

Idaho Criminal Justice Commission
Regular Meeting
April 29, 2022

Location: In Person

Time: 9 a.m.–11 p.m.

Idaho Criminal Justice Commission Members Present:

Eric Fredericksen, Chair, SAPD
Kieran Donahue, Idaho Sheriffs Association
Chris Mathias, House Jud, Rules & Admin
Grant Burgoyne, Senate Judiciary & Rules
Ashley Dowell, Comm of Pardons & Parole
Daniel Chadwick, Public Member
Thomas Sullivan, Judge, Magistrate Court

Todd Lakey, Senate Judiciary & Rules Chairman
Rafael Gonzalez, U.S. Attorney, District of Idaho
Mark Kubinski, Idaho Attorney General's Office
Bernadette LaSarte, Public Member
Bruce Skaug, House of Representatives
Jared Larsen, Office of the Governor
Denton Darrington, Public Member

Marianne King, Office of Drug Policy
Monty Prow, IDJC
Josh Tewalt, Department of Correction
Sara Omundson, Idaho Supreme Court
Grant Loeb, Prosecuting Attorneys Assoc.
Eric Studebaker, Department of Education

Comprising a quorum of Idaho Criminal Justice Commission (Commission)

Idaho Criminal Justice Commission Members Absent:

Tracy Basterrechea, Chiefs of Police Association
Kedrick Wills, Idaho State Police
Darren Simpson, Judge, District Court
Dave Jeppesen, Health & Welfare
James Cawthon, Judge, District Court
Kathleen Elliott, Public Defense Commission
Seth Grigg, Idaho Association of Counties

Others Present:

Brad Gardner, ISP
Lauren Bailey, OPE
Ross Edmunds, IDHW
Thomas Strauss, ISP
Mackenzie Moss, OPE

Liz Deemer, OPE
Camerson, IDHW
Tammy Zokan, PDC
Gloria Totoricaguena, Idaho Policy and Consulting

Agenda <i>Who's Responsible</i>		Meeting Outcomes/Decisions Reached	Due Date
9:00 am (5 min)	Call to Order– <i>Chair Eric Fredericksen</i> <ul style="list-style-type: none"> Welcome and Roll Call— <i>Chair Eric Fredericksen</i> Review Commission's Vision and Mission Statement and Values—<i>Commission Members</i> 		
Commission Management			
9:05 am (10 min)	Action Item – Approve March 2022 Minutes <u>Subcommittee Reports</u> <ul style="list-style-type: none"> Human Trafficking Mental Health Research Alliance - Monty Prow Sex Offense MMIP 	<p>There was a motion to approve the minutes from March 2022 by Kieran Donahue and was seconded by Ashley Dowell. Motion carried.</p> <p>IDJC has been implementing a screener based on the Wisconsin model for the human trafficking subcommittee. The subcommittee met and discussed the effectiveness. They also discussed subcommittee membership. Last, they received a brief report on sex trafficking from 2021.</p> <p>The research alliance subcommittee discussed CJIDS.</p> <p>The sex offense subcommittee has not met since the session was in progress. The subcommittee had four pieces of legislation that all passed. They will meet again soon.</p> <p>The MMIP subcommittee had set some goals and one of the goals was to have an alert system for MMIP. That happened during this session. They are looking at data collection and relationships. The subcommittee members have been working on putting together a conference that will happen next week. The subcommittee will also meet after the conference to go over takeaways. They are also working on our membership to include more tribal council involvement.</p>	
Promote Well-Informed Policy Decisions			
9:15 am (40 min)	Child Protection Program Update – <i>Cameron Gilliland, IDHW</i>	<u>Receiving and Prioritizing Referrals:</u> We want to be equitable across the state for referrals. Received ~23,000 referrals. The referrals were mainly for neglect. You also see physical or sexual abuse in the referral list. Referrals come from school personnel, private agencies (such as daycare), LE, and many more. You can see there was a dip of referrals in 2020 because the children were not seen in person due to covid. We are back to our modest growth rate. The screened in number is going up. This could be due to population growth as well as having more tools to utilize.	

Placements:

Types of placements include non-relative, relative, home visit (children may go home for a trial run), congregate care (homes for children) plus more. The highest placement is with non-relatives at 39.61%. Congregate care is for children that have more specific needs. We have a new program for supervised independent living. Children can live there in foster care until they are 21. There are certain criteria that have to be met. We used to have treatment foster care. We are looking forward to bring this back.

Children served in foster care during each year:

The number of children served peak in 2019 and has since gone down. This number decreased by about 2.4%.

Foster care placement changes:

Most children (65.6%) had no changes. Children do much better if they have no or minimal changes. They are much more successful. For 2021 21% had one change. 7.5% had two changes and 5.7% had more than two changes. We don't like the number of children that have moved two or more times.

Assuring that children have permanency:

Reunification is the highest permanency with it being over 58%. IDHW is pretty proud that they are able to have the children placed back in their home.

Adoption non-relative is the second highest permanent placement. Some other permanent placements are adoption relative

With aged out, is there any data around this for this? Has the department added services? IDHW has reached out to those children to see if they would like to utilize the services now provided due to the passage of legislation during the past session. There are funds for schooling and transportation.

LE makes a lot of referrals. What is the occurrence of the homes not being suitable for placement? Placing a child and then realizing that the home is not suitable for any child to be placed? We do see a little bit of that. We try to avoid that by having background checks done. There are home visits and training before any child is placed in a home. There is quite the process to become a foster home for children. Are there cases were those individuals face

		<p>criminal charges? There have been instances where people have faced criminal charges. IDHW is in the home at least once a month and we are watching for these types of issues.</p> <p>In some experiences the foster parents that are able to adopt, the children are pretty successful. How are you doing on recruiting foster families? We don't have enough and we don't have enough that will take children that may be a little more difficult. COVID impacted us as well because our recruitment happened in places like churches.</p> <p>There are times where children may be placed into short term rentals with IDHW social workers. This has them working during the day and at night with these children.</p> <p><u>Challenges and opportunities:</u> Staffing and foster parent issues are a challenge. Legislative successes: The program received 24 new staff, targeted CEC (change in employee costs), and there was an increase in foster home payments (increased by 30-60%).</p> <p>Extended foster care: in the future.</p> <p>In-home services: There is a federal act that helps with reimbursement for prevention.</p> <p>Evidence based services: The family first act will reimburse for many services based on evidence. 7 services: parent/ child interaction, homebuilders, familias unidas, Brief strategic family therapy, motivational interviewing, parents as teachers (PAT), and nurse family partnerships (NFP).</p> <p>Role of social workers: By necessity we are reviewing the role of social workers. We are low on social workers. We are looking at other positions to help them, like para-professionals. What duties/services can be done by non-social workers? We don't want to get rid of that social worker designation but we have to have the people to do the work.</p>	
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9:55 am (40 min)	Agency Update – <i>Marianne King, Office of Drug Policy; Kevin Hudgens, OR-IDA HIDTA</i>	<p>Mission: The Idaho Office of Drug Policy leads Idaho's substance use and misuse policy and prevention efforts by developing and implementing strategic action plans and collaborative partnerships to reduce drug use and related consequences.</p> <p>Vision: The Idaho Office of Drug Policy envisions a safe and healthy Idaho free from the devastating impact of substance use on youths, families, and communities.</p> <p><u>FY22 programs and activities:</u> We have moved to the front end of primary prevention. This is for those that are not yet in need of treatment. We apply for many grants. We are able to use funds all across the state. ODP is finally figuring out what works and what doesn't. Prevention historically didn't have a lot of resources. We are leveraging stakeholders to maximize resources. They are using strategies and programs to prevent initiation of substance use or delaying the age at which use begins.</p> <p><u>Successes and achievements:</u> \$4,000,000 was awarded in grants to: 56 prevention providers, 7 public health districts, and 19 LE agencies. Funds were used for programs which reached 20,000 youth and 200 parents and caregivers. We contract with an outside vendor to evaluate our efforts. This reports a decrease in substance use and misuse. We collect pre and post data for parents as well.</p> <p><u>Notable substance use trends:</u> Continue to see decrease in past month alcohol use and binge alcohol use; however, we don't see that same decrease in vaping or prescription medication use. Marijuana has been pretty steady in use. There has been an increase in those that our considered youth (before 9th grade). Since 2011, females for misuse of prescription medications have increased more than male students.</p>	

		<p>Marijuana: There has been an increase in the past year for Idahoans ages 12+, increase in the past month for 18+, and there is a decrease in perception of risk for ages 12+.</p> <p>Meth: The arrests increased 177% from 2015-2020. Most conversations have led back to concerns around meth. A significant increase in treatment admissions have been by use of meth.</p> <p>Prescriptions: In the last 5 years prescriptions per 100 residents has decreased by 46%. There were 92 opioid prescriptions per 100 in 2015 and only 49.9 in 2020.</p> <p>One recommendation was SB1348 management of prescriptions. This has been implemented. Are you tracking fentanyl? We need to improve the tracking. We know there are changes that are happening. We haven't caught up yet.</p> <p>ED visits: We are beginning to collect data on emergency department visits resulting from drug overdose-related.</p> <p>Deaths: Deaths are under reported. 57% involved opioids, plus others.</p> <p><u>Overdose Detection Mapping Program:</u> Contains overdose information. It is a web-based, mobile friendly mapping tool. It supports first responders and public health. It gives real-time data, gives spike alerts, links first responder data, deploys overdose responses, targets community, resources, and supports resource allocation.</p> <p>This will help out LE so much and public health as well. It is simple to use and free. Is there resistance? Being busy is the hard part. It is just difficult to add something else to their duties. It's not necessarily a resistance to the product. There is an opportunity to link this to other systems so there isn't duplication.</p> <p><u>Challenges and solutions:</u> -School closures, remote learning, and ongoing impacts of covid: The need to adapt. There is a five-year strategic plan for prevention and ODP is changing the way they do business.</p>	
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10:35 am	Other ICJC Business –		
11:00 am	Adjournment		

Next regularly scheduled meeting to be held in Boise, Friday, May 27, 2022

“Collaborating for a Safer Idaho”