

Regional 3 Behavioral Health Board

Gaps and Needs Analysis

2014

(Prepared and submitted April 23, 2015)

Please provide a brief description for each of the columns listed. Include additional information as needed.

Identified Regional Service Needs and Gaps <i>Relating to Prevention, Treatment and Rehabilitation Services</i>	Short Falls and Challenges	Project Proposals, Progress and Accomplishments <i>Including those related to Family Support Services and Recovery Support Services</i>	Improvement and Strategy Measures
Services for non-criminal justice at-risk youth and adults	Funding, a successful model (school disciplinary hearings), parental/caregiver involvement	Proposal: Research funding sources such as the Juvenile Justice Commission, 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 trauma informed care, suicide prevention, at-risk youth behavior education. Progress/Accomplishments: Region 3 was a pilot for Vallivue and Nampa School Districts that utilized funding to deter youth	Decrease in referrals to juvenile probation, outcomes/data from successful model implementation and crisis calls deferred, and increase in parental /caregiver involvement in family supports.

		from the criminal justice system. Potential to follow that pilot model/outcomes. CIT Trainings within the schools, youth mentoring program	
Crisis Assistance	Funding, transportation, staffing, prevention in schools, lack of housing, hospital beds, sex offender placement, long-term care, Assertive Community Team (ACT) limited availability along with case management.	Youth: Shelter Care, a form of short-term intervention, residential respite care. Implement more prevention programs within schools. Adults: Community Recovery Centers to assist those in recovery Progress/Youth: Working with Juvenile Probation to develop Shelter Care model, increase transportation services to needed behavioral health services, increase individual/family group therapy, add full ACT option with Optum. Progress/Adult: Increase transportation services to needed behavioral health services, increase individual/family group therapy, youth mentoring programs	Youth: Data/outcomes from Shelter Care, Prevention data/outcomes from schools, decrease in youth hospitalizations and referrals to juvenile probation. Adults: Decrease in Probation and Parole, incarceration, hospitalization, client holds, increase in case management.
Prevention, Enrichment, and Resiliency	Funding and connecting of current available resources.	More afterschool programs with the assistance of applications for the State Dept. of Education 21 st Century Grant, increase school participation in Prevention Block Grant funding, engage Mayor's Youth Advisory Councils to promote healthy youth involvement, engage BHB to assist in the writing of grant funding opportunities. Progress: CIT Trainings, youth	Overall reduction of recidivism, incarceration, and hospitalization by changing environmental strategies.

		mentoring programs	
Youth Mental Health Court	Funding, lack of grant writing experience (opportunities exist), engaging judicial involvement.	Engage BHB to assist in the writing of grant funding opportunities, engage judicial system and juvenile probation. Review model in District 6 with data review. Progress: CIT trainings, youth mentoring programs	Data/outcomes of referrals through judicial system, juvenile probation, and hospitalization.
Support Groups	Community education, survey of what is needed in specific communities, sharing of existing resources	Expansion of behavioral health youth mentoring programs, connecting providers with needs in the communities Progress: Providing trainings (eating disorder, PLL Parent Support Groups)	Data/outcomes of referrals through judicial system, adult/juvenile probation, and hospitalization.
Transportation	Funding, rural areas access, 3 rd party transportation provider not coordinated through client and insurance (for example: AMR).	Possibility of utilizing existing transportation services such as those delivered in rural communities at senior centers, bringing services to the school districts where youth/adult/parent/caregivers already frequent, connection to Community Recovery Centers and Peer/Recovery supports	Decrease in No-Show appointments, increase in available client service attendance.
Housing	Rural housing availability associated with employment opportunities, available units/vouchers, funding	Engage more housing providers in case management of existing/potential residents, connection to Community Recovery Centers and Peer/Recovery supports Progress: BH meeting with housing authorities to provide on-site BH referrals.	Decrease in homelessness or those at risk of homelessness.
Employment	Connecting existing resources to those in need, transportation, stigma	Engage clients through case management with employment	Increase in employment, decrease in unemployment, promotes

		opportunities, educate communities/clients on employment opportunities even for those with disabilities, connection to Community Recovery Centers and Peer/Recovery supports	resiliency and recovery.
Optum Idaho SUD Referrals	Lack of SUD diagnosis and internal referral process	Engage Optum to provide data reports, monitoring/enforcing that providers are operating within their scope of practice, using evidenced based practices, appropriate referral of co-occurring clients. Progress: Have requested data and measures to ensure SUD referrals.	Increase diagnosis and treatment of SUD and co-occurring.
Spanish Speaking Providers	Lack of training and availability	Work towards providing more training for the Spanish speaking work force.	Increase in the number of Spanish speaking providers.