

Region 3 Behavioral Health Board

2019-2024 Strategic Plan

Developed by:

Children's Mental Health and Provider Subcommittee

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Introduction

The Region 3 Behavioral Health Board (BHB) Children's Mental Health and Provider Subcommittee have convened to determine goals and set priorities for the next five years. This is a stakeholder collaboration of community partners with a vested interest in driving positive change in behavioral health issues. Based on our fiscal year 2017-18 Gaps and Needs Analysis, we have developed the below strategic plan.

This plan will change over the course of the years as the landscape changes and goals are achieved. We anticipate this document to be used as an outline for the BHB to take into consideration for budget, staffing, and planning purposes. As we implement and adapt this plan, we will also continue to expand our network of stakeholders and community partners to increase participation in achieving our goals through our strategies. This plan was developed to focus our work into more clear, achievable priorities which requires us to organize our time and talents into measurable goals. Many of the goals have overlapping strategies and require grant writing and resourcing talents. In developing the 2017-18 Gaps and Needs Analysis and addressing housing and transportation weaknesses, we feel these to be large barriers to accessing a healthy lifestyle.

The 2017 Idaho Youth Risk Behavior Surveillance System (IYRBSS) has outlined the Healthy People 2020 initiative which is very much in line with the Region 3 Behavioral Health Board's goals. An excerpt from the IYRBSS is as follows:

Healthy People 2020 is the latest initiative in a long line of collaborative activities intended to improve the health of all Americans. One specific goal of Healthy People 2020 is to improve the healthy development, safety, and well-being of adolescents aged 10 to 19 years old. In Idaho, this age group makes up 15% of the population and the behavioral patterns that are established during the developmental period of these Idaho adolescents directly determines their health status and chronic disease risks in adulthood.

While adolescents are generally healthy during this period of their lives, there are several important health and social problems which can be of specific concern. Examples of these social and health problems include:

- Homicide • Suicide • Motor vehicle crashes • Substance use • Smoking • Sexually transmitted infections, including HIV • Teen pregnancy • Physical violence

"Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation."¹

Healthy People 2020 contains 11 objectives specific to adolescent health. Although the majority of these objectives are not directly measured by the Youth Risk Behavior Surveillance System (YRBSS), they are important measures to consider whenever an agency or organization is addressing issues

surrounding youth health and safety. Specifically, the Healthy People 2020 Adolescent Health Objectives include:

- AH–1 Adolescent wellness checkup
- AH–2 Afterschool activities
- AH–3 Adolescent-adult connection
- AH–4 Transition to self-sufficiency from foster care
- AH–5 Educational achievement
- AH–6 School breakfast program
- AH–7 Illegal drugs on school property
- AH–8 Student safety at school as perceived by parents
- AH–9 Student harassment related to sexual orientation and gender identity
- AH–10 Serious violent incidents in public schools
- AH–11 Youth perpetration of, and victimization by, crimes

For further information about Healthy People 2020 visit the website at: www.healthypeople.gov

In addition to adolescents specifically, the Office of Disease Prevention and Health Promotion through the Healthy People 2020 have developed the following Leading Health Indicators Framework. The Healthy People 2020 LHIs were selected and organized using a Health Determinants and Health Outcomes by Life Stages conceptual framework. This approach is intended to draw attention to both individual and societal determinants that affect the public's health and contribute to health disparities from infancy through old age, thereby highlighting strategic opportunities to promote health and improve quality of life for all Americans.

The United Way of Treasure Valley's 2017 Community Health Assessment shows that people envision school time activities expanded to promote healthy adolescents and prepare them to "go on." In addition, they stated that they would like to see stigma reduction, prevention, and increased access to mental health services. The assessment showed that 26% of Idaho students were bullied, 23% were in a physical fight, and 9% were victims of dating violence. In 2015, 26% of Idaho High School students were already overweight. Implementing evidence-based school prevention programs and afterschool programs would promote early intervention and education.

There are a number of community initiatives that are available to resource as well as newly developed initiatives. Youth Empowerment Services (YES), Idaho Lives Project, Sources of Strength, Mental Health First Aid, National Drug Take Back Days, and other community trainings/events that can be utilized throughout the course of the plan to engage and educate the community about behavioral health issues. We intend to access any and all resources for the communities we serve.

Overall, this plan strengthens our commitment to our communities and funding sources to achieve our vision of a healthy community that promotes and sustains hope and recovery for all. Particularly the mission and vision of the Region 3 Behavioral Health Board along with its allocated and proposed funding.

Our Vision: Region 3 Behavioral Health Board envisions a healthy community through a collaborative integrated network that promotes and sustains hope and recovery for all.

Our Mission: The mission of the Region3 Behavioral Health Board is to advocate, educate, and ensure accessible care for those in need of mental health and substance use services, by developing and sustaining a network that promotes prevention and ready access to a full range of services.

Who we serve: Canyon, Gem, Payette, Washington, Owyhee and Adams counties. Information taken from Idaho Dept. of Health and Welfare, SPAN Idaho (2012-16), 2017 US Census Bureau, Idaho Dept. of Correction, Idaho Dept. of Juvenile Justice, and Southwest District Health.

	Adams	Canyon	Gem	Owyhee	Payette	Washington
Population by county	4,147	216,699	17,379	11,628	23,215	10,121
Suicides by county (2012-16)	4	178	14	15	20	9
% of incarcerated adults						
% of juvenile probation kids						
BH providers by county	1	108	8	2	14	1
Medical providers by county	10	227	17	0	37	46
% of children on free and reduced lunches						
% of families on SNAP (food stamps)	7.91%	12.94%	11.04%	12.99%	12.8%	12.57%
% of families on subsidized housing	15	752	38	56	75	25

Goal 1: Prevention, Enrichment and Resiliency for all

- Strategy 1) Engage schools in prevention services
- Strategy 2) Engage schools in after school programs
- Strategy 3) Engage communities with coalitions, youth advisory councils and community health action teams
- Strategy 4) Engage community recovery centers, peer supports, recovery coaches
- Strategy 5) Develop a youth resource guide for distribution: **Complete and Deployed**
- Strategy 6) Distribute the Youth Resource Guide frequently to schools, providers, and any community agencies that provide resources to the Youth.
- Strategy 7) Provide mental health first aid trainings to school staff**
- Strategy 8) Youth Mental Health Court
- Strategy 9) Partner and Collaborate with the Juvenile Justice Commission to identify available prevention funds
- Strategy 10) Educate and promote the use of Medicaid funds for services to prevent youth from entering the juvenile system based on a mental or substance abuse need
- Strategy 11) Promote schools, law enforcement and providers use community based resources

Goal 2: Crisis Assistance

- Strategy 1) Region 3 Crisis Center: **Completed and Deployed**
- Strategy 2) Replicate a youth and adult Psychiatric Emergency Team (PET)
- Strategy 3) Educate and train law enforcement, schools, communities

Goal 3: Increase collaboration with medical providers

- Strategy 1) Utilize Statewide Health Integration Program (SHIP)
- Strategy 2) Educate and engage medical providers and behavioral health providers
- Strategy 3) Educate and engage on the use of the Crisis and Recovery Centers.

Goal 4: Basic Needs

- Strategy 1) Housing
- Strategy 2) Employment
- Strategy 3) Access to healthcare
- Strategy 4) Access to behavioral health services

Goal 5: Transportation

- Strategy 1) Bringing more services and resources to school districts (co-located services)
- Strategy 2) Engage COMPASS and other transport providers
- Strategy 3) Utilizing existing transportation services already in communities (senior buses, Medicaid transportation. Services, etc.)
- Strategy 4) Utilize community recovery centers and the crisis center

Our Goals and Strategies for 2018-2023

Goal 1: Prevention, Enrichment and Resiliency for all

Many of our schools participate in grant funded programs such as the Prevention Block Grant and the 21st Century After School Program in order to provide kids with a safe, educational environment during and after school. In rural areas, however, many schools have difficulty resourcing staff to collect data, write, and submit a grant for these programs. Expanding evidence-based programs specifically to school aged children will increase success with education, health, well-being, and safety.

In addition, Idaho is developing a new system of care for children's mental health called Youth Empowerment Services (YES). YES provides options for families who need care for their child with serious emotional disturbance (SED). It is strengths-based and family-centered, and it incorporates a team approach that focuses on providing individualized care for children. One central feature of YES is coordination of care. The Department of Health and Welfare, State Department of Education and Idaho Department of Juvenile Corrections are working together to build a system that communicates a child's treatment goals between providers and agencies to reduce duplicated effort and conflicting treatment plans. This coordinated care system will allow providers and agencies to focus on the same goals for the child and family.

Also, Sources of Strength (S.O.S.) is available to all schools during the application period. S.O.S. is a universal suicide prevention program designed to build socioecological protective influences around youth and to reduce the likelihood that vulnerable youth/young adults will become suicidal.

In order to achieve this goal, we have developed the following strategies:

Strategy 1) Engage schools in evidence-based prevention services. Each year the Prevention Block Grant application and award process are provided to anyone interested in applying for a one-year grant cycle. We propose that the Board provide a subcommittee to address the application and award process with schools, particularly in the rural communities. If schools are interested, the subcommittee would then have a process in place for applying and delivering funding to those interested schools. This would not only provide needed data to the Behavioral Health Board and the Office of Drug Policy but would also provide services in areas that would not have been able to access them. **Provide DITEP training; Be the Parents Campaign and parent learning sessions also through the PFS Grant. Ask the Board if they still want to move forward with the prevention block funding? Prevention block grant funding – apply for funding and determine mechanism for delivery by sub-contractees and then award if chosen. Mental health first aid train school members.**

Strategy 2) Engage schools in evidence-based after school programs. Each year the State Dept. of Education (SDE) provides schools with the opportunity to apply for the 21st Century After School Grant Program. This is a five-year grant with the ability to extend with application another 5 years. This would require interested schools to commit to a longer period of engagement of five years. Again, we propose that the Board provide a subcommittee to address the application and award process with schools, particularly in the rural communities. If schools are interested, the subcommittee would then

have a process in place to assist those interested schools in the application process. **Identify schools to be involved in Prevention Block grant or 21st Century Grant.**

Strategy 3) Engage communities with coalitions and youth advisory councils. There are a number of community coalitions throughout the state involved with Community Coalitions of Idaho (CCI) which is an umbrella non-profit organization designed to support community coalitions around the state. Most of the coalitions target reducing adolescent substance abuse with evidence-based programs. **Engage and align with Community Health Action Teams.** We would actively encourage the Board to invite these coalitions to participate in subcommittees designed to support their efforts. The Mayor Youth Advisory Councils are another way to promote healthy behaviors and leadership. These councils are designed in nature to support adolescent leadership activities, social activities, and community project accomplishments to help gain confidence, knowledge and empower them. We would encourage the Board to identify potential possibilities of creating or supporting a new or existing Mayor's Youth Advisory Council and aid in recruiting adolescents to join.

Strategy 4) Engage community recovery centers, peer supports, recovery coaches. There are two Recovery Centers in Region 3: Gem County and Canyon County. Recovery Centers by nature are developed to assist those with a substance use disorder and/or a mental health issue on their continued, lifelong path of recovery. Recovery is possible with the appropriate supports in place. We would encourage the Board to develop a subcommittee designed to support the efforts of these recovery centers and potential new recovery centers. At minimum, we would ask the Board to consider developing and supporting programs for those in rural areas such as NA, AA, AL anon and other family supports.

Strategy 5) Develop a youth resource guide for distribution. Currently, the Children's Mental Health Subcommittee is developing an adolescent resource guide for use in Region 3. The guide will be designed with adolescents in mind where they can access information directly. **COMPLETED AND DEPLOYED.**

Strategy 6) Distribute the Youth Resource Guide frequently to schools, providers, and community agencies that provide resources to youth.

Strategy 7) Provide mental health first aid trainings to school staff

Strategy 8) Partner and collaborate with the Juvenile Justice Commission to identify available prevention funds.

Strategy 9) Educate and promote the use of Medicaid funds for services to prevent youth from entering the juvenile system on a mental or substance abuse need

Strategy 10) Promote schools, law enforcement, and providers use community based resources

Strategy 11) Diversion Program

Measurable Indicators for Goal 1:

Outcome data from the Prevention Block Grant

Outcome data from the 21st Century Grant

Increase in membership of Mayor's Youth Advisory Councils and community coalitions

Outcome data from recovery centers

Distribution of an online youth resource guide

Outcome data for higher education/dropout rates

of reductions/increases in youth probation and parole

of expulsions from school or disciplinary hearings
of assessments through Liberty for YES services
PFS Grant outcome data

Goal 2: Crisis Assistance

Data has shown that those in crisis with available crisis resources are likely to de-escalate and stabilize. Communities need to have more conversations surrounding mental health and substance abuse to decrease the stigma and increase access to services. In addition, we need qualified behavioral health providers and behavioral health integration with general healthcare providers. Implementation of Sources of Strength and the Youth Empowerment Services can have a positive effect in reducing crisis amongst adolescents. Crisis Centers around the state are also showing great success for those adults in crisis. They provide services to decrease hospital in-patient admissions and help connect the individual with additional needed services in their communities. This can also decrease the number of county holds.

In order to achieve this goal, we have developed the following strategies:

Strategy 1) Region 3 Crisis Center. Region 3 was awarded funding by the legislature to provide a crisis center. The RFP was released in May and following a review and selection of a contractor will have an anticipated opening date of late 2018. Complete and deployed; reporting to the R3BHB meetings.

COMPLETED AND DEPLOYED

Strategy 2) Replicate a youth and adult Psychiatric Emergency Team (PET) Program (Region 4). This program is designed to provide trained mental health response in conjunction with trained mental health law enforcement. This program has been proven successful in Region 3 in de-escalating clients when in crisis and deferring them from the emergency department in many cases. This can result in a reduction of county holds. We would recommend to the Board that a committee be developed to research a plan to replicate this model in Region 3. It may also involve working with Community Paramedic Programs in rural areas. **Further discussion for the R3BHB members.**

Strategy 3) Educate and train law enforcement, first responders, schools, communities and providers. We would encourage the Board to continue to support training and education opportunities for the above mentioned. It may require a planning committee to develop a calendar of potential events and scholarship opportunities. **Obtain "Calendar of Events" as a resource for trainings and conferences for anyone to access.**

Measurable Indicators for Goal 2:

These strategies can be measured by the number of holds by county, the number of adults accessing services at the crisis center, the number of encounters by the PET program, and the number of trained individuals within the communities. There could also be a potential to access behavioral health admissions data with our community hospital partners.

Goal 3: Increase collaboration with medical providers

The goal is to increase access to healthcare for all individuals nationwide. This would include access to behavioral health providers within a primary care setting. According to SAMHSA, up to 45% of individuals who die by suicide have visited their primary care physician within a month of their death; additional research suggests that up to 67% of those who attempt suicide receive medical attention as a

result of their attempt. Given these statistics, primary care has enormous potential to prevent suicides and connect people to needed specialty care, especially when they collaborate or formally partner with behavioral healthcare providers. There has been an increase in implementing care coordinators within primary care settings. The care coordinators coordinate all aspects of care for their patients. This can come in the form of proactive scheduling of preventative appointments for screenings, referring out for additional services and following up with the patient, and even going to the patient's home/school. Care coordinators can be the easily accessible catalyst between the patient and primary care provider for all their healthcare needs, behavioral health included.

Strategy 1) Utilize Idaho Integrated Behavioral Health Network and the Ribbon Grant. We would encourage the Board to continue collaboration with IIBHN to expand the program. They provide trainings and education to bridge the gap between healthcare and behavioral healthcare. Educate and engage medical providers and behavioral health providers. In addition to IIBHN, we would encourage the Board to engage providers in this strategic plan for Region 3. Many counties are not fully aware of the Behavioral Health Board's mission and vision. Often, many county health coalitions are working on the same goals individually when they could be partnering with the Board to cover a broader base. Southwest District Health provides many opportunities for the Behavioral Health Board to present and educate alongside them. We would encourage the Board to engage SWDH in planning activities and trainings in conjunction with one another. **Combined Strategy 1 and 2.**

Strategy 2) Educate on utilization of crisis and recovery centers. We would like to suggest that the Board and SWDH provide more education during trainings in the communities regarding the availability of services at the two recovery centers in Region 3. Their services are often underutilized and underfunded. We would suggest to the Board that they support a semiannual invitation to the communities to hold an open house where the community could engage in introductions and sharing of resources. These open houses would continue to promote the reduction of stigma surrounding behavioral health. We would encourage the Board to continue with a subcommittee designed to support the efforts of the recovery and crisis centers in existence.

Measurable Indicators for Goal 3:

Outcome data of medical providers with co-located behavioral health services

Outcome data for a healthy population

Outcome data on county holds

Outcome data from emergency department and psychiatric hospital admissions and re-admissions

Outcome data for adult incarcerations for behavioral health issues

Outcome data for participants in mental health court treatment

Goal 4: Basic Needs

In treating a person holistically, we also address basic human needs. Each of the goals listed above, assist a person with some resource(s) to healthy options and basic socioeconomic needs such as housing, employment and education, while also addressing access to complete healthcare.

Strategy 1) Housing. While there is a shortage of housing options that we may not be addressing directly, we are continuing our efforts to expand opportunities with housing. We would encourage the Board to reach out to the housing authorities and become part of a semiannual reporting process to the Board. We would encourage the Board to identify and work closely with these housing agencies for those in need for Region 3.

Strategy 2) Employment. We would encourage the Board to work closely with schools, colleges, trade schools/associations, Department of Labor and other placement agencies to educate and support those requiring special employment needs for their behavioral health issues.

Strategy 3) Access to healthcare and behavioral health services with the **expansion of Medicaid**. Federally Qualified Health Centers (FQAC's) are available to provide medical, dental and behavioral health services. We would encourage the Board to continue to support FQAC's and other's providing a sliding fee scale to increase access to all healthcare.

Measurable Indicators for Goal 5:

Housing rate and vouchers allotted/provided

Employment rate

Vocational Rehab

Increase/decrease in access to appointments/sliding fee scale

Increase/decrease in the number of BH providers per county/city

Goal 5: Transportation

Strategy 1) Bringing more services and resources to school districts (co-located services)

Strategy 2) Engage COMPASS and other transport providers

Strategy 3) Utilizing existing transportation services already in communities (senior buses, Medicaid transportation services, etc.)

Strategy 4) Utilize community recovery centers and the crisis center

Measurable Indicators for Goal 6:

of schools with co-located services and provided by whom

Changes in transportation routes to include more routes and rural areas

of "other" transportation services provided in the community

of people utilizing alternate transportation services at recovery centers (carpooling)

Summary

In Summary, the Children's Mental Health and Provider Subcommittees have determined that by developing a strategic plan from the Gaps and Needs Assessments, the Behavioral Health Board has already implemented some strategies and are well aligned to implement further strategies to serve the counties in Region 3. These goals are measurable as indicated in the plan.

Currently, Goal 1 is in process, Goal 2 has all but strategy 2 in process, Goal 3 has strategy 1 in process, and Goal 4 is currently under development. In addressing Goals 5 and 6, Basic Needs and Transportation, the subcommittee has agreed to keep them in the strategic plan as not to lose sight of their importance. However, these two goals may be gaps in service that the subcommittee nor the Board will be able to directly impact. We can continue to work on and be involved with organizations as community partners who do have a direct impact on these services.

Participation, education, and outreach to our communities for assistance will be key in the successful implementation of the outlined goals and strategies. Each year the plan should be reviewed by the Board along with the Gaps and Needs Analysis required by the State Planning Council and revised as needed. We recommend that the Board develop and execute a Survey Monkey which can be used to gauge Board participation, feedback, questions, and overall health of the Board. We recommend that the Board develop the following subcommittees to further the strategic plan:

- 1) Continue the CMH/P Subcommittee to develop an application, award and management process for schools, coalitions, and community partners to access Prevention Grant funding under the Board.
- 2) Engage the Board to participate in the Crisis Center Advisory Committee and to report to the Board on needs and measurable indicators.
- 3) Delegate Board members or community agencies within a county to educate, market and engage those counties in the Strategic Plan, information and resources the Board offers.
- 4) Provide time on the monthly agenda to review any issues related to or reporting of the Strategic Plan.
- 5) Develop subcommittees as the need arises for projects or tasks related to a Strategic Plan goal or strategy requiring attention.
- 6) Engage the Provider Subcommittee to meet and collaborate together quarterly to share resources, processes, opportunities, and updates.
- 7) Support a recovery community by coordinating calendar of events, groups, educational opportunities, and other items necessary to promote recovery and resiliency throughout the counties.

The ultimate success of the Behavioral Health Board in its Mission and Vision to serve the Region/District 3 counties is contingent upon the participation of the full Board and engaging all those wishing to participate with full transparency. The Strategic Plan is an ever-evolving roadmap to get us to the destination of that Mission and Vision.