

SFY 19 Gaps and Needs Analysis

Sub-Committee/Topic	Goal	Timeline to Accomplish Goals <i>(If goal has been identified, but deferred to a subsequent year, please enter "Deferred")</i>	Action Plan <i>(optional)</i>	Accomplishments	Goal Achieved
YOUTH BEHAVIORAL COMMITTEE					
NEED: HOUSING /RESOURCES FOR HOMELESS YOUTH					
Lack of support and services for homeless youth. Locating/identifying the homeless youth in need of support and services. Based on data provided by the Idaho Department of Education, in the school year 2016-2017 Region 4 school districts reported 1,585 homeless youth. This number accounts for 20% of the total homeless youth reported in the State of Idaho. Based on Data in United Way Community Assessment, 25.4% of Ada county residents are under age 18. 13.7% of those are in families with income below FPL.	To work in collaboration with agencies and programs to assist in providing supports and services to homeless youth in the Treasure Valley.	2019-2020	Identify agencies offering services to homeless youth in Region 4. Identify 2-3 areas for meaningful collaboration, as well as organizations we could collaborate with. (potential identified partners below) One Stone St. Vincent DePaul. Collaboration/education with the Youth Homelessness Workgroup created by Housing and Community Development Continuum of Care. https://hcd.cityofboise.org/homelessness/ Suggester further actions/next steps: complete outreach services to homeless youth and families for education and connection to YES	The Youth Behavioral Health Committee had a presentation by The CATCH Program. Homeless youth were discussed, and specifically housing resources in Region 4.	
NEED: SERVICES FOR NON-CRIMINAL JUSTICE AT-RISK					
Schools in more rural areas do not have the resources to provide education or strategies for children/families with mental illness.	Develop a model for schools/communities to refer at-risk youth, engage parents/caregivers in family supports (family therapy/groups), work with DHW for crisis services (law enforcement, schools, parents, caregivers). Engage in community trainings such as Mental Health First Aid for Youth, trauma informed care, suicide prevention, at-risk youth behavior education.	2019-2020	Continue to support Mental Health First Aid trainings targeting Jr. High and High School personnel in Garden Valley, Idaho City, and McCall/Donnelly. Increase Committee education about PLL and other supportive programs. Increase committee education regarding efforts to expand behavioral health services to schools, create ties between agencies who perform services to schools.	Family United Neighborhood. Rural areas juvenile corrections provides a Family Education Group. Mental Health First Aid training was provided in Garden Valley, Idaho City, and McCall/Donnelly. Several participants from that group also participated in a Train the Trainer opportunity, and are available to train others as requested. Lessons were learned regarding grant applications, and the need to form a strong plan for sustainability once the grant ends.	
NEED: COMPREHENSIVE KNOWLEDGE OF SERVICES AVAILABLE TO YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE (SED)					
Lack of up-to-date and latest information regarding services available to SED youth.	Establish quarterly updates regarding Youth Empowerment Services (YES) implementation. The Youth Committee will also address areas where they can get involved and provide needed feedback to the statewide process.	2019-2020	Continue Region 4, Regional Program Specialist involvement in all youth behavioral health committee meetings. This position will report all YES updates to the Committee. Continue to review and access YES project updates as available and distributed by DBH. https://youthempowermentservices.idaho.gov/Portals/105/Documents/ProjectStatusReportJuly2018.pdf	Optum has begun CANS Certification trainings and has completed a first round of in person YES Navigation training for providers in Idaho. Outlined implementation of YES Services timeline made available to the community and providers. Respite services rolled out July 1st 2018. Youth Behavioral Health Committee has the YES Program Specialist through CMH attend committee meetings. She shares updates regarding YES at all committee meetings.	
NEED: REESTABLISHMENT OF THE GRANTS WORKGROUP/GRANT SUPPORT					
Lack of individuals who can support the committee with grant research and application process.	Recruitment of participants to support the youth behavioral health committee with grant research and application processes. Will have established tasks and a reporting role with the larger Committee.	2019-2020	Continue to work with NNU, possibly BSU to incorporate an intern into the Youth Behavioral Committee for limited Grants Support	Worked with NNU to secure intern, committee members looking into possibilities with BSU as well.	
NEED: INCREASE AWARENESS OF THE IMPACT OF HIGH ACE SCORES ON EARLY CHILDHOOD DEVELOPMENT AND CONTINUING ISSUES IN LATER LIFE					
	Provide education to stakeholders, including physicians, teachers, counselors and court system about the role of ACES. Encourage physicians to include the ACE questionnaire in their regular office visits. Follow outcomes from ACE work in Idaho	2018 - 2020	Support movie screens of the movie Resilience and Paper Tigers to any stakeholders who request it. Help stakeholders develop action plans to incorporate ACES and trauma informed care in their organizations. Enlist family Physicians to include ACE questions in their office visits.	Optum worked with the CDC to include ACE questions on the annual CDC-BRFSS survey to establish a baseline for Idaho. Optum is showing Resilience and Paper Tigers across the state and in Region 1V, including the State Department of Education and the Idaho Academy of Family Physicians	

MARKETING COMMITTEE

	Lack of stakeholder awareness of function and purpose of Region 4 Behavioral Health Board	Improve community awareness of RBHB functions and goals to improve community involvement and input.	Deferred	<p>Suggested action: Identify 3 things that the Board would like as a result from marketing (ie: stakeholders to know we exist, increased involvement)</p> <p>Identify a list of stakeholders we would like involved and send flyers out, invitations to meetings.</p> <p>Host a meet and greet event or conference to facilitate networking and improve community awareness of RBHB functions and goals. Consider collaborating with IDHW to share table space at events and conferences.</p>	<p>R4BHB had a vendor booth at the Second Annual Idaho Integrated Behavioral Health (IIBHN) Conference in April 2019</p> <p>R4BHB had a vendor booth at the 2019 Community Information Resource Fair in September.</p>	
	Increased involvement and communication with legislators in Region 4	<p>Build and foster relationships with legislators</p> <p>Be a resources for legislators</p>	Deferred	<p>Schedule two or three board meetings throughout the year that focus on legislators</p> <p>Invite legislators to the R4BHB Meet & Greet</p> <p>Build relationships with legislators both during and outside of the legislative session</p>	<p>Hosted the 2019 Meet & Greet in January that had over 60 attendees including 7 legislators</p> <p>Planned the May R4BHB meeting to focus on legislators. Had five legislators attend as well as two representatives from Senator Risch and Senator Crapo's office</p> <p>Invites legislators to September R4BHB board meeting that will focus on Medicaid expansion.</p>	
	Limited involvement on R4BHB committees.	Increase RBHB networking through improved committee involvement from broader community stakeholders which could help drive RBHB's broader goals	2020			

GAPS AND NEEDS WORKGROUP
(gaps and needs identified but not targeted by sub-committees for action)

NEED: HOUSING						
	<p>Transitional Housing lacking</p> <p>Per WICHE report spending per day: State Psychiatric Inpatient \$609, Homelessness \$106, Prison \$55, Permanent Supportive Housing \$32</p>	<p>Education for the board regarding the current system for people with SPMI or SMI who are transitioning out of hospitals or correctional institutions.</p> <p>Opportunities for involvement</p>	2020	<p>Identify and work with agencies working with transitional care issues. Outreach to agencies to:</p> <ol style="list-style-type: none"> 1) Determine number of individuals released/discharged homeless or become homeless within 60 days of release. 2) Determine difference in recidivism for those with housing compared to those homeless. 3) Develop understanding of supportive services for community reintegration. 	CATCH presented at Youth Behavioral Health board meeting	
	Lack of safe housing for sober living	Increase board education on current options for safe and sober living.	2020	Invite SHIP to present at a Region 4 Behavioral Health Board meeting. Reach out to Terry Reilly to discuss success at their Caldwell housing facility and opportunities for Region 4.	SHIP in Boise has transitioned a male Safe and Sober House into a 10-bed, female house that is currently open.	
	<p>Lack of affordable, accessible and supported housing for chronic mentally ill, offenders, and hospital releases.</p> <p>The Urban Institute provides the following data by county (affordable units per 100 extremely low-income renter households):</p> <p>Ada: 31 Boise: 31 Elmore: 68 Valley: 31</p> <p>(Urban Institute Report: http://apps.urban.org/features/rental-housing-crisis-map/)</p> <p>The 2016 ALICE Report provides the following data by county (ALICE is an acronym for Asset Limited, Income Constrained, Employed – households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county [the ALICE Threshold]. Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs.)</p> <p>Ada: 12% poverty-level and 20% ALICE Boise: 13% poverty-level and 28% ALICE Elmore: 15% poverty-level and 26% ALICE Valley: 14% poverty-level and 27% ALICE</p> <p>(2016 ALICE Report)</p>	<p>Establish a sustainable supported housing entity that supports independent living through medication management and life skills checks, internal access to behavioral health service and community support groups.</p>		<p>Suggested action: Research options and current need for an Increase in SUDS/MH daily rates for housing to allow agencies the ability to open additional houses.</p>	<p>HART project moving towards appropriate stable housing for mentally ill</p> <p>TnT (Treatment and Transitions) is working with SHIP's female housing facility. This is a program for people coming from, or at risk of psychiatric hospitalization.</p>	

	<p>Lack of programs and funding to adequately address the homeless population in our region. Homelessness complicates and contributes to mental health issues.</p> <p>Data collected by the Idaho Housing and Finance Association for their "2019 Idaho Point-in-Time Homelessness Count" found that Ada County had 713 homeless individuals. The other three counties in Health District 4 are combined with those from Health District 3 for this report, and have 852 homeless individuals.</p> <p>Ada county has 31% of the 2,315 homeless individuals.</p> <p>Point-in-Time report 2019 (https://www.idahohousing.com/documents/point-time-region-1.pdf)</p>	<p>Improved funding streams and programs to reduce homelessness in our region.</p>		<p>Identify and support Behavioral health services being offered in this area.</p>	<p>In 2016 the City of Boise was joined by the Idaho Housing and Finance Association, the Boise City/Ada County Housing Authority, CATCH, Inc., and Terry Reilly Health Services, in announcing the Housing First initiative for helping the chronically homeless address the root causes of their homelessness. The program will include "wrap-around" support and services, like mental health counseling, substance abuse treatment and financial counseling. support and services. (see http://mayor.cityofboise.org/news-releases/2016/07/boise-health-systems-join-housing-first-effort-with-\$100,000-commitments-for-wrap-around-services/)</p> <p>2018 -Construction of New Path housing for 40 chronically homeless on permanent supported housing</p>	
NEED: TRANSPORTATION						
	<p>Lack of transportation impedes access to services, supports, and increases no show rates.</p> <p>According to United Way data, utilization of health care services decreases as travel distance increases.</p> <p>2% of homeowners and 9% of renters are noted to lack a private vehicle.</p>	<ol style="list-style-type: none"> 1. Improve bus routes and hours of availability. 2. Improve bus pass availability for MH/SUD treatment needs 3. More direct ride options for SUD/MH clients 4. Develop transportation options in rural areas. 		<p>Request outcome evaluation on state non-emergency medical transportation which involves providers and consumers. Expand availability of transportation to social events and resources for those who are unable to use public transportation.</p>	<p>Region 4 Behavioral Health Board granted \$1,500 to the PEER Wellness Center to purchase bus passes.</p> <p>The City of Meridian is working with Valley Ride to expand the bus routes. This is expected to happen over the next several years.</p>	
NEED: RECOVERY SUPPORT SERVICES						
	<p>Insufficient access to and programs for recovery support services.</p>	<p>Improve education and support for community recovery wellness programs.</p>	2020	<p>Suggested action: Research and meet with stakeholders regarding what would be needed to expand Recovery Wellness programs for SUD/MH clients.</p>		
	<p>Stigma which creates barriers to accessing resources, treatment, and appropriate utilization of available services</p>	<p>Reduce community stigma</p>	2021	<p>Support trainings and empowerment workshops to raise awareness and recovery support from the community</p>	<p>Optum sponsored the Idaho Recovery Open Awareness Ride (IROAR) Labor Day weekend 2019 to raise awareness about recovery, recovery centers and to reduce stigma.</p> <p>The PEER Wellness Center will host the 5th Annual Recovery Rally September 14, 2019</p> <p>PEER Wellness Center will be hosting Understanding Addiction, a community education program from Addiction Policy Forum starting fall 2019.</p> <p>City of Meridian will host the 14th Annual Recovery</p>	
	<p>Difficulty for recovery centers to be self supporting, and lack of recovery centers in rural counties</p>	<p>Help community centers create a model that would allow them to be reimbursed for recovery services through the Idaho Behavioral Health Plan (Optum?)</p>		<ol style="list-style-type: none"> 1. Understand current barriers and requirements to be reimbursable 2. Support efforts for the recovery coach community to meet the requirements to include required oversight for recovery coaches at recovery centers, and increase recovery coach training. 	<p>A Region 4 Crisis Center remains open and are successfully diverting people to appropriate resources rather than hospitalization and/or jails. They will soon be billing for services to lend to their sustainability.</p> <p>PEER Wellness center remains open and active. This year they added , extending recovery support services to Valley county, developing safe release program, and are now including family support services.</p> <p>The Crisis Center and PEER Wellness Center in collaboration created an ER recovery support intervention program.</p>	

	Lack of coordinated effort to combat the growing problem of opioid addiction and related deaths. Opiate related problems and deaths are on the rise in our region.	Identify and support coordination of services to minimize opioid epidemic.		Suggested action: Review data for opioid related issues, (i.e., crime rates, overdose statistics, prescription rates) to better address concerns. Support education and treatment options such as those identified by Idaho's Response to Opioid Crisis (IROC) program. Support efforts of Treasure Valley Partnership - Opioid Response.	Ada County PEER Wellness center has expanded over the last year to include ER intervention programs, family support, and rural outreach. Treasure Valley Partnership - Opioid Response has created a LEAD program and supported the ER intervention program. Valley County Opioid Response Project (VCORP) has completed a survey and collected data to develop their program. VCORP has collaborated with community stakeholders and has a lot of engagement and momentum.	
NEED: IMPROVED COORDINATION OF CARE AND SYSTEM IMPROVEMENTS						
	Policy and legislation requirements for behavioral health services are often redundant and in conflict.	Support increased education and coordination between services including recovery services, peer support specialists, and family support services.	2021	Suggested action: Develop workgroup to work toward collaboration and education on current system.	Optum Idaho is working with IDHW to enhance the Targeted Care Coordination program within the YES System of Care. Optum has provided training to providers in every region to encourage them to offer targeted care coordination around February. Close to 180 providers completed the training.	
	Lack of coordination of care between behavioral health care and primary health care providers. People with severe mental disorders on average tend to die earlier than the general population. This is referred to as premature mortality. There is a 10-25 year life expectancy reduction in patients with severe mental disorders. https://www.who.int/mental_health/management/info_sheet.pdf	Improved communication and coordination between behavioral health providers and primary health providers.	2020	The Idaho Integrated Behavioral Health Network holds an annual conference. Encourage behavioral health and primary care providers to attend. Encourage Primary Health leadership to create intergrated clinics in all or their locations. Work with the Idaho Primary Care Association to hold meetings with thier members to educate them about the importance of Integrated Care. Partner with the Idaho Association of Family Physicians to encourage family physicians to integrate behavioral health into thier practices	Optum Idaho had sponsored the Idaho Association of Family Physicians Conference and will discuss an intergrated health workshop for their next conference in 2020. Idaho Integrated Behavioral Health Network held their second annual conference. Project ECHO continues to host lunch hour webinars targeted towards rural physicians addressing behavioral health.	
	Need for strong integrated behavioral health services within all levels of health care sytsem.	Support the work of the Idaho Integrated Behavioral Health Network.		invite IIBHN to present at the Board and identify 2-3 ways we can collaborate/support the efforts.	Region 4 Behavioral Health Board has representation in IIBHN.	
	Lack of transitional care/housing for individuals moving between levels of care.	Create sustainable transitional housing options that address MH issues		Suggested action: To identify stakeholders and create proposals for next steps.		
	Lack of insurance coverage for low income individuals who don't qualify for Medicaid and earn too little to qualify for assistance through Your Health Idaho Insurance Exchange. Costs to obtain insurance are unaffordable for this population. This is resulting in increased inability to pay for inpatient psychiatric treatment. 21% of individuals ages 18-64 in Idaho are considered to be in the gap. (78,000 residents, in which 81% are in a working family) 2018- Hospitals reporting an increase in uninsured population needing care, no current available data. WICHE report concluded the following barriers to service delivery in Region 4: Lack of adequate funding 66%, Lack of flexible funding 55%	Affordable mental health care and insurance coverage to be able to meet mental health needs that arise for this gap group.	2020-2021	Follow Medicaid expansion activities. Work with stakeholders to create a grassroots outreach and education program to help people enroll in medicaid. Coordinate with Medicaid to ensure outreach to as many members of the Gap population as possible.		
	Lack of funding to address gaps in care for high-risk populations i.e., offender re entry, patients released from the state psychiatric hospitals and Idaho Department of Corrections.	Support coordination across agencies (schools, Juvenile Corrections, Correction, Courts, Medicaid and Regional mental health services).		Support the Sequential Intercept Mapping (SIM) workgroups and use findings to improve care across treatment need settings. Explore other Evidence Based Models used in other states such as community in-reach or health information data exchange systems.	Optum Idaho is working with IDHW to creat and execute outreach to at risk and underserved populations who will be a part of Medicaid Expansion.	
NEED: ACCESS TO TREATMENT SERVICES AND INTERVENTION						
	Limited Intensive Outpatient Programs (IOP) or Partial Care Services.	Increase Intensive Outpatient Programs or Partial Care Services.		Request rate study from IDHW division of Medicaid to increase fee schedule for increase providers ability to provide IOP	8 IOP providers in Region 4, and all have billed for services. St Luke's Childrens Hospital began a Partial Hospitalization level of care in June 2018. They are currently able to serve 10 patients at a time. Cottonwood Creek Behavioral Hospital opened January 2019 and offers behavioral health track with co-occurring substance use track.	

	Limited behavioral health services in rural areas	Increase tele-health utilization and recruit more providers to rural areas.		<p>Suggested Actions:</p> <p>1) Engage stakeholders in providing education to follow Rule on Tele-health services.</p> <p>2) Research what it would take/who to contact/where to start to provide state-subsidies for professionals willing to work in outlying areas. Loan re-payment options.</p> <p>3) Consider establishing a working group to identify methods to improve access to care in rural communities.</p>	<p>St. Luke's began providing services for patients with Autism in McCall via telehealth for follow up care.</p> <p>Idaho Telehealth Council under the Statewide Healthcare Innovation Plan (SHIP) meeting and planned workgroup activities. http://ship.idaho.gov/WorkGroups/TelehealthCouncil/tabid/3059/Default.aspx</p> <p>Optum has enhanced their telehealth program, and has offered training to providers across the state.</p> <p>ECHO Idaho offers virtual MAT waiver training and case study review.</p>	
	Faster Medicaid approval for access to services (e.g. SOAR)	Increase SOAR trained professionals in the Region. Identify methods to pay for SOAR.		Suggested Action: Gather data to support use of SOAR services and promote use of SOAR services.	Meridian CDBG is working with CATCH to provide funding for a limited number of SOAR applications.	
NEED: OLDER ADULT, MENTAL HEALTH, SUD AWARENESS						
	<p>Substance use disorders in adults ages 50+ are expected to double from 2.8 million in 2002–2006 to 5.7 million by 2020. Wu, L. T., & Blazer, D. G. (2011).</p> <p>In 2014 978,000 older adults were diagnosed with ETOH and 161,000 with illicit Drug Disorder. ER visits by people 65+ tripled between 2006-2014 (Townsend University)</p> <p>At least one in four older adults use psychoactive medications with abuse potential. National Institute on Drug Abuse. (2006). Misuse of Prescription Drugs. Community Dwelling Older adults are 7 to 18 times more likely to use psychotropic drugs.</p> <p>Misuse of opioids and opioid use disorders among older Americans has profound effects. CDC analysis of data from the National Health and Nutrition Examination Survey (2007-2012) found that opioid use in past 30 days was 7.9% for those over age 60, compared to 4.7 of other age groups and that women over 60 we more likely to use opioids than their male peers. Medicare Beneficiaries (aged and disabled) have the highest and fastest-growing rates of opioid use disorder at more than 6/1000 beneficiaries. (CMS Jan 2017). Prescription drug-related deaths among adults ages 60+ now surpass those of young people.</p>	Increase Region 4 awareness of current issues impacting the older adults of our region.	2020	<p>Potential Opportunities: Invite subject matter expert to present to the Behavioral Health Board on substance misuse and mental health in older adults.</p> <p>Form partnership with AARP Idaho and other older adult organizations.</p> <p>Partner with Senior Health & Wellness Fair at the Meridian Library</p> <p>Present to assisted living, retirement homes, skilled nursing facilities, in home health care, Meals on Wheels, patient family members, etc.</p> <p>Continue to brainstorm other partnerships.</p>		
NEED FOR COORDINATED SUICIDE PREVENTION PROGRAM IN STATE AND REGION						
	<p>According to the Idaho Suicide Prevention Hotline, 60% of those who called in lived with families or roommates.</p> <p>https://www.idahosuicideprevention.org/wp-content/uploads/2019/08/ISPH-Q2-2019-Report.pdf</p>	Connect with families and roommates of those who are at risk of suicide				
	<p>In 2017, Idaho had the 5th highest suicide rate in the US (up from 8th highest in 2016) with rate of 22.9 which is 58% higher than the national average</p> <p>Health District 4 had 97 suicides in 2017, and 460 suicides from 2013-2017. https://healthandwelfare.idaho.gov/Portals/0/Health/SPP/Fact%20Sheet_January%202019.pdf</p>				<p>ISPH works with local hospitals to create discharge planning to help with follow up care and support.</p> <p>Crisis Center is available for people to quickly access a safe space to direct them to appropriate resources.</p> <p>IDHW has created an extensive action plan to address suicide in Idaho, and can be accessed here: https://healthandwelfare.idaho.gov/Portals/0/Health/SPP/Action%20Plan.pdf</p>	
	<p>There were 1,734 total suicides in Idaho between 2013-2017. The following methods were used:</p> <p>Firearm: 61%</p> <p>Suffocation: 19%</p> <p>Poisoning: 16%</p> <p>Cut/pierce: 1%</p> <p>Fall: 1%</p> <p>Other: 2%</p>	<p>Familiarize ourselves with the 2019-2023 Idaho Suicide Prevention Action Plan</p> <p>https://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=wAW060Ty6fk%3d&portalid=0</p>				

	Lack of integrated behavioral health services and training to address suicide prevention	Assessing for use of PHQ screening questionnaire Providing tools, resources, training, and education around suicide prevention Provide mental health first aid training to Idaho Primary Care Association			Kent Corso, PsyD provided a suicide prevention training at the 2nd Annual IIBHN Conference, and will be presenting at the Idaho Counselor's Association conference in November 2019.	
	Data from the Youth Risk Behavior Survey in 2015 cites 10% of Idaho High School students had attempted suicide in the past year. 20% had seriously considered attempting, up significantly from previous years.	Increase and/or support suicide prevention programs in schools and communities to reduce the number attempted and completed suicides .		Consider or develop suicide awareness committee to coordinate collaboration and help educate communities about suicide and prevention.		
	NEED: LIMITED KNOWLEDGE AND COORDINATION WITH VETERAN AND ACTIVE DUTY MENTAL HEALTH *not limited to veterans and active military, but to first responders and other high trauma positions					
		Form a collaborative partnership with veteran and active military entities in order to better serve and educate the population.		Brainstorm list of places and names for outreach such as Joing Forces for Treasure Valley Veterans or recruiters	CIT training is increased throughout all agencies in ada county. BPD has a mental health coordinator and a new dedicated CIT officer. Ada County Sheriff has two dedicated CIT officers, and just got approval for a mental health coordinator.	
		Become more familiar and promote the VA Mission Act				
		Increased education on secondary trauma				
		Educate veterans to reduce stigma.				
		Increase regional education on veteran specific behavioral health serving systems and access/collaboration options		Suggested Action: Education options for the R4BHB regarding veteran serving systems.		