

SFY 17 Gaps and Needs Analysis

Sub-Committee	Needs/Barriers	Goal	Timeline to Accomplish Goals	Action Plan (optional)	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.	To work in collaboration with agencies and programs to assist in providing supports and services to homeless youth in the Treasure Valley.	2017-2018	Reaching out to partner with programs such as One Stone and St. Vincent DePaul. Researching opportunities with public service campaigns and senior projects.		
	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.	Spring and Summer 2017	Continue to use the awarded Blue Cross Grant to support 3 Mental Health First Aid trainings targeting Jr. High and High School personnel in Garden Valley, Idaho City, and McCall/Donnelly. And to additionally train 7 community members through Train-the-Trainer for Mental Health First Aid for Youth, who will be ongoing resources for Mental Health First Aid Training in the Treasure Valley.	2017 - Received a Blue Cross Grant in partnership with Central District Health. Partnered with the Speedy Foundation, District 4 Council and Optum to formulate and support Mental Health First Aid Training plan for Spring and Summer 2017. 5/5/2017 - Horseshoe Bend/Garden Valley Training - 26 participants trained	
	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.	2017-2018	The Region 4, Regional Program Specialist, assigned specifically to facilitate YES implementation in the regions, will be a participant in all upcoming Youth Behavioral Health Committee meetings. This position will report all YES updates to the Committee.		
	REESTABLISHMENT OF THE GRANTS WORKGROUP					
	Recruitment of participants who are familiar with the grant search and application process, as well as those who have dedicated time to devote to this task.	To establish the Grants Workgroup, as a subgroup of the Youth Behavioral Health Committee. This workgroup will have established tasks and a reporting role with the larger Committee.	2017-2018			
MARKETING COMMITTEE						
	Lack of community awareness of function and purpose of Region IV Behavioral Health Board	Improve community awareness of RBHB functions and goals to improve community involvement and input.		Host a meet and greet event or conference to facilitate networking and improve community awareness of RBHB functions and goals.		
	Limited involvement on RBHB committees.	Increase RBHB networking through improved committee involvement from broader community stakeholders which could help drive RBHB's broader goals				
GAPS AND NEEDS WORKGROUP (gaps and needs identified but not targeted by sub-committees for action)						

	NEED: HOUSING				
	Lack of affordable, accessible and supported housing for chronic mentally ill, offenders, and hospital releases.	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.		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.	HART project moving towards appropriate stable housing for mentally ill
	Lack of programs and funding to adequately address the homeless population in our region. Homelessness complicates and contributes to mental health issues.	Improved funding streams and programs to reduce homelessness in our region.			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/)
	NEED: TRANSPORTATION				
	Lack of transportation impedes access to services, supports, and increases no show rates	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.			
	NEED: RECOVERY SUPPORT SERVICES				
	Lack of community recovery centers	Improve education and support for community Recovery Centers, Peer Wellness Centers, and Crisis Centers.		Suggested action: Research and meet with stakeholders regarding what would be needed to expand Recovery Wellness programs for SUD/MH clients.	A region IV Crisis Center is in development but not yet open. Ada County has a Peer Wellness center, but more are needed in rural areas
	Peer Wellenss Center is at risk of closing due to lack of funding.	Establish sustainable funding sources to keep Peer Wellness Center open.		Suggested Action: Recovery Committee identify and assist with establish funding sources to help maintain sustainability for Peer Wellness Center.	
	Stigma which creates barriers to accessing resources, treatment, and appropriate utilization of available services	Reduce community stigma		Provide trainings and empowerment workshops to raise awareness and recovery support from the community	
	Lack of coordinated effort to combat the growing problem of opiod addiction and related deaths. Opiate related problems and deaths are on the rise in our region.	Identify and support coordination of services to minimize opiate epidemic.		Suggested action: Monitor data e for opiod related issues, (ie 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.	Idaho's Response to the Opioid Crisis (IROC) has been established. IROC is part of a federal grant with the intent of addressing the opiate crisis throughout the country. The current grant is a 1-year grant that began July 1, 2017 and started accepting referrals for treatment, recovery support services, and MAT in August 2017. (see http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/IROC/AccessIROCServices/tabid/3307/Default.aspx)
	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.		Suggested action: Develop workgroup to work toward collaboration and education on current system.		
	Lack of coordination of care between behavioral health care and primary health care providers. <i>People with serious mental illness die on average between ages 53-56. 2/3 of premature deaths are due to preventable/treatable medical conditions. 70% of individuals with significant MH/SUD have a least 1 chronic health condition, 30% have 3 or more</i>	Improved communication and coordination between behavioral health providers and primary health providers.		Suggested action: Seek updates from the provider committee.		
	Lack of transitional housing for individuals moving between levels of care.	Create sustainable transitional housing options that address MH issues, and step downs from Psychiatric Residential Treatment Facilities (PRTF)		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.	Affordable mental health care and insurance coverage to be able to meet mental health needs that arise for this group.				
	Lack of funding to address gaps in care for high risk populations ie. offender re-entry, patients released from the state psychiatric hospitals and Idaho Department of Corrections.	Increase coordination across agencies (schools, Juvenile Corrections, Correction, Courts, Medicaid and Regional mental health services).				
	NEED: ACCESS TO TREATMENT SERVICES AND INTERVENTION					
	Limited Intensive Outpatient Programs (IOP) or Partial Care Services.	Increase Intensive Outpatient Programs or Partial Care Services.			Optum is beginning a Pilot Project this year (2017) to provide Intensive Outpatient Services to contract with 10 providers across the state. So far 2 providers will received contracts in Region IV.	
	Limited behavioral health services in rural areas	Increase tele-health utilization and recruit more providers to rural areas.		Suggested Actions: 1) Engage stakeholders in providing education to follow Rule on Tele-health services. 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. 3) Consider establishing a working group to identify methods to improve access to care in rural communities.		
	SSI/SSDI Outreach, Access and Recovery (SOAR) needs faster accessibility to Medicaid approval. Additionally, lack of payment for SOAR services is a barrier.	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.		