

Region VII Behavioral Health Board

Gaps and Needs Analysis

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
Primary Medical Issues:	<ul style="list-style-type: none"> • Often time clients are in need of medical, psychiatric, dental, and vision services – but don't have access if they do not have insurance or benefits. • Urgent care (primary care) centers are not connected to the mental health system (but treat many individuals for mental health issues). 	<ul style="list-style-type: none"> • Develop better linkages between mental health and primary medical care including physical health, dental care and vision care. • Explore access barriers. • Assist with necessary applications for various medical assistance benefits. 	<ul style="list-style-type: none"> • Collaborate with the 211 care line to ensure it accurately covers resources available in Region VII. • Region VII Behavioral Health Board will create a cover letter to distribute to primary care providers throughout the region with information of how to access the newly updated 211 care line. • Collaborate with Optum for Fall/Winter

			<p>PCP/Provider Collaboration Education.</p> <ul style="list-style-type: none"> Identify a point of contact to ensure that the 211 care line is updated on a quarterly basis.
<p>Peer Support and Recovery Coaches:</p>	<ul style="list-style-type: none"> Our region would benefit from a broader availability of peer support and recovery coaches. All agencies need to have access to peer support and recovery coaches. Need to expand use of Peer Support and Recovery Coaches in the community to probation and parole. 	<ul style="list-style-type: none"> Expand the availability and use of peer support and recovery coaches. 	<ul style="list-style-type: none"> Develop a Community Recovery Center. Provide more opportunities for Peer Support/Recovery Coach trainings in the region. Connect and collaborate with Optum's peer and family support. Create and maintain a current list of all recovery coaches and peer support specialists in the region.
<p>Homeless / Housing Issues:</p>	<ul style="list-style-type: none"> Homeless issues (lack of shelter capacity, lack of supportive housing, and other housing issues). Current policy requires 24 hours of homelessness for those leaving institutions 	<ul style="list-style-type: none"> Address policy of requiring 24 hours homelessness for those leaving institutions (jail, hospital) before eligible for shelter. Develop additional 	<ul style="list-style-type: none"> Provide a representative from Region VII Behavioral Health Board to collaborate/attend the monthly Housing Coalition Meeting. The board representative will provide a quarterly

	<p>before eligible for some shelter programs.</p> <ul style="list-style-type: none"> • Current transitional housing systems are insufficient for the demand/need. 	<p>partnerships and linkages to increase housing options.</p>	<p>update.</p> <ul style="list-style-type: none"> • Have a housing representative educate the Region VII Behavioral Health Board regarding statistics and housing options for the behavioral health population.
<p>Community Inpatient Psychiatric Care Access:</p>	<ul style="list-style-type: none"> • Limited psychiatrists in community. • Limited staff at BHC on weekends. • BHC is frequently on Diversion. • Inconsistent community psychiatric inpatient discharge planning • Lack of dependable access in community to psychiatric crisis beds (too few beds or not enough staff) leading to unanticipated diversions to other facilities out of the region. 	<ul style="list-style-type: none"> • Improve communication about hospital actions that limit bed availability and result in diversion to other hospitals out of region. • Engage the new BHC Director in community planning. 	<ul style="list-style-type: none"> • Address psychiatric beds at the quarterly PCH (protective custody hold) Meetings.

<p>Community Detoxification Capability:</p>	<ul style="list-style-type: none"> • There are no resources in the community to help with detoxification aside from the local hospital. 	<ul style="list-style-type: none"> • Explore options for sub-acute detoxification services. 	<ul style="list-style-type: none"> • Create a list of what is currently available with a payment source. • Create a list of what is being used now for detox. • Create a list of potential ways it could be developed in the region. • Explore funding sources for potential inpatient/detoxification services.
<p>Data Collection and Data Sharing Issues:</p>	<ul style="list-style-type: none"> • The recovery community is not adequately connected to the mental health system for referrals back and forth or other communications and planning. • Urgent care (primary care) centers are not connected to the mental health system (but treat many individuals for mental health issues). • There is a need for a database that would allow multiple agencies to share 	<ul style="list-style-type: none"> • Identify core performance indicators and collection points. • Determine a mechanism to be able to appropriately share critical information across those systems with a need to know (database). 	<ul style="list-style-type: none"> • Continue to collaborate with Optum/Medicaid for data sharing. • Compile a data request list to submit to Optum.

information on persons with mental illness in order to provide better response and ongoing care.

- Fragmented crisis response, many players that are not coordinated and no organized system or overall plan for crisis response.