Updates from Kristen Lundgren
May 2018
Est.

Jan – April
Consultants Secured
Assessment Begins

Jun-Dec
Funding, Structure

June 30
Assessment Completed

July 16-17
Sequential Intercept Mapping I
GOAL

GRANT Notification: Prevention, HIDTA
PREVENTION: Communities That Care planning

Aug 2019
Collective Impact

Oct-Nov
Planning

Sep
SIM 2

Dec
Plan/Toolkit Completed

Jan
Implement
ONCE INDIVIDUALS WITH BEHAVIORAL HEALTH CONCERNS ARE IN THE JUSTICE SYSTEM, THEY OFTEN RECIDIVATE

Recidivism Cycle

- Courts
- Jails/Prisons
- Probation/Parole
THE FUTURE: A JUSTICE SYSTEM THAT APPROPRIATELY DIVERTS/LINKS INDIVIDUALS WITH BEHAVIORAL HEALTH CONCERNS TO TREATMENT THAT ADDRESSES ROOT CAUSES

- Jails
- Prisons
- Probation and Parole

Treatment and recovery
WHAT ARE OUR GOALS?

Reduce

• Avoidable crises

Minimize

• Utilization of high cost/ineffective responses (ambulance, ER, inpatient services jail, prison)

Maximize

• Appropriate assessment and diversion as early as possible
INTERCEPT - I: YOUTH PREVENTION

Task Forces/Coalitions
- Best Beginnings Council
- Youth Volunteer Corps
- Communities That Care

Organizations providing prevention services...
- Schools
- Church Organizations
- CASA
- Big Brothers, Big Sisters
- State of Montana Block Grant Funding-Prevention Specialist-Mental Health Center
- Out of school time programs: Boys and Girls Club, Care Academy, Discover Zone, YMCA, Friendship House, Homework Zone
- Billings Clinic, St. Vincent’s Healthcare and RiverStone prevention programs
- Home visiting/Parent Support: Family Tree Center, Family Support Network, RiverStone

Schools
- 9-12 Rimrock and Tumbleweed
- 6-8 YBGR
- K-5 curriculum – health classes
- RiverStone Health Clinics-health education in schools
- School Based Health Clinic in Lockwood
- Billings Clinic and St. Vincent’s Healthcare-classes
- K-8 Comprehensive School and Community Treatment – AWARE, Youth Dynamics YBGR
- SROs in middle and high schools
- SOS and suicide protocols
- Early Headstart and Headstart
- Educational Talent Search
- Upward Bound
- Trauma-informed education, resiliency training, mentorships and creative outlets/extracurriculars

*Need to flesh out the type of prevention services provided, source of $
### INTERCEPT - I: YOUTH TREATMENT PROVIDERS

#### Outpatient
- YBGR*
- Youth Dynamics*
- AWARE
- New Day*
- Rimrock*
- Youth Services Center*
- Montana Community Services
- Urban Indian Clinic-starting
- YWCA
- RiverStone Health
- Billings Clinic and St. Vincent Healthcare
- Private providers

#### Inpatient
- Rimrock*
- Billings Clinic

#### Residential
- Youth Dynamics*
- Yellowstone Boys and Girls Ranch (YBGR)*
- New Day*

*Indicates providers who receive referrals from justice system (list not comprehensive)
INTERCEPT - I: ADULT TREATMENT PROVIDERS

**Outpatient**
- Mental Health Center
- Rimrock*
- Billings Addiction Counseling
- YWCA
- New Day*
- Community Medical Services (for profit methadone/buprenorphine)
- Ideal options (buprenorphine)
- Urban Indian Clinic (starting)
- St. Vincent Healthcare and Billings Clinic
- RiverStone
- DOC Facilities: Montana Women’s Prison, Alternatives, Inc.

**Inpatient**
- Rimrock*
- Billings Clinic and St. Vincent Healthcare
- Department of Corrections
- Alternatives Inc*

*Indicates providers who receive referrals from justice system (list not comprehensive)
INTERCEPT - I: RECOVERY SUPPORTS

Groups
- Al-Anon/NA
- The Phoenix
- ALATEEN
- Dual Recovery Anonymous
- Rocky Mountain Tribal Leaders Council (RMTLC)
- PAR Groups
- NAMI

Other recovery supports
- The Phoenix
- IPS Supported Employment for ages 16-26
- HRDC Youth Employment Opportunity Act

Peer support specialists available through
- Rimrock
- Rocky Mountain Tribal Leaders Group
- New Day
- Urban Indian Health Center
- YBGR
INTERCEPT - I: SOBER LIVING/HOUSING

Emergency Shelter
- Tumbleweed (not necessarily sober housing per se, but shelter is drug and alcohol free)
- Montana Rescue Mission-dry emergency shelter-not sober housing

Transitional Housing
- Community Leadership Development Inc - Koinonia Mgmt Co
- Veteran’s of America Independence Hall
- HRDC Harmony House
- Adullam House

Sober Housing
- Ignatia House
- CLDI Hannah House
- Rimrock: True North
- Sober Beginnings (Kenzie House, Ruthie House, Oxford House)
- *(Mentioned but could not find online presence: Butterfly House, Codee’s House and STEPs Recovery Homes)*
INTERCEPT - I: OTHER COMMUNITY-BASED SUPPORTS

90+ programs, services...
Provided by:
- non-profits
- local and state government
- private entities
- faith community
Geared toward:
- Children
- Families
- Adults

Address:
- Economic support
- Employment
- Health services
- Food security
- Housing and shelter
- Training and skill-building
Based on this inventory,

Where is the system strong?

Where is the system weak?

Where are the opportunities for improvement?
What works?
Intercept - I:
Prevention
THE PREVENTION CHALLENGE
Tertiary-already affected
Secondary-at risk
Primary-universal
Understanding Adverse Childhood Experiences

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
Characteristics of successful prevention initiatives

- Sufficient dosage
- Comprehensive—not just awareness raising
- Positive relationships + well trained staff (or peers)
- Appropriately timed and socioculturally relevant
- Evaluation
MULTI SECTORAL, COMMUNITY WIDE, ENVIRONMENTAL APPROACH
<table>
<thead>
<tr>
<th>Persons</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>• Behavioral disengagement coping</td>
<td>• Positive physical development</td>
</tr>
<tr>
<td></td>
<td>• Negative emotionality</td>
<td>• Emotional self-regulation</td>
</tr>
<tr>
<td></td>
<td>• Conduct disorder</td>
<td>• High self-esteem</td>
</tr>
<tr>
<td></td>
<td>• Favorable attitudes toward drugs</td>
<td>• Good coping skills and problem-solving skills</td>
</tr>
<tr>
<td></td>
<td>• Rebelliousness</td>
<td>• Engagement and connections in two or more of the following contexts: at school,</td>
</tr>
<tr>
<td></td>
<td>• Early substance use</td>
<td>with peers, in athletics, employment, religion, culture</td>
</tr>
<tr>
<td></td>
<td>• Antisocial behavior</td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>• Substance use among parents</td>
<td>• Family provides structure, limits, rules, monitoring, and predictibility</td>
</tr>
<tr>
<td></td>
<td>• Lack of adult supervision</td>
<td>• Supportive relationships with family members</td>
</tr>
<tr>
<td></td>
<td>• Poor attachment with parents</td>
<td>• Clear expectations for behavior and values</td>
</tr>
<tr>
<td><strong>School, Peers,</strong></td>
<td>• School failure</td>
<td></td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td>• Low commitment to school</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Associating with drug-using peers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Not college bound</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Agression toward peers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Norms (e.g. advertising) favorable toward alcohol use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Accessibility/availability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Presence of mentors and support for development of skills and interests</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Opportunities for engagement within school and community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Positive norms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clear expectations for behavior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physical and psychological safety</td>
<td></td>
</tr>
</tbody>
</table>
### EFFECTIVE PREVENTION ACTIVITIES

<table>
<thead>
<tr>
<th>Provide</th>
<th>Opportunities for participation in activities that reduce risk and increase protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance</td>
<td>Access/reduce barriers to protective systems and prevention initiatives</td>
</tr>
<tr>
<td>Change</td>
<td>Consequences</td>
</tr>
<tr>
<td>Enhance</td>
<td>Skills (providing training and technical assistance in systems)</td>
</tr>
<tr>
<td>Change</td>
<td>Physical design</td>
</tr>
<tr>
<td>Modify/change</td>
<td>Policies</td>
</tr>
</tbody>
</table>
FOCUS ON EVIDENCE BASED INTERVENTIONS

- Nurse Family Partnership
- The PAX Good Behavior Game
- The Incredible Years
- Family Spirit
- Zones of Regulation
- Family drug courts: Children Affected by Methamphetamine
AVOID WHAT DOESN’T WORK

- Waiting until high school
- DARE-like programs
- Fear/Risk based messaging
What works?
Intercept - I: Community Based Treatment
## MAJOR SHIFTS IN SUD TREATMENT

| Treatment not covered by insurance, funded by federal block grants + state dollars |
| Treatment limited to SUD providers |
| Abstinence model |
| Focus on inpatient beds |
| Informal recovery support |
| Coverage mandated, covered by Medicaid |
| Universal screening, integrated care |
| Evidence based practice including medication assisted treatment |
| Community based treatment, building a continuum of care |
| Professional peer support and recovery |
INTERCEPT - I: TREATMENT AND RECOVERY

• Universal screening/referral for MH and SUD in all possible settings
• Integrated behavioral healthcare models
• Ongoing continuum of care and treatment available to consumers as we have for chronic disease
• Focused efforts to assist high needs consumers known to the system
• Case management and connection to community-based services including those addressing SDOH (i.e., housing)
• Peers as a potential workforce in rural areas
• Recovery and social supports (AA, NA, MA, Phoenix)
• Comprehensive evidence-based programs (i.e., MATRIX)
Universal Assessment
Warm hand offs/referrals
Treatment Planning
Behavioral Therapy
Monitoring
Case Management
Pharmacotherapy
Recovery & Peer Support
Continuing care

Financial services
Vocational services
Medical care
Education and childcare services
Legal services
Housing/transport
FOR METHAMPHETAMINE: COMPREHENSIVE, LONG TERM BEHAVIORAL THERAPIES

- Behavioral therapy
- Individual counseling
- Family education
- Drug testing
- Encouragement for non-drug related activities
- Cognitive behavioral therapies
- Contingency management intervention
- 12 step support
MOTIVATIONAL INCENTIVES FOR ENHANCING DRUG ABUSE RECOVERY (MIEDAR),

Provides rewards (monetary and prizes) for submitting and testing negative through urine analysis and breath testing

Participants earn up to $400 in prizes over 3 months
WORST CASE CRISIS SCENARIO IN MONTANA

Individual in crisis

Law Enforcement

Jail

No triage or assessment by qualified behavioral health professional

ER or Hospital with no behavioral health assessment

Transfer to Inpatient Treatment

No follow up or linkage to community-based behavioral health care providers after the crisis is resolved
Gallery Walk of example behavioral health crisis systems
Best Practice Models for Rural BH Crisis Response
USE OF PARAPROFESSIONALS AND TECHNOLOGY

BEHAVIORAL HEALTH AIDES
- case management, routine care and med management
- assess and resolve crises, and refer
- training is key

STATEWIDE TELEHEALTH “HUB”
- consult and support to BH aides and other paraprofessionals
- allows patients to be seen by professionals
- determination of when patients need transport
16 COUNTY REGIONAL CRISIS SYSTEM

MOBILE CRISIS RESPONSE COUNSELORS
- Counselors respond to LEAs in person or virtually with secure iPad technology
- 24/7 emergency community support case managers
- Connect with clients during crisis event and for up to 90 days

LAW ENFORCEMENT CIT TRAINING

REGIONAL
- CRISIS STABILIZATION CENTER FOR INVOLUNTARY PROTECTIVE CUSTODY PLACEMENTS
- SOBERING, DETOX AND TREATMENT CENTER

Diverted 84% of IPCP most recent fiscal year
REGIONAL CRISIS CENTERS

Clinical supervision provided weekly for MH and SUD

Psych techs 24/7

Daytime bachelor’s level SWs

23 hour, 59 minute stays

24/7 nursing staff assess before admission

Documented reductions in ED costs and usage in first year
RURAL CRISIS STABILIZATION PROJECT

24/7 CRISIS ROOMS IN FIVE CRITICAL ACCESS HOSPITALS

STAFFED BY TEAMS FROM EXISTING LOCAL ORGANIZATIONS

- ED staff – medical stabilization
- Clinicians from Behavioral Health – assessment and evaluation, treatment, safety planning
- Safety observation – ED CNAs, psych techs
- Security and transport as needed – LEAs or designee
- Provide “just in time” services

TEAM TRAINING

Mental Health First Aid, Management of Aggressive Behavior, Crisis Assessment and Safety Planning
SUGGESTIONS FOR RURAL AREAS

- Use of Sequential Intercept Mapping as a planning tool
- Use of telehealth for crisis response and psychiatry
- 24/7 BH support to LEA and hospitals – regular communication, meetings, joint protocols
- Behavioral health training for law enforcement
- A basic place to keep a person overnight
  - staffed with a paraprofessional or nurse, with a BH professional available for consult
- MOUs among BH, LEAs, P&P, courts
FOCUS ON LAW ENFORCEMENT, COURTS AND HOSPITALS

BEHAVIORAL HEALTH PROFESSIONALS THAT ONLY TAKE LEA AND COURT REFERRALS

- mobile crisis services during business hours/next day service
- work with client for 30 days
- work in any setting necessary – homes, jails...
- assure people don’t fall through cracks

BEHAVIORAL HEALTH PROFESSIONALS ASSIGNED TO EDs

LAW ENFORCEMENT TRAINING

- Including CIT adapted to rural areas

SKYPE IN SOME AREAS

MISSOURI
## KEY COMPONENTS OF HIGH-FUNCTIONING RESPONSE SYSTEM

- Training for law enforcement
- Intensive case management
- Data sharing to enable warm hand-offs
- Enrollment in Medicaid inside jails
- Respite services for consumers and family members
- Restoration/sobering place in lieu of jail - link to services
- Higher levels of care when needed
WORKFORCE SUGGESTIONS

Maximize use of mid-level providers supported by telehealth

Use paraprofessionals and EMTs with support

Train all responders in MHFA, some in CIT and assure training has a balance of info on MH, SUD and co-occurring

Train and educate place committed people
Maximize use of crisis lines and response teams (can be virtual) to divert and avoid transports.

Clear, consistent communication between crisis line, 911, LEA.

ED well connected to BH, with BH embedded if possible.

Connect with community services within 24-48 hours when leaving ED.

EMS trained in BH, underutilized resource.

Peers involved in initial response and after.
• LEAs trained in BH (MH and SUD) and well connected to BH providers
• BH and LEAs develop and refine response model, meet regularly
• Specialized Policing Teams
  • Crisis Intervention Teams (CIT)
  • Co-responder teams
  • Follow-up teams
  • Can involve peers
INTERCEPT TWO: INITIAL DETENTION & COURT HEARINGS
SAMSHA GAINS CENTER

• Regular communication among LEA, BH, courts
• Pre-adjudication drug treatment courts
• Screen for MH and SUD and divert to treatment when possible, divert Veterans to VA programs
• Courts more likely to divert if programs are in place
• Jails as HC settings need BH services and communication with BH provider
  • National Commission on Correctional Healthcare resources
• Jails can use crisis line to connect prisoners to assessment and counseling
• Connect inmates with benefits and meds before release
• Drug Treatment Courts
• Community Courts
• Mental Health and Co-occurring Courts
• Deferred prosecution for low level, low risk offenders
INTERCEPT FOUR: RE-ENTRY SAMSHA GAINS CENTER

- Connection to:
  - medications
  - community-based treatment
  - recovery support
  - community-based services, including those that address SDOH (i.e., housing)
- Assertive Community Treatment Teams (PACT)
- Intensive Case Management Programs
INTERCEPT FIVE: COMMUNITY CORRECTIONS
SAMSHA GAINS CENTER

• Specialty probation caseloads
• Forensic Assertive Community Treatment
• Housing and employment support
FOR CONSIDERATION…

• Statewide changes often were at play in the localities we conducted interviews
• It is not possible to overlay a crisis system from one area to another
• Think low tech and think high tech
Discussion
What 3 changes would you prioritize to begin developing a more effective system of prevention, treatment enforcement/diversion in Yellowstone County?
Create meaningful categories
Vote for top two overall priorities (Green)
Vote for two areas where YOU are willing to work (Red)
Vote for two areas you would focus on with $500K budget (Blue)
September 4-5: Action Planning