SEQUENTIAL INTERCEPT MAPPING
IMPROVING THE BEHAVIORAL HEALTH CRISIS SYSTEM IN YELLOWSTONE COUNTY
SEPTEMBER 5, 2019
Where are we headed........................?
Once addiction steals everything else, the only remaining thing to steal is our hope for renewal and wellbeing.
Hope
/hōp/

Noun

1.1 a feeling of expectation and desire for a certain thing to happen
heal-ing

/hēliNG/

Noun
1.1. the process of making or becoming sound or healthy again
The opposite of addiction is not sobriety. It is connection.
A project to address methamphetamine related violent crime in Yellowstone County
19 Executive Committee
38 Steering Committee
216 Members
89 Organizations
WHERE ARE WE GOING?

• PLAN
• RESOURCES
• QUESTIONS
• MINDSET
Plan Process

-------------------------------Collective Impact Coaching-------------------------------

Sep
SIM 2

Oct
Planning

Nov
Planning

Dec
Plan/Toolkit
Completed

Jan
Implement
PLAN Components

• Shared Vision
• Key Action Items: Prevention, Treatment, Diversion
• Metrics
• Governance Structure
• Continuous Communication
Resources -- HIDTA

• DATA
• GOVERNANCE
• COMMUNICATION
• BEST PRACTICE
• PILOT PROJECT/S
Resources -- PROPOSED

• DRUG FREE COMMUNITIES
• HIDTA 2
RESOURCES - EXISTING

• Providers and Organizations serving Intercept Populations
• Various funding sources
• Medicaid/Insurance
• Project Safe Neighborhood
• HIDTA
• DUI Task Force
• Continuum of Care
• Local Government
Mindset
Substantially Reduce Drug Related Crime and Addiction
Extraordinary projects

• Address a problem, a big one

• Propose a radical solution

• Utilize innovative thinking & technology
Key Questions

• What behavior can I change with my existing resources for substantive progress?
  • Consider the cookie. Or the Coke.

• Are we hampered by funding constraints?
  • ADVOCACY Solutions

• What resources do we need that we don’t have?
Moonshot Mindset

- Go Big or Go Home
- Fail Fast
- Perspective shift is what it is all about
- No excuses
- #Believe

- Swim out of your element
- Don’t build the ladder to the Moon
- Make the world 10x better
- Figure it out as you go
On the 10,000th try there was light.

Thomas Edison

OPTIMISM
PassItOn.com
What behavior can I change?
“What big question or challenge do you bring to your community building efforts? What do you hope to give and to get from our time together today?”
AGENDA FOR OUR PLANNING PROCESS

Where are we now?

How will we get there?

Where do we want to be?
OUR COMMITMENTS TO YOU

We will not waste your time

We will not wordsmith

You will have opportunities for meaningful input

We will be relentlessly committed to creating a plan that is useful, and operational
YOUR COMMITMENTS TO THIS PROCESS

Stay engaged and participate

Keep focus on behavioral health crises

Bring your expertise and organizational perspective

Follow the 80% principle
PRINCIPLES OF PARTICIPATORY DECISION MAKING

- Inclusion
- Egalitarianism
- Cooperation
- Solution Mindedness
OBJECTIVES FOR TODAY

1. Identify priority strategies for action in crisis response, treatment, diversion and enforcement – over the next two years

2. Create a shared understanding of how the Substance Abuse CONNECT Coalition will support this work
Review of results from July
Heard from individuals with lived experience
Reviewed local data about substance abuse, mental health, methamphetamine use and violent crime
Mapped scenarios of individuals with MH and SUD entering and move through the justice and treatment systems
Inventoried and mapped the behavioral health crisis prevention, response, treatment, diversion and enforcement system at each “Intercept” – where system supported, failed, opps for improvement
Reviewed evidence-based crisis response models and best practices at each Intercept
Highlighted system strengths, weaknesses and opportunities
Identified priority areas for change
http://www.unitedwayyellowstone.org/substance-abuse-connect
SYSTEM STRENGTHS

- Community willingness and readiness
- Law Enforcement
- Community Crisis Center
- Treatment Courts
- Hospitals
- Large # of providers and services
Elephant in the Room
SEQUENTIAL INTERCEPT MODEL

Intercept -1
Community-Based **Prevention Services** for Youth; **Treatment Services** for Youth and Adults; and other **Supports, Services and Systems** that Interact with Parents
PRIORITIZATION RESULTS – OVERALL PRIORITY

- Youth Prevention: 21
- Access to Care/Treatment: 12
- Peers/Recovery: 10
- Reintegration & Case Mgmt: 10
- System Coordination: 8
- Mobile Crisis/Response: 8
- Jail Services: 7
- Crisis Line: 4
- Low Barrier Shelter: 3
PRIORITIZATION RESULTS – WOULD WORK ON

- Youth Prevention: 32
- System Coordination: 11
- Jail Services: 11
- Peers/Recovery: 9
- Access to Care/Tx: 7
- Reintegration & Case Mgmt: 7
- Mobile Crisis/Co-Response: 3
- Low Barrier Shelter: 1
- Crisis Line: 0
PRIORITIZATION RESULTS – WITH $500K

- Youth Prevention: 23
- Jail Services: 11
- Access to Care/Tx: 10
- Reintegration & Case Mgmt: 8
- Mobile Crisis/Respond: 8
- Crisis Line: 8
- System Coordination: 6
- Peers/Recovery: 5
- Low Barrier Shelter: 5
OTHER KEY OPPORTUNITIES TO IMPROVE RAISED IN JULY

- Probation and parole caseloads
- Crisis stabilization for adults
- Consistent, universal screening and assessment tools
PRIORITIZATION RESULTS – OVERALL PRIORITY AND WOULD WORK ON

Youth Prevention: 53
System Coordination: 19
Peers/Recovery: 19
Access to Care/Tx: 19
Jail Services: 18
Reintegration & Case Mgmt: 17
Mobile Crisis/Respond: 11
Low Barrier Shelter: 4
Crisis Line: 4
Establish a Prevention Infrastructure

Focus on Elementary and Middle Schools – before High School

In Child Protective Services to support youth/families at high risk

Support early childhood development education

Trauma informed education and services
IMPROVE SYSTEM COORDINATION

- Implement system and policy changes to strengthen system coordination
  - standardize crisis response, such as written protocols
  - promote continued parental involvement
  - promote diversion and decriminalize when possible
  - reduce stigma
  - better coordinate services for youth
- Increase collaboration and communication among organizations and providers
  - Record sharing
  - Data sharing
  - Cross system referrals, continuity of care, follow-up
- Increase awareness of services
STRENGTHEN REINTEGRATION AND CASE MANAGEMENT

- Develop stronger integration services and support for persons moving within the system
  - From hospitals and crisis settings to the community
  - From Jail to the community
  - From residential treatment to the community
- Strengthen assistance provided to individuals with housing, employment, transportation and social connection
- Strengthen on-going case management services
INCREASE USE OF PEERS AND RECOVERY SUPPORTS

- Create a community-wide peer support network accessible to all organizations and in particular, to law enforcement and probation and parole
- Expand sober living and housing, including age-appropriate housing for youth
- Increase social supports, connections and activities
- Improve the way we connect individuals to community organizations and services
EXPAND JAIL SERVICES

- Expand jail capacity
- Expand in-jail behavioral health assessment, treatment and recovery services
- Improve integration services that connect individuals with services at release
- Expand pre-trial services
INCREASE ACCESS TO CARE/TREATMENT

- Improve timeliness of access to treatment
  - Expand emergency and immediate access to treatment
  - Address the gaps between referral and assessment AND assessment and treatment
- Increase access to Medicaid detox beds
- Create a more robust continuum of care with adequate capacity
- Youth crisis, treatment, recovery and sober living
DEVELOP MOBILE CRISIS RESPONSE

- Create a mobile crisis response team
  - Create a team that involves behavioral health expertise during crisis events
  - Better support law enforcement and identify opportunities to divert individuals to the least restrictive setting****
CONSULTANT OBSERVATIONS

No formal commitment for criminal justice and behavioral health to work together, leading to:

- Lack of co-response to crisis events
- Lack of standardized screening and sharing of information
- No coordinated effort to identify and work with high utilizers
- Lack of data to assess overall costs in the system and work to reduce them
- Limited behavioral health services in the jail
- No protocols for appropriate diversion

Lack of clarity about additional treatment and crisis service needs
CONSULTANT RECOMMENDATIONS

- **Focus**: Focus resources on high utilizers
- **Identify**: Identify specific gaps in treatment service continuum
- **Identify**: Identify specific gaps in crisis care continuum
- **Maximize**: Maximize use of available crisis funding
FOCUS RESOURCES ON HIGH UTILIZERS

Identify the cohort of high utilizers, determine specific needs and focus resources on this population.

- Identify a “lead” and key organizations (LEA, CCC, hospitals, BH, housing)
- Create “case definitions”
  - in jail X times in last X months; in ED [crisis center, psych stab, hospital] X times in last X months
- Create community protocols and procedures that promote:
  - engaging these people in services
  - intervening as early as possible when they are heading into crisis
  - following up after crises and assisting with transitions (ED to community, hospital to community, jail to community)
- Set a goal: XX% engaged in services
  - (treatment, PACT, connected to a peer, case manager, etc.)
Use ASAM criteria to determine specific treatment capacity needs

- Determine current capacity at each level – slots, beds
- Examine utilization data at each level
  - To what extent is current capacity being used?
  - What percentage of capacity at each level is being used by frequent utilizers who might be served in another setting?
- What are the patterns of utilization at each level? Does data reflect people are receiving the right service, at the right time (least restrictive setting)?
- We heard Medicaid detox beds; intensive outpatient services for co-occurring; youth services; emergency/immediate access...
IDENTIFY SPECIFIC GAPS IN CRISIS CARE CONTINUUM

- Examine utilization data from crisis services and determine specific needs

- Crisis Center, Psychiatric Stabilization Unit, Emergency Departments, MT Rescue Mission, 911 and crisis line calls
  - What are the patterns of utilization?
  - Is there a high proportion of repeat users? Consecutive 23 hr, 59 minute stays?
  - Would the crisis continuum benefit from a longer duration crisis respite service (up to 14 days) and/or additional detox beds?

- What could be put in place that would decrease repeat crises, use of high cost services and increase engagement in community-based services?
MAXIMIZE USE OF AVAILABLE CRISIS FUNDING

- County matching grant funds for crisis services
- Mobile Crisis Team Funding
  - Upcoming Requests for Proposals will be released in the next several weeks
- Potential pilot projects

- Assure all services are maximizing billing
  - Crisis service funding is complex and involves a number of sources/programs
  - It is often not well-understood and can be underutilized
  - Addictive and Mental Disorders Division staff are willing to assist

What did you think about what you just heard?

What is exciting about it?
Identify priority strategies for action in crisis response, treatment, diversion and enforcement
IDENTIFYING PRIORITIES

Where can we have an impact on meth and meth-related violence?

Where is there the most active interest in the community now?

What is the greatest need?

Where could we have the greatest impact?

Where is there capacity to work?

Where is the heat?

What other criteria should we consider?
VOTING

Green – 1st choice
Blue – 2nd choice
Red – 3rd choice
<table>
<thead>
<tr>
<th>Priority</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Access to Treatment</td>
<td>52</td>
</tr>
<tr>
<td>Improve System Coordination</td>
<td>39</td>
</tr>
<tr>
<td>Expand Jail Services</td>
<td>36</td>
</tr>
<tr>
<td>Strengthen Reintegration &amp; Case Management Services</td>
<td>30</td>
</tr>
<tr>
<td>Develop Mobile Crisis Response</td>
<td>29</td>
</tr>
</tbody>
</table>
Small Group Work
Critical Shifts

- **Current experience**: Here’s what’s happening now in Yellowstone County

- ** Desired state**: Here’s how we want things to be in the future

"It can be at the individual level, the organizational level, the community level, the policy level, etc."
### Example critical shifts

<table>
<thead>
<tr>
<th>Current State</th>
<th>Desired Future</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System Shift</strong></td>
<td></td>
</tr>
<tr>
<td>Lots of agencies provide home visiting services, and no one is clear if we’re getting the right supports to the families that can most benefit from the supports.</td>
<td>Any agency providing home visiting services will be able to coordinate services, data and improvement efforts with other home visiting providers.</td>
</tr>
<tr>
<td>New houses are built to be powered using conventional energy model</td>
<td>New houses have some renewable energy component (partly powered by solar)</td>
</tr>
<tr>
<td><strong>Experience Shift</strong></td>
<td></td>
</tr>
<tr>
<td>It’s word-of-mouth and pay-to-play for families to get home visiting support when they have a new baby.</td>
<td>All families feel in-the-know and comfortable reaching out for home visiting support when they have a new baby.</td>
</tr>
<tr>
<td>Water is all too often taken for granted, especially wastewater (needs to be disposed of elsewhere)</td>
<td>Water is seen as a precious resource and people consciously choose fixtures and behaviors that conserve water, reduce loss</td>
</tr>
</tbody>
</table>
What are our biggest challenges, and how will we address them?

What are our key resource needs?

Who needs to be involved? Who should take the lead?

What role(s) can the Substance Abuse Connect Coalition play to help the shift or change occur?
Priority Mapping

Each team will have TWO MINUTES to tell the story.

As you’re listening, what will help sharpen the strategy?

1. What I like
2. What I’d add/change
3. What I’d want the group to test or learn more about as they move forward
Create a shared understanding of how the Substance Abuse CONNECT Coalition will support this work
Connecting the Dots: Building a Culture of Collaboration through collective impact

Deb Halliday
Halliday & Associates

p: (406) 546-6991
e: deb@debhalliday.com
t: @deb_halliday
w: debhalliday.com

Prepared for:
Substance Abuse Connect
September 4 & 5, 2019
People own that which they help to build.

Margaret Wheatley
Human timeline...

• How long have you been a community builder?

What led you to be a community builder? What do you love about it?
An invitation...
What’s our challenge?

PROGRAM RICH
SYSTEM POOR
What’s our approach?

3 Components of Effective Community Change

- **Framework** - a good framework provides both a roadmap and common language for a team to navigate change
- **Principles** - principles guide the way in which one *interprets & acts upon* the framework
- **Practices** - help move a team along a framework efficiently & (hopefully) joyfully

Source: Liz Weaver & Mark Cabaj, Tamarack Institute

INCREASED ALIGNMENT
COMMUNITY CAPACITY
COLLECTIVE IMPACT
3 Components of Effective Community Change

• **Framework** - a good framework provides both a roadmap and common language for a team to navigate change

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• **Practices** - help move a team along a framework efficiently & (hopefully) joyfully

Source: *Liz Weaver & Mark Cabaj, Tamarack Institute*
What type of problem is it?

Simple
Making Soup
Right “recipe” essential
Gives same results every time

KNOWN

Complicated
Sending a Rocket to the Moon
“Formulae” needed
Experience built over time and can be repeated with success

KNOWABLE

Complex
Raising a Child
No “right” recipes or protocols
Outside factors influence Experience
helps, but doesn’t guarantees success

UNKNOWABLE

Source: Brenda Zimmerman, Director of Health Industry Management Program, Schulich School of Business
## Characteristics of complex problems

<table>
<thead>
<tr>
<th>Complex problems are difficult to frame</th>
<th>The cause and effect relationships are unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are diverse stakeholders</td>
<td>Each experience is unique</td>
</tr>
<tr>
<td>The characteristics and dynamics of the issue evolve</td>
<td>There is no obvious right or wrong set of solutions</td>
</tr>
<tr>
<td>There is no single measure of success</td>
<td>The community is also evolving and changing</td>
</tr>
</tbody>
</table>
What is collective impact?

Collective impact is the commitment of a group of key actors from different sectors to develop a common agenda for solving a specific social problem.

Source: FSG
Collective impact is NOT!

- Collaboration as usual
- Single sector approach
- A focus on individual programs and single focused solutions
- Short term impacts
GMM: “nested collective impact”

Since its launch in 2010, roughly 500 fewer students drop out every year, representing a $5.9 million annual boost to the state’s economy. These new graduates will increase their lifetime earnings by $95 million. Private sector investment in GMM is over $1.3 million.
Collective Impact
Leading Organizations & Resources
Preconditions for Collective Impact

- Influential Champion(s)
- Urgency of issue
- Adequate Resources
5 Conditions of Collective Impact

**Common Agenda**
All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions

- Diverse Voices
- Responsive
- Community Aspiration

**Shared Measurement**
Collecting data and measuring results **consistently** across all participants ensures efforts remain aligned and participants hold each other accountable

- Exploring
- Alignment
- Tracking Progress
- Results

**Mutually Reinforcing Activities**
Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

- Weaving
- System
- Supportive
- Centered

**Continuous Communication**
Consistent and open **communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

- Trust
- Transparency
- Ongoing
- Engagement

**Backbone Support**
Creating and managing collective impact requires a dedicated staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

- Facilitate
- Convener
- Coordinate
- Movement

Source: FSG
Collective Impact as a birthday party...
## A Collective Impact birthday party

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common Agenda</strong></td>
<td>All participants have a shared vision for change – Everyone agrees that the reason we’re coming together is to have a birthday party for Martin</td>
</tr>
<tr>
<td><strong>Shared Measurement</strong></td>
<td>Collecting data and measuring results consistently – Everyone agrees that the goal is to have 30 people attend Martin’s party; to raise $200 for Martin’s favorite charity; and to spend no more than $50 on the party</td>
</tr>
<tr>
<td><strong>Mutually Reinforcing Activities</strong></td>
<td>Participant activities must be differentiated while still being coordinated – Each person has a clear task: venue; invitations; food; set up &amp; clean up</td>
</tr>
<tr>
<td><strong>Continuous Communication</strong></td>
<td>Consistent and open communication – An email group is created, and one person agrees to monitor it to make sure that communication occurs</td>
</tr>
<tr>
<td><strong>Backbone Support</strong></td>
<td>Serve as the backbone for the entire initiative and coordinate participating organizations and agencies One person agrees to serve as the coordinator of the party, connecting with all the planners, helping respond to unexpected roadblocks and opportunities</td>
</tr>
</tbody>
</table>
The 5 Conditions of Collective Impact – *Self Assessment*

**Your Project:**

**Common Agenda** All the members of the team know and agree to why they meet.

*Strongly Disagree* ————————————- *Strongly Agree*

**Shared Measurement** Data is “at the center” of our team’s work – it informs where we started, where we want to go and how far we’ve come.

*Strongly Disagree* ————————————- *Strongly Agree*

**Mutually Reinforcing Activities** Each team member tries to align their organizational activities (projects, grant opportunities, events and celebrations) to support the efforts of the whole team’s goals.

*Strongly Disagree* ————————————- *Strongly Agree*

**Continuous Communication** All team members feel “kept in the loop” about the vision and progress of the work and everyone feels able to share that information with others.

*Strongly Disagree* ————————————- *Strongly Agree*

**Backbone Support** There is an organization that is clearly responsible and has the capacity to ensure that the team comes together and is productive in its efforts.

*Strongly Disagree* ————————————- *Strongly Agree*
Six Shifts in Collective Impact

1. Specialized Agendas → Management Paradigm → Movement Building Paradigm
2. Fragmented Measurements → Common Agenda
3. Independent Activities → Shared Measurements
4. Sporadic Communication → Mutually Reinforcing Activities → Strategic Learning (& Shared Measurement)
5. Unsupported Efforts → Continuous Communication → High Leverage and Systems Focus
6. Backbone Infrastructure → Authentic Community Engagement → Container for Community Change

Connecting for Impact
**Phases of Collective Impact: Where are we now?**

*Circle the phase you see our Collective Impact is in for each component – it’s typical to be in different phases for different components.*

<table>
<thead>
<tr>
<th>Components for Success</th>
<th>Phase I Assess Readiness</th>
<th>Phase II Initiate Action</th>
<th>Phase III Organize for Impact</th>
<th>Phase IV Begin Implementation</th>
<th>Phase V Sustain Action and Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance and infrastructure</td>
<td>Convene community leaders</td>
<td>Identify champions and form cross-sector Steering Committee “SC” to guide the effort</td>
<td>Determine initial workgroups and plan backbone organization</td>
<td>Launch work groups “WGs” and select backbone organization</td>
<td>Building out the backbone organization; evolve WGs to meet emergent strategy</td>
</tr>
<tr>
<td>Strategic planning</td>
<td>Hold dialogue about issue, community context, and available resources</td>
<td>Map the landscape and use data to make case</td>
<td>Create common agenda, clear problem definition, population level goal</td>
<td>Develop Blueprint for implementation; identify quick wins</td>
<td>Refine strategies; mobilize for quick wins</td>
</tr>
<tr>
<td>Community engagement</td>
<td>Determine community readiness; Create a community engagement plan</td>
<td>Begin outreach to community leaders</td>
<td>Incorporate community voice - gain community perspective and input around issue</td>
<td>Engage community more broadly and build public will</td>
<td>Continue engagement and conduct advocacy</td>
</tr>
<tr>
<td>Evaluation and improvement</td>
<td>Determine if there is consensus/urgency to move forward</td>
<td>Analyze baseline data to ID key issues and gaps</td>
<td>Develop high level shared metrics and/or strategies at SC level</td>
<td>Establish shared measures (indicators and approach) at SC and WG levels</td>
<td>Collect, track, and report progress (process to learn and improve)</td>
</tr>
</tbody>
</table>

*Source: Tamarack Institute Compendium of CI Resources: The Five Phases*
Phases of Collective Impact

What’s ONE IDEA you have to help advance our collective impact effort? What’s ONE QUESTION you have as we move forward?

1. On you own, write your idea and your Q on a sticky note
2. As a group, combine and prioritize key ideas & Qs
3. Chose the top 2 or 3 ideas and Qs to add to the flip chart
Collective Impact Infrastructure: Structuring for Intentionality and Uncertainty

Common Agenda and Shared Metrics

- **strategic guidance and support**
- **partner-driven action**

- **Steering Committee**
- **Backbone Organization** (or set of organizations that collectively play backbone function)

Ecosystem of Community Partners

- **Work Group**: Chair, Chair, Chair
- **Work Group**: Chair, Chair, Chair
- **Work Group**: Chair, Chair

- = community partner (e.g., nonprofit, funder, business, public agency, resident)

*Adapted from *Listening to the Stars: The Constellation Model of Collaborative Social Change*, by Tonya Surman and Mark Surman, 2008.*
Collective impact is...

...positive and consistent progress at scale having a significant and measurable impact.
Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.

Margaret Mead
Connecting the Dots: Building a Culture of Collaboration through collective impact

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THANK YOU!