Idaho Criminal Justice Commission
Regular Meeting
December 15, 2023

Location: In Person – 3100 S. Vista Ave. Ste. 200 Boise, ID

Time: 9 a.m.–12 p.m.

Idaho Criminal Justice Commission Members Present:

Ashley Dowell, Chair, Comm of Pardons & Parole
~~Kieran~~ Donahue, Idaho Sheriffs Association
Dave Jeppesen, Health & Welfare
Melissa Wintrow, Senate Judiciary & Rules
~~Kedrick~~ Wills, Idaho State Police
Daniel Chadwick, Vice Chair, Public Member
Erik Lehtinen, SAPD
Jonathon Brody, Judge, District Court
Thomas Sullivan, Judge, Magistrate Court
~~Jeff~~ Nye, Idaho Attorney General's Office
Darren Simpson, Judge, District Court
~~Bruce~~ Skaug, House Jud & Rules Admin
Jared Larsen, Office of the Governor
Denton Darrington, Public Member
Marianne King, Office of Drug Policy
Monty Prow, IDJC
Josh Tewalt, Department of Correction
Kathleen Elliott, Public Defense Commission
Sara Omundson, Idaho Supreme Court
~~Grant~~ Loebs, Prosecuting Attorneys Assoc.
~~Greg~~ Wilson, Department of Education

Comprising a quorum of Idaho Criminal Justice Commission (Commission)

Idaho Criminal Justice Commission Members Absent:

Tracy Basterrechea, Chiefs of Police Association
Chris Mathias, House Jud, Rules & Admin
Todd Lakey, Senate Judiciary & Rules Chairman
Joshua Hurwit, U.S. Attorney, District of Idaho
Bernadette LaSarte, Public Member
Seth Grigg, Idaho Association of Counties

Others Present:

Ross Edmunds, IDHW
Tenea Parmenter, ISP
Scott Bandy, Ada County
Matthew Mallard, IDHW
Dr. Radha Sadacharan
Sara Bennett

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
9:00 am *(5 min)*	Call to Order– *Chair Ashley Dowell* • Welcome and Roll Call— *Chair Ashley Dowell* • Review Commission's Vision and Mission Statement and Values—*Commission Members*		
	Commission Management		
9:05 am *(5 min)*	**Action Item** – Approve November 2023 Minutes <u>Subcommittee Reports-on hold pending strategic planning discussion</u> • Human Trafficking • Sex Offense • MMIP	*Kieran Donahue made a motion to approve the minutes from November 2023, Greg Wilson seconded. Motion carried.* MMIP – The subcommittee has identified areas of training and will be working with stakeholders to get this training going.	
	Promote Well-Informed Policy Decisions		
9:10 am *(60 min)*	Fentanyl deaths, supervision strategies, treatment resources/GEO– *Director Josh Tewalt, IDOC*	This is not a new problem. We always have people trying to get drugs into our facilities. So, it is the same problem but there are different consequences when it comes to fentanyl. <u>Statewide overdoses:</u> There has been just shy of 400 overdoses since 2020. We are up in 2023 (43 deaths) from 2022 (40 deaths) and the year isn't over quite yet. You can also see the break down by district. <u>Prison data:</u> Disciplinary officer reports (DOR) There has been an increase in the non-secure facility. Abou 62% of the 8200 inmates actually have a job and don't just sit in their bunks. They are on direct and indirect supervision. Them leaving and coming back makes it more difficult to control the drugs coming in. <u>Thinking differently about our response:</u> In the past a positive drug test would result in a harder punishment v. trying to find ways to help the inmate with their addiction. Now there will be consequences but the accountability is different that includes intervention and shortened DOR. We have introduced peer mentors that are certified, to help the inmates. If an inmate admits to usage prior to the positive UA, the consequences are less and there is more trust built in the system.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		What does the treatment look like? The treatment is not the same that someone would get in the general public. The treatment an inmate receives is a combination of peer supports and also in cognitive behavioral interventions. <u>Challenges:</u> Mail: In 2023 64 suboxone strips, 97 pages soaked in meth, 136 pages soaked in K2-K3, 4 pages soaked in THC, 6 THC vape pens, and 1 baggie of fentanyl was seized in the facilities. The value of these drugs is amazing. 1 page soaked in spice is broken into about 16 pieces and each piece is sold for $500-$600. A piece of meth pages sells for $300-$400 and suboxone sells for about $400 a piece. It is a different market economy in the prison system. Legal mail can be a difficult thing to maneuver. There is a piece of technology that we are trying to secure that would scan for substances but doesn't compromise material. IDOC is also looking at moving to all electronic mail. Legal mail impacts this differently. Visiting: 5 visitors were stopped that had meth and suboxone. 2 visitors refused to talk to staff, and a baggie of loose powder, pills and heroin were found and linked to a visit. This is a difficult thing to handle as we know that visitation is very helpful for some people and it can be very therapeutic; however, we have to try and keep them from being introduced in the first place. Searches: In 2023, searches produced 1 bag of loose powder fentanyl, 1 envelope loose powder meth, 148 suboxone strips, .35 grams of heroin, 2.79 grams of mushrooms, and traces of cocaine. There are a lot of searches done. Sometimes this comes in through compromised staff. It is not frequent but it does happen from time to time. <u>P&P Fentanyl Task Force:</u> Educated staff and clients about fentanyl: You will receive a lot of resources when you walk into the PP offices. Pamphlets were created and are in all district lobbies. There is messaging on reader boards in the lobbies and there are QR codes for substance use help. Nearly 70% of drug related deaths are the result of a fentanyl overdose.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		Officer training and Decon kits: Training is provided by Graves Associates. Decontamination and personal protective information have been identified and is needed in each officer car. Supervision strategies: After encountering new things our strategies needed to be changed. We have found that discretionary custody does not necessarily help. It can actually more lead to overdose. Connection & Intervention stations have been implemented. People have to go to station often and have drug tests often. There is high accountability. These stations have risk-reduction programming and have good case management. Moving forward: Requires a different approach. Medicated assisted treatment is something we are working on implementing. We have been a little slow to that game. There is going to be a request to the legislature this year to assist with this. There will also be a request for treatment and reentry support.	
10:10 am *(10 min)*	Break		
10:20 am *(60 min)*	Treatment for Opioid Use– *Dr. Radha Sadacharan; Sara Bennett*	Three waves of Opioid overdose deaths: We started to see opioid deaths 1999 (rise in prescription opioid overdose deaths), the second rise in 2010 were more heroin deaths, and then in 2013 there was a rise in synthetics. Fentanyl overdoses in Idaho: This shows the difference over the years in overdose deaths. It's not just people using fentanyl. They are using other drug and then are coming up positive for fentanyl also. We need to educate those that use to make sure they understand that just because they use a specific drug, it doesn't mean that it is safe.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		The number of people who died from a drug overdose in 2021 was over six times the number in 1999. The number of drug overdose deaths increased more than 16% from 2020 to 2021. Over 75% of the nearly 107,000 drug overdose deaths in 2021 involved an opioid. <u>Perspective:</u> Drug overdoses are now the leading cause of death for Americans under the age of 50. The lifetime prevalence of SUDs among incarcerated is over 50%. The risk of death from overdose within the first two weeks post-release is 12 times greater compared to the general public. Why is there a spike in overdose post release? Users develop a tolerance. When incarcerated that tolerance drops and when they are released, they used the same about of drugs they used to. Their bodies can't handle it. They will die. More than likely, it isn't just the drug of choice as well. <u>Treatment:</u> A lot of people have an addiction. Only about 11.8% actually receive treatment. Those that go through courts are receiving treatment, but most don't seek it. 95% of people with SUD say they do not need treatment. Universal abstinence goals are at odds with the needs of many individuals with SUD. We used to discharge people from treatment when they relapse or have problems during treatment. This has changed since the opioid epidemic. We have to connect with these people more and see what else they need to make them successful. Mental health treatment is also very important. We have to work on these two things together. Connection is one of the best treatments.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		Risk factors for addiction: Trauma – this is the highest %. Self-medication leads to addiction. Genetics Mental health illness Aces: Average child experiences – those that have more aces live shorter lives and have a higher chance of addiction and mental health issues. 4 out of 10 children in IDJC are 4 or more aces. What is addiction? Chronic brain disease – need to be able to have time to let the brain reset. How do we have a door open for those that relapse? Addiction is preventable and treatable. It impairs motivation, memory, and related circuitry. Dopamine Pathways Dopamine transporter that makes us feel happy. These pathways are opened by certain things. Food, water, sex, relationships, etc.… These pathways are changed by substance use by allowing too much dopamine to pass through. The brain doesn't work the way it is supposed to when using substances. It takes the brain about a year to heal. What is a substance use disorder? Based on a book (SDM-V) and the inability to control themselves. Most have a poly substance use disorder (more than one substance). There is also continued use despite negative consequences. Goals Support long-term recovery. Decrease mortality from SUD. Improve treatment retention. Decrease recidivism. Build healthier and more resilient communities. If we can break the cycle of use, they can become productive citizens.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		ASAM level of care: Patient driven lengths of stay. Gives continuum of care. We want to give them the lowest level of care that keeps them well. Complete dimensional assessment. Continuing assessment. ASAM dimensions and risk: Use dimensions: 1.Intoxication and/or withdrawal potential. When did they last use last? 2. Do they have any underlying conditions 3. Do they have mental health issues and are they stable 4. What state of change are they in? Are they motivated or not? 5. Have they done treatment before? Do they know what coping skills are? 6. Do they have people to help them? Do they have a home? Do they have food? Levels of care Early – education information to make better choices. For individuals with known risk of developing a SUD. There isn't enough information to make a diagnosis. Outpatient – up to 6 hours a week. There is individual counseling, group counseling, and recover support services. Intensive Outpatient treatment – 9 hours or more of weekly treatment services. Partial hospitalization – sometimes they are connected to save and sober housing. This includes psychiatric, medical and lab services as needed. This is 20 hours or more of weekly treatment services. Inpatient – There are two facilities in the state and the resources are fairly limited. Medicaid does cover a little bit. Addiction treatment: behavioral health Treatment typically includes individual and group counseling. Idaho has done well with recovery coaching and peer supports. This creates bigger connections with those in addiction. Drug testing is a monitoring tool.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		<u>Treatment modalities:</u> Motivational Interviewing: Use the patient's strengths to further their successes. Cognitive Behavioral Treatment (CBT): based on principles of cognitive psychology and social learning. Relapse prevention: Identifying high-risk situations and triggers. Complete exercises like calling those who can help if you want to use. Dialectical Behavior Treatment (DBT): lets test the ropes and see how you can handle the uncomfortableness. <u>Forms of MAT:</u> Nicotine, bupropion, varenicline, disulfiram, acamprosate, naltrexone, buprenorphine, and methadone. Medicated assisted treatments help to make sure the patient has the brain space to make these positive decisions. Some are better than others. Behavioral treatments really need to happen at the same time for better success. <u>Medications for opioid use disorder:</u> Partial agonists bind to and activate a receptor but are not able to elicit the maximum possible response that is produced by full agonists. The maximum response produced by a partial agonist is called its intrinsic activity and may be expressed on a percentage scale where a full agonist produced a 100% response. We need more providers; however, we have used telehealth a lot more. <u>IN SUPPORT OF THE use of MAT</u> If there is significant risk of fatal overdose post-release and the costs to individuals and societies or untreated substance use disorders are myriad and complex: including drug overdose, ER overutilization, criminal activity, and incarceration. <u>Case study</u> Continuation of methadone maintenance treatment during incarceration was shown to significantly improve treatment engagement and reduce overdose risk for at least 12 months after release.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		Barriers: - Stigma - Opioid agonist therapy in particular. Need to get through that these are not just a replacement for the drug but an actual treatment. - Risk of diversion - Cost - Staffing needs **- Where can patients be seen once they are out?** Moving farward - Idaho Behavioral Health Planning Council Governor's report • Top 3 Needs/Gaps • Lack of provider workforce • Lack of affordable housing • Education for Suicide prevention and proactive safety resources - Prevention efforts • Prescription drug monitoring programs • Education for providers, patients • Drug Free Communities – Addiction is a PREVENTABLE Disease - Treatment of Opioid Use Disorders • Access to MOUD - Reverse Overdose - Improve Opioid Prescribing What does success look like? Would someone be on MAT forever? Everyone is different. Examples of people who are on them forever and there are others that aren't. Recommendation is to be on them for at least 6 months to allow for the brain to reset. What are we seeing in the community from the decision the legislature made about limiting Narcan to IDHW? IDHW ran an RFP to have a different entity for Narcan distribution.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
11:20 am *(30 min)*	Human Trafficking ICJC/OAG Joint Report- *Jeff Nye, OAG and Matt Mallard, IDHW*	Jeff – There is a report from Office of the Attorney General on human trafficking. This report is required by the legislature. The AG's office does not have jurisdiction to prosecute on this issue, but we have a lot of attorneys. Used models from other states on the issue to create an Idaho report. There is a brief narrative and a section of recommendations. There are significant recommendations on this issue. These recommendations are not to be criticisms on the current laws and policies. These are just aimed to make things stronger. This encourages injecting additional resources. There is no great way to track data. The crime in Idaho report isn't all inclusive and needed to use other resources to understand the issue. Need to understand what we are talking about when we say human trafficking. It doesn't always involved prostitution. It could be slave labor and drug distribution also. How are we partnering with the community and service providers? Are people being arrested for prostitution when they are involved in sexual human trafficking? This has been a problem in the past but there has been more training and doing better. We have to make sure that we are going too far because sometimes it is just prostitution. Something else we are looking at is having affirmative defense for those who are involved in human trafficking. One of the concerns is that this is such a hot topic that we may funnel too many resources to the issue but not necessarily in the correct way to combat the problem. The bill required certain criteria around arrests for traffickers, but we haven't seen those. Can you shed some light on this? The AG's office doesn't have that information as they don't prosecute those cases. This is going to take time. We need to have training not only for LE but also for our community partners and agencies. The good news is the public is becoming more aware of this issue.	

Agenda *Who's Responsible*		Meeting Outcomes/Decisions Reached	Due Date
		Canyon County started a scanning process for human trafficking. Parolees have been coming across this scan. Do we have this scanning process in other areas of our justice system? This could be a great tool. IDHW: ICJC's part is to take a look at what resources are available to victims. There is a report out there called Shared Hope that grades Idaho. Our report does show that there are some things in place, but Idaho has quite a way to go. The report is broken into two parts: Brief review of programs available to victims. Recommendations – in line with the AG's office on fixing some laws. Would like to see standardized training for those in the community. Creation of centralized data system. We don't understand the breath and scope of the issue due to lack of data. Create standardization of care for victims. We want them to resume their lives as normally as possible. The report was sent to the commission members.	
11:50 am (5 min)	January ICJC Meeting with HJR/SJR		
11:55 am (5 min)	**Action Item**- Nomination of Sheriff Josh Campbell to the Idaho Grant Review Council	*Dan Chadwick made a motion to approve the recommendation of Sheriff Josh Campbell to the Idaho Grant Review Council, Josh Tewalt seconded. Motion carried.*	
12:00 pm	Adjournment		

Next regularly scheduled meeting to be held in Boise, Friday, January 12, 2024

"Collaborating for a Safer Idaho"