update <ul style="list-style-type: none"> • BSU Statewide Data Analysis 		IDJC
10.	Budget	FY18 FY19 FY20	IDJC
11.	Action Item(s) <ul style="list-style-type: none"> • Printing JJ Directory 		IDJC
12.	Action Item: <ul style="list-style-type: none"> • Juvenile Justice Stakeholders Training Grant 		IDJC
13.	IDJC Update		IDJC
14.	Committee Breakout		
15.	Committee Reports	R/ED: DSO: New committee – Strengthening Families & Reduce Recidivism	
16.	Adjournment		

Submitted to Chair by,

Administrative Assistant 1
 Planning and Compliance Unit

Next meeting is scheduled for June 9, 2022

Idaho Juvenile Justice Commission

Commission Meeting Book



**IDAHO
JUVENILE
JUSTICE**



C O M M I S S I O N

Idaha Juvenile Justice Commission
March 3, 2022 9:30 am - 4:30 pm Mountain Time
ZOOM-<https://us06web.zoom.us/j/82717505804>
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IDAHO DEPARTMENT OF JUVENILE CORRECTIONS
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Submitted to Chair by,

Administrative Assistant I
Planning and Compliance Unit

Next meeting is scheduled for June 9, 2022

2022 Commission Member Worksheet

Member Name	Original Appt	Last Reappt	Expires	Formula Category	Formula Category	Council Chairs	FT Govt. Emp.	Youth Members	Total Members	District
Amanda Leader	9/18/19	7/1/19	7/1/22	B		D4	1		1	4
Anna Briggs	7/1/13	7/1/19	7/1/22	E				1	1	2
Cassandra Arc	5/1/18	7/1/19	7/1/22	E				1	1	4
Dahlia Stender	7/1/19	7/1/19	7/1/22	B		D3	1		1	3
Dawn Maglish	7/1/19	7/1/19	7/1/22	I	D				1	3
Hannah Burrell	7/1/19	7/1/19	7/1/22	E				1	1	7
Suzanne Peck	9/18/18	7/1/19	7/1/22	G	C		1		1	4
Shannon Fox	12/30/21	12/31/21	1/1/23	D		D6			1	6
Aide "Sam" Moore	12/14/17	12/14/20	7/1/23	E				1	1	4
Amy Guier	7/1/20	7/1/20	7/1/23	B		D2	1		1	2
Carolyn Estess	7/1/20	7/1/20	7/1/23	E				1	1	4
Darin Burrell	5/13/14	7/1/20	7/1/23	B		D7	1		1	7
Dave Peters	5/14/14	7/1/20	7/1/23	C	H		1		1	7
Hon. Mark Ingram	5/13/14	7/1/20	7/1/23	A	B		1		1	5
Korey Solomon	5/14/14	7/1/20	7/1/23	F	H	D5			1	5
Natella Shaw	12/14/17	7/1/20	7/1/23	J		Tribal	1		1	Tribal
Shawn Harper	7/1/20	7/1/20	7/1/23	B			1		1	4
Hakim Jamal Hazim, Chair	2/15/21	2/15/21	1/1/24	E	F				1	3
Kimberly Hokanson	1/1/21	1/1/21	1/1/24	E					1	7
Lina Smith	1/1/21	1/1/21	1/1/24	C	H				1	3
Ruth York	1/1/21	1/1/21	1/1/24	D					1	4
Bill Thompson	7/2/02	7/1/21	7/1/24	A	B		1		1	2
Hon. Dayo Onanubosi	10/15/15	7/1/21	7/1/24	A	B		1		1	3
Kenadee Gorton	11/1/21	7/1/21	7/1/24	E				1	1	7
Stacy Brown	8/31/12	7/1/21	7/1/24	B		D1	1		1	1
Three Commission members must have been under the jurisdiction of the JJ system							12	6	25	15-33 Total
Percent of full time government employees (<50%)							48%			
Percent of Youth Members (>20%)								24%		

2022 Commission Member Worksheet

Key to Formula Categories

A. Locally elected official representing general purpose local government.

B. Representative of law enforcement and juvenile justice agencies, including:

1. Juvenile and family court judges
2. Prosecutors
3. Counsel for children and youth
4. Probation workers

C. Representatives of public agencies concerned with delinquency prevention or treatment:

1. Welfare
2. Social services
3. Child and Adolescent Mental Health
4. Education
5. Child and Adolescent substance abuse
6. Special Education
7. Services for youth with disabilities
8. Recreation
9. Youth services

D. Representatives of private nonprofit organizations, including persons with a special focus on:

1. Family preservation and strengthening
2. Parent groups and parent self-help groups
3. Youth development
4. Delinquency prevention and treatment
5. Neglected or dependent children
6. Quality of juvenile justice
7. Education
8. Social services for children

E. Volunteers who work with delinquent youth or youth at risk of delinquency.

F. Representatives of programs that are alternatives to incarceration, including programs providing organized recreation activities.

G. Persons with special experience and competence in addressing problems related to school violence and vandalism and alternatives to suspension and expulsion.

H. Persons, licensed or certified by the applicable State, with expertise and competence in preventing and addressing mental health and substance abuse needs in delinquent youth and youth at risk of delinquency.

I. Representatives of victim or witness advocacy groups, including at least one individual with expertise in addressing the challenges of sexual abuse and exploitation and trauma, particularly the needs of youth who experience disproportionate levels of sexual abuse and exploitation and trauma, particularly the needs of youth who experience disproportionate levels of sexual abuse, exploitation, and trauma before entering the juvenile justice system.

J. For a State in which one or more Indian Tribes are located, an Indian tribal representative (if such representative is available) or other individual with significant expertise in tribal law enforcement and juvenile justice in Indian tribal communities.

(3) provide for an advisory group that—

(A) shall consist of not less than 15 and not more than 33 members appointed by the chief executive officer of the State—

(i) which members have training, experience, or special knowledge concerning adolescent development, the prevention and treatment of juvenile delinquency, the administration of juvenile justice, or the reduction of juvenile delinquency;

(ii) which members include—

(I) at least 1 locally elected official representing general purpose local government (**category A**);

(II) representatives of law enforcement and juvenile justice agencies, including juvenile and family court, judges, prosecutors, counsel for children and youth, and probation workers (**category B**);

(III) representatives of public agencies concerned with delinquency prevention or treatment, such as welfare, social services, child and adolescent mental health, education, child and adolescent substance abuse, special education, services for youth with disabilities, recreation, and youth services (**category C**);

(IV) representatives of private nonprofit organizations, including persons with a special focus on preserving and strengthening families, parent groups and parent self-help groups, youth development, delinquency prevention and treatment, neglected or dependent children, the quality of juvenile justice, education, and social services for children (**category D**);

(V) volunteers who work with delinquent youth or youth at risk of delinquency (**category E**);

(VI) representatives of programs that are alternatives to incarceration, including programs providing organized recreation activities (**category F**);

(VII) persons with special experience and competence in addressing problems related to school violence and vandalism and alternatives to suspension and expulsion (**category G**);

(VIII) persons, licensed or certified by the applicable State, with expertise and competence in preventing and addressing mental health and substance abuse needs in delinquent youth and youth at risk of delinquency (**category H**);

(IX) representatives of victim or witness advocacy groups, including at least one individual with expertise in addressing the challenges of sexual abuse and exploitation and trauma, particularly the needs of youth who experience disproportionate levels of sexual abuse, exploitation, and trauma before entering the juvenile justice system (**category I**); and

(X) for a State in which one or more Indian Tribes are located, an Indian tribal representative (if such representative is available) or other individual with significant expertise in tribal law enforcement and juvenile justice in Indian tribal communities (**category J**);

(iii) a majority of which members (including the chairperson) shall not be full-time employees of the Federal, State, or local government;

(iv) at least one-fifth of which members shall be under the age of 28 at the time of initial appointment; and

(v) at least 3 members who have been or are currently under the jurisdiction of the juvenile justice system or, if not feasible and in appropriate circumstances, who is the parent or guardian of someone who has been or is currently under the jurisdiction of the juvenile justice system

1/5th must be under age 28 at time of appointment.

A parent or guardian of someone who has been or is currently under the jurisdiction of the juvenile justice system may substitute for the requirement for at least 3 members who have been under the jurisdiction of JJ system.

A majority of members including the chair shall not be full-time employees of federal, state, or local government.



KT

KIMBER TOWER

**EXECUTIVE DIRECTOR | UPPER VALLEY CAC
WWW.UPPERVALLEYCAC.ORG**

PROFILE

I come from a music and service-oriented background. I have served on multiple boards, often taking on leadership roles within those boards. I have experience educating and organizing international conferences, and I enjoy networking with other organizations in order to serve more individuals.

My previous volunteer work has ranged from organizing and hosting the 2010 International Babywearing Conference in Idaho, to serving on a variety of boards for nonprofits, such as:

- Idaho Juvenile Justice Council Region 7 Board Member (*Current*)
- Taylor's Crossing Charter School Board of Directors (Vice-Chair) (*Current*)
- Idaho Network of Child Advocacy Centers Board Member
- Idaho Virtual Academy School Board

EXPERIENCE

UPPER VALLEY CHILD ADVOCACY CENTER EXECUTIVE DIRECTOR

2018–Current

- Oversee budget and operations.
- Work with child victims and their nonoffending caregivers.
- Coordinate with partner agencies to serve families.

CROWN OF LIFE CHURCH PRAISE TEAM MUSIC DIRECTOR

2018–Current

- Plans weekly music.
- Coordinates Praise Team Rehearsals with singers and band.
- Facilitates community events and programs.
- Maintains music library.
- Plays piano and sings with PT.

FAMILY CRISIS CENTER CHILD SERVICES COORDINATOR, FORENSIC INTERVIEWER, CHILD ADVOCATE, COMMUNITY OUTREACH COORDINATOR

2015–2019

- Supervised the child advocacy project, when needed performed all tasks necessary to project.
- Made connections in the community and handled relationships.

SELF EMPLOYED PIANO TEACHER

2010–2017

- Taught children ages 6 to adult at all levels of piano.
- Organized semi-annual recitals



KIMBER@UPPERVALLEYCHILDADVOCACYCENTER.COM



208-227-3200



KT

KIMBER TOWER

EXECUTIVE DIRECTOR, UPPER VALLEY CAC
WWW.UPPERVALLEYCAC.ORG

- Babywearing International Board of Directors (Secretary)
- Jefferson County Arts Council
- Bountiful Baskets Area Coordination Team (Western/Midwest US)
- Rigby City Library Board of Trustees (President)

Additionally, I have worked with my local city government on multiple projects, most notably changing the city code in Rigby to legalize small flocks of chickens within city limits.

I have volunteered time writing grants for the Rigby City Library, Rigby Police Department, Family Crisis Center, Upper Valley Child Advocacy Center, Idaho Falls FOP, Jefferson County Lake, and various musical volunteer opportunities.

HOBBIES

Performing vocals and piano in a local praise band.

EDUCATION

NATIONAL UNIVERSITY

July 2020-June 2021 (Anticipated Graduation)
Master's Degree Program
Public Administration with an emphasis on Organizational Leadership

BOISE STATE UNIVERSITY

Fall 2018 – Summer 2019
Bachelor's Degree 2019
Multidisciplinary Studies with Applied Leadership Certificate
Dean's List, 2018, 2019.

EASTERN GATEWAY COMMUNITY COLLEGE

Spring 2017 – Spring 2018
Associate of Arts Degree, Summa Cum Laude

SKILLS

Community organization and networking, event planning, teaching general and specialized courses, board experience.

Grant writing, working with local media outlets, public speaking, team coordination, and large project coordination.



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208-227-3200



KT

KIMBER TOWER

**EXECUTIVE DIRECTOR, UPPER VALLEY CAC
WWW.UPPERVALLEYCAC.ORG**

Running (road, treadmill,
trail, and occasionally with a
dog)

Cross stitch

Hiking with husband,
children, and dogs.

Instructor of: Stewards of Children (child sexual abuse
prevention), HOPE Conquers ACEs (Community program),
Minimal Facts for First Responders

Intermediate Level Comprehensive Victim Intervention Specialist
(Credentialed through the National Advocate Credentialing
Program) 2019

Specialized training in:

- Domestic violence and sexual assault (88hrs)
- Child forensic interviewing (NACFI, NICHHD, NCAC, Utah
CJC) disciplines, and other FI specific training (300 hrs)
- CAC and MDT specific (380)
- Leadership and Team Coordination (290)
- Total hours: 1,058



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208-227-3200

KIMBER JANES

Phone: (208)745-2612
Kimber@uppervalleycac.org

162 North Yellowstone Hwy, Suite 2
Rigby, ID, 83442

EDUCATION

MPA	National University Public Administration Emphasis on Organizational Leadership	July 2021
BA	Boise State University Multidisciplinary Bachelor of Arts Applied Leadership Certificate	August 2019
AA	Eastern Gateway Community College Associate of Arts Emphasis in child development, psychology, and victimology	May 2018

PROFESSIONAL CREDENTIALS

National Advocate Credentialing Program	May 2019
Comprehensive Victim Intervention Specialist, Intermediate Level, N48-468-4456	
Credentialed as a specialist in: Child Abuse, Domestic Violence, and Sexual Assault (7,800 minimum hours of training and experience)	

PROFESSIONAL EXPERIENCE

Family Crisis Center	
Volunteer Adult Victim Advocate	Sept 2014-Feb 2015
Community Outreach Coordinator	2015-2016
Adult Advocate	2015-2019
Child Advocate	2015-2019
Forensic Interviewer	2015-2019
Child Services Coordinator	2016-2019
Upper Valley Child Advocacy Center	
Executive Director	2018-Current
Child Advocate	2019-Current
Forensic Interviewer	2019-Current

Forensic interviews conducted: 536 (November 17, 2021)
Total number of child abuse cases: 644 (November 17, 2021)

PRESENTATIONS AND TRAININGS PROVIDED

“Mental Health Symposium”, Upper Valley CAC, Fall 2021 (Organizer and Host)

“Practitioners in Action: Meaningful and Sustainable Collaborations”, Idaho Nonprofit Association State Conference, Summer 2021

“Everything You Wanted to Know about CACs (But Were Afraid To Ask)”, BYU-I Advocacy Class, Summer 2021

“Responding to the Rigby Middle School Shooting”, Idaho Safety and Resiliency Conference, Summer 2021

“Conquering ACES by Meeting the Needs of Victims in the Juvenile Justice System”, IGNITE National Conference, Spring 2021

“ACES Focus Group”, The Idaho Children’s Trust Fund, Spring 2021

“Building a CAC on a Shoestring”, Vidanyx Interview (National/Virtual), Spring 2021

“ACES are Not Your Destiny”, The Idaho Conference on Alcohol and Drug Dependency Annual Conference, Spring 2021

“Everything You Wanted to Know about CACs (But Were Afraid To Ask)”, BYU-I Advocacy Class, Spring 2021

“Stewards of Children” Sexual Abuse Signs and Response Training for Boise State University Nursing Students, Spring 2021.

“Intervention as Prevention: Preventing Child Abuse for the Next Generation”, Strengthening Families Training Institute Annual Conference, Spring 2021

“Everything You Wanted to Know about CACs (But Were Afraid To Ask)”, Rigby Chamber of Commerce, Winter 2021

“HOPE Conquers ACES” Training for staff at Madison Cares and community members, Fall 2020

“Conquering ACES by Meeting the Needs of Victims in the Juvenile Justice System” Training for Idaho Forum on Child Maltreatment State Conference attendees, Fall 2020

“HOPE Conquers ACES” Training for Taylor’s Crossing Public Charter School Education Professionals, Fall 2020

“Stewards of Children” Sexual Abuse Signs and Response Training for Taylor’s Crossing Public Charter School Education Professionals, Fall 2020.

“Prevention as Intervention and CAC 101”, Idaho Children’s Trust Fund Community Meeting, Summer 2020

“Child Advocacy 101: Everything you Wanted to Know but were Afraid to Ask (Juvenile Justice)” Training for Idaho Governor’s Task Force for Children at Risk, Spring 2020.

“Child Advocacy 101: Everything you Wanted to Know but were Afraid to Ask (Juvenile Justice)” Training for Idaho State Juvenile Justice Administrators, Spring 2020.

“HOPE Conquers ACES” Training for Harwood Elementary education professionals and community members, Spring 2020

“Minimal Facts Interviewing for First Responders” Training for law enforcement in Jefferson County, Spring 2020.

“Minimal Facts Interviewing for First Responders” Training for law enforcement in Idaho Falls, Winter 2019

“State Peer Review” State Forensic Interviewer Peer Review through INCAC (co-facilitated with Nampa Family Justice Center), Fall 2019

“HOPE Conquers ACES” Training for MDT members and education professionals, Fall 2019

“Regional Peer Review” Idaho Regional Forensic Interviewer Peer Review through INCAC, Summer 2019

“Responding to Abuse and Providing Resources to Victims” Training for bishoprics in Rigby LDS Stake, Fall 2018

“Minimal Facts Interviewing for First Responders” Training for law enforcement in Bonneville, Jefferson, Teton, Fremont counties, Fall 2018.

“Clergy and Reporting Law” Training for local clergy, community members, the Department of Health and Welfare, and law enforcement, Spring 2018.

“Child Advocacy 101: Reporting and Responding” Training for new advocates, fall 2016, Fall 2017, Fall 2018.

“Stewards of Children” Sexual Abuse Signs and Response Training for Blackfoot Community Care Professionals, Sept 2016.

“Stewards of Children” Sexual Abuse Signs and Response Training for Lemhi County Professionals, Sept 2016.

“Stewards of Children” Sexual Abuse Signs and Response Training for Ririe School District, Oct 2016.

“Stewards of Children” Sexual Abuse Signs and Response Training for ISU Nursing Students and Staff, November 2016.

“Child Advocacy 101” BYU-I Psychology Society, March 2017.

“Child Advocacy Refresher and Best Practices” FCC Volunteer Advocates, May 2017.

“Stewards of Children” Sexual Abuse Signs and Response Training for Madison County Community Members, November 2017.

“Minimal Facts Training for First Responders” with Tamara Pittz, August 2018.

“Stewards of Children” Sexual Abuse Signs and Response Training for Tueller Counseling, August 2018.

“Clergy Reporting for Abuse” with Tamara Pittz, August 2018.

“Stewards of Children” Sexual Abuse Signs and Response Training for Upper Valley Counseling, September 2018.

“Stewards of Children” Sexual Abuse Signs and Response Training for OUR Rescue Volunteers, October 2018.

“Stewards of Children” Sexual Abuse Signs and Response Training for Island Park LDS Ward Members, October 2018.

PROFESSIONAL TRAINING

1. “Domestic Violence and Sexual Assault Advocate Training” Volunteer Advocate State Required Training, Family Crisis Center, Fall 2014.
2. “NICHD Forensic Interviewing” INCAC, Spring 2015.
3. “State Peer Review” INCAC, October 2015.

4. "Trauma Stewardship", Keeping Children Safe Conference by CARTF (Laura van Dernoot Lipsky), Oct 2015
5. "Stewards of Children", Darkness to Light, October 2015
6. "Stewards of Children Authorized Facilitator Workshop", Darkness to Light (Wickes MacColl), October 2015
7. "MDT Overview for Child Advocacy", WRCAC, INCAC, March 2016.
8. "NICHD Overview for Investigators", WRCAC, INCAC, July 2016.
9. "NCAC Extended Forensic Interview Skills", NCAC, October 2016.
10. "NCAC Advanced Forensic Interviewing", NCAC and INCAC, October 2016.
11. "Child Abuse and Maltreatment Conference", Chadwick Center for Children and Families, February 2017.
12. "Forensic Mentoring and Peer Review" small group and one on one forensic interviewer mentoring, NCAC with Andra Chamberlain, January-July 2017.
13. "Cortexflo Training" small group training to use the Cortexflo for medical exams and investigations, March 2017.
14. "Building Forensic Interview Skills" NCAC online training, Fall 2017.
15. "MDT Technology Training", INCAC, October 2017.
16. "CAC Ethics Training", INCAC, February 2018
17. "The Role of MDTs in Responding to the Spiritual Impact of Child Abuse and Southern Idaho Regional Forensic Interviewer Peer Review", INCAC (Victor Vieth and Bright Tomorrows CAC), July 2018
18. "Investigating Child Abuse", Sgt Jim Sears and Dr. Matt Cox, July 2018.
19. "Resiliency in the MDT", INCAC, Jefferson County MDT, August 2018.
20. "Resiliency in the MDT", INCAC, Fremont County MDT, August 2018.
21. "How to Build a Family Advocate Program Within a CAC", INCAC with Mindy Jackson (Dallas CAC), Amy Snyder and Veronica Molina (Ada County Prosecutor's Office, November 2018

22. "CPS Citizens' Review Training", Department of Health and Welfare, November 2018.
23. "Utah CJC Forensic Interviewing", INCAC, March 2019.
24. "Regional Peer Review", INCAC, June 2019. (Facilitator)
25. "Grooming, Delayed Disclosure and Multidisciplinary Team Effectiveness", Building Hope Today, September 2019
26. "State Peer Review" INCAC, October 2019. (Co-Facilitator)
27. "Forensic Mentoring and Peer Review" Small Group and One on One Forensic Interviewer Mentoring, NCAC, January-July 2020.
28. "Minimal Facts Train the Trainer" Idaho Network of Children's Advocacy Centers (Tamara Pittz), March 2020
29. "QPR Suicide Response and Prevention Training", Center for Hope, April 2020
30. "Strength Through Collaboration: How Prosecutors and Forensic Interviewers Can Work Together to Build a Successful Case", National Criminal Justice Training Center of Fox Valley Technical College, June 2020
31. "Botvin Life Skills Facilitator Training", Eastern Idaho Public Health, July 2020
32. "Child Advocacy Centers 101", Idaho's Forum on Child Maltreatment (Amy McCormick), September 2020
33. "Investigating Child Abuse and Neglect", Idaho's Forum on Child Maltreatment (Dr. Matthew Cox, Sgt. Jim Sears, Ret.), September 2020
34. "QPR Suicide Prevention", Idaho's Forum on Child Maltreatment (Andra Hansen, Nancy Espereth), September 2020
35. "Working With the Press", Idaho's Forum on Child Maltreatment (Nate Sunderland, East Idaho News), September 2020
36. "Building a Multidisciplinary Team Through Community Partnerships", Idaho's Forum on Child Maltreatment (Darin Burrell, Moderator), September 2020
37. "Fundamentals of Human Trafficking Investigation and Prosecution", Idaho's Forum on Child Maltreatment (Bradley Schoenleben), September 2020
38. "Elevating Your Forensic Interview Program", National Children's Alliance Leadership Conference 2020, Winter 2021

39. “The Darkness to Light Prevention Paradigm for Behavior Change”, National Children’s Alliance Leadership Conference 2020, Winter 2021
40. “Inspiring Projects Made with NCA Grants”, National Children’s Alliance Leadership Conference 2020, Winter 2021
41. “Breaking Down Silos: Building a Strong Multidisciplinary Team”, National Children’s Alliance Leadership Conference 2020, Winter 2021
42. “Unlocking Hidden Funding Streams for CACs”, National Children’s Alliance Leadership Conference 2020, Winter 2021
43. “The Power of Prevention”, Strengthening Families Training Institute Conference (Melissa Merrick, PhD, March 2021)
44. “Resilience”, Strengthening Families Training Institute Conference (Documentary and panel discussion), March 2021
45. “Stress, Early Experience and Development”, Strengthening Families Training Institute Conference (Sarah Watamura, PhD), March 2021
46. “Attorney Tactics and Perspectives: A Panel Discussion on Improving Outcomes for Children and Families”, Strengthening Families Training Institute Conference (Child Protection Section of Idaho Bar Panel Discussion), March 2021
47. “Racial Equity in Idaho”, Strengthening Families Training Institute Conference (Corey Best, Panel Discussion), March 2021
48. “Child Interviewing Strategies: Children With Disabilities (Part 1 of 2)”, Fox Valley National Criminal Justice Training Center, March 2021
49. “Core Concepts for Team Facilitation”, Western Regional CACs, (Spring 2021)
50. “Community Resiliency Model”, Laurie Strand, Idaho Prevention and Support Conference by the Idaho Department of Education, (April 2021)
51. “Your Voice is Your Power”, Carlos Ojeda Jr., Idaho Prevention and Support Conference by the Idaho Department of Education, (April 2021)
52. “Recovery and Support After Mass Violence”, Tara Hughes, Office of Victims of Crime Training and Technical Assistance Program, (June 2021)
53. “MEC Preparing for the Commercial Sexual Exploitation Forensic Interview”, Fox Valley, OJJDP, ICAC, (October 2021)

- 54. “MEC Dynamics of CST”, Fox Valley OJJDP, ICAC, (October 2021)
- 55. “MEC Child Sex Trafficking Forensic Interview Training”, Fox Valley, OJJDP, ICAC, (November 2021)
- 56. “ChildFirst Forensic Interview Training”, Zero Abuse Project, (January 2022)

Trained in the following forensic interview disciplines:

- The National Association of Certified Child Forensic Interviewers (NACCFI) 2015
- The National Institute of Child Health and Human Development (NICHD) 2015
- The National Children’s Advocacy Center (NCAC) Extended Forensic Interviewing 2016
- NCAC Advanced Forensic Interviewing 2016
- Utah CJC Program Child Interview 2019
- MEC Child Sex Trafficking Forensic Interview- 8 Step 2021
- ChildFirst Forensic Interview (ZAP) 2022

PROFESSIONAL AFFILIATIONS

National Children’s Alliance, 2018-Present (Accredited Member June 2021)

Established Associate Membership of Child Advocacy Center as Family Crisis Center and transitioned Associate Membership to Upper Valley Child Advocacy Center, 2018-2020

Idaho Network of Child Advocacy Centers, 2018-2021
Board member

PROFESSIONAL SERVICE/SPECIAL ASSIGNMENTS/PROJECTS

Juvenile Justice Pilot Project

Collaborate with experts and other organizations around Idaho to develop a protocol for serving child victims of abuse (non PREA, focusing on abuse that occurred prior to incarceration) in order to serve this special population in a manner that is equitable to what other child victims in Idaho currently receive through a CAC/MDT model, 2019-current

Rigby Middle School Shooting Victim Service Coordinator

Partner with state and national agencies to ensure that victim the recovery portion of the Rigby Middle School shooting is sustained for the time the community requires, gathering data for the state of Idaho to analyze, advise the state of Idaho on ways to better the implementation of victim services for mass violence events, 2021-current

Idaho Juvenile Justice Commission Grant Subcommittee

Evaluate and score state grants for Juvenile Justice Commission, 2020-current

Child Abuse Awareness Month Events

Organize yearly events to raise awareness in local region, show appreciation for those who serve child victims of abuse, and honor survivors of child abuse, 2016-current

Purple Ribbon Run

Organized a 5k run to help community members honor survivors of domestic violence and their loved ones, 2018

BOARD MEMBERSHIPS

Community Suicide Prevention Idaho

Board Member, Idaho Falls, Fall 2021-Current

Juvenile Justice Council, Region 7 Idaho

Board Member, Idaho Falls, Fall 2020-Current

Taylor’s Crossing Charter School Board

Board Vice-Chair, Idaho Falls, Fall 2019-Current

Idaho Network of Children’s Advocacy Centers

Board Vice-President 2020-2021

Board member 2015-2021

Rigby City Library Board

Board President, Rigby, 2014-2016

Idaho Virtual Academy

Board Trustee, Idaho State, 2013-2016

Babywearing International

Board Secretary, United States and International, 2010-2012

OTHER PROFESSIONAL EXPERIENCE AND TRAINING

Piano Instructor: Beginning, Intermediate, Advanced instructor for approximately 60 children aged 6 through adulthood. 2009-2018

Learning Coach: Educated three children using Common Core Curriculum through IDVA Virtual Public Charter School from grades K-6. 2009-2016

COMPLIANCE UPDATE
MARCH 2022

As you know, the Juvenile Justice Reform Act (or, “the Act”) was signed into law on December 21, 2018. In keeping with the statutory provisions under the Act, OJJDP has been conducting a review of states’ FY21 compliance monitoring manuals. Through this review, OJJDP has determined that these manuals do not align with the statutory and regulatory requirements of the Formula Grants Program.

In view of this determination, all states must resubmit their compliance monitoring manuals to OJJDP in order to be eligible to receive a FY21 award. Following the review of a state’s revised compliance monitoring manual, OJJDP will notify the state of its eligibility and compliance determination, and subsequently make the FY21 award to states eligible at that time.

OJJDP has provided training on the revisions and resubmissions, and stated they are committed to working with states to ensure compliance, and provide access to the funding as soon as possible consistent with the Act.

The deadline for submitting a revised compliance monitoring manual is June 13, 2022. Idaho’s revised compliance monitoring manual was resubmitted on February 4, 2022.

We are also still working on the changes with the classification of court holding facilities to ensure future compliance with the jail removal and sight/sound requirements.

DSO Violations – 1st quarter of FY22

FY22 DSO VIOLATIONS	October	November	December	January	February	March	April	May	June	July	August	September	Totals
3B	0	0	0										0
5C	0	0	0										0
Ada	0	1	0										1
Bonner	0	0	0										0
D1	0	0	0										0
D6	0	0	0										0
Lemhi	0	1	0										1
Mini-Cassia	0	0	0										0
R2	0	0	0										0
Snake River	0	0	0										0
SWIJDC	0	0	0										0
Monthly Total	0	2	0										2

One violation was a result of a status offender being held more than 24 hours before their initial detention hearing. One violation was a result of a status offender being held on a warrant in another county, and transport could not be arranged within the 24 hours after the detention hearing.

FY22 Solicitation

The FY22 Title II Formula Grants Program Solicitation still has not yet been released, and has likely been delayed due to the focus on the compliance manuals. We have been collecting data from all secure facilities to ensure we have the information and documentation needed once the solicitation has been released. At this time, we have data from 88% of secure facilities, and are continuing to gather more data.

2022 Deinstitutionalization of Status Offenders Grant Technical Review

Applicant: Shepherd's Home, Inc., located in McCall, Idaho.
District: District 4, Valley County; and District 3, Adams County
Amount Requested: \$10,000
Youth to be served: Status Offenders and youth from Valley and Adams County seeking shelter for 72 hours while a long terms housing solution is found
Cost per Child: Average of \$80.00 per night per child.

Applicant is responsive to the Grant Announcement Guidelines
 is not responsive to the Grant Announcement Guidelines.

SUMMARY: Currently, the Applicant is set up to intake abused and neglected children needing shelter and providing them with healthy food, clean warm beds, and security; and unconditional love to help them realize their self-worth and reach their full potential. This year, the Applicant wants to extend their services to included status offenders and youth needing temporary emergency shelter for 72 hours while long term housing is secured. While the Shepherd's Home has funding for their primary services, they are asking for additional funding of \$10,000 to offset the cost for emergency respite care, and to refurbish and secure a bedroom for the Emergency Respite Program.

Service Area / Target Population

1. Boundaries/Service Area: Based in McCall, Idaho, the program will take in emergency respite cases from Valley and Adams counties. Other cases outside of the area will be considered based on circumstances
2. Target Population: Non-violent juvenile status offenders, ages infant to 18, needing emergency shelter

Problem / Need

1. Problem: In the communities of Valley and Adams Counties, juvenile status offenders are being detained and held in police stations and sheriff's offices. While the numbers of youth needing shelter is hard to quantify, in 2021 alone, the Applicant was aware of 18 juveniles needing emergency shelter. The Applicant states there is a "strong need for emergency respite housing in Central Idaho."
2. Need: The service area of the Shepherd's Home is very rural, which contributes to the gap in services available for at-risk youth. There used to be a temporary holding area for status offenders at the Valley County Juvenile Corrections Center, but the Center was shut down in 2018, leaving no alternative housing for status offenders. Additionally, the Applicant noted the Health and Welfare office in McCall was closed therefore a lack of case workers has led to a situation where at-risk youth are not being served in a professional capacity. The Applicant's goal is to alleviate the lack of resources for status offenders and youth at-risk by providing a location within the community for juveniles to recover and await their next step.

Program Description

1. Activities/Methods/and Goals: The program will be available to community members and status offenders as needed. Law enforcement, probation officers and social workers will be able to call the Shepherd's Home House Parents to discuss placement of youth in question. The House Parents will assess the situation of the youth and consider those already in the Home for safety and security. The youth will have their immediate needs meet, then the House Parents will coordinate with youth's legal guardian, probation officer, and social worker to determine a longer-term housing plan. The goal is to provide 72-hours of emergency respite to juveniles in the Valley and Adams Counties. Data will be recorded to determine the needs of the community in order to adjust the program to fill the greatest need in following years.
2. Evidence of Effectiveness: A host of articles are cited supporting the effectiveness of community-based programs. Here are just a few of the supportive findings:

- Emergency respite care is shown to be effective with reduction in parental stress that can lead to child abuse
 - Helps alleviate individual crisis
 - More effective than detention in preventing crimes
 - Programming that addresses mental health, family health and community support and inclusion are effective in reducing the rates of recidivism
3. Timeline: They anticipate start-up to be April 1, 2022, after the new house parents are hired and in the home.

Project Administration

1. Staff Qualifications: The Administrator's resume was included. Since the house parents have not yet been hired, no resumes were included; but a job description for the position was provided.
2. Partnerships: The applicant listed the McCall Library; Parks and Recreation; McCall Donnelly School District; St. Luke's Hospital; Valley County Sheriff; and Department of Corrections as partners. The application states that at the Shepherd's Home each resident is included in activities, can attend school, is encouraged to participate in extracurricular activities, and can attend their preferred church. Therapy and counseling will be provided.
3. Letters of Support:
 - Three support letters are included in the application.
 - Also included, a report on "The Current State of Child Protection Services in the Valley County" written in January 2021.

Budget Information

1. Budget Form: The Excel spreadsheet is complete with anticipated expense for the 72-hour emergency care program.
2. Budget Description with Calculation Factors: The budget description is minimal and calculations simple.
3. Other Funding Sources: The Applicant stated that they have organizations that support the Shepherd's Home General Operations and the Emergency Respite Program may utilize those funds to support the program before the grant funds are received.
4. Sustainability Plan: The Applicant plans on continuing their annual fundraising and grant writings to supply the home with the necessary funds. They also are collaborating with their Foundation Board to create an investment portfolio with the hopes of becoming self-sustaining.
5. Non-Profit Viability Documentation: The Applicant included a full disclosure General Operating Budget for the Shepherd's Home as their documentation.

Performance Measurement

Performance Measurement Plan is detailed and complete with objectives, evaluation instruments, and evaluation methods filled with details.

1. Number of youth in the program- The applicant hopes to use the Emergency Respite Program at least 45 "bednights" in 2022
2. Duration of time youth are in the program- Up to 72 hours for emergency respite
3. Number and percent of participating youth who were arrested or charged with a new offense- This will be handled on a case-by-case basis to determine

Definitions

The definitions are complete and well thought out. The Applicant knows the needs of the juveniles in the area, and has contingencies in place for the youth at-risk.

Racial and Ethnic Disparities Update

March 2022

Boise State University, in partnership with the Idaho Juvenile Justice Commission and IDJC, has worked over the past several months to conduct a statewide analysis on the Racial and Ethnic Disparities among arrests in youth. The assessment does an excellent job of helping us identify areas that may need a deeper dive as we work to reduce disparities among youth arrests in our communities.

The Idaho Department of Juvenile Corrections provided data on specific variables among youth in Idaho to identify any potential correlating factors among the arrests. These variables included sex, age (10-17), county, arresting charge, disposition of arrest, arrest type, ethnicity of the youth, and race of the youth. Notably, there were some areas of concern identified:

1. American Indian youth are arrested at an average younger age than Non-Hispanic White, Hispanic, and Black youth.
2. A higher percentage of arrest cases involved Black males (76%) compared to Hispanic males (72%), Non-Hispanic White males (70%), and American Indian males (53%)
3. Non-Hispanic White juveniles were the single-largest category in every county except Gooding, Power, and Jerome counties
4. American Indian female youth made up more arrest cases (51%) than Non-Hispanic White (30%), Hispanic (26%) and Black (35%) youth arrests.
5. American Indian juveniles contributed to a very small percentage of total arrest, but Bingham, Nez Perce, and Bannock counties had substantially higher percentages among cases involve these youth.
6. Black juvenile arrests were most often categorized as "On View" arrests (61%), whereas the majority of arrests among other groups were categorized as "Summoned/Cited)".
7. Arrest cases among all race/ethnicity groups were most often "Referred to Another Authority"; most often true for American Indian youth (86%) and least often true of Hispanic (69%) juvenile arrest cases.

To read the full report, please visit the [Idaho Juvenile Justice Commission Website](#).

The Racial and Ethnic Disparities Committee has tasked IDJC with diving deeper into available arrest data to determine other potentially correlating factors for arrest. These newly identified variables for analysis include the time of the arrest, the day of week the arrest occurred, and the location of the arrest. Additionally, IDJC is working in collaboration with community partners in identified areas of the state to assist and support the work required to reduce of disparities among youth and the juvenile justice system.

Budget Summary

Awarded: **\$318,265.00**

2018-2020 Plan
Grant period: 10/1/18-9/30/22
 Pass-through requirements waived

Categories	Budgeted	Spent	Anticipated Expenses	Difference	Notes
State Advisory Group	20,000.00	12,456.38	0.00	7,543.62	
Compliance Monitoring	40,000.00	32,692.49	572.82	6,734.69	
DSO	160,000.00	122,076.85	0.00	37,923.15	
Disproportionate Minority Contact	30,000.00	29,962.39	(3,658.08)	3,695.69	
Native American Programs	20,000.00	13,265.24	0.00	6,734.76	
JJ System Improvement	48,265.00	37,677.01	0.00	10,587.99	
Total Expenses	318,265.00	248,130.36	(3,085.26)	70,134.64	
	DSO Totals	50.2%			

Budget Summary

Awarded: **\$315,000.00**

2018-2020 Plan
Grant period: 10/1/19-9/30/23
 50% of grant funds must be dedicated to DSO

Categories	Budgeted	Spent	Anticipated Expenses	Difference	Notes
Compliance Monitoring	34,000.00	350.00	0.00	33,650.00	
DSO	160,000.00	109,629.96	0.00	50,370.04	
Disproportionate Minority Contact	28,435.00	8,891.70	0.00	19,543.30	
Native American Programs	18,000.00	0.00	0.00	18,000.00	
JJ System Improvement	56,565.00	19,679.55	7,104.80	29,780.65	
State Advisory Group	18,000.00	4,750.00	0.00	13,250.00	
Total	315,000.00	143,301.21	7,104.80	164,593.99	
	DSO totals	76.5%			

Budget Summary

Awarded: **\$311,196.00**

2018-2020 Plan
Grant period: 10/1/20-9/30/24

Categories	Budgeted	Spent	Anticipated Expenses	Difference	Notes
Community Based Programs/Service	167,900.00	23,438.04	0.00	144,461.96	
Compliance Monitoring	45,296.00	0.00	0.00	45,296.00	
Racial and Ethnic Disparities	20,000.00	0.00	0.00	20,000.00	
Native American Programs	15,000.00	0.00	0.00	15,000.00	
JJ System Improvement	38,000.00	0.00	0.00	38,000.00	
State Advisory Group	15,000.00	0.00	0.00	15,000.00	
Probation	10,000.00	3,980.65	0.00	6,019.35	
Total	311,196.00	27,418.69	0.00	283,777.31	
	DSO Totals	85.48%			

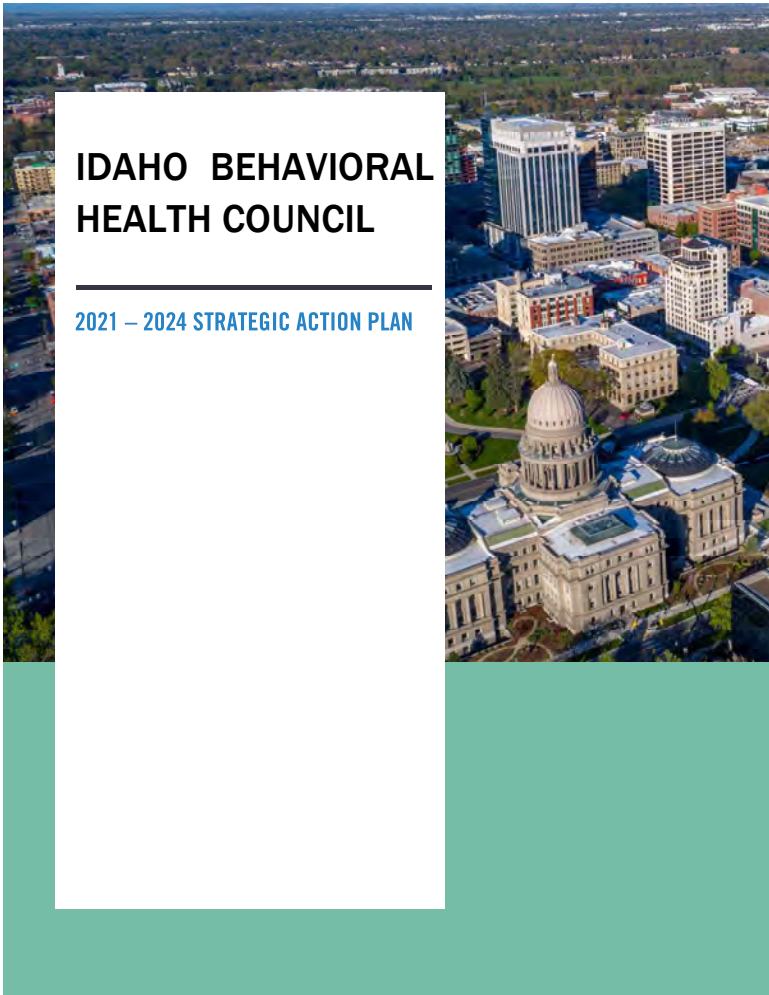


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LETTER FROM THE CO-CHAIRS

On behalf of the Idaho Behavioral Health Council (IBHC), we are pleased to present to you the 2021 – 2024 Strategic Action Plan. With representation from all three branches of state government, as well as community partners, IBHC was tasked with developing and implementing a strategic plan designed to improve access to Idaho’s behavioral health resources and provide better outcomes for those who need services.

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. We believe if this vision is realized people in Idaho will have a better quality of life, reduced risk of involvement with the criminal justice system, and make our communities healthier, safer places to live.

Over the last year we have worked across many sectors and agencies to identify a list of recommendations and action items that will serve as a major step towards creating a more organized system. This collaboration will address the growing challenges being faced by individuals with mental illness and/or addiction. We aim to use our precious resources in the most effective, efficient way possible, by maximizing our collaboration and utilizing industry best practices.

The IBHC strategic action plan includes an inventory of current resources including funding directed toward behavioral health, a plan to leverage state and national best practices, and focus on a consumer driven approach to design a cost efficient, coordinated system that more efficiently maximizes the resources to care for people with behavioral health conditions in Idaho.

It is with great excitement and gratitude that we share the 2021 – 2024 IBHC strategic action plan.

Sara Omundson
Administrative Director of the Courts

Dave Jeppesen
Director of Idaho Department of Health & Welfare

ACKNOWLEDGEMENTS

We would like to thank members and supporters of IBHC’s development of the 2021 – 2024 Strategic Action Plan. We would also like to specially acknowledge the Advisory Board and Workgroup members who generously provided their time and expertise for this initiative.

Idaho Behavioral Health Council Members

Sara Omundson (Co-Chair)
Administrative Director of Courts

Dave Jeppesen (Co-Chair)
Director of Idaho Health & Welfare

Senator Jeff Agenbroad
Idaho State Senator

Representative Brooke Green
Idaho House Representative

Jennifer Griffis
Member of the Public

Representative Laurie Lickley
Idaho House Representative

Brent Mendenhall
Madison County Commissioner

Senator David Nelson
Idaho State Senator

Dr. David Pate
Member of the Public

Judge Gene Petty
Third Judicial District Court Judge

Monty Prow
Director of Idaho Department of Juvenile Corrections

Dr. Eric Studebaker
Idaho State Department of Education

Josh Tewalt
Director of Idaho Department of Correction

Advisory Board Members

Dr. Lisa Bostaph Victims of Crime Expert	Toni Lawson Idaho Hospital Association representative
Krissy Broncho Tribal representative	Palina Louangketh Suicide Prevention representative
Dr. Keith Davis Idaho Medical Association Primary Care representative	Dr. Matthew Niece, LCPC University Leadership
Martha Ekhoﬀ Adult Consumer of Behavioral Health Services	Keisha Oxendine Idaho Prosecuting Attorneys Association representative
Mark Estess Idaho Chiefs of Police Association representative	Dawn Rae EMS
Michelle Evans Magistrate Judge	Michael Sandvig NAMI
Dr. Nicole Fox Idaho Psychiatric Association representative	Laura Scuri Mental Health Provider
Eric Fredericksen State Appellate Public Defender	Melinda Smyser Office of Drug Policy representative
Kim Hokanson Family of a Child Consumer of Behavioral Health Services	Anne Taylor Public Defender
Sheriff Sam Hulse Idaho Sheriff's Association representative	Debbie Thomas Substance Use Disorder Provider
Todd Hurt State Hospital Administrator	Robert Vande Merwe Idaho Health Care Association representative
Yvonne Ketchum-Ward Idaho Primary Care Association representative	Craig Ward Tribal representative
Marianne King Office of Drug Policy	Lora Whalen Public Health District representative

Children & Youth Workgroup Members

Jen Griffis (Co-Chair) Member of the public	Monty Prow Director of Idaho Department of Juvenile Corrections
Dr. Eric Studebaker (Co-Chair) Idaho State Department of Education	Jorge Pulleiro Local Schools
Shane Duty Health & Welfare - Division of Behavioral Health	Laura Scuri Behavioral Health Provider
Jason Dye Administrative Office of the Courts	Roger Sherman Idaho Children's Trust Fund
Kyle Hanson Health & Welfare - Division of Behavioral Health	Melissa Syria Tribal Representative
Kim Hokanson Family of Child Consumer of BH Services	

Clinical Care Workgroup Members

Dr. Nicole Fox (Chair) Psychiatric Association	Dr. Matthew Niece, LCPC University Leadership
Krissy Broncho, LCSW Tribal Representative	Craig Ward, LMFT Tribal Representative
Dr. Thadeus Koontz State Hospital North	

Commitments Workgroup Members

Judge Michelle Evans (Co-Chair) Magistrate Judge	Sheriff Sam Hulse Sheriff's Association
Todd Hurt (Co-Chair) Health & Welfare - Division of Behavioral Health	Toni Lawson Hospital Association
Aaron Bazzoli Chief Public Defender - Canyon County	Keisha Oxendine Prosecuting Attorneys Association
Dr. Walter Campbell Idaho Department of Correction	Laura Scuri Mental Health Provider
Representative Brooke Green Idaho House of Representatives	Teresa Shackelford Health & Welfare - Division of Behavioral Health

Criminal Justice Workgroup Members

Judge Gene Petty (Co-Chair) Third Judicial District Court Judge	Eric Fredericksen State Appellate Public Defender
Anne Taylor (Co-Chair) Public Defender	Judge Dave Hooste District 6 Courts
Gail Baker Idaho Department of Correction	Sheriff Sam Hulse Sheriff's Association
Dr. Lisa Bostaph Victims of Crime Expert	Keisha Oxendine Prosecuting Attorneys Association
Dr. Walter Campbell Idaho Department of Correction	Michael Sandvig NAMI
Mark Estess Chiefs of Police Association	Mike Wraith Health & Welfare - Division of Behavioral Health

Housing Workgroup Members

Martha Ekhoﬀ (Co-Chair) Consumer of BH Services	Diana Lachiondo Ada County Commissioner
Robert Vande Merwe (Co-Chair) Idaho Health Care Association	Larry Riley Homeless Services representative
Rosie Andueza Health & Welfare - Division of Behavioral Health	Wyatt Schroeder Homeless Services representative
Janice Fulkerson Fletcher Group	Debbie Thomas Substance Use Disorder Provider

Prevention / Early Intervention Workgroup Members

Melinda Smyser (Co-Chair) Office of Drug Policy	Marianne King Office of Drug Policy
Palina Louangketh (Co-Chair) Health & Welfare - Overdose/Suicide Prevention	Dawn Rae EMS
Dr. Keith Davis Idaho Medical Association Primary Care representative	Randy Rodriguez Health & Welfare - Division of Behavioral Health
Sidnee Hill Idaho Coalition for Rural Resilience	Michael Sandvig NAMI
Kim Hokanson Family of Child Consumer of BH Services	Craig Ward Tribal representative
Sheriff Sam Hulse Sheriff's Association	Lora Whalen Public Health District representative

Programs & Services Workgroup Members

Debbie Thomas (Co-Chair) Substance Use Disorder Provider	Keisha Oxendine Prosecuting Attorneys Association
Scott Ronan (Co-Chair) Administrative Office of the Courts	Dawn Rae EMS
Martha Ekhoﬀ Consumer of BH Services	Scott Rasmussen Health & Welfare - Division of Behavioral Health
Sidnee Hill Idaho Coalition for Rural Resilience	Michael Sandvig NAMI
Yvonne Ketchum-Ward Primary Care Association	Laura Scuri Behavioral Health Provider
Senator David Nelson Idaho State Senator	Robert Vande Merwe Idaho Health Care Association

Operation Team Members

Adrian Castaneda Spark! Strategic Solutions	Shannon McGuire Spark! Strategic Solutions
Ross Edmunds Health & Welfare - Division of Behavioral Health	Adam Panitch Health & Welfare - Division of Behavioral Health
Jana Filer Administrative Office of the Courts	Ryan Porter Administrative Office of the Courts
Maggie Finnegan Health & Welfare - Division of Behavioral Health	Janie Potter Administrative Office of the Courts
Cristina Gonzalez Froude Spark! Strategic Solutions	Megan Schuelke Health & Welfare - Division of Behavioral Health
Taunya Jones Administrative Office of the Courts	

EXECUTIVE SUMMARY

Idaho has many silos in our behavioral health system and significant treatment service access challenges. Lack of access to effective behavioral healthcare has an impact on the corrections system, the judicial system, hospitals, schools, and communities, leading to challenges such as a growing prison population, overdose deaths, and a very high suicide rate just to name a few. There are also a number of strengths and opportunities that reside in many levels of the system where effective care options are occurring.

Idaho's Behavioral Health Framework

Visualizing the steps of the behavioral health system rested on five key focus areas: promotion, prevention, engagement, treatment and recovery. Each of these steps are interconnected in providing comprehensive support to those in need of services. While each area appears in sequential order, IBHC discussed key onramps and off ramps utilized on the journey of care. This framework became the guiding focus in recommendation development.



Strategic Action Plan

The following recommendations have been selected by IBHC as key priority focus for the next three years. Each of these has been prioritized based on impact, effectiveness, and efficiency.

RECOMMENDATION	SPONSOR	TIMELINE
Infrastructure #2 Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.	Idaho Department of Health & Welfare	December 31, 2021
Treatment #3 Improve Idaho civil commitment process and procedures by proposing amendments to the Mental Health Act to incorporate the action items.	Idaho Supreme Court, Idaho Department of Health & Welfare, and Commissioner Mendenhall	December 31, 2021
Treatment #7 Develop and implement a crisis response system model for youth. Strengthen and broaden a crisis response system model for adults based on community capacity.	Idaho Department of Health & Welfare	December 31, 2022
Infrastructure #8 Explore piloting a Certified Community Behavioral Health Clinics model.	Idaho Department of Health & Welfare	June 30, 2023
Promotion #4 Conduct Sequential Intercept Model (SIM) Workshops in local communities across Idaho to improve local collaboration between the behavioral health and criminal justice systems and to identify opportunities to improve the local behavioral health system and the criminal justice process.	Idaho Supreme Court	June 30, 2023
Engagement #4 Review and draft or amend statutes and rules to promote earlier engagement of justice involved individuals with behavioral health treatment needs.	Idaho Supreme Court and Idaho Department of Correction	June 30, 2023
Recovery #3 Identify services to support long term recovery for individuals in Idaho.	Idaho Department of Health & Welfare	June 30, 2023
Recovery #5 Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma.	Idaho Department of Juvenile Corrections and Idaho State Department of Education	June 30, 2023
Treatment #1 Increase residential treatment options for youth to receive appropriate level of care based on their needs with a preference for services within Idaho.	Idaho Department of Juvenile Corrections and Idaho Department of Health & Welfare	June 30, 2024

GUIDING PRINCIPLES

As the Idaho Behavioral Health Council moves toward its next phase of implementation, the recommendation and action items in the plan will be organized under multiple organizations and projects. To achieve consistency, all project leads/teams are asked to adhere to the following set of guiding principles:

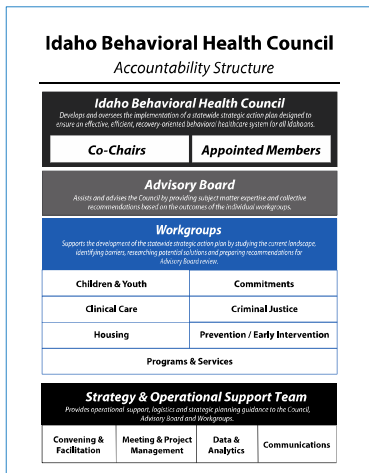
- Consumer and Family Voice:**
Because the voices of consumers of services and their families are crucial to proper implementation of the Idaho Behavioral Health Council's strategic action plan, we commit to include them as indispensable partners in program design, implementation, and evaluation.
- Cross-System Collaboration:**
We commit to utilize an inclusive and collaborative approach in the implementation of behavioral health strategic action plan.
- 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.
- 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.
- 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 to observing all rights as defined in the Americans with Disabilities Act (ADA).
- Financially Sustainable:**
We commit to designing and implementing a behavioral health system that is effective, efficient, and financially sustainable.
- 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.

STRATEGIC PLANNING PROCESS & APPROACH

The official kickoff for strategic planning under IBHC began in August 2020. The process is still currently underway and is scheduled to be completed on June 18, 2021. The process is currently in draft plan development and is being shared to gather community input as part of the final prioritization phase. The following sections provide context to the methodology used to develop the recommendations and suggested action items.

IBHC Accountability Structure

A clear accountability structure was developed to help ensure clear roles and responsibilities. The graphic below visualizes and describes the roles of each team in drafting recommendations and suggested action items.



Phases to Guide Action Plan Development

The planning process was divided into four key phases to guide the development of the action plan. The work started with taking a system view to determine the parameters and focus areas of behavioral health in Idaho. The second phase was led by the Advisory Board and Workgroups through Systems & Landscape Analysis. The tasks centered on application of a human-centered lens by understanding the experiences of people living with behavioral health challenges. Personas were developed and mapped along the journey to receive services. IBHC then moved into system visioning by defining potential solutions needed to improve service delivery and alignment. This included research into existing models (locally and nationally) as well as evidence-based successes.

SYSTEMS VIEW Determine the parameters and focus areas of the behavioral health system.	SYSTEM & LANDSCAPE ANALYSIS Persona and journey mapping to understand current reality, limitations, barriers, and opportunities.	SYSTEM VISIONING Defining potential solutions and what we need / desire for Idaho Behavioral Health.	MODEL RESEARCH Research potential solutions / better practices.
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Defining the Behavioral Health System

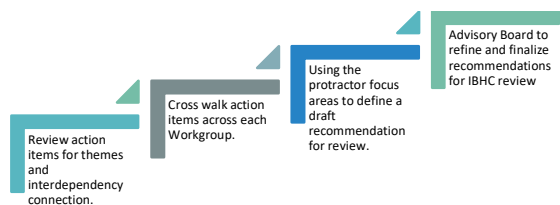
For purposes of developing the three-year strategic action plan, the Idaho Behavioral Health System is defined as publicly funded programs and services as well as collaborations with private entities in the areas of Mental Health and Substance Use Disorder. Our focus will be on programming and policy to drive best practices with a goal to ensure people in Idaho have a better quality of life, reduced risk of involvement with the criminal justice system, healthier communities and safer places to live.

MENTAL HEALTH	MENTAL ILLNESS	SUBSTANCE USE DISORDER
Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.	A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.	A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.

Recommendation Development Methodology

Workgroups developed a set of 100+ suggested action items that included a rationale and starting list of steps needed to ensure completion. The Advisory Board then refined and prioritized those action items and created a set of recommendations using consensus-based voting.

Note: Many action items span across multiple sections of the protractor. When building recommendations, action items were placed in the system focus area where they are first are relevant.



Structuring the Recommendations

Each of the recommendations and proposed action items were categorized into one of four areas of type to ensure there was clear understanding in how the implementation would be approached.

PROGRAMS Established and ongoing activities that support community behavioral health.	PROJECTS Time bound activities that help improve community behavioral health.	POLICIES Statutes, IDAPA rules, regulations, and practices & procedures.	PARTNERSHIPS Community / Public Agency partners that are subject matter experts in the area of behavioral health.
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Prioritization of Recommendations

Council prioritized each of the draft set of recommendations using categories of effort, impact, effectiveness and efficiency.

EFFORT Consideration of required investment of time and resources to achieve success of the recommendation.	IMPACT The ability to positively influence or effect changes to unfavorable circumstances to achieve the intended outcome at a systems level.
EFFECTIVENESS The degree to which the recommendation has the capability to be successful in producing the desired result of improvement to Idaho's behavioral health system.	EFFICIENCY Working in a well-organized and competent way while achieving maximum productivity with minimum wasted effort or expense across public agencies.

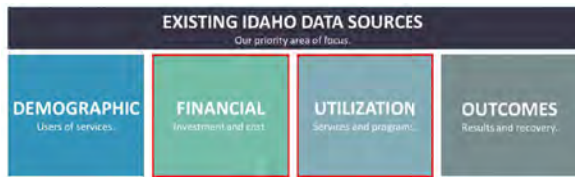
Identifying Public Agency Sponsors

During prioritization, public agencies will select which recommendations to sponsor during implementation.

IDENTIFY THE SPONSOR The sponsor is the entity that has primary responsibility to lead the program, partnership, policy, or project resulting from the recommendations. The sponsor will oversee the implementation team, set direction & priorities, refine and challenge recommendations for improvement, and removes barriers to progress in achieving outcomes for success.	SELECT PILOT ACTION ITEMS Review the action items under each recommendation to select the most relevant and feasible to explore during implementation.
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IDAHO BEHAVIORAL HEALTH SNAPSHOT DATA

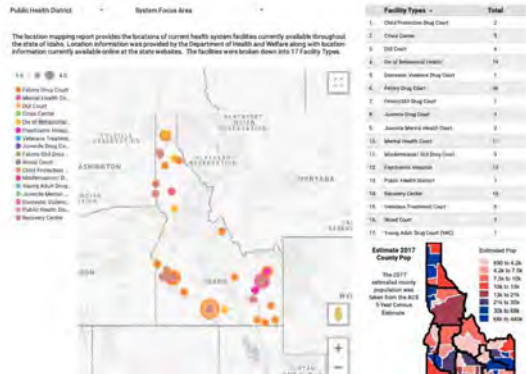
One of the key tasks of IBHC was to define a plan that includes an inventory of current resources including funding directed toward behavioral health. The data below is a snapshot of available information across a variety of public agencies. The intention was to understand what is available, where gaps are and design a path that allows improved data collection and sharing. The information below is what was discovered and correlated to existing information about behavioral health in Idaho.



Mapping the Behavioral Health System

The graphic below is a screenshot of an interactive tool developed to showcase public agency resources across the state. The IBHC Location Map can be found in the link below:

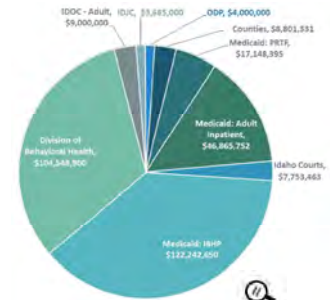
<https://datastudio.google.com/u/0/reporting/6c26a36c-6a11-4077-91b7-4459e56c4e00/page/p1vs8>



Behavioral Health Expenditures Financial Snapshot

The following data was collected from public agencies.

PUBLIC AGENCY	AMOUNT
Medicaid – Idaho Behavioral Health Plan	\$122,242,650
Medicaid – Children inpatient (PRTF)	\$17,148,395
Medicaid – Adult Inpatient Psychiatric Hospitalization	\$46,865,752
Division of Behavioral Health	\$104,548,900
Counties	\$8,801,331
Idaho Courts	\$7,753,463
Idaho Department of Correction (IDOC)	\$9,000,000*
Office of Drug Policy (ODP)	\$4,000,000*
Idaho Department of Juvenile Corrections (IDJC)	\$3,685,000
TOTAL	\$324,045,491



Division of Behavioral Health

Financials and utilization for the division. Utilization information for children and adult services.

By Division	FTP	General	Total
Behavioral Health			
Adult Mental Health	209.56	27,590,700	32,274,000
Children's Mental Health	97.67	8,350,200	14,457,500
Substance Abuse	16	500,000	13,064,200
Community Hospitalization		1,069,000	1,069,000
State Hospital South	286.25	11,351,300	30,672,600
State Hospital North	107.1	8,282,700	10,047,000
State Hospital West	50.33	2,964,600	2,964,600
Total Behavioral Health	766.91	\$60,108,500	\$104,548,900

Division of Behavioral Health Adult Mental Health Services

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Adults Served	14,358	13,122	13,066	11,790
Supportive Services (meds, housing and employment)	2,107	2,107	2,090	1,737
Assertive Community Treatment	573	585	575	511
Co-occurring Services	2,114	2,097	1,997	1,485

Children receiving mental health services from the Division of Behavioral Health

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Total Children Served	2,332	3,097	3,743	3,300
Court-ordered 20-511A	509	466	473	378
Parenting with Love and Limits	186	159	166	144
Case Management	1,390	1,292	1,085	810
Alternate Care	52	47	23	19

State Hospital Data

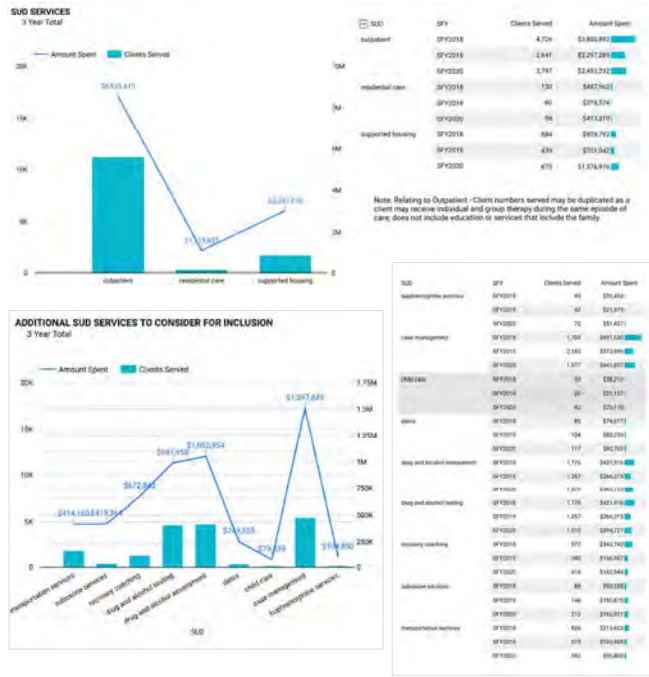
Utilization information for psychiatric, adolescent, and skilled nursing services.

State Hospital North					State Hospital South				
SHN adult inpatient psychiatric services					SHS adult inpatient psychiatric services				
	SFY 2017	SFY 2018	SFY 2019	SFY 2020		SFY 2017	SFY 2018	SFY 2019	SFY 2020
Adults Patient Days	17,644	16,115	16,407	18,493	Adults Patient Days	27,734	28,753	29,521	29,190
Admissions	200	278	263	261	Admissions	582	678	676	659
Avg Daily Census	48	44	45	51	Avg Daily Census	76	78.8	78.1	79.5
Occupancy rate	81%	74%	75%	84%	Median Length of Stay (Days)	34	35	30	33
Median Length of Stay (Days)	55	42	48	51	Daily Occupancy Rate	84.8%	87.5%	86.8%	88.3%
30-Day Readmission Rate	1.5%	1.1%	1.1%	1.9%	30-Day Readmission Rate	1.50%	1.57%	2.0%	1.8%
180-Day Readmission Rate	6.3%	7.2%	8.3%	6.9%	180-Day Readmission Rate	9.57%	13.04%	11.6%	13.8%
Cost Per Patient Day	\$558	\$ 618	\$ 610	\$ 557	Cost per Patient Day	\$636	\$612	\$622	\$620

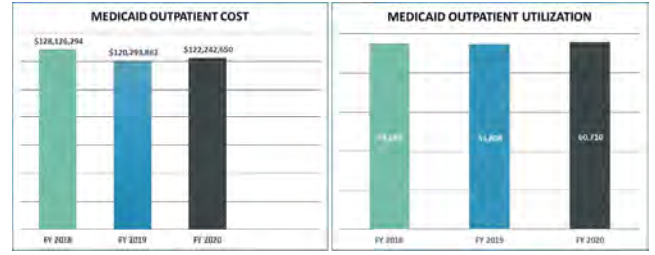
Adolescent unit				
	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Patient Days	3,997	4,088	4,289	4,273
Admissions	116	124	132	93
Occupancy Rate	68.4%	70.0%	73.4%	73.0%
Median Length of Stay (Days)	29	34	33	38
30-Day Readmission Rate	0%	0%	0%	1.1%
180-Day Readmission Rate	7.8%	5.6%	7.1%	8.5%
Cost per Patient Day	\$848	\$837	\$780	\$816

Syringa Skilled Nursing				
	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Patient Days	9,999	10,294	10,345	10,276
Admissions	16	8	5	10
Occupancy Rate	94.4%	97.3%	97.7%	96.8%
Cost per Patient Day	\$623	\$604	\$612	\$621

Substance Use Data

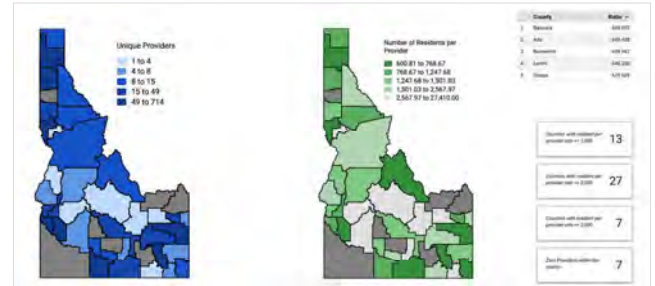


Idaho Medicaid Data



Optum Provider Density

The county graphs below provide a breakdown of the number of unique providers identified per county. The green map displays number of residents per provider per county. The Demographic and housing estimates 2013-2017 American Community Survey 5-Year Estimates was utilized for resident reference. The providers information is strictly based on an Optum September 2020 provider report.



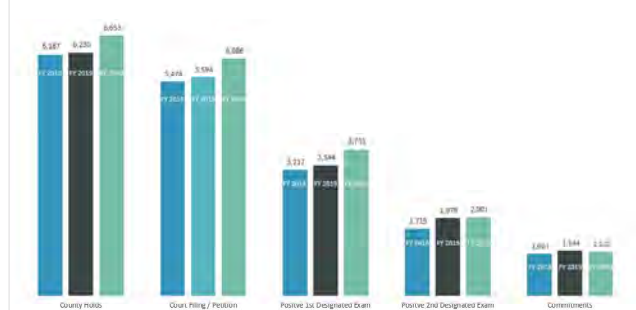
Involuntary Path Data

Civil involuntary path follows the following process.



The charts below provide a count at each stage for three fiscal years.

Involuntary Holds (Civil)

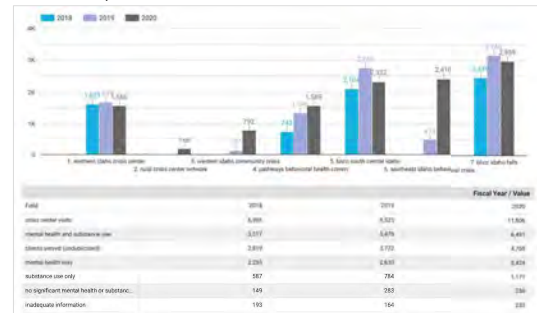


The chart and table below provide county and commitment breakdown along with expenses. Court petition / filing costs was not captured.



Crisis Center Intake Data

Idaho is currently comprised of seven crisis centers. The chart and table below provide a breakdown for three fiscal years.



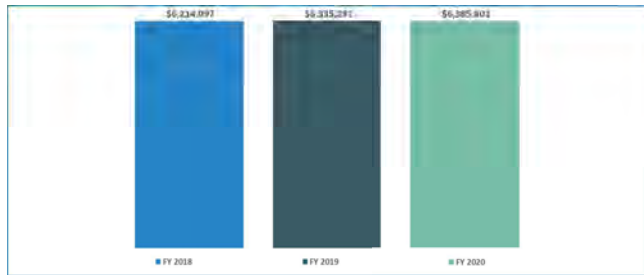
State Hospital Utilization Data

Data is relating to two psychiatric hospitals, State Hospital North and State Hospital South, for people who have been court-ordered into the state's custody. A new adolescent psychiatric treatment hospital, State Hospital West, opened in Spring 2021 in Nampa.



Syringa Nursing Home

Psychiatric skilled nursing facility operated by State Hospital South. The chart below provides the amount spent on clients served in state hospital for three fiscal years. The costs include indirect services.

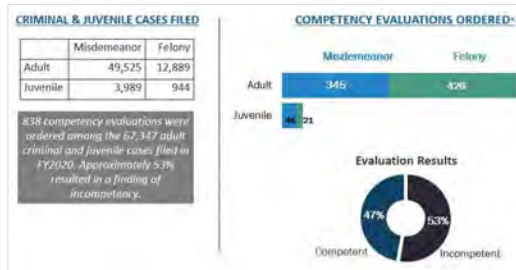


Idaho Supreme Court

The data and charts below were provided by the Idaho Supreme Court to showcase financial information and utilization of services.

Competency Evaluations Ordered in FY2020

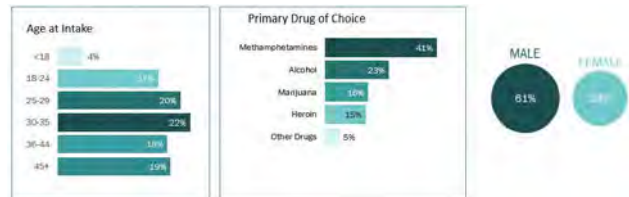
Financial information not available. May not include all competency evaluations.



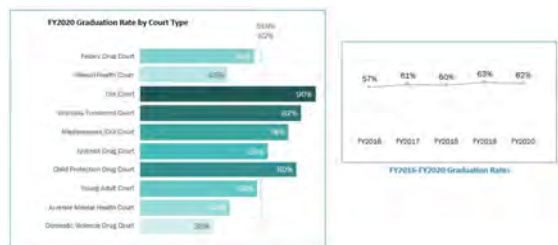
Treatment Courts: Participants Served

	FY2016	FY2017	FY2018	FY2019	FY2020
Felony Drug Court	1,439	1,416	1,444	1,391	1,263
Mental Health Court	420	411	427	396	379
DLI Court	263	273	306	285	324
Veterans Treatment Court	135	151	173	188	170
Misdemeanor/DLI Court	375	381	359	324	302
Juvenile Drug Court	105	89	89	91	73
Child Protection Drug Court	80	54	60	53	72
Young Adult Court	86	68	73	60	61
Juvenile Mental Health Court	48	45	36	35	40
Domestic Violence Drug Court	52	45	37	37	30
Total	7,725	7,764	7,809	7,642	7,434

Treatment Courts: FY2020 Demographics

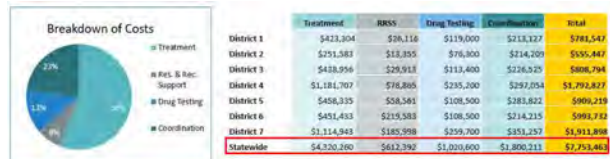


Treatment Court: Graduation Rates



Treatment Court ISC Costs: FY2020

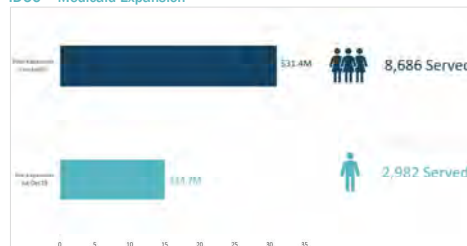
Testing and coordination costs reflect Supreme Court costs only; they do not include costs to the counties. Some drug testing is covered by participant fees. Treatment costs do not include costs borne by IDHW to deliver ACT services to MHC participants.



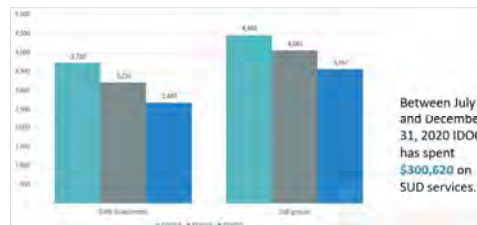
Idaho Department of Correction

The data and charts below were provided by Idaho Department of Correction to showcase financial information and utilization of services.

IDOC - Medicaid Expansion



IDOC - Adult Substance Use Disorder Services for People on Probation & Parole



IDOC - Behavioral Health Services in Prisons

- 3,325 people on psychotropic meds
- 48% of in-state population
- Behavioral Health Unit (ISCI): 227 average daily census
- Acute Behavioral Health Unit (IMSJ): 72 average daily census, which includes Idaho Secure Medical Program residents
- \$1,485,276 spent on psychotropic medications between Jan-Nov 2020
- Estimated MH staffing costs are about \$4M annually

Idaho Department of Juvenile Corrections (IDJC)

The charts below were provided by the Idaho Department of Juvenile Corrections to showcase financial information and utilization of services.



Data Source List

Below are sources that were referenced to provide the snapshots for this report.

- American Community Survey (ACS). "ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2013-2017 American Community Survey 5-Year Estimates." <https://www.census.gov/programs-surveys/acs>.
- Behavioral Health Offices. Idaho Dept. of Health and Welfare, 2020. Find a Service Location, <https://healthandwelfare.idaho.gov/offices?location>.
- DBH Community Hospitalization Expenses SFY18, 19, 20. Data source DU 2.0 SFY18, SFY19, and SFY20.
- Facts and Figures 2021. Idaho Dept. of Health and Welfare, 2021. (Unpublished) Report.
- Idaho Behavioral Health Services. Idaho Dept. of Health and Welfare, 2020. XFT DE WITS Data.
- Idaho Problem-Solving Courts Judges & Coordinators List. Idaho Treatment Courts, 2020. Idaho-Txc- Coordinators-Judges_Dec 2020.xlsx.
- Mental Health Hold Expenditures. Dept. of Health and Welfare, 2020. 7yr Hold Costs - Mental Health Hold Expenditures.xlsx.
- Optum. Optum Medicaid Provider Roster. Optum, 2020. OR54ProviderRoster_Sep2020.xlsx.
- 66-326/329 Records by Fiscal Year. Dept. of Health and Welfare, 2020. FY18-19-20 Holds and Commitments.xlsx.
- Statewide Crisis Centers. Idaho Dept. of Health and Welfare, 2020. Locations, <https://healthandwelfare.idaho.gov/services-programs/behavioral-health/statewide-crisis-centers>.
- SUD Dashboard. Idaho Dept. of Health and Welfare, 2020. IBHC Data Collection_RLW vs SUD Dashboard.

ADVISORY BOARD RECOMMENDATIONS

The detailed tables on the following pages are the full sets of recommendations and proposed workgroup action items prepared for IBHC by the Advisory Board. This list is of utmost importance to the Council and we aim to keep each of these in our purview.

INFRASTRUCTURE	
The foundation needed to build the behavioral health system.	
RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS	
1	<p>Continue to evaluate the capacity of Idaho's public behavioral health system necessary to meet the needs of Idahoans and develop a strategy to implement a comprehensive system of care to organize these services efficiently.</p> <ul style="list-style-type: none"> Adequately fund the full continuum of care for behavioral health based on the gaps identified in the rational and intention section. Research and implement with the DHW, third party insurances, managed services contractors, private businesses and all other funding sources. Increase care coordination capacity and availability of flexible funding to ensure Serious Emotional Disturbed youth are supported by child and family teams. Expand the use of co-located service for specific populations in need, including children and shelter populations. This should include the expansion of co-located behavioral health services in K-12 schools. Increase mental health care for pregnant women in general and specifically for those with SUD. Establish Sobering Centers. Ensure access to intensive outpatient services across the lifecycle for those in need. Provide a higher level of behavioral health support as kids and families transition to a post-Covid reality. Ensure the Mental Health Court program is successfully transitioned from the Department of Health and Welfare. Develop plan to transition treatment for mental health court participants from Idaho Department of Health and Welfare Assertive Community Treatment (ACT) teams to the private provider network.
	<p>Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.</p> <ul style="list-style-type: none"> Provide incentives to students who attend career tech or higher education institutions for behavioral health or related fields and commit to working in Idaho for a fixed time or period. Enhance educational and training programs at Idaho educational institutions to train behavioral health providers. Explore options under current requirements for providers that promotes further workforce development, while preserving oversight. Develop building an infrastructure to support and secure the professionalization and adequate compensation for the paraprofessional workforce of peer support specialists, and certified recovery coaches, and certified peer recovery coaches, and peer and family support specialists. Increase state funding for therapists in the college setting. Develop prevention and treatment resources with professional development for youth with problematic sexual risk factors, including sexting, pornography, etc. Increase the use of paraprofessionals. Increase workforce capacity to address rural and frontier county needs for behavioral health professionals. Assess fees and licensing costs for the therapy professions to make sure they are not a barrier to practice. Create a task force for well-being for those in the mental and behavioral health professions. Create phone consult line for child and adolescent, as well as adult psychiatry for pediatricians, EDs and other primary points of entry. Expand loan repayment to bring more people into out areas. Increase residency positions for both psychiatry and primary care, as well as provide additional psychiatric training opportunities for primary care residents.
2	<p>Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.</p> <ul style="list-style-type: none"> Provide incentives to students who attend career tech or higher education institutions for behavioral health or related fields and commit to working in Idaho for a fixed time or period. Enhance educational and training programs at Idaho educational institutions to train behavioral health providers. Explore options under current requirements for providers that promotes further workforce development, while preserving oversight. Develop building an infrastructure to support and secure the professionalization and adequate compensation for the paraprofessional workforce of peer support specialists, and certified recovery coaches, and certified peer recovery coaches, and peer and family support specialists. Increase state funding for therapists in the college setting. Develop prevention and treatment resources with professional development for youth with problematic sexual risk factors, including sexting, pornography, etc. Increase the use of paraprofessionals. Increase workforce capacity to address rural and frontier county needs for behavioral health professionals. Assess fees and licensing costs for the therapy professions to make sure they are not a barrier to practice. Create a task force for well-being for those in the mental and behavioral health professions. Create phone consult line for child and adolescent, as well as adult psychiatry for pediatricians, EDs and other primary points of entry. Expand loan repayment to bring more people into out areas. Increase residency positions for both psychiatry and primary care, as well as provide additional psychiatric training opportunities for primary care residents.

3	<p>Enhance individualized care coordination among different systems involved in patient and/or client care.</p> <ul style="list-style-type: none"> Identify, develop, and implement a client connect system that will allow for secure and safe communication between clients and providers at crisis centers, hospitals, community providers, peer specialist and recovery coaches, and recovery centers. Develop a short- and long-term funding strategy for Idaho to implement that reimburses for coordination and communication services for providers. Establish a regional multi-system collaboration/resource sharing model (utilizing YES Interagency Governance Team membership as a guide).
4	<p>Implement mental health parity policies and reform provider reimbursement to broaden reimbursable care for mental health and substance use disorders and develop a plan to pay based on key performance indicators.</p> <ul style="list-style-type: none"> Recommendation that the reimbursement matrix for Substance Use Disorder and Mental Health services are equivalent to have a robust workforce to meet the needs of our behavioral health clients and families. Identify funds or grants for providers that are willing to demonstrate high quality services are provided in the most rural and frontier areas. Identify funds or grants for incentives or reimbursement rates for those able to demonstrate quality services. Enforce mental health parity laws
5	<p>Verify the Telehealth Task Force plan for reimbursement and technology improvements beyond the federal emergency act expiration date in order to maintain or improve the current level of service delivery via virtual care.</p> <ul style="list-style-type: none"> Advocating for the continuation of federal regulations indicated under the HIPAA. Increase infrastructure for telehealth, telepsychiatry, and teletherapy. Link to Telehealth Task Force Report, Recommendations and Action Plan: https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=7824&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1
6	<p>Identify and implement a governance structure and methods for sharing critical data across public, private, and nonprofit entities to facilitate care coordination.</p> <ul style="list-style-type: none"> Assess existing laws to identify and address barriers to data sharing. Catalog data gathered and stored by participating entities to identify opportunities for reducing redundancies and to define the authoritative data set for the system. Develop MOU for data sharing between participating entities. Review existing data sharing practices between entities to identify gaps and expand on current efforts. Address known gaps, starting with: <ul style="list-style-type: none"> Data sharing between Children's Mental Health and Child Welfare programs regarding adoptions Data sharing between Children's Mental Health and Development Disability programs.
7	<p>Identify existing or develop a new centralized data platform from multiple sources for purposes of reporting performance indicators and other aggregate level data to inform behavioral health policy and practice.</p> <ul style="list-style-type: none"> Explore the availability and use of CIIDS Data to Develop Policies and Programs. (ITS) Explore the value and feasibility of incorporating ICANS and other existing data platforms. Develop and implement data standards to ensure common definitions and usage as well as accurate and consistent reporting. Implement data quality management processes to ensure data are valid.
8	<p>Explore piloting a Certified Community Behavioral Health Clinics model.</p> <p>https://www.thenationalcouncil.org/ccbh-success-center/ccbhcta-overview/</p>

PROMOTION	
Create environments and conditions that support behavioral health and the ability of individuals to withstand challenges such as Social Determinants of Health.	
RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS	
1	<p>Develop and implement outreach & marketing strategy to increase awareness of publicly and privately funded programs & services.</p> <ul style="list-style-type: none"> Develop outreach & marketing plan for public to increase awareness of publicly funded programs & services. Look into developing an app to provide access to services available to the community.
2	<p>Develop and implement statewide outreach & marketing strategy to increase community awareness and education on behavioral health to reduce mental health and substance use disorder stigma.</p> <ul style="list-style-type: none"> Develop focused marketing towards initial contact providers to increase awareness of programs & services. Provide training to a variety of fields including k-12 and higher education, social service, legal/judicial, and recreation. This training will include trauma informed services approaches that recognize the impact of childhood trauma and positive childhood experiences (PCE) on both childhood and adult mental health. Provide training in K-12 and higher education facilities aimed to reduce stigma.
3	<p>Increase accessibility of behavioral health educational resources in Idaho schools based on local needs.</p> <ul style="list-style-type: none"> DHW and consumers to work with the Office of the Idaho State Board of Education to develop education plan for K-12+ that assessed and addresses gaps in current educational content.
4	<p>Conduct Sequential Intercept Model (SIM) Workshops in local communities across Idaho to improve local collaboration between the behavioral health and criminal justice systems and to identify opportunities to improve the local behavioral health system and the criminal justice process.</p> <ul style="list-style-type: none"> Plan and conduct Sequential Intercept Model (SIM) Workshops in local communities. Identify ongoing funding or personnel to conduct SIM Workshops. Develop local support and identify key local stakeholders to participate in the SIM Workshops. Support the implementation of priorities developed by local stakeholders to improve the local behavioral health and criminal justice systems. <p>Note: The Sequential Intercept Model (SIM) Workshops examine how individuals with mental and substance abuse disorders interact with the local behavioral health and criminal justice systems and assists local stakeholders in developing a strategic action plan to improve the behavioral health and criminal justice systems. https://www.samhsa.gov/criminal-juvenile-justice/sim-overview</p>

PREVENTION

Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p>Expand the collection of Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) data, to increase utilization, reporting and public awareness.</p> <ul style="list-style-type: none"> Review existing Idaho data on ACEs and resilience, and work with Department of Health and Welfare and Department of Education to identify gaps and collect additional data utilizing the CDC sponsored Behavioral Risk Factors surveillance system. Ensure education and outreach on Adverse Childhood Experiences includes content about the importance of Positive Childhood Experiences as a tool for mitigating impacts. Engage providers in collecting ACEs data and data of Positive Childhood Experiences for children. Provide a report on Idaho ACEs data on a biannual basis for community partners to use.
2	<p>Collaborate across DHW Divisions and Idaho Department of Juvenile Corrections to expand behavioral health services to youth residing in out-of-home placements, in foster care, and adoptive family homes.</p> <ul style="list-style-type: none"> Extension of Foster Care Benefits. Provide post-adoption support.
3	<p>Prioritize that Safe and Drug Free Schools (SDFS) funding supports at a minimum, substance use prevention efforts for schools to secure and implement Primary prevention.</p> <ul style="list-style-type: none"> Identify recommended school-based, evidence-based prevention curriculum for delivery in Idaho middle schools. (Target audience: students grade 6-8).
4	<p>Increase access and distribution of Naloxone kits across Idaho to all communities and patients using prescription and non-prescription opioid.</p> <ul style="list-style-type: none"> Endorse, promote, fund, and distribute naloxone kits for opioid overdose reversal.

ENGAGEMENT

The ability to effectively assist an individual with a behavioral health disorder relies on the system's ability to engage the individual in the system.

RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p>Increase identification, engagement, and access to behavioral health services for 16–25-year-olds across Idaho.</p> <ul style="list-style-type: none"> Add requirement for transition-age support to either of the current support contracts funded by the SAMHSA block grant. ESMI-Early Serious Mental Illness program expansion.
2	<p>Form a collaboration with IBHC member organizations to design and implement a centrally located and standardized trauma informed care program and provide an educational curriculum for all providers and public.</p> <ul style="list-style-type: none"> Pilot trauma interventions to correctional staff and residents of IDOC facilities. Implement a state-wide initiative raising awareness of Trauma Informed Care and encourage practices which meet the needs of trauma survivors.
3	<p>Increase availability of qualified peer support specialists including recovery coach, youth peer support, and family support partner services across the behavioral health system.</p> <ul style="list-style-type: none"> Increase access to youth peer support and family peer support services. Gap analysis of peer support specialists including recovery coach, youth peer support, and family support partner services in Idaho.
4	<p>Review and draft or amend statutes and rules to promote earlier engagement of justice involved individuals with behavioral health treatment needs.</p> <ul style="list-style-type: none"> Review and Draft or Amend Statutes and Rules Regarding Pre-Trial Evaluations for Mental Health and Substance Abuse Issues for Adult Offenders. Review and Draft or Amend Statutes and Rules Regarding Pre-trial Detention/Release of Juvenile Offender. Review statutes that govern processes used by courts to assess the behavioral health needs of criminal defendants and recommend revisions for improving processes. Investigate and Pilot Mental Health Pretrial Courts and Other Pre-adjudication Diversion Options.
5	<p>Expand access to forensic peer support specialist, recovery coaches, Connection and Intervention Stations, reentry treatment court services for post incarceration, parole, and probation populations with behavioral health conditions.</p> <ul style="list-style-type: none"> Expand "forensic" Peer Support Specialist or Recovery Coach into an IDOC program. Expand Connection and Intervention Stations (CIS) to all districts, and ensure access to all residents, including rural areas. Consider piloting a reentry treatment court for the Retained Jurisdiction (Rider) population. (Forensic is specialty in criminal justice system)

TREATMENT

These services are for people diagnosed with a behavioral health disorder. They are ideally evidence-based, client centered, and meet the varied needs of as many individuals as possible.

RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p>Increase residential treatment options for youth to receive appropriate level of care based on their needs with a preference for services within Idaho.</p> <ul style="list-style-type: none"> Review current residential placement contracting/licensing processes to identify barriers to timely placement of youth in quality facilities. Identify and implement strategies for increasing residential treatment options in Idaho. Increase availability of community-based intensive treatment for youth with high needs.
2	<p>Identify existing and new alternatives to the involuntary commitment process under the Mental Health Act that addresses the full continuum of care specific to each community's need or special population.</p> <ul style="list-style-type: none"> Graduated commitments Alternatives to commitment: system of guardianship Alternatives to commitment: Ensure availability of Psychiatric Advance Directives Alternatives to commitment: more flexible timelines Alternatives to commitment: abeyances Alternatives to commitment: ensure less restrictive options have been exhausted Ensuring high fidelity ACT Teams to improve outcomes. Use existing laws/resources that are little-used but relevant.
3	<p>Improve Idaho civil commitment process and procedures by proposing amendments to the Mental Health Act to incorporate the action items.</p> <ul style="list-style-type: none"> Update definition of Gravely Disabled (66-317). Streamline Designated Examiner (DE) process. Standardize court procedures. Trained clinicians (Designated Examiners) empowered to initiate holds. Substance Use Disorder hold of some sort. Implement a panel to review and draft edits to the Mental Health Act. Address needs for commitment of individuals who do not require hospital level of care. Commitment of individuals too dangerous for State Hospital, but not designated as 66-1305 Dangerously Mentally Ill, or were refused admission by IDOC. The clerk of the court shall provide notification to the court and parties of the location of the patient. Revise statute so that physicians can drop inappropriately placed mental health holds after an evaluation by 2 physicians.
4	<p>Improve the efficiency and effectiveness of Idaho's criminal processes related to the determination and restoration of competency to stand trial.</p> <ul style="list-style-type: none"> Update Idaho Code 18-211/212. Establish training curriculum for restoration which includes a restoration curriculum and competency reports for clinical staff. Clarify language around "admission" to a facility. Address Commitment of individuals who are unable to be restored due to chronic impairment or as a result of a non-mental illness. Address Availability of Facility space for females requiring restoration who are also identified as dangerously mentally ill. The clerk of the court shall provide notification to the court and parties of the location of the patient. Consider developing a forensic program for competency restoration and civil commitments that is not under Idaho Department of Correction. Explore alternatives to the competency restoration process in misdemeanor cases. Standardization of expert opinion and/or report.

5	<ul style="list-style-type: none"> Clarify Idaho Code to provide for suspension of court proceedings to allow for community restoration. Research existing systems from other states and evidence informed research. Differentiation between misdemeanor and felony processes. Clarify Process for Post-Commitment Placement Determinations. Standardize court procedures. Alternatives to commitment: ensure less restrictive options have been exhausted. Address needs for commitment of individuals who do not require hospital level of care.
6	<p>Improve the overall efficiency and effectiveness of Idaho's competency restoration processes for juveniles, including the identification of alternatives to commitments that address a full continuum of needs.</p> <ul style="list-style-type: none"> Establish a multidisciplinary group to review statute I.C.20-519, data related to its use, and experiences from stakeholders. Develop a Bench Card and Parents Guide for Juvenile I.C.20-519 Competency.
7	<p>Maximize community-based treatment options and ensure continuity of care for those accessing Idaho's behavioral health system.</p> <ul style="list-style-type: none"> Address medication and medical record access and continuity. In order to address medication continuity for justice involved individuals, assess the statewide formulary shared by jails and Idaho Department of Correction prisons – explore the use of regular meetings of stakeholders to review and update formulary. Increase accessibility of Medication-Assisted Treatment (MAT) for substance abuse disorders to ensure availability for all Idahoans. Build bridges between community, county jails, prisons, misdemeanor/probation departments, Juvenile Probation and Probation and Parole to ensure MAT is available for justice involved individuals in custody and while on supervision in the community. Establish MOU between Department of Health and Welfare and Department of Correction to Develop Diversionary Placements for people in behavioral health crisis who are on supervision. Examine of community-based options for Technical Parole Violations for parolees with behavioral health needs that are causing the Technical Parole Violations.
8	<p>Develop and implement a crisis response system model for youth. Strengthen and broaden a crisis response system model for adults based on community capacity.</p> <ul style="list-style-type: none"> Increase utilization of crisis centers. Develop residential crisis services that last > 24 hours. LEAD –Law Enforcement Assisted Diversion Improve Mobile Crisis Response Throughout Idaho. Pilot a Virtual Crisis Care Program with Probation & Parole and Law Enforcement. Idahoans who have a non-violent mental health crisis should receive prompt assistance from a mental health professional in conjunction with a law enforcement response. Improve Crisis Intervention Teams. Review status of CIT-Collaboratives in each Region. Provide Recommendations to maintain and enhance these collaboratives. Develop pre-adjudication diversion options for people with behavioral health needs. Increase availability of non-Law Enforcement crisis response teams throughout Idaho to identify and refer individuals and/or families at first contact. Identify or develop placement for children who cannot immediately return with their families after behavioral health crisis. Establish crisis centers for youth.
9	<p>Develop system to care for patients with co-occurring mental and medical illness, and those with medical illness presenting as mental illness to ensure appropriate care and to avoid use of inappropriate mental health holds.</p> <ul style="list-style-type: none"> Develop medical / psychiatric unit for patients with significant co-morbid psychiatric and medical illness. Establish medical holds for patients who are determined to be temporarily incapacitated secondary to medical illness.

RECOVERY

These services support individuals' abilities to live productive lives in the community and can help with management of behavioral health conditions to minimize the risk of relapse or recurrence.

RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS

1	<p>Increase availability of specialized supportive housing for people with behavioral health conditions.</p> <ul style="list-style-type: none"> Apply for a waiver and/or expand the state plan to allow for supportive services for people experiencing homelessness in supportive housing settings. Develop a strategic plan to fund the affordable and supportive housing at statewide level, including a funding mechanism for the Idaho Housing Trust Fund. Develop and launch a state of Idaho National Alliance of Recovery Residences (NARR) affiliate in the next 2 years to support certification of Recovery Housing. Recommend Medicaid benefits for HART Home residents. Regulatory analysis of current IDAPA and federal regulations codes to identify gaps and bring about consistency in approach to all supportive housing. Recommend that Idaho Housing and Finance Association to use a dedicated "set-aside" for at least five years of its Low-Income Housing Tax Credits to incentivize the building of permanent supportive housing units across Idaho.
2	<p>Increase local and accessible recovery services and supports for individuals in recovery.</p> <ul style="list-style-type: none"> Develop additional supervision/treatment options that address the full continuum of risk/responsivity needs of probationers and parolees. Address the need for more robust supportive services, to include housing, transportation, and childcare.
3	<p>Identify services to support long term recovery for individuals in Idaho.</p> <ul style="list-style-type: none"> Leverage existing and newly created recovery community centers as a strategy to promote long-term recovery.
4	<p>Maintain and increase access to recovery community centers in which the voice of recovering persons is integral to program development and service provision.</p> <ul style="list-style-type: none"> Explore use of recovery centers as a co-located service to assist individuals transitioning out of crisis centers.
5	<p>Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma.</p>

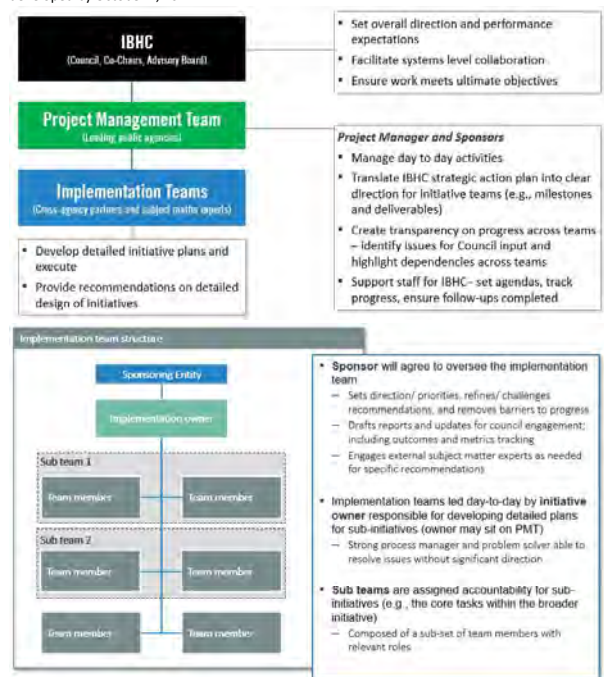
FUTURE ENDEAVOURS

We recognize that the workgroups developed several proposed action items that did not make it to recommendations. There were also many discussions about important issues in Idaho that were determined to be out of scope for the Idaho Behavioral Health Council. We do however want to capture those topics and the proposed workgroup action items to highlight the need for continued work in these areas.

1. Modify language defining mental illness to address those situations in which an individual is determined not capable of restoration such as; Traumatic Brain Injury, Dementia, Alzheimer's, developmental disabilities, etc.
2. Creating a Dementia and other long-term diagnoses hold.
3. Expand "dosage probation" model
4. Increase public awareness of the importance of proper disposal of unused, expired, unwanted prescription medications by creating a unified, statewide program that gives Idahoans free, convenient and environmentally responsible options to dispose of unwanted medication.
5. Develop guidelines for care and grow care for dementia patients
6. Through collaborative efforts with early intervention, pediatric health care providers, social service agencies, and child care programs, the early childhood mental health system will be expanded with access to scholarships to cover infant mental health endorsement fees.
7. Apply for the SAMHSA System of Care (SOC) Expansion and Sustainability Grants.

STRATEGIC ACTION PLAN IMPLEMENTATION

After the approval and adoption of the strategic action plan, public agency sponsors will create implementation teams to guide and drive the work forward. A detail implementation plan will be developed by October 1, 2021.



Appendix

Below you will find a list of acronyms and definitions that have been utilized throughout the draft.

Acronyms

- Idaho Behavioral Health Council (IBHC)
- Idaho Department of Juvenile Corrections. (IDJC)
- Sequential Intercept Model (SIM)
- Adverse Childhood Experiences (ACE's)
- Department of Health and Welfare (DHW)
- Safe and Drug Free Schools (SDFS)
- Idaho Administrative Procedure Act (IDAPA)
- Idaho Department of Correction (IDOC)
- Office of Drug Policy (ODP)
- Psychiatric Residential Treatment Facility (PRTF)
- State Hospital North, South, and West (SHN) (SHS) (SHW)
- Substance Use Disorder (SUD)
- Designated Exam (DE)
- Idaho Supreme Court (ISC)
- Assertive Community Treatment (ACT)
- Idaho Department of Correction (IDOC)
- Idaho Maximum Security Institution (IMSI)
- Mental Health (MH)
- Community Based Alternative Services (CBAS)
- Youth Empowerment Services (YES)
- Health Insurance Portability and Accountability Act (HIPAA)
- Memorandum of Understanding (MOU)
- Criminal Justice Integrated Data System (CJIDS)
- Information Technology Services (ITS)
- Idaho Child and Adolescent Needs and Strengths (ICANS)
- Certified Community Behavioral Health Clinics (CCBHC)
- Positive Childhood Experiences (PCE)
- Center for Disease Control and Prevention (CDC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Early Serious Mental Illness (ESMI)
- Connection and Intervention Stations (CIS)
- Medication Assisted Treatment (MAT)
- Law Enforcement Assisted Diversion (LEAD)
- Crisis Intervention Teams (CIT)
- National Alliance of Recovery Residences (NARR)
- Home for Adult Residential Treatment (HART)
- System of Care (SOC)
- Program Management Team (PMT)
- Americans with Disabilities Act (ADA)

Definitions

- Naloxone- brand name Narcan. Medication used to block the effects of opioids. It is used to counter decreased breathing in opioid overdose. Can be administered intravenously or spray in the nose.
- Competency restoration - To legally stand trial one must be found to understand the nature and purpose of the legal proceedings and be able to effectively cooperate with one's own counsel. If the person does not meet this standard, his or her competency must be restored as quickly as possible. <https://legislature.idaho.gov/statutesrules/idstat/title18/t18ch2/sect18-212/>
- Mental Health Holds- A 24-hour mental health hold without a court order can be initiated by a peace officer or by a physician, physician assistant, or advanced practice registered nurse. The party initiating the mental health hold must have reason to believe that the person is either gravely disabled due to mental illness or the patient's continued liberty poses an imminent danger to that person or others as evidenced by a threat of substantial physical harm. The statute does not specifically require that the detention need occur at a mental health facility, however, the statute specifically lays out that detention must not occur in a non-medical unit used for the detention of individuals charged with or convicted of penal offenses. <https://legislature.idaho.gov/statutesrules/idstat/title66/t66ch3/sect66-326/>
- Recovery Centers- provide a meeting place for those in recovery from alcohol or drug addiction and act as a face for recovery to the community as a whole. These centers connect those in recovery with those seeking recovery to share their strengths and skills and to advocate for the needed resources in the community to make recovery possible for those in need.
- Mental Health, Mental Illness and Substance Use Disorder are defined on pg. 7
- IDAPA - Idaho Administrative Procedure Act; the acronym refers to the compilation of promulgated administrative rules in Idaho.
- Effectiveness, Efficiency, Effort and Impact are defined on pg. 9
- Syringa Chalet/ Skilled Nursing - The 42 skilled nursing beds offer services to consumers with a history of behavioral or psychiatric illness.
- Optum Idaho – Currently the contractor of the Idaho Medicaid plan. They maintain the provider network for Medicaid behavioral health services.
- Involuntary Holds (Civil) – two types of holds: the traditional 24-hour mental health hold set in Idaho code 66-320 and the 72-hour administrative hold set in Idaho code 66-320.
- Treatment Courts-Treatment Courts divert non-violent, substance abusing offenders from prison and jail into treatment. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing. Treatment Courts can help break the cycle of criminal behavior, alcohol and drug use, and incarceration.
- Children with Serious Emotional Disturbance-from birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.
- Value based payments-programs to reward health care providers with incentive payments for the quality of care they give to individuals. These programs are part of our larger quality strategy to reform how health care is delivered and paid for. These programs aim provide better care for individuals, better health for populations and lower cost.
- Federal emergency act – Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.
- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.
- Psychiatric Advance Directives-Legal documents that allows people with mental illness to state their preferences for treatment in advance of a mental health crisis.

- Mobile Crisis-is a mental health service typically operated by hospital or community mental health agency which services the community by providing immediate response emergency mental health evaluations.

For more information and resources, please visit the Idaho Behavioral Health Council Website at <https://behavioralhealthcouncil.idaho.gov/>

Document Prepared by:





Youth Assessment and Crisis Centers



1

Guiding Principles

As the Idaho Behavioral Health Council moves toward its next phase of implementation, the recommendation and action items in the plan will be organized under multiple organizations and projects. To achieve consistency, all project leads/teams are asked to adhere to the following set of guiding principles:

- 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.
- Cross-System Collaboration:**
We commit to utilize an inclusive and collaborative approach in the implementation of behavioral health strategic action plan.
- Evidence, 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.
- Recovery and Resiliency Oriented:**
We commit to designing a system that focuses on the lifelong process of improving wellness and serves to assist consumers and families in reaching their full potential.
- 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 to observing all rights as defined in the Americans with Disabilities Act (ADA).
- Financially Sustainable:**
We commit to designing and implementing a behavioral health system that is effective, efficient, and financially sustainable.
- 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.



2

Strategic Action Plan

The following recommendations have been selected by IBHC as key priority focus for the next three years. Each of these has been prioritized based on impact, effectiveness, and efficiency.

RECOMMENDATION	SPONSOR	TIMELINE
Infrastructure #2 Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.	Idaho Department of Health & Welfare	December 31, 2021
Treatment #3 Improve Idaho civil commitment process and procedures by proposing amendments to the Mental Health Act to incorporate the action items.	Idaho Supreme Court, Idaho Department of Health & Welfare, and Commissioner Mendenhall	December 31, 2021
Treatment #7 Develop and implement a crisis response system model for youth. Strengthen and broaden a crisis response system model for adults based on community capacity.	Idaho Department of Health & Welfare	December 31, 2022
Infrastructure #8 Explore piloting a Certified Community Behavioral Health Clinics model.	Idaho Department of Health & Welfare	June 30, 2023
Promotion #4 Conduct Sequential Intercept Model (SIM) Workshops in local communities across Idaho to improve local collaboration between the behavioral health and criminal justice systems and to identify opportunities to improve the local behavioral health system and the criminal justice process.	Idaho Supreme Court	June 30, 2023
Engagement #4 Review and draft or amend statutes and rules to promote earlier engagement of justice involved individuals with behavioral health treatment needs.	Idaho Supreme Court and Idaho Department of Correction	June 30, 2023
Recovery #3 Identify services to support long term recovery for individuals in Idaho.	Idaho Department of Health & Welfare	June 30, 2023
Recovery #5 Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma.	Idaho Department of Juvenile Corrections and Idaho State Department of Education	June 30, 2023
Treatment #1 Increase residential treatment options for youth to receive appropriate level of care based on their needs with a preference for services within Idaho.	Idaho Department of Juvenile Corrections and Idaho Department of Health & Welfare	June 30, 2024



3

Youth Assessment Centers

Prevention & Intervention



4

Youth Assessment Center Basics

- Assessment Centers aim to prevent and divert youth from juvenile justice and child welfare systems through a single point of entry which identifies underlying issues contributing to concerning behavior and partners with youth and families to access existing services.
- This can occur by means of intervention from schools, at point of or after arrest, at the request of parents/caregivers, or through partnerships with other community stakeholders.
- Through in-depth interviews and validated screening and assessment tools, centers work to understand the barriers youth and families are experiencing at home, school, or in the community.
- Following assessment, centers coordinate with educational, social service, and justice agencies to provide a holistic view of the family's and youth's strengths and needs.

5

The Three Domains of Involvement

Juvenile Justice

- When youth come into contact with law enforcement either through an arrest, summons, or status offense, assessment centers can become the first point of contact.
- Centers can conduct in-depth interviews and utilize validated screening and assessment tools to help identify needs, strengths, safety concerns, and other underlying issues.
- These underlying issues can include but are not limited to trauma, mental health, family issues, substance use, lack of basic needs, and human trafficking.
- Information gathered through the assessments help centers make recommendations for the juvenile justice system, and may inform courts or other stakeholders of strengths and needs.
- Centers may directly help youth and families connect to individualized services or coordinate connection with probation departments.
- Assessment Centers partner with child welfare organizations both preventatively and as an intervention to identify the underlying issues affecting the youth and family.
- Centers can conduct an in-depth assessment and utilize evidence-based screening tools to determine risk factors, trauma, safety needs, mental health, family issues, substance use, lack of basic needs, human trafficking, etc.
- Information gathered through the assessments can create opportunities to strengthen families and support individuals by focusing on intervention, and prevention efforts, coupled with building stronger connections for youth and families with community partners.
- The primary focus is on youth and families to ensure they receive the care, custody, services and resources that will best serve the child's well-being, along with recognizing the child's relationship with their family as an integral part of this process.

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6

The Three Domains of Involvement cont.

Prevention

- The early intervention provided by assessment centers helps prevent the need for law enforcement and/or child welfare involvement.
- Usually, concerning behavior has been identified before a youth comes into contact with law enforcement either by parents/caregivers, school staff, or others in the community.
- Assessment centers can partner with parents/caregivers to provide in-depth assessments and connection to services/resources when they may be struggling the behaviors at home.
- They partner with schools by providing in-depth assessments and connection to services/resources as an alternative or in conjunction with disciplinary actions (referrals, expulsions, suspensions), as a response to truancy, or simply when school personnel may have concerns.

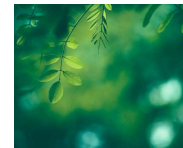
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7

Why Assessment Centers Are Effective

Avoiding possible deeper juvenile justice or child welfare involvement through four proven steps

<u>Single Point of Contact</u>	<u>Screening</u>	<u>Assessments</u>	<u>Case Management</u>
» A single point of contact integrates prevention and early intervention activities with youth and families, community, local police, juvenile justice, child welfare agencies, schools, and service providers.	» The initial screening identifies immediate risks and potential areas of need for follow up assessment	» Comprehensive assessments are essential to effectively address the risks and needs of at-risk youth	» While the combination of services and supports will vary based on a youth and family's unique needs, there remains a need for support in navigating the various systems and services



8

Standing Up Idaho's Youth Assessment Centers

State Funds to Support

- » IDJC budget utilized as starting point
- » State agencies will work with potential grantees to determine options for grant applications and timelines

Grant Basics

- » Funding level based upon geographic footprint of area served
- » Grantee could apply for one or both targeted areas if desired

Local Control For Implementation

- » Grantee's will develop local partnerships to operate and support centers
 - Counties
 - Cities
 - Providers
 - Etc.
- » Ongoing operational funding will be essential
 - Centers across the nation use multiple approaches

9

9

Youth Crisis Centers

De-escalation & crisis intervention



10

10

Youth Crisis Center Basics

- Youth crisis centers provide a short term placement option for youth experiencing a behavioral health crisis that prevents them from remaining safely in their home.
- Youth crisis centers have four primary functions:
 - Divert youth experiencing a crisis away from unnecessary hospital
 - Reduce the need for incarceration of youth because of behavioral health crises
 - A safe facility youth placement to prevent escalation of family conflict or violence in their home
 - Access to de-escalation services while setting up treatment options and referrals for youth and their families
- Youth crisis centers have been shown to reduce hospitalization, criminal charges, domestic violence, child abuse, and the need for residential treatment

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Standing Up Idaho's Youth Crisis Centers

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 - Etc.
- » Ongoing operational funding will be essential
 - Centers across the nation use multiple approaches

12

12

The Request

The current B8.1

1. Explain the request and provide justification for the need.

The Idaho Behavioral Health Council strategic action plan identifies youth and teens as critical populations to address when looking to fill behavioral health gaps in services within Idaho. Of the opportunities addressed in the plan two of these ideas have been identified for early development. Youth Reception Centers and Youth Crisis Centers are currently not available for families in Idaho and would complement the prevention and intervention work done by other government (city, county, state) partners and fill a largely unmet gap in our communities. These centers would complement the work being implemented through the Idaho Behavioral Health Council's Youth Empowerment Services and they would serve as off ramps to the formal justice system.

Youth Reception Centers

There is a lack of options across the state for law enforcement officers to drop off arrested, delinquent, unmanageable, or runaway youth who do not meet local admission guidelines for security detention (this may include running away from home, truancy, curfew violation or acting beyond the control of the youth's parents etc).

Once a Law enforcement officer, School Resource Officer, or parent dropped a youth off the reception center would aim to prevent and divert youth from juvenile justice and child welfare systems. This would be done by identifying underlying issues contributing to concerning behavior (through screening and assessments). Ultimately the goal is to connect youth and families with long term community-based resources within their area thus avoiding further penetration into the juvenile justice (or other) system.

Startup costs estimates to meet this need statewide: **\$6.5 million**

Youth Crisis Centers

Similar to the adult models in Idaho, youth crisis centers can be located across the state for youth safety and stabilization (actively self harming, psychosis, etc) and immediate case management services. Youth may access these centers by being referred by families, law enforcement or themselves. These facilities would also provide referrals for community based services and can act as short-term placement for youth.

Startup costs estimates to meet this need statewide: **\$4.42 million**

- » Total \$10.92M
- » Carryover would be beneficial as standing up new programs and services can be time consuming

13

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Thank You



14

SRO SUPPORT DISCUSSION

Using Resources From Multiple Organizations to Support Idaho's SRO's

1

Offering Additional Support to SRO's

- Many state's take a larger role statewide supporting the work of the SRO
 - Texas <https://tasro.org/>
 - Colorado <https://casroinfo.org/>
- Using resources from multiple Idaho organizations we believe we can enhance support for the role and ensure meaningful statewide organization with long-lasting positive outcomes
 - SDE (Safe and Drug Free Schools)
 - Office of School Safety
 - Office of Drug Policy
 - Idaho Department of Juvenile Corrections

2

PARTNERS-TO COMMUNICATE AND SUPPORT

- Idaho Chiefs of Police Association
- Idaho Sheriffs Associations
- Idaho Association of School Administrators
- Idaho School Boards Association
- Idaho Rural Education Association
- Office of School Safety-Law Enforcement Advisory Council
- Idaho Criminal Justice Commissions
- Office of Drug Policy
- Idaho Juvenile Justice Commission
- Idaho Association of Counties Juvenile Justice Administrators
- Idaho Department of Juvenile Corrections

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Supporting SRO's Across Four Domains

- Domain One: **Training**
- Domain Two: **Professional Conferences**
- Domain Three: **IDASRO**
- Domain Four: **Support and Resources**

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DOMAIN ONE : TRAINING

- Training:
 - SRO Basic-NASRO
 - SRO Advanced-NASRO
 - SRO Supervisor-NASRO
 - Adolescent Mental Health Training-NASRO (8 POST credits available)
 - Professional Development-Possible POST Credits

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DOMAIN TWO: CONFERENCES

- Idaho Threat Assessment Conference (June 21-22 at BSU)
 - Wait to see what happened with Prevention conference
 - Prevention Conference-SRO track (April 11-13, 2022)
 - Eric to create flyer to include AMHT, SRO track (open to all and free)
 - Eric to get with NASRO
 - who-va pre-conference registration option
 - Stipends available-SRO track
 - Maryann regional per/diem, travel, training....thru ODP
 - Leann POST credits
 - Chelsea distribute marketing
 - Leann POST training calendar
 - Wisconsin Conference ([NCJTC](#))
 - NASRO Conference (2022 National School Safety Conference)
-
- Idaho Juvenile Justice Association-SRO track

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DOMAIN THREE: IDASRO

- Supporting the organizations' purpose
 - Possible Legislation/Rules as necessary
 - Define (types of SRO's, LE relationship)
- Standards of training
- Title IX
- Facilitate communication with SRO's, Educators, and the JJ system

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Domain Four: Support and Resources

- Resources for:
 - Program Manager
 - Website
 - Support for access Idaho
 - Let IDASRO guide
- Possible financial support for:
 - NASRO trainings
 - Professional Development-(POST Credits)
 - Conferences

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Next Steps and Deliverables

- Onboarding support staff
 - *Could be a group/different of IDJC staff*
 - *Facilitate communication with SRO's, Educators, and the JJ system*
 - *Create marketing for the relaunch with the goal to education and adding members to IDASRO*
- Begin sharing strategy with partners and collaborating going forward
 - *Create list of current IDASRO members*
 - *Create list of current SRO's*
 - *Create list of LE training contacts*
- Work on IDASRO website
 - *Develop new website working with access Idaho (similar to tx or co)*
 - *Import necessary and important from current site (sgt scott and team)*
- Begin coordinating regional trainings
 - *Work with NASRO on best way to get this done*
 - *Develop funding mechanisms for scholarships*
 - *Develop scholarship application, routing etc.*
 - *Determine POST credit*
- Begin coordinating conferences
 - *Work with SDE, IJA, OSS, national SRO groups on best way to get this done*
 - *Develop funding mechanisms for scholarships*
 - *Develop scholarship application, routing etc.*
 - *Determine POST credit*

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