



BEHAVIORAL HEALTH BOARD

Children's Mental Health/Provider Subcommittee Meeting Agenda
Wednesday, January 22, 2025
12:30 pm – 1:30pm (MST)

In person: 111 N 11th Ave, Caldwell, ID 83605

Join Zoom Link:

<https://uhsync.zoom.us/j/96756546051?pwd=DjJN9VqAN2dByC0EmRbrmaU4eTaaH0.1>

Meeting ID: 967 5654 6051

Password: 069835

Or iPhone one-tap :

US: +16694449171,,96756546051# or +16699006833,,96756546051#

Or Telephone:

If Available use Call Me or Dial:

US: +1 669 444 9171 or +1 669 900 6833 or +1 719 359 4580 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 301 715 8592 or +1 305 224 1968

| Time | Agenda Item | Presenter |
|----------|---|--------------------|
| 12:30 am | Welcome and Call to Order | Joy Husmann, Chair |
| 11:35 am | Recovery Ecosystem Planning and Development – see meeting minute action items from 01.10.25 meeting and any updates from the Board meeting 01.22.25 | All |
| 12:30 pm | Wrap up and adjourn – Next meeting 02.14.25 11:30am-12:30pm Note: Different Zoom link for this standing meeting | Joy Husmann, Chair |

Please contact Joy with any questions and thank you in advance for the RSVP
Joy Husmann @ joy.husmann@uhsync.com or 208.871.1741

The Region 3 Behavioral Health Board is in compliance with Idaho's Open Meeting Law with regard to virtual meetings.

Region 3 Behavioral Health Board

Mission: Advocate, educate, and ensure accessible care for those in need of mental health and substance use services, by developing and sustaining a network that promotes prevention and ready access to a full range of services.

Vision: A healthy community through a collaborative integrated network that promotes and sustains recovery for all.

Strategic Planning Goals

- Prevention, Enrichment and Resiliency for all
- Crisis Assistance
- Increase Collaboration with Medical Providers
- Basic Needs
- Transportation



BEHAVIORAL HEALTH BOARD

Region 3 Behavioral Health Board
 CMH/Provider Subcommittee Meeting Minutes
 January 10, 2025
 11:30am – 12:30pm (MST)

| Topic/Discussion | Motion | Action |
|--|--------|---|
| <p>Welcome and call to order</p> <p>Strategic Planning Discussion in collaboration with the Fletcher Group, Nate Conklin. We discussed our goals for a recovery center in Region 3, specifically in Payette to serve Payette, Washington, and Adams counties as a recovery community would bring in much needed resources and build connections within the communities. We held two meetings on 11.08.24, one at St. Luke’s Fruitland Health Plaza from 11am-12pm and one at Weiser Medical Complex Building from 1-2pm. We had roughly 30 people attend combined. There were great questions and support. Several board members were in attendance as well. With the positive outcomes from the community outreach meetings held in November, the Subcommittee at the direction of the board, will continue their efforts and work towards a recovery ecosystem serving Adams, Washington, and Payette counties.</p> <p>More information on the Fletcher Group can be found on their website: www.fletchergroup.org. The R3 BHB has a signed MOU with the Fletcher Group to perform work on behalf/along side of the Board in the form of technical assistance and as a potential temporary fiscal agent for the project as a 501(c)(3).</p> | | <p>The Region 3 Behavioral Health Board is in compliance with Idaho’s Open Meeting Law with regard to virtual meetings.</p> <p>The Subcommittee will continue the work of engaging community stakeholders in the development of a recovery ecosystem to serve Adams, Washington, and Payette counties to develop a plan. We will be meeting at our regularly scheduled meeting on 01.22.24 at 12:30pm MST both in person and via Zoom.</p> <ul style="list-style-type: none"> Develop talking points and invites for community meetings and task individuals from the Subcommittee and board Done by Nate and ready Identify meetings to provide outreach and engagement. Attend state and local meetings – Opioid Task Force, City Council, County Commissioners, EMS, law enforcement, IDOC Done by Anne and distributed Outreach to local care providers – healthcare, BH providers, hospitals, urgent care Identify existing peer and recovery supports Marc and Craig will reach out to existing treatment providers to identify existing supports. Marc will reach out to PO’s to identify existing supports. Attend drug court meetings (Tri county) Done by Stacey Develop a scholarship request for peer and recovery supports to increase the number available people providing supports Funding request application submitted to the R3 BHB done by Joy for 01.22.25 Executive Committee meeting \$3,000 for 20 RC spots and \$5,850 for 10 Peer spots – two separate trainings |

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| <p><u>Goal #1:</u> Develop a Recovery Ecosystem in Washington, Payette, Adams counties.</p> <p><u>Goal #2:</u> Enhance the services at the existing Gem County Community Recovery Center.</p> <p><u>Goal 3:</u> Begin discussion with the Shoshone-Piute tribe to build recovery support services in Owyhee County. Goals 2 and 3 will be developed along the way as we have capacity.</p> <p>Meeting minutes below and in red from 01.10.25 11:30-12:30pm meeting.</p> <p>Discussions regarding Action:</p> <ul style="list-style-type: none"> Town Hall meeting(s) with targeted stakeholders in the communities (Weiser/Payette). Do we want to have that happen prior to going to targeted City and/or County meetings? Do we want the Town Hall meeting(s) geared towards Nate's specific slide deck with an ask to the stakeholders along with direction of where, who, when to give the ask? Do we want to delegate individuals on this Subcommittee to go to specific meetings or designate specific people to present at specific meetings? Do we want to choose the site location or have that happen naturally with that county's support? Develop a list of potential donations and/or donors. Washington and Payette County's Judicial Support – Mental Health Court - Judge Stuchlik and Judge Eames Brad Coen Lieutenant/Detective Payette Police Dept. and R3 BHB member – local law enforcement support? We would like to ask the Board how they can empower this Subcommittee to continue the work they do, make decisions important to the work they do, and knowing that grant | | <ul style="list-style-type: none"> Utilize the assistance from the Gem County Community Recovery Center's Executive Director and their success Ongoing with Stacey Rosecrans, Executive Director Craig Larsen is a Recovery Coach Supervisor willing to supervise new recovery coaches Develop a scholarship request for providers to attend REACH https://thereachinstitute.org/ Joy requested an email notification from the Reach Institute when funding becomes available again as it has closed. Continue to develop project documents in the shared file to maintain forward momentum on the project Nate, Marc, Joy, Melissa in collaboration with the SC Identify grant opportunities to support the work Ongoing and a grant template has been developed by Nate Reach out to the Region 3 Housing Coalition Utilize Payette Family Services peer supports and recovery coaches Sam and April are collaborating Determine counties who have opioid planning committee meetings with funding from the Opioid settlement. Jenni Rodriguez is a member of the Washington County Opioid Planning Committee Nate will put together a sample letter of support, a 1 page FAQ, a slide deck and grant opportunities sample outline Done and ready by Nate Stacey will obtain a letter of support from the GCRCC We will begin strategic and sequencing communications planning Ongoing by Nate as support from the Fletcher Group Melissa will reach out to Norma Jaeger to find out more about legislative support Done by Melissa and Joy. Norma recommended getting local District level legislative support We will add another monthly meeting in order to support the work and demand of the project The second meeting is scheduled indefinitely on the 2nd Friday of each month from 11:30-12:30 via Zoom only or until otherwise noted. Regular Subcommittee meetings occur monthly on the 4th Wednesday of each month from 12:30-1:30pm via Zoom and in person at the Canyon County Administrative Building's Community Room in Caldwell. Regular CMH/Provider SC meetings are held each month on the 4th Wednesday of the month from 12:30pm-1:30pm MST |
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- opportunities usually have a quick turn around time, how can the Board support a decision for funding opportunities that arise between Board meetings?
- How does the Board want to provide support to the new recovery Center in Nampa with Marti Hooper?

Zoom link for 4th Wednesday of the month SC meetings 12:30pm-1:30pm MST:

Join from PC, Mac, Linux, iOS or Android:
<https://uhsinc.zoom.us/j/98615063473?pwd=15jaTt3sOyIFbY8b3GEITBqVTWpZl.1>
 Meeting ID: 986 1506 3473
 Password: 455494
 Or iPhone one-tap :
 US: +17193594580,98615063473# or +12532050468,,98615063473#
 Or Telephone:
 If Available use Call Me or Dial:
 US: +1 719 359 4580 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 669 444 9171

Zoom link for 2nd Friday of the month SC meetings 11:30am-12:30pm MST:

Join from PC, Mac, Linux, iOS or Android:
<https://uhsinc.zoom.us/j/96756546051?pwd=DJiN9VgAN2dBvYCOEmRbrmaU4eTaaH0.1>
 Meeting ID: 967 5654 6051
 Password: 069835
 Or iPhone one-tap :
 US: +12532158782,,96756546051# or +12532050468,,96756546051#
 Or Telephone: If Available use Call Me or Dial):
 US: +1 253 215 8782 or +1 253 205 0468 or +1 669 444 9171 or +1 669 900 6833

Wrap up and adjourn 12:40pm

- Joy developed a master email list from the initial community outreach meeting attendees and includes them on all correspondence related to this Subcommittee via email
- Stigma surrounding NIMBY (Not In My Back Yard) – Nate has a document created.
- Reach out to the area chapters of NA/AA for support. Melanie and Craig will reach out and bring information back to this Subcommittee
- Idaho Behavioral Health Council (IBHC) – Cheryl Foster to present at the R3 BHB meeting 01.22.25 and work towards continued collaboration.

Any questions, please reach out to Joy Husmann at 208.871.1741 or joy.husmann@uhsinc.com Chair of the CMH/Provider Subcommittee and Vice Chair of the Region 3 Behavioral Health Board

Next meeting 01.22.25 from 12:30pm-1:30pm MST and 02.14.25 from 11:30am-12:30pm MST

R3 BHB CMH/Provider Subcommittee Recovery Ecosystem (updated 01.20.25)

Community Meeting Dates/Times (Adams, Washington, Payette Counties):

- Adams County Commissioner: 2nd, 3rd, 4th Monday, 9 am , Adams County Courthouse.
- Weiser City Council: December 9, January 13, February 10. Held at Weiser Council Chambers, 7 pm.
- Fruitland Planning & Zoning: 2nd Tuesday each month, 7 pm, Fruitland City Hall
- Fruitland City Council: 2nd and 4th Monday each month, 7 pm, Fruitland City Hall
- Washington County Commissioner: 3rd, Tuesday each month, 7 pm, Washington County Courthouse
- Payette County Commissioner: every Monday, 9 am, Payette County Courthouse
- Payette County Planning and Zoning: December 12, 7 pm
- Payette City Council: 1st & 3rd Monday each month, 5:30 pm, Payette City Hall

Grant Opportunities:

- Here's the link to 2024 recipients from the Elks Lodge <https://www.elks.org/cip/>
<https://www.elks.org/sharedelksorg/enf/files/Classof2024ImpactGrantRecipients.pdf>
- Washington County Opioid Funding
- Adams County Opioid Funding
- Payette County Opioid Funding
- SAMSHA Funding – Grant Dashboard: https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_nofo_number:TI-23-002
- Idaho Office of Drug Policy Funding: <https://prevention.odp.idaho.gov/odp-grant-opportunities/#:~:text=The%20SFY2025%20Grant%20Application%20Period,Grant%20Application%20Period%20is%20OPEN>
- IDHW Funding: <https://healthandwelfare.idaho.gov/providers/behavioral-health-providers/idahos-state-opioid-response#:~:text=If%20you%20have%20treated%20one%20addict%2C%20you%20have%20treated%20one%20addict.&text=Agencies%20interested%20in%20providing%20ISOR,Providers%20must%20meet%20these%20criteria.&text=Contact%20the%20provider%20relations%20if,services%20under%20the%20ISOR%20funding>
- American Rescue Plan Act (ARPA) Funding: https://results4america.org/wp-content/uploads/2021/04/RFA-ARP-One-Pager_BehavioralHealth.pdf
- HUD Housing Funding: https://www.hud.gov/program_offices/comm_planning

Recovery Centers in Payette & Washington Counties: FAQ

What is the purpose of this project? The Idaho Region 3 Behavioral Health Board is developing Recovery Centers in Payette and Washington Counties to provide accessible mental health and substance use recovery support for adults. These peer-led centers aim to foster long-term recovery and resilience while reducing stigma and improving community health.

Who will benefit from these centers? The centers will serve adults in Payette, Washington, and surrounding counties, including individuals in recovery, those seeking recovery, and their families. By addressing geographic and transportation barriers, the centers will improve access to critical behavioral health services in rural areas.

What services will the Recovery Centers provide?

- Peer-led recovery coaching
- Crisis intervention and support
- Classes on job skills, parenting, and health management
- Telehealth and mobile outreach services
- Assistance with housing, transportation, and employment
- Computers with internet access for job searches and connectivity
- Group sessions to build life skills and resilience

What are the expected benefits?

- **Healthcare Cost Reduction:** Fewer emergency visits and relapses
- **Workforce Development:** Job training and peer support jobs
- **Economic Productivity:** Increased employment and reduced absenteeism
- **Crime Reduction:** Lower law enforcement and incarceration costs
- **Community Revitalization:** Business growth and neighborhood improvement
- **Family Stability:** Less financial strain on families
- **Grant Opportunities:** Attraction of funding to enhance local resources

How does this project support recovery? Recovery Centers are where hope lives. They provide continuity of care, build meaningful relationships, and offer resources to support individuals in achieving and maintaining sobriety. They complement crisis centers by focusing on long-term recovery rather than immediate crisis management.

What are the key milestones for this project?

- **12/13/2024:** Official Project Kickoff Meeting
- **1/15/2025:** Stakeholder outreach in Payette and Weiser

- **2/15/2025:** Identification of Project Champions and funders
- **7/1/2025:** Construction begins
- **9/1/2025:** Grand Opening of Recovery Centers

Who is responsible for the project?

- **Region 3 Behavioral Health Board (BHB):** Project oversight

What challenges might the project face?

- Community resistance (NIMBY)
- Securing long-term operational funding
- Communication issues among stakeholders

How will success be measured? The project will be complete when Recovery Centers in Payette and Weiser are operational, have secured sustainable funding, and are actively serving clients.

How can I get involved or learn more? For more information or to support the project, contact the Region 3 Behavioral Health Board or visit their website.

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|----------------------------|----------------------------------|-------------------------|--|
| SUBMITTED TO | Region 3 Behavioral Health Board | SUBMITTED BY | |
| TO THE ATTENTION OF | | POINT OF CONTACT | |
| ADDRESS | | ADDRESS | |
| PHONE | | PHONE | |
| EMAIL | | EMAIL | |
| DATE SUBMITTED | | DELIVERY METHOD | |

REASON FOR THE PROJECT

WHO: The Idaho Region 3 Behavioral Health Board is pursuing development of Recovery Center’s in Payette and Washington County Idaho. Region 3 serves Gem, Canyon, Payette, Owyhee, Washington, and Adams Counties.

Mission: Advocate, educate, and ensure accessible care for those in need of mental health and substance use services, by developing and sustaining a network that promotes prevention and ready access to a full range of services.

Vision: A healthy community through a collaborative integrated network that promotes and sustains recovery for all.

WHAT: The proposed recovery centers in Payette and Washington counties, Idaho, addresses a critical need for accessible mental health and substance use support. Recovery Community 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. Building meaningful and healthy ongoing relationships is key to successful recovery and these centers offer the venue for that to happen. While crisis centers serve for a day for a person in crisis, recovery community centers offer recovery for a lifetime. Recovery community centers are where hope lives.

[Welcome to Idaho Region 3 Behavioral Health Board](#)

A variety of activities can originate at the Recovery Community Center:

- A center is a welcoming meeting place where others can be counted on to provide support when an individual’s recovery is feeling shaky. They provide continuity and ongoing service that may have begun in the local crisis center.
- Reliable information is made available on services to those new to recovery, such as housing and transportation assistance as well as on services needed later in the recovery journey such as job advancement and parenting skills.
- Computers with internet services are made available to enhance recoverees’ computer skills as well as to provide them with the connectivity that may be needed to do job searches or to stay in touch with family and friends.
- Classes are provided to enhance recoverees’ ability to live their lives clean and sober and can cover areas such as job skills, health management, and how to socialize with others without getting high.
- It is a place to give back and to reach out. These centers rely heavily on volunteers to function. Giving back is as powerful to the person volunteering as it is to the recoveree receiving the help.
- It can become an information source for those who are seeking help for themselves or those they care about.
- Idaho currently has 9 recovery centers throughout

the State <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=1801&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

WHY: Currently, adults in these rural areas face significant barriers to obtaining necessary behavioral health services due to limited local resources, economic challenges, and inadequate transportation options. This gap in services often results in untreated mental health issues and substance use disorders, contributing to increased healthcare costs, higher rates of hospitalization, and community-wide impacts on well-being.

https://www.samhsa.gov/data/sites/default/files/reports/rpt32829/Idaho-BH-Barometer_Volume6.pdf

https://www.countyhealthrankings.org/health-data/idaho?year=2024&measure=Drug+Overdose+Deaths*

WHERE: The new centers, to be located in Payette and Weiser aim to change the status quo by providing localized, peer-led support for adults facing mental health and addiction challenges. By leveraging a peer-based model, the center will employ individuals who have experienced similar struggles, fostering a supportive environment that reduces stigma and enhances engagement. This approach has proven effective in nearby counties, where similar centers help individuals manage their recovery and reduce the need for hospital-based interventions. Equipped with essential technology and resources for both remote and in-person support, the center will offer services that include crisis intervention, recovery coaching, and ongoing group therapy sessions. These features give the center a competitive advantage in fostering long-term resilience and independence among clients, addressing rural challenges in behavioral health through accessible, community-based care that empowers individuals to sustain their recovery in familiar surroundings.

[R3BHB-Strategic-Plan_2021.pdf](#)

OPTIONS

To develop a Recovery Center in Payette and Washington counties, Idaho, several options for completion are available, each with distinct approaches, resources, and potential costs:

1. **Use Donated House and Find Parcel:** The BHB has many supporters, one of those supporters has agreed to donate a manufactured home. If we can communicate with city and county leadership to find a parcel of land to place in the home through a land donation or land lease, then we can begin providing services quickly.
2. **Using an Existing Community Health Facility:** Repurposing part of an existing community health or social service facility could reduce startup costs. This approach would utilize the existing infrastructure, such as office space and equipment, minimizing initial expenditures while quickly enabling service delivery. Additionally, partnering with a local facility could facilitate referrals and integration with other health services.
3. **Building a New Facility:** Constructing a dedicated facility for the behavioral health center offers the most flexibility to meet specific design requirements, such as therapy rooms, group meeting spaces, and technology-enabled virtual support areas. Although it is costlier and time-intensive, this option would allow for a customized environment tailored to the needs of a peer-led center.
4. **Utilizing Mobile Health Units:** A mobile health unit approach could serve as an alternative, reaching remote residents in areas where transportation to a facility might be challenging. This model would allow for flexible

scheduling and on-site support in various communities within the counties, making services more accessible without requiring a permanent building.

5. **Leveraging Telehealth and Remote Support:** Utilizing telehealth solutions can enable access to peer support and therapy services without requiring physical facilities. This approach would involve equipping the center with technology to provide virtual meetings, coaching, and crisis intervention, reducing physical barriers to service while minimizing infrastructure costs.

PROJECT GOAL(S) AND KEY OBJECTIVES

The primary goal of the recovery center in Payette and Washington counties is to create a sustainable, community-based resource that improves access to mental health and substance use recovery support for adults. This center aims to provide localized, peer-led services that enhance community health, reduce stigma, and support individuals in achieving long-term recovery and resilience.

Key Objectives:

1. **Increase Access to Behavioral Health Services:** By establishing a center in a rural area, this project seeks to reduce geographic and transportation barriers, enabling adults who might otherwise lack access to behavioral health services to receive support close to home.
2. **Foster Community-Based Peer Support:** The center will utilize a peer-led model, employing individuals with lived experience in mental health and substance use recovery. This approach builds a sense of community and trust among clients, encouraging engagement in treatment and reducing stigma around mental health and addiction.
3. **Offer Comprehensive, Flexible Support Services:** The center will provide a range of services, including crisis intervention, recovery coaching, and therapy. Additionally, telehealth and mobile outreach options will be incorporated to reach residents in more remote areas, ensuring that all individuals can access support when needed.
4. **Promote Long-Term Recovery and Resilience:** The project aims to equip clients with tools and support networks to sustain recovery, including life skills training and regular group sessions, helping individuals build resilience and reduce the likelihood of relapse.
5. **Strengthen Regional Behavioral Health Infrastructure:** By establishing a dedicated center, the project will contribute to the broader behavioral health framework in Idaho's Region 3, connecting with existing recovery centers and health systems to build a robust network for ongoing support and referrals.

[Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital - PubMed](#)

BENEFITS

1. Reduction in Healthcare Costs

- **Decreased Emergency Services Use:** Recovery Centers support individuals in maintaining recovery, leading to fewer hospital visits and reduced reliance on emergency services. A study on Recovery Community

Centers (RCCs) found that participation is associated with improved well-being and reduced healthcare utilization.

- **Lowered Addiction Treatment Costs:** By providing ongoing peer support, Recovery Centers help prevent relapses, thereby reducing the need for repeated, costly treatments. Research indicates that peer-based recovery support activities are linked to modest improvements in recovery capital, which can decrease overall treatment expenses.

2. Workforce Development

- **Improved Employment Rates:** Individuals in recovery, supported by Recovery Centers, are more likely to secure stable employment, contributing to local economies and increasing tax revenues. RCs often offer job training and employment support services, facilitating workforce reintegration.
- **Peer Support Jobs:** Recovery centers create employment opportunities for peer support specialists, counselors, and administrative staff, fostering economic growth within the community. The development of peer recovery support services has been shown to enhance community recovery capital and economic stability.

3. Economic Productivity

- **Increased Labor Participation:** Recovery Centers assist individuals in recovery to re-enter the workforce, boosting local economic productivity. Enhanced recovery capital through Recovery Center's participation correlates with better employment outcomes.
- **Reduced Absenteeism:** Employers benefit from a more reliable workforce as individuals maintain sobriety, leading to decreased absenteeism and increased productivity. Recovery Centers provide support that helps individuals sustain recovery, positively impacting workplace attendance.

4. Crime Reduction and Public Safety Savings

- Recovery Centers often lead to lower crime rates in communities, reducing law enforcement and incarceration costs. By supporting recovery, RCs contribute to decreased criminal activity associated with substance use disorders.

5. Community Revitalization

- **Business Growth:** Individuals in recovery often become stable, active consumers, supporting local businesses and stimulating economic growth. RC's foster environments that encourage community engagement and economic participation.
- **Neighborhood Improvements:** RC's can attract grants and investments that improve infrastructure and property values in the surrounding area. The presence of RC's has been linked to community development and revitalization efforts.

6. Grant and Funding Opportunities

- RC's may attract federal, state, and private funding, providing a significant influx of resources into the community. For instance, the Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized the importance of RCOs and allocated funding to support their initiatives.

7. Family Economic Stability

- Families of individuals in recovery supported by recovery centersexperience less financial strain from addiction-related costs such as legal fees, medical bills, or lost income. RC's offer resources that aid in rebuilding family structures and financial health.

8. Lower Insurance Premiums

- Reducing addiction rates in the community may lead to lower health insurance premiums over time, benefiting businesses and individuals alike. Communities with active RCOs may experience overall improved health outcomes, potentially influencing insurance costs.

[Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital - PubMed](#)

[Recovery community centers: Is participation in these newer recovery support services associated with better functioning and quality of life? – Recovery Research Institute](#)

[The Value of Recovery Community Centers in Addiction Care: Insights from a Tireless Recovery Advocate | Playbook](#)

[Building recovery ready communities: the recovery ready ecosystem model and community framework](#)

STRATEGIC ALIGNMENTS

Region 3's Peer Center project aligns with not only the boards goals, but also with the Idaho Behavioral Health Council's strategic plan as well as the Community Health Needs Assessment conducted in 2023 by St. Alphonsus Health System. Idaho has undertaken comprehensive efforts to enhance its behavioral health system through strategic planning at both state and regional levels.

Idaho Behavioral Health Council (IBHC) Strategic Action Plan: The IBHC, comprising representatives from all three branches of state government and community partners, developed the 2021–2024 Strategic Action Plan to improve access to behavioral health resources and outcomes for Idahoans. Key focus areas included:

- **Workforce Development:** Strategies to strengthen the behavioral health professional workforce.
- **Program Awareness and Stigma Reduction:** Initiatives to increase awareness of behavioral health programs and reduce associated stigma.
- **Service Integration:** Efforts to coordinate care across various providers and systems.
- **Supported Housing:** Efforts to increase the availability of housing support available.

As this plan concludes, the IBHC has initiated the 2024–2027 strategic planning process, building upon previous achievements to further enhance behavioral health services in Idaho.

<https://behavioralhealthcouncil.idaho.gov/2024-idaho-behavioral-health-council-strategic-planning/>

Region 3 Behavioral Health Board Strategic Plan: Focusing on the specific needs of counties including Payette and Washington, the Region 3 Behavioral Health Board developed a strategic plan addressing:

- **Prevention and Resiliency:** Implementing evidence-based programs in schools and communities to foster resilience and prevent behavioral health issues.
- **Crisis Assistance:** Enhancing crisis intervention services to provide immediate support and reduce hospitalizations.
- **Recovery Support:** Expanding access to recovery centers and peer support services to aid individuals in maintaining long-term recovery.

The proposed peer behavioral health center strategically aligns with several community, regional, and economic development goals, positioning it as a valuable addition to Idaho's Region 3 and its rural communities.

1. **Community Health Initiatives:** The center supports Idaho's broader community health strategy, which emphasizes accessible, community-based behavioral health services, especially in underserved rural areas. The center aligns with the Idaho Region 3 Behavioral Health Board's mission to enhance recovery and resilience by providing localized, compassionate care options for individuals facing mental health and substance use challenges.
2. **Regional Behavioral Health Goals:** Idaho's Region 3, encompassing Payette and Washington counties, has identified behavioral health as one of its critical health priorities, and this project directly addresses this priority. The center's peer-led model will complement existing recovery efforts in nearby counties, strengthening the regional network of mental health and substance use resources. This alignment allows for regional funding and collaboration opportunities with other local recovery centers and health organizations, creating a cohesive framework for long-term support.
3. **Economic Development and Workforce Stability:** By providing accessible mental health and addiction recovery services, the center will contribute to local economic stability. Behavioral health support helps individuals maintain employment, improve productivity, and reduce absenteeism, creating positive ripple effects in the local economy. These outcomes align with regional economic development goals, which include enhancing community well-being as a foundation for economic growth.
4. **Alignment with Funding and Community Partners:** The project aligns well with the goals of potential funders, such as health-focused foundations, regional health networks, and local government grants aimed at improving community resilience and reducing health disparities. Its focus on peer support, a model proven effective in rural communities, is likely to attract support from organizations dedicated to advancing behavioral health infrastructure in underserved regions.

COSTS

Scenario 1: Moving donated Manufactured home onto Donated Land

- **Capital Costs:**
 - Facility renovation and setup (minimal changes, repurposing existing offices/rooms): \$10,000 - \$20,000
 - Technology setup (computers, telehealth equipment, and networking): \$1000 - \$2,000
 - Furniture and fixtures (for peer rooms, counseling areas, and offices): \$500 - \$2000

- **Subtotal:** \$,11,500 - \$24,000
- **Contingency Costs** (10% of capital costs): \$1150 - \$2400
- **Operational Costs (Annual)** 14,000-28,400
 - Staffing (2-3 peer support specialists and 1 part-time administrator): \$90,000 - \$120,000
 - Utilities and maintenance (shared with host facility): \$10,000 - \$15,000
 - Program and materials budget: \$5,000
 - **Total Annual Operating Costs:** \$105,000-135,000
- **Total Initial Setup:** \$60,000- 93,000
- **Total Annual Costs:** 14,000-28,000

Scenario 2: Repurposing Existing Facility Space

- **Capital Costs:**
 - Facility renovation and setup (minimal changes, repurposing existing offices/rooms): \$30,000 - \$50,000
 - Technology setup (computers, telehealth equipment, and networking): \$10,000 - \$15,000
 - Furniture and fixtures (for peer rooms, counseling areas, and offices): \$15,000 - \$20,000
 - **Subtotal:** \$55,000 - \$85,000
- **Contingency Costs** (10% of capital costs): \$5,500 - \$8,500
- **Operational Costs (Annual):**
 - Staffing (2-3 peer support specialists and 1 part-time administrator): \$90,000 - \$120,000
 - Utilities and maintenance (shared with host facility): \$10,000 - \$15,000
 - Program and materials budget: \$10,000
 - **Total Annual Operating Costs:** \$110,000 - \$145,000
- **Total Initial Setup:** \$60,500 - \$93,500
- **Total Annual Costs:** \$110,000 - \$145,000

Scenario 3: Leasing a Small Dedicated Facility

- **Capital Costs:**
 - Initial lease (first and last month deposit): \$5,000 - \$10,000
 - Facility setup (modest renovations, signage, safety equipment): \$40,000 - \$60,000
 - Technology (computers, telehealth equipment, security system): \$15,000 - \$20,000
 - Furniture and fixtures: \$20,000 - \$25,000
 - **Subtotal:** \$80,000 - \$115,000
- **Contingency Costs** (15% of capital costs): \$12,000 - \$17,250
- **Operational Costs (Annual):**
 - Lease (estimated based on rural rates): \$18,000 - \$24,000
 - Staffing (3 peer support specialists and 1 full-time administrator): \$110,000 - \$140,000
 - Utilities, insurance, and maintenance: \$20,000 - \$25,000
 - Program materials, outreach, and events: \$15,000
 - **Total Annual Operating Costs:** \$163,000 - \$204,000
- **Total Initial Setup:** \$92,000 - \$132,250
- **Total Annual Costs:** \$163,000 - \$204,000

Scenario 4: Building a New Facility

- **Capital Costs:**
 - Land acquisition (1-2 acres in rural Idaho): \$20,000 - \$50,000
 - Construction of a 2,500 sq ft building: \$350,000 - \$450,000
 - Technology setup (IT infrastructure, security system, telehealth equipment): \$20,000 - \$30,000
 - Furniture, fixtures, and equipment: \$30,000 - \$40,000
 - **Subtotal:** \$420,000 - \$570,000
- **Contingency Costs** (15% of capital costs): \$63,000 - \$85,500
- **Operational Costs (Annual):**
 - Staffing (5 full-time staff, including peer specialists and admin): \$150,000 - \$200,000
 - Utilities, maintenance, insurance, and repairs: \$30,000 - \$40,000
 - Program materials, events, outreach, and community programs: \$20,000
 - **Total Annual Operating Costs:** \$200,000 - \$260,000
- **Total Initial Setup:** \$483,000 - \$655,500
- **Total Annual Costs:** \$200,000 - \$260,000

Summary of Estimated Costs

- **Scenario 1 (Donated Home)**
 - Initial Setup \$11,500 - \$24,000
 - Annual Operating \$105,000-135,000
- **Scenario 2 (Repurposing):**
 - Initial Setup: \$60,500 - \$93,500
 - Annual Operating: \$110,000 - \$145,000
- **Scenario 3 (Leasing):**
 - Initial Setup: \$92,000 - \$132,250
 - Annual Operating: \$163,000 - \$204,000
- **Scenario 4 (New Build):**
 - Initial Setup: \$483,000 - \$655,500
 - Annual Operating: \$200,000 - \$260,000

POTENTIAL FUNDING**1. Substance Abuse and Mental Health Services Administration (SAMHSA) Grants**

- Community Mental Health Services Block Grant (MHBG)

- Substance Abuse Prevention and Treatment Block Grant (SABG)
- 2. Idaho Behavioral Health Council (IBHC) Funding Programs**
 - [Idaho Behavioral Health Council \(IBHC\)](#)
 - <https://behavioralhealthcouncil.idaho.gov/idaho-opioid-settlement-fund/>
- 3. Idaho Community Foundation (ICF)**
 - [Idaho Community Foundation](#)
- 4. Rural Health Care Services Outreach Program (HRSA)**
 - HRSA Rural Health Care Services Outreach Program
- 5. United Way of Treasure Valley**
 - [United Way of Treasure Valley](#)
- 6. Blue Cross of Idaho Foundation for Health**
 - [Blue Cross of Idaho Foundation for Health](#)
- 7. Local and Regional Healthcare Partnerships**
 - [St. Luke’s Health System](#)
 - [Saint Alphonsus Health System](#)
 - [Intermountain Healthcare](#)
- 8. SAMHSA State Opioid Response (SOR) Grants**
 - SAMHSA State Opioid Response (SOR) Grants
- 9. Rotary International and Local Community Foundations**
 - Rotary International (Search for local clubs for specific community grants)

RISKS

The risks to the project include, but are not limited to;

- Community pushback from development of a recovery center (**NIMBY**)
- Inability to make the project sustainable due to uncommitted operational funds in the long term.
- Project Team, Stakeholders failing to communicate effectively causing delays and cost overages.

Risks will be updated, tracked and planned mitigation techniques will be developed throughout the course of the project.

SCHEDULE

| Date | Milestone/Event |
|-----------------|--|
| 12.14.24 | Official Project Kickoff Meeting |
| 1.15.25 | Key stakeholders identified and outreached and presented to in both Payette and Weiser |
| 2.15.25 | Project Champions Identified and outreach plan to funders |
| 7.1.25 | Construction Begins |
| 9.1.25 | Recovery Center Grand Opening |

| | |
|--|----------------------------|
| | |
| | <Project End> |

ASSESSMENT

If we are unable to complete this project the status quo will remain in region 3’s rural coverage area, People who live in the more rural area of region 3’s coverage areas will remain at a disadvantage in being able to access low barrier peer led behavioral health support. Existing barriers to care such as transportation, financial will persist and hinder rural residents of region 3 Behavioral Health Board leading to increased Incarceration Rates, Rising Substance Abuse Rates, Alcohol and other drug misuse in Idaho, Lack of Local Treatment Options, Limited access leads to delays and relapse risks, Economic and Social Costs, Addiction’s impact on healthcare, employment, and family stability, Untapped Potential of Peer Support. The Region 3 BHB has built relationships with key stakeholders and already supports a successful recovery center in rural Gem County as a reference and case study on how to successfully develop, implement and sustain a recovery center in rural Idaho.

RECOMMENDATION

Based on our analysis we believe that pursuing development of recovery centers in the Payette and Weiser area is feasible and to move forward engaging the communities, key stakeholders including funders to refine and execute the business plan. Region 3 has also leveraged FGI, an HRSA funded implementation and Technical Support organization specializing in developing rural recovery support services to provide project management and subject matter expertise throughout the course of the project. The board will leverage their members expertise, stakeholder support and other outside support mechanisms to ensure a broad coalition of support is developed and utilize to achieve the goal of creating peer centers in rural western Idaho to serve the citizens of the area.