

**GOAL 1: TRANSFORM FRAGMENTED SERVICES INTO A HIGH QUALITY,
SUSTAINABLE SYSTEM OF CARE ACROSS REGION 7**

Outcome Objective 1.1. Enhance cross-agency communication, cooperation, and collaboration.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
1.1.1. Hold monthly Behavioral Health Board meetings	As noted	Monthly	Chairman of BHB with assistance from coordinator	Meeting Minutes	Ongoing
1.1.2. Maintain required board membership; educate board members; encourage attendance at meetings	1.1.2a Environmental scan to identify potential members and diversity 1.1.2b Personal contact and inquiry. 1.1.2c Distribution of meeting minutes.	1.1.2a Yearly 1.1.2b Monthly 1.1.2c Monthly	BHB	1.1.2a Scan 1.1.2b Contact Log 1.1.2c Attendance Log	Ongoing
1.1.3. Develop system performance and accountability measures	1.1.3a Develop and implement MOU with Public Health District including approved flow chart and staff hiring 1.1.3b Develop Strategic Plan 1.1.3c Develop Logic model 1.1.3d Develop specific plans 1.1.3e Develop specific committees, including children's committee 1.1.3f Develop Youth Council	1.1.3a Fall 2015 1.1.3b Fall 2015 1.1.3c Winter 2015 1.1.3d Ongoing 1.1.3e Fall 2015 1.1.3f Spring 2016	-BHB - BHB coordinator	1.1.3a Approval 1.1.3b Self Assessments, Community Assessment, Gaps and Needs Analysis, 1.1.3b Strategic Plan 1.1.3c Logic Model 1.1.3d Specific Plans 1.1.3e Meeting Minutes, Call Logs 1.1.3f Meeting Minutes, Call Logs	Ongoing/ Pending
1.1.4. Conduct Gaps and Needs Analysis which includes entire region	1.1.4a Sequential intercept mapping session (March 19-20-2015) 1.1.4b Develop approved flow chart based on Logic Model. 1.1.4c Disseminate information. 1.1.4d Develop Continuous Quality Improvement plan 1.1.4e Appropriate training of staff	1.1.4a March 2015 1.1.4b Fall 2015 1.1.4c Fall 2015 1.1.4d 10/1/15 Ongoing 1.1.4e Ongoing	-BHB BHB coordinator	1.1.4a, b, c Implement sequential intercept, flow chart. 1.1.4d Implement and institutionalize plan. 1.1.4e Training conducted	Ongoing/ Completed

Outcome Objective 1.2. Ensure provider knowledge of system-of-care principles and maintain at least 80% fidelity to the wraparound model.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
1.2.1. Support statewide certification process for wraparound facilitators.	1.1.5a Environmental Scan 1.1.5b Provide training to wraparound professionals according to fidelity.	Ongoing	BHB (Behavioral Health Board) BHB coordinator	-Wraparound fidelity model -Evaluations	Ongoing
1.2.2. Sponsor quarterly wraparound skills training/ coaching.	As noted	Monthly	BHB coordinator	Trainings conducted, meeting logs	-Ongoing

Outcome Objective 1.3. Create a self-sustaining system-of-care for behavioral health

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
1.3.1. Ensure that key stakeholders (families, youth, providers, and community members) are active participants in at least 90% of meetings involving planning, governing, and evaluating the system.	1.3.1a. Inform stakeholders beforehand about meetings and events 1.3.1b Invite and involve youth and families through email, phone calls, and newsletters to help in empowering youth and their families.	Ongoing	BHC coordinator	-Meeting minutes -Attendance Log -As noted in individual plans	
1.3.2. Include sustainability on the agenda at each board meeting, to develop and revise a long-term plan for sustainability.	1.3.2a Frequently plan sustainability activities.	Monthly	BHC board BHC coordinator	-Meeting minutes -Sustainability plan 1.3.2.a.	Ongoing

GOAL 2: ENSURE ADULTS AND CHILDREN WITH BEHAVIORAL HEALTH CHALLENGES, INCLUDING BOTH SOCIAL/EMOTIONAL AND/OR SUBSTANCE ABUSE ISSUES, ARE IDENTIFIED EARLY AND PROVIDED AGE AND DISEASE APPROPRIATE, EVIDENCE-BASED TREATMENT(S) AND/OR INTERVENTIONS THAT ARE CULTURALLY AND LINGUISTICALLY COMPETENT, CLIENT CENTERED AND FAMILY DRIVEN.

Outcome Objective 2.1. Develop better linkages between behavioral health and primary medical care

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
2.1.1. Form subcommittee of BHB to develop linkages with medical care including physical health, dental care and vision care.	2.1.1a Environmental Scan 2.1.1b Research screening instruments 2.1.1c Form children’s committee 2.1.1d Implement screening. 2.1.1e Monitor continuous quality improvement	2.1.1a Fall 2015 2.1.1b Winter 2015 2.1.1c Spring 2014 2.1.1d Ongoing 2.1.1e Ongoing	BHB Board Chairman Subcommittee BHB Coordinator	-Screening instruments -Meeting minutes -Contact logs	Pending
2.1.2. Collaborate with 211 Care Line to ensure accurate and complete resources for the region are included in database	2.1.1a Resources provided to Care Line 2.1.1b Resources provided to primary care providers throughout region with information on how to access updated 211 Care Line 2.1.1c BHB Coordinator will maintain and update resources on 211 on a regular basis, but no less than quarterly.	2.1.1a Winter 2015 2.1.1b Spring 2016 2.1.1c Spring 2016 and ongoing	BHB Board BHB Coordinator	List of service providers engaged in screening tool BHB coordinator will provide update to board on quarterly basis	Pending, Review needed
2.1.3 BHB will collaborate with Optum to provide primary care provider/provider education	2.1.3a Optum will provide training to primary care providers and other providers on a quarterly basis of resources available in Region 7. This training may be through a variety of methods including electronic.	2.1.3a Spring 2016	Optum BHB Board BHB Coordinator	Trainings provided Report to BHB Board on a regular basis	Pending

Outcome objective 2.2: Peer support specialists, family support specialists and recovery coaches will be provided across the region and families/individuals will have access to them.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
<p>2.2.1 Peer support specialists, family support specialists and recovery coaches will be provided across the region and families/individuals will have access to them.</p>	<p>2.2.1a Subcommittee will be develop to explore and develop action plan to increase the number, availability, and access to peer support specialists across the region. 2.2.1b A community recovery center will be developed in the region and expanded to other parts of the region as resources are available. 2.2.1c Trainings for peer support and recovery coaches will be provided on a regular basis working with evidence-based practices. 2.2.1d Collaboration will be increased and sustained with Optum’s peer and family support 2.2.1e BHB coordinator will create and maintain a current list of all recovery coaches and peer support specialists in the region. 2.1.1f The BHB will support efforts to develop statewide certification and Medicaid reimbursement for support specialists.</p>	<p>2.2.1a Fall 2015 2.2.1b Ongoing 2.2.1c Quarterly 2.2.1d Winter 2015 2.2.1e Winter 2015 2.2.1f Ongoing</p>	<p>BHB subcommittee Optum BHB BHB Chairman BHB Coordinator</p>	<p>2.1.4a Meeting minutes, subcommittee formation 2.1.4b Formation of recovery center and plans for expansion across region 2.1.4c Training agendas, attendance logs 2.1.4d Optums participation and input as noted in meeting minutes, subcommittee participation 2.1.4e Current list 2.1.4f. Statewide certification</p>	<p>Ongoing</p>

Outcome Objective 2.3. To support recovery, all individuals and families should have access to appropriate housing and BHB become partner in addressing housing concerns in region.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
2.3.1 BHB will provide representative to collaborate/attend monthly Housing Coalition Meeting. 2.3.2 BHB will collect data on housing needs for each county in the region.	2.3.1a Representative on housing coalition 2.3.2a Collection of data on housing needs for region including environmental scan.	2.3.1a Fall 2015 2.3.2a Spring 2016	BHB coordinator BHB	-Housing coalition meeting minutes, attendance logs - Housing data report	Pending
2.3.3 Conduct policy review of 24 hours of homelessness for those leaving institutions (jail, hospital) before eligible for shelter.	2.3.3a Form subcommittee to look at policy and create plan for change if needed.	2.3.3a Winter 2015	BHB subcommittee BHB	Policy review determination and report	Pending, Review needed

Outcome objective 2.4: Develop plan to address lack of psychiatric crisis beds and detoxification resources in region.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
2.4.1 Improve communication about hospital actions that may limit bed availability and result in diversion to other hospitals outside of region or state. 2.4.2 Engage the Director of BHC in community planning 2.4.3 Work on long-term solutions to address bed availability, including better treatment options, crisis prevention, medical	2.4.1a Address psychiatric bed availability at the quarter Protective Custody Hold meetings and report back to BHB board 2.4.2a Develop plan of engagement and collaboration with director of BHC to address concerns and needs 2.4.3a Develop environmental scan which includes data on causes of inpatient hospitalization that could be addressed or prevented outside of	2.3.1a Immediately and ongoing 2.4.2a Fall 2015 2.4.3a Spring 2016 2.4.4 Summer 2016	BHB coordinator Tracey Sessions Randy Rodriquez BHB BHB subcommittee on institutionalization.	Report to board Environmental scan Meeting minutes Attendance logs	Pending

management, etc. 2.4.4 Explore options for subacute detoxification services outside hospitalization and develop plan.	institutional setting. 2.4.3b Review policy or standard operating procedures that may use hospitalization as default treatment when other resources may be more appropriate and less costly. 2.4.3c Involve families at all levels of solution seeking activities 2.4.4a Create resource list for detoxification services which includes current treatment options; availability across region 2.4.4b Explore funding sources for detoxification services				
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Outcome Objective 2.5: Develop and implement appropriate responses to facilitate recovery across five key community intercepts where adults and children with substance abuse issues and mental illness needs intersect with multiple agencies. The five intercepts are community and law enforcement, initial detention and court appearance, jail and court, reentry into community from jail or prison and community corrections.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
<p>2.5.1 Develop systemic transformation through System of Care process across all agencies and organizations in region.</p> <p>2.5.2 Provide training on system of care approach, including wraparound, across region</p> <p>2.5.3 See funding to develop and sustain programs that are evidence-based and rely on system of care principles.</p> <p>2.5.4 Develop adequate and responsive crisis intervention</p>	<p>Intercept 1 – Community and Law Enforcement</p> <p>2.5.1 through 2.5.5a Connect recovery community and develop referral system that follows individual back and forth through systems</p> <p>b – Increase communication and planning across systems using systems of care principles</p> <p>c – Develop list of community agencies working on elder care issues such as dementia and issues of</p>	Ongoing	BHB BHB Coordinator	TBD	Pending

<p>teams across region.</p> <p>2.5.5 Address gaps in system for crisis issues involving traumatic brain injury and/or dementia</p> <p>2.5.5 Seek necessary policy or statute changes to address gaps and provide systemic transformation.</p> <p>2.5.6 Increase number of psychiatrists across region</p> <p>2.5.7 Include special needs of veterans across all services</p>	<p>residents with traumatic brain injuries and incorporate their activities and resources to enhance BHB response.</p> <p>D – Pursue discussion with BHC addressing staffing needs on weekends</p> <p>E- Training, seminars, information to private providers on systems of care approach and connecting with mental health services.</p> <p>Intercept 2 – Initial Detention and Appearance</p> <ul style="list-style-type: none"> a. Address policies of \$10 charge to see medical provider in jail; cost-based limits on antipsychotic drugs in jail; timely manner of 211 competency evaluation; 211 competency on misdemeanors that take up time and resources b. Develop processes to share information across agencies to provide better response and ongoing care <p>Intercept 3 – Jail and Court</p> <ul style="list-style-type: none"> a. Develop plan to address concerns and challenges associated with medications in jail. b. Using systems of care approach, develop plan to reduce and/or eliminate 				
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	<p>fragmentation of services to persons in jail.</p> <p>Intercept 4 Reentry</p> <ul style="list-style-type: none"> a. Address concerns of inmates who “top out” and do not receive discharge planning and follow-up resources b. Develop plan to address concerns and challenges associated with medications in jail and at time of release <p>Intercept 5 Community Corrections</p> <ul style="list-style-type: none"> a. Investigate policy of drug testing for drugs outside of initial case. b. Peer Recovery and Support (See Objective 2.2.1) c. Primary health needs (vision, dental, medications) (See objective 2.1.1) 				
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GOAL 3: REDUCE STIGMA ASSOCIATED WITH BEHAVIORAL HEALTH ISSUES; INCREASE COMMUNITY KNOWLEDGE

OF WARNING SIGNS AND EARLY DETECTION AND INTERVENTIONS.

Outcome Objective 3.1. Reduce stigma associated with mental illness and increase community knowledge of warning signs and early detection of SED.

<i>Process Objectives</i>	<i>Activities</i>	<i>Timeline</i>	<i>Person Responsible</i>	<i>Process Measures</i>	<i>Progress to Date</i>
<p>3.1.1. Conduct social marketing campaigns reaching at least 2 key audiences per year (e.g. Primary care providers, students, cultural minorities, child care providers.)</p> <p>3.1.2. Provide community outreach to at least 1000 community members per year, with an emphasis on underserved populations</p>	<p>3.2.1a Celebrate Youth, Bonneville Youth Council events</p> <p>3.2.1b Town hall meetings</p> <p>3.2.1c Block Parties</p> <p>3.2.1d Fundraising Campaign</p> <p>3.2.1e Latino parent meeting</p> <p>3.2.1f Develop other activities/focus groups as needed.</p> <p>3.2.1g Children’s Mental Health Awareness Campaign</p> <p>3.2.1h Self Harm Summit/Children’s Mental Health Awareness Conference</p> <p>3.2.1i newsletters/updates</p> <p>3.2.1j Legislative event (State Planning Council on Mental Health</p>	<p>Semiannual</p> <p>As needed</p> <p>Ongoing</p>	<p>-BHB</p> <p>BHB Coordinator</p> <p>-Community Partners</p>	<p>-Social Marketing Campaign</p> <p>-Surveys</p> <p>-Event attendance</p>	<p>Ongoing, TBD</p>
<p>3.1.3 Provide trainings in evidence-based treatments, curriculums, programs through coordination with state and community partners. Trainings should include Mental Health First Aid, ACT Team, Crisis Intervention, QPR, suicide prevention etc.</p>	<p>3.1.3a Establish subcommittee on trainings to review and disseminate information.</p> <p>3.1.3b Maintain website or publish in other websites information about trainings to partners, community members and families.</p> <p>3.1.3c Sponsor appropriate trainings and/or secure additional training resources across region.</p>	<p>Guidelines established by Fall of 2015</p>	<p>-BHB</p> <p>-BHB Coordinator</p>	<p>Trainings conducted</p> <p>Training evaluations</p>	<p>Pending</p>

Outcome Objective 3.2 - Partner with ongoing or developing home visitation programs and Head Start programs that outreach to at risk children and families to provide guidance and/or additional supports for behavioral health issues.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
3.2.1 Coordinate with ongoing and developing early childhood home visitation and Head Start programs to provide additional supports and/or guidance for resources addressing behavioral health issues both for children and families.	3.2.1a Establish partnerships with East Idaho Public Health, Madison School District, local Head Start and Early Head Start programs. 3.2.1b Develop plan using Children’s Mental Health Subcommittee and Regional Early Childhood Committee	Ongoing	-Chairperson of Children’s Mental Health Committee - BHB -BHB Coordinator -Regional Early Childhood Committee	-Parents as Teachers Database -ASQ3SE	Pending
Outcome objective 3.3 – Facilitate the development and implementation of positive behavior interventions and supports in schools to address social emotional needs; Facilitate the development and implementation of substance abuse prevention education in schools					
3.3.1. Work with area coalitions, agencies, schools and other community partners to establish coordinated effort to increase educational opportunities in area addressing social emotional needs and substance abuse prevention	3.3.1a Form educational subcommittee with community partners and Children’s Mental Health Subcommittee to develop comprehensive plan. .	Pending	-BHB -BHB Coordinator - Subcommittees	Subcommittee reports to board	On Track

GOAL 4: EMPOWER FAMILIES TO PROVIDE LEADERSHIP IN ALL ASPECTS OF BEHAVIORAL HEALTH SYSTEM

Outcome Objective 3.1. (Short-term): Increase family empowerment to control their own services (Long-Term): Ensure that family members will be active participants in at least 90% of meetings involving planning, governance, and evaluation of systems and Individual services.

<i>Process Objectives</i>	<i>Activities</i>	<i>Timeline</i>	<i>Person Responsible</i>	<i>Process Measures</i>	<i>Progress to Date</i>
4.1.1 Family members will be included in all aspects of systems of care including training, educational activities and support groups.	4.1.1a NAMI 4.1.1b Family representation on BHB and BHB subcommittees 4.1.1c Create list of possible jobs or roles for families to fill – short to long-term voluntary activities. Create survey to determine areas of interest and skill 4.1.1d Other specialized training opportunities 4.1.1e Families trained and ready to mentor other families 4.1.1f Feedback loop established from family organizations to BHB	4.1.1a Established 4.1.1b On-going 4.1.1c Annually 4.1.1d Ongoing 4.1.1e Ongoing as needed	Family Support Systems BHB BHB coordinator	4.1.1a Attendance record 4.1.1b Contact log 4.1.1c Sign-up sheet for families who are interested in future activities or who want to volunteer 4.1.1d Documents completed 4.1.1e Trainings developed, Attendance record	Pending

GOAL 5: PROVIDE CULTURALLY & LINGUISTICALLY COMPETENT, COMMUNITY-BASED SERVICES.

Outcome Objective 5.1. Increase cultural competence of services in target areas.

<i>Process Objectives</i>	<i>Activities</i>	<i>Timeline</i>	<i>Person Responsible</i>	<i>Process Measures</i>	<i>Progress to Date</i>

5.1.1. Develop plan, which includes trainings, to address cultural and linguistic competency 5.1.2 Trainings conducted will include section on addressing cultural and linguistic competency.	5.1.1a-b Organize training in cultural competence to service providers.	Ongoing	BHB Coordinantor BHB	-Attendance Logs -Educations Credits Earned -Evaluations	Completed, Ongoing,
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GOAL 6: BEHAVIORAL HEALTH BOARD WILL DATA-BASED DECISION MAKING AND EVALUATION PROCESSES TO INFORM STRATEGIC PLAN.

Outcome Objective 7.1. Establish evaluation practices that inform processes to ensure fidelity, ethical procedures and family and youth involvement.

Process Objectives	Activities	Timeline	Person Responsible	Process Measures	Progress to Date
6.1.1. Establish community and family approved evaluations and decisions based on data.	6.1.1a Identify core performance indicators and collection points. 6.1.1b Pursue opportunities to develop data that can be shared across multiple agencies to provide better response and ongoing care. 6.1.1c Collaborate with Optum and Medicaid to gather key data that can inform decisions.	Ongoing	Evaluation Subcommittee BHB BHB Coordinator	6.1.1a Processes developed and approved by BHB	Completed