

Regional Behavioral Health Board Answers

This form is designed to collect information for the annual report to the Governor and Legislature about behavioral health services in Idaho. If you have any pictures of community events in your region, please attach them. Thank you for your help in improving the quality of behavioral health services for Idahoans!

Person Completing Form: Melissa Mezo, Chair
Region: Region 3 Behavioral Health Board
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Please list your Behavioral Health Board's Sub-Committees along with each sub-committee's Chair name and contact information:

- Children's Mental Health/Provider Subcommittee – Joy Husmann, Chair
- Recovery Day Planning Subcommittee – Kristen Heller, Chair

Please list your region's top three goals from last year:

1. Basic Needs
2. Crisis Assistance
3. Prevention, Enrichment, and Resiliency for All

Please list the top 3 action items for these goals from last year:

1. Basic Needs:
 - a. Housing
 - b. Access to Healthcare and Behavioral Health Services
 - c. Employment
2. Crisis Assistance
 - a. Education and training for law enforcement, EMT, first responders, schools, and communities
 - b. Expand access to training and supporting peer supports, family supports, and recovery coaching
 - c. Supporting and marketing Recovery Centers within the region
3. Prevention, Enrichment and Resiliency for All
 - a. Engage schools in prevention services
 - b. Engage community recovery centers, peer support, recovery coaching, family supports, and other community stakeholders
 - c. Provide Mental Health First Aid trainings to school staff and communities

1. Please provide short answer on your success or outcome from last year's goals. If not, explain why.
 - The Region 3 Behavioral Health Board sponsored Recovery Day at the Caldwell Train Depot, where Mayor Wagoner presented the proclamation. We had over 20 community partners sharing their resources for behavioral health with the community, we received around \$750 in donations to raffle off to the community members that visited the resource booths, and we raised \$184 for Idaho's very own 988! This event creates a safe space and allows individuals in behavioral health recovery and supporters to attend an event to celebrate their success and raise awareness that recovery is possible.
 - The Gem County Recovery Community Center provides resources, services, and programs throughout the scope of many needs, not only in their community, but in other communities as well. The Region 3 Behavioral Health Board has always supported the efforts of the Gem County Recovery Community Center and will be working to establish new recovery centers in Region 3 over the coming year to model the success in Gem County.
 - The Region 3 Behavioral Health Board has supported many trainings by working with our community partners to disseminate information via our vast email distribution list and through Board meetings during community updates.
 - The Region 3 Behavioral Health Board held a community outreach public meeting, "Get to know your Region 3 Behavioral Health Board and Recovery Ecosystems" to discuss how the Boards were created in Statute and why, the work the Board is currently doing as well as future plans to engage stakeholders in collaboration.
 - The Idaho Behavioral Health Council held public meetings throughout the state to obtain feedback from the community and Regional Behavioral Health Boards. The Region 3 Behavioral Health Board attended and communicated the need to have more peer support and recovery coaches and look at changing the way they are certified specifically related to the excessive background checks. It has been reported that it is a barrier for anyone with the desire to become a peer support or recovery coach, an evidenced-based model, when training is limited, and individuals are scrutinized much later in life due to their background history.
 - The Salvation Army received an American Rescue Plan grant for housing in Canyon County, as well as money for hotels for participants in the amount of \$20,000 partnering with Norfolk Apartments and Budget Inn for hotels.
 - The Region 3 Behavioral Health Board is working with the Fletcher Group to develop Recovery Ecosystems throughout Region 3. "The Fletcher Group is a 501c3 not-for-profit founded in 2017 to help those in society move from the disease of addiction and the devastation of homelessness to lives of hope, dignity, and fulfillment. To that end, we research and provide best-practice technical assistance to expand the quality and capacity of recovery housing as well as the evidence-based services needed for long-term recovery." The Recovery Ecosystem model has been successful in many states and the Region 3 Behavioral Health Board is looking forward to a successful collaboration.

- While there is a lack of collaboration amongst many agencies in Region 3, the community members and community partners that have committed to engaging with the Region 3 Behavioral Health Board have fostered great growth in collaboration.
- The Region 3 Behavioral Health Board reached out to several counties, Adams and Owyhee to provide Mental Health First Aid trainings, however, were unsuccessful.

What education and/or community events did you participate in?

- We held our 17th annual recovery day event at the Caldwell Train Depot. Recognition was given to Pamela Rose with Human Supports of Idaho Caldwell as the Peer Recovery Day individual of the year. Additionally, we recognized Trivium Life Services Caldwell as agency of the year. The City of Caldwell Mayor supported this event as they have in previous years and presented the proclamation to raise awareness.
- Ongoing support of events with the Gem County Recovery Community Center.
- We supported the annual Mental Health Advocate nomination, with Tricia Ellinger as the recipient.
- Ongoing participation in the CIT-C (Crisis Intervention Team Collaborative) which meets monthly to staff cases where there are additional community supports needed for individuals who are utilizing services such as the emergency department and law enforcement more frequently. In addition, developing Crisis Intervention Team (CIT) trainings specific to Region 3 counties.
- Ongoing participation with the YouthROC (Youth Resource and Opportunity Collaborative) through existing board members as well as the Western Idaho Youth Support Center.
- Ongoing participation in the PFS (Partnership for Success) Grant provided by Idaho's ODP (Office of Drug Policy) disseminated through the board.
- Supported efforts to increase behavioral health awareness at the Shoshone-Piute Indian Reservation located in Owyhee County.
- Supported efforts for CIT (Crisis Intervention Team) trainings in Payette, Gem, Owyhee, Adams and Canyon counties. Unfortunately, we have not been successful in Washington county.
- Ongoing support of the WIDCCC (Western Idaho Community Crisis Center) and the Gem County Recovery Community Center.
- Ongoing support of the Canyon County Pre-Prosecution Diversion Program.

- The Region 3 Behavioral Health Board worked with Courageous Survival and Intermountain Hospital to disseminate information on the Veteran’s Comprehensive Prevention, Access to Care and Treatment (COMPACT) Act.
- Ongoing participation in the Region 3 Addictions Needs Assessment for the Recovery Idaho report developed by several Region 3 community members and partners.
- Disseminated information on behalf of NAMI regarding trainings and courses. District 3 IDOC Probation & Parole held a Mental Health First Aid training and Civil Commitment Training for their teams.

Please list your region’s top 3 greatest gaps and needs in behavioral health for the current year

1. Basic Needs
2. Recovery Ecosystem Housing
3. Engage and develop effective community recovery centers, peer supports, recovery coaching, and family supports with other community stakeholders in the work the Region 3 Behavioral Health Board plans to do around Recovery Ecosystems

Do you feel access to Mental Health services in your Region has improved, decreased, or is staying the same? Please explain why.

We believe behavioral health services, both mental health and substance use disorder services have not been robust and do not seem to be improving but staying the same. There needs to be more education within the healthcare system to recognize and provide a warm handoff for a higher level of behavioral health care when needed. The lack of tiered intensive case management for individuals with severe persistent behavioral health and substance use disorders poses a significant challenge to our community's overall health. By addressing these needs through increased access, workforce development, service integration, community engagement, enhanced funding, and data-driven evaluation, we can create a more supportive environment for those in need. It is imperative that government agencies prioritize these initiatives to ensure that every individual has access to the care and support necessary for recovery and well-being.

As the Region 3 Behavioral Health Board works to partner with the Fletcher Group, we will be identifying deficits for improvement within the counties we serve, Adams, Washington, Owyhee, Gem, Canyon, and Payette. As we recognize behavioral health needs, most of which are co-occurring both mental health and substance use disorder, we hope to prioritize our gaps and needs in the counties we serve.

Do you feel access to Substance Use Disorder services (Prevention, Treatment, Recovery) in your Region has improved, decreased, or is staying the same? Please explain why.

As behavioral health has been integrated to include both mental health and substance use disorders, and most times co-occurring, we reference our answer in the above paragraph.

Please provide a brief 20-50 word quote from a community member, peer, or BHB member about the importance of mental health services in your region.

“Working on the recent gaps and needs assessment for the region, was a sobering experience. It highlighted for me how little help there is for those of us who live with mental health and substance use disorders. Especially with the fentanyl crisis people are literally dying for help.”

Behavioral Health Gaps and Needs

Rate each category with 1 being the most critical in your area.	1-13
Access to treatment providers	2
Stable Housing	1
Community Crisis Center	12
Anti-Stigma education	5
Suicide Prevention Resources	6
Children/Adolescents Mental Healthcare	7
Veteran’s Mental Healthcare	10
Caregiver supports (including education, training, emotional support, respite care, etc.)	11
Peer supports (including education, training, emotional support, etc.)	3
Substance use disorder treatment centers	4
Crisis Intervention Team (CIT) training for law enforcement officers	8
Mental Health Court	9
Other:	

If you chose “other”, please provide more information: