



substance abuse
CONNECT

prevention. treatment. enforcement.

SEQUENTIAL INTERCEPT MAPPING

ASSESSING THE BEHAVIORAL HEALTH CRISIS SYSTEM IN YELLOWSTONE COUNTY
DAY TWO

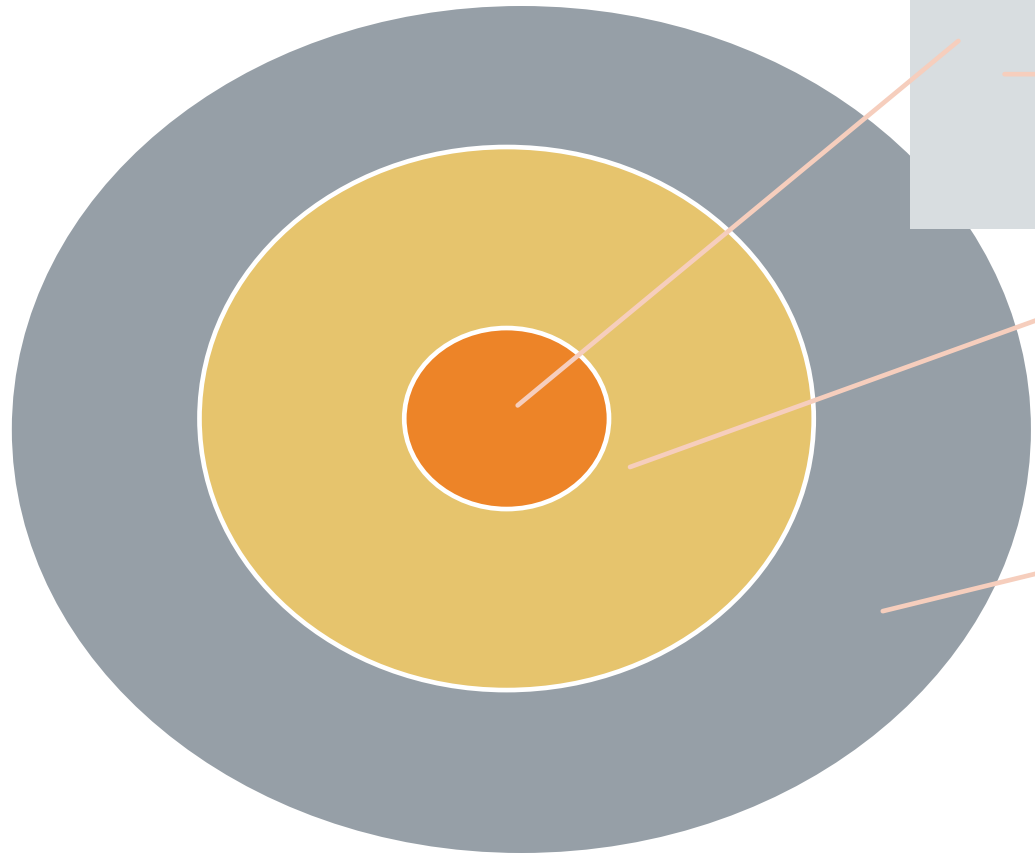
JULY 16, 2019



Updates from Kristen Lundgren

**UNITED WE FIGHT.
UNITED WE WIN.**

LIVE UNITED



19 Executive Committee

**38 Steering
Committee**

**120 Members
58 Organizations**

**UNITED WE FIGHT.
UNITED WE WIN.**

LIVE UNITED

**May
2018**
Est.

**Jan –
April**
Consultants
Secured
Assessment
Begins

**July 16-
17**
Sequential
Intercept
Mapping I

Jun-Dec
Funding,
Structure

June 30
Assessment
Completed

UNITED WE FIGHT.
UNITED WE WIN.

LIVE UNITED

GOAL

GRANT Notification: Prevention, HIDTA

PREVENTION: Communities That Care planning

**Aug
2019**

Collective
Impact

Oct-Nov
Planning

Jan
Implement

Sep
SIM 2

Dec
Plan/Toolkit
Completed

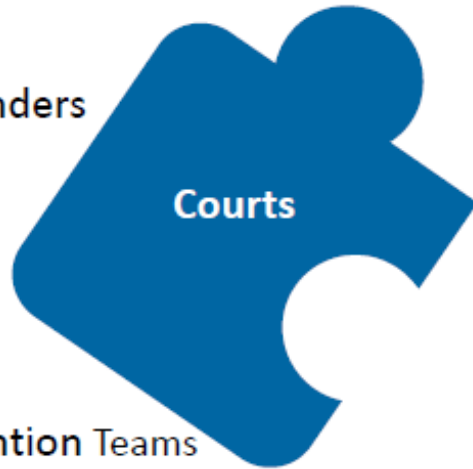
CRISIS SYSTEMS IN CRISIS

Triage Call Desks



9-1-1

Co-Responders



Crisis Intervention Teams



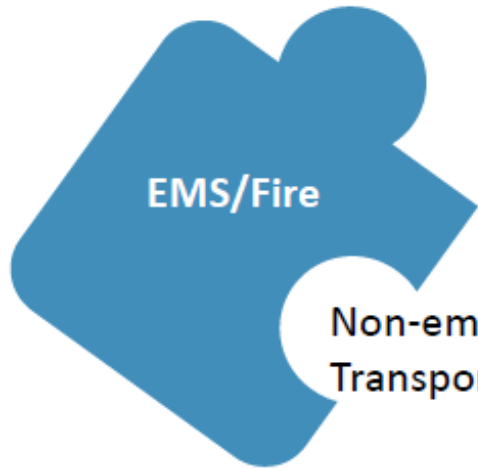
Homeless Outreach Teams

Crisis Hotline



Social Services

Peer Support



EMS/Fire

Non-emergency
Transportation

Behavioral Health Unit



Jails & Prisons



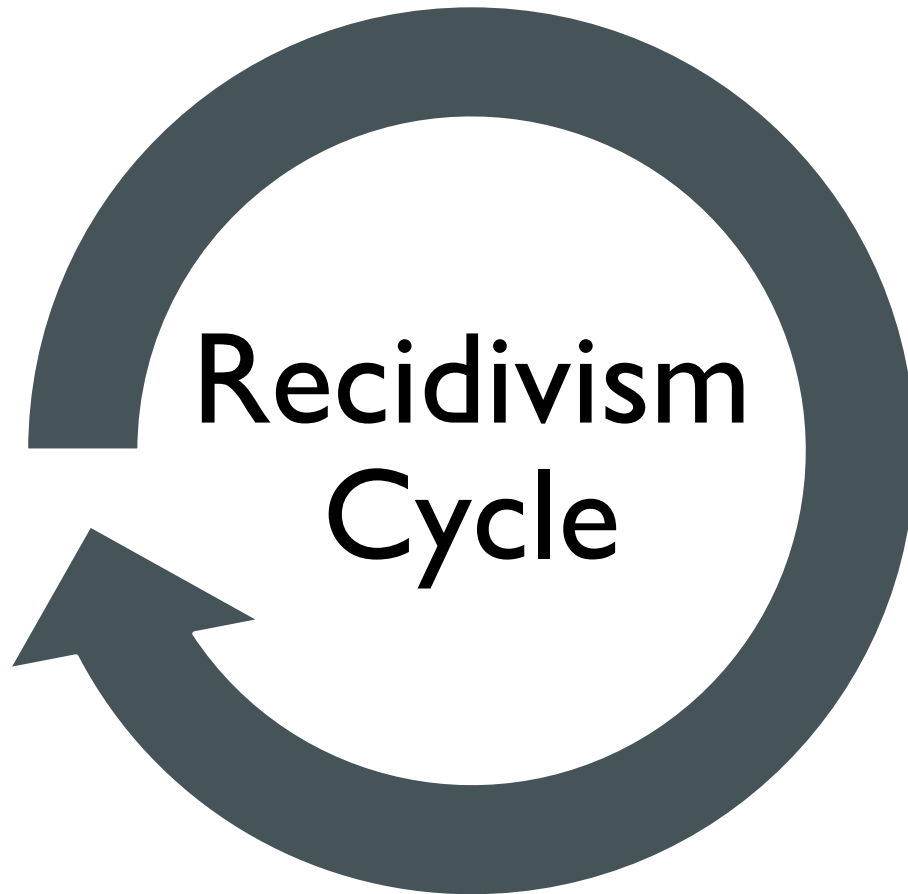
Health system

Mobile Crisis



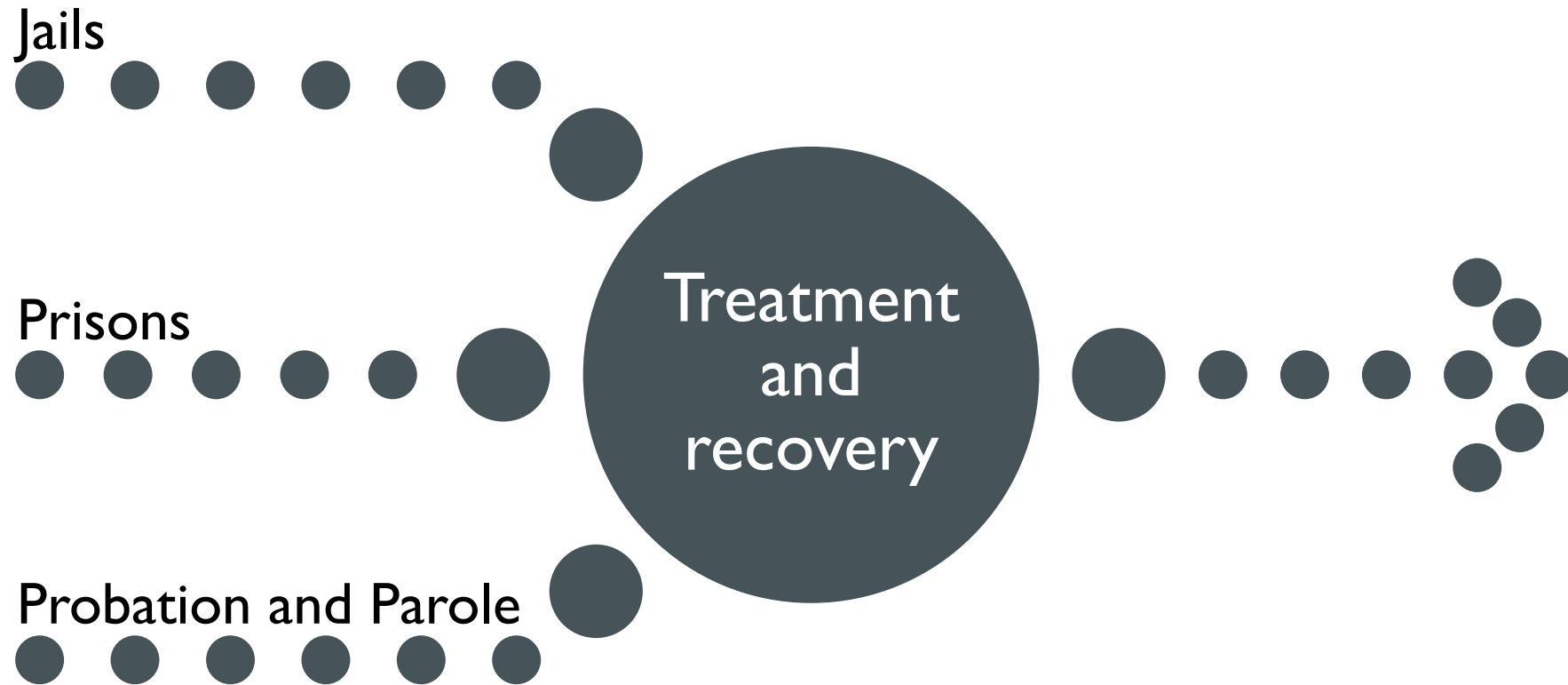
Community

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

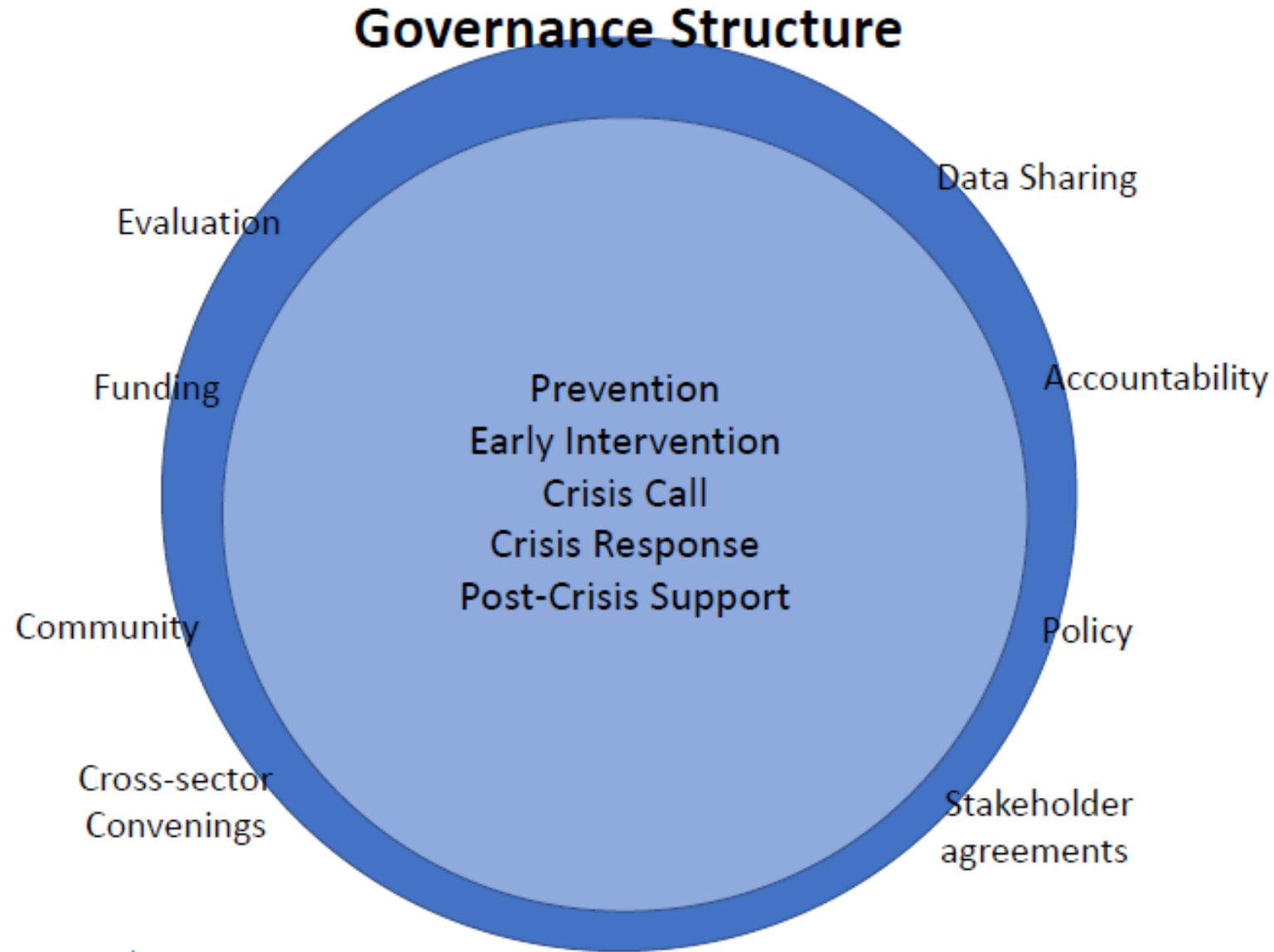


- Courts
- Jails/Prisons
- Probation/Parole

THE FUTURE: A JUSTICE SYSTEM THAT APPROPRIATELY DIVERTS/LINKS INDIVIDUALS WITH BEHAVIORAL HEALTH CONCERNS TO TREATMENT THAT ADDRESSES ROOT CAUSES



THE FUTURE: INTEGRATED BEHAVIORAL HEALTH CRISIS SYSTEMS



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:

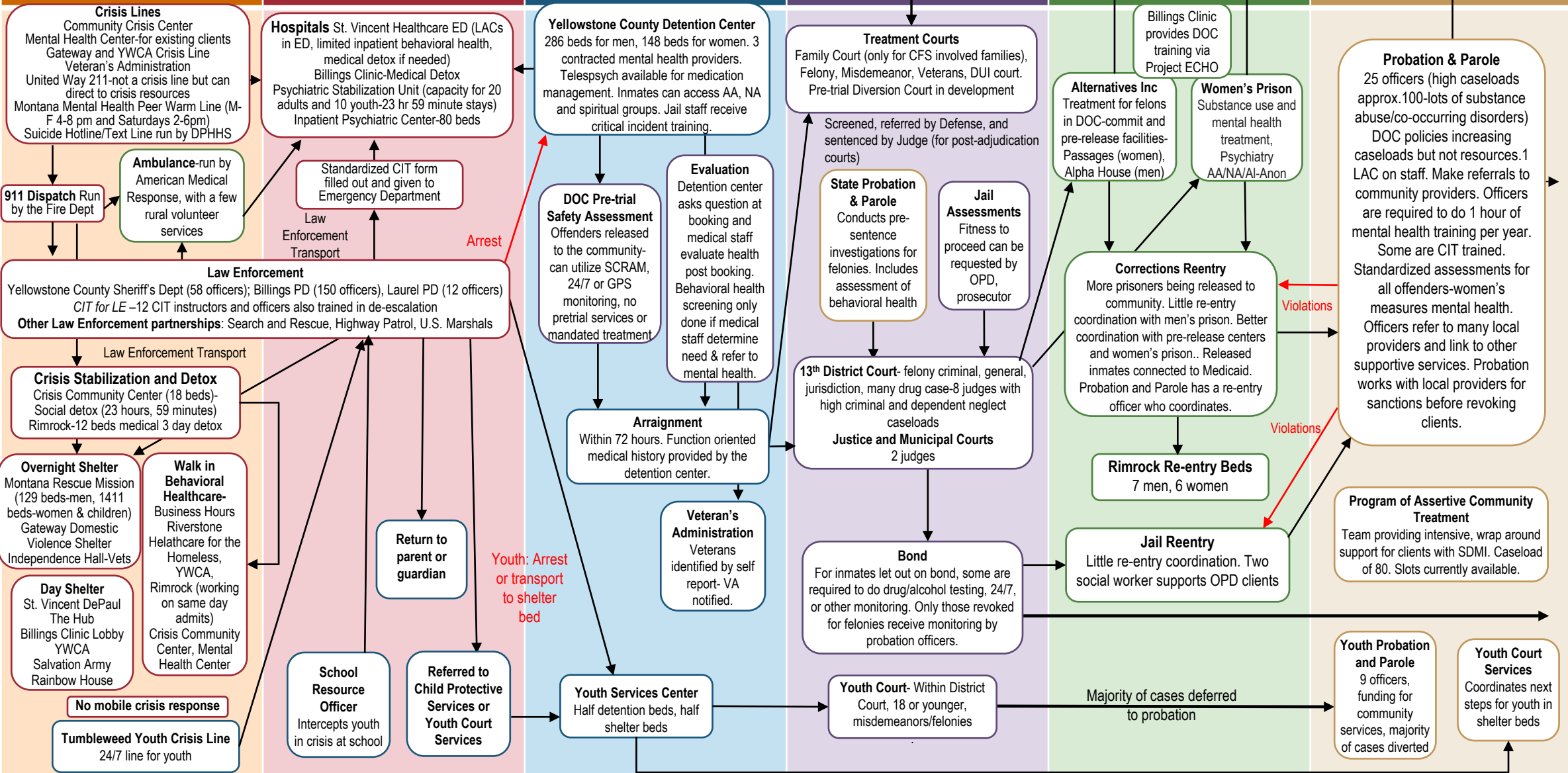
- Economic support
- Employment
- Health services
- Food security
- Housing and shelter
- Training and skill-building

Intercept 0 Community Crisis Services
Intercept 1 Law Enforcement & Emergency Services
Intercept 2 Initial Detention & Initial Court Hearings
Intercept 3 Jails & Courts
Intercept 4 Reentry
Intercept 5 Community Corrections & Community Supports

No standardized mental health or substance use assessment

COMMUNITY

COMMUNITY



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**

Principles of Substance Abuse Prevention for Early Childhood

A Research-Based Guide



Chapter 1

Why Is Early Childhood Important to Substance Abuse Prevention?



Chapter 2

Risk and Protective Factors



Chapter 3

Intervening in Early Childhood



Chapter 4

Research-Based Early Intervention Substance Abuse Prevention Programs



**Tertiary-already
affected**

Secondary-at risk

Primary-universal

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

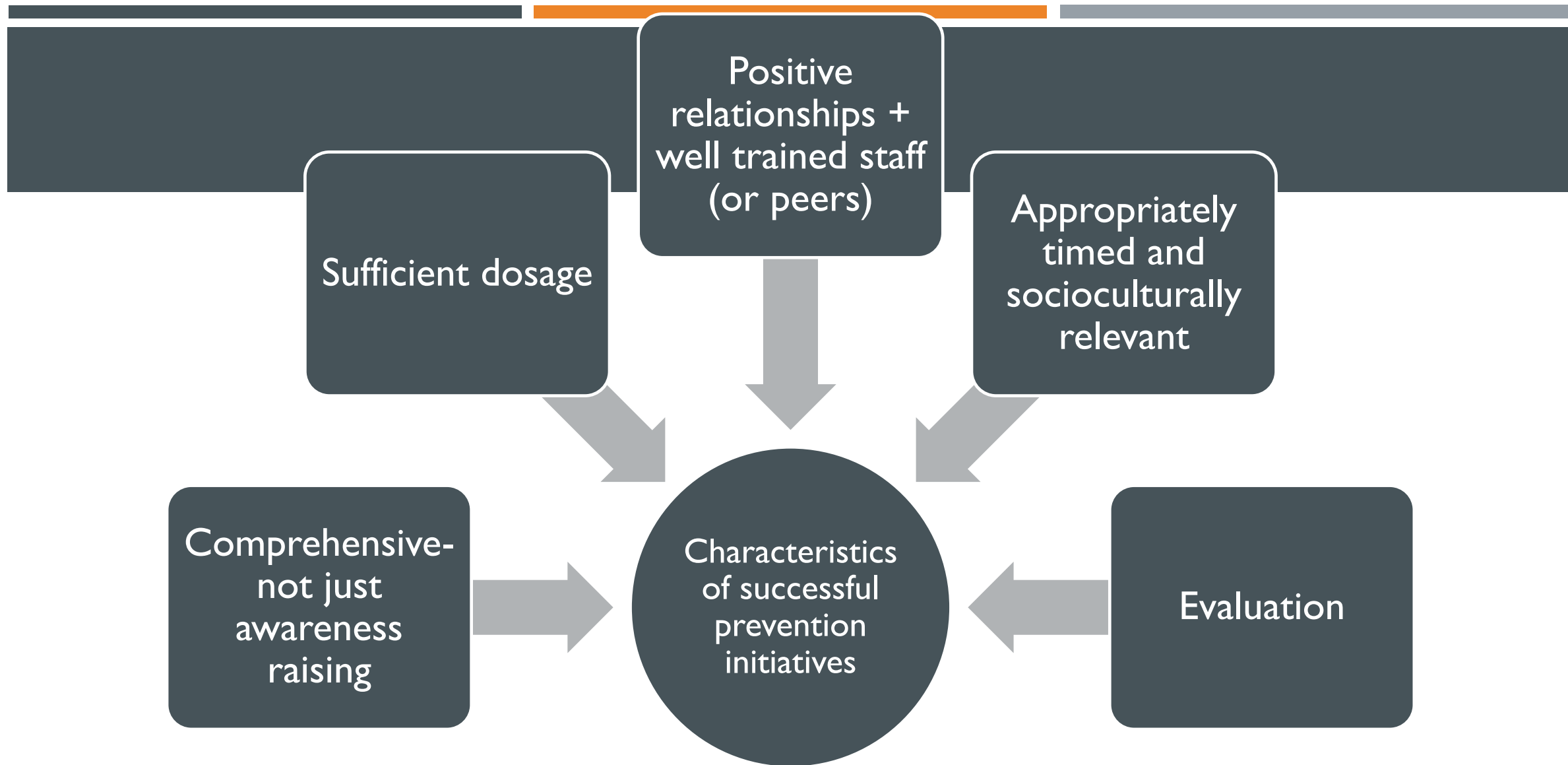


Substance Abuse

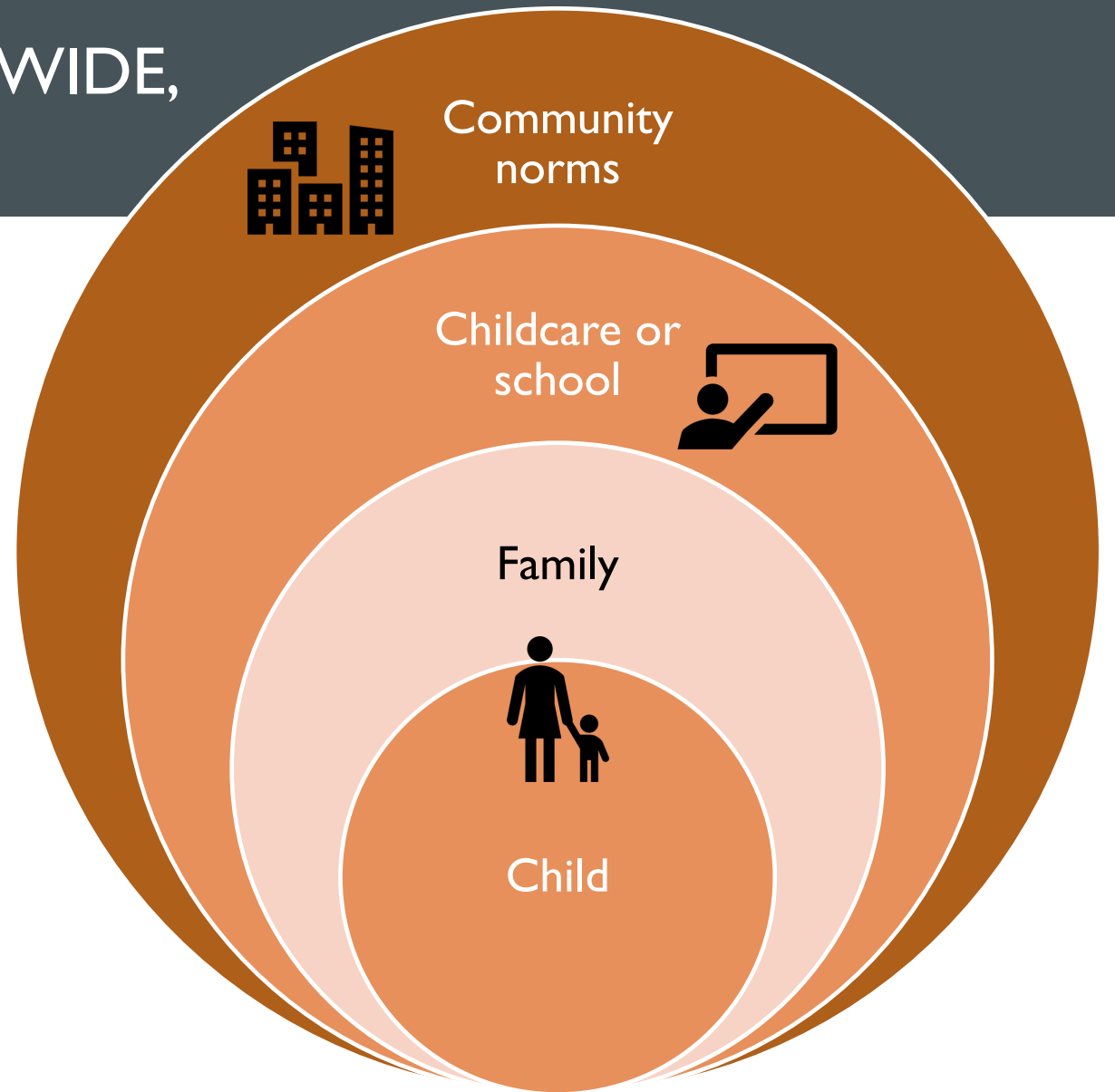


Divorce

Understanding Adverse Childhood Experiences



MULTI SECTORAL, COMMUNITY WIDE, ENVIRONMENTAL APPROACH



Adolescent risk and protective factors for substance use

Persons	Risk Factors	Protective Factors
Individual	<ul style="list-style-type: none">• Behavioral disengagement coping• Negative emotionality• Conduct disorder• Favorable attitudes toward drugs• Rebelliousness• Early substance use• Antisocial behavior	<ul style="list-style-type: none">• Positive physical development• Emotional self-regulation• High self-esteem• Good coping skills and problem-solving skills• Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture
Family	<ul style="list-style-type: none">• Substance use among parents• Lack of adult supervision• Poor attachment with parents	<ul style="list-style-type: none">• Family provides structure, limits, rules, monitoring, and predictability• Supportive relationships with family members• Clear expectations for behavior and values
School, Peers, Community	<ul style="list-style-type: none">• School failure• Low commitment to school• Associating with drug-using peers• Not college bound• Aggression toward peers• Norms (e.g. advertising) favorable toward alcohol use• Accessibility/availability	<ul style="list-style-type: none">• Presence of mentors and support for development of skills and interests• Opportunities for engagement within school and community• Positive norms• Clear expectations for behavior• Physical and psychological safety

EFFECTIVE PREVENTION ACTIVITIES

Provide	Opportunities for participation in activities that reduce risk and increase protection
Enhance	Access/reduce barriers to protective systems and prevention initiatives
Change	Consequences
Enhance	Skills (providing training and technical assistance in systems)
Change	Physical design
Modify/change	Policies

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

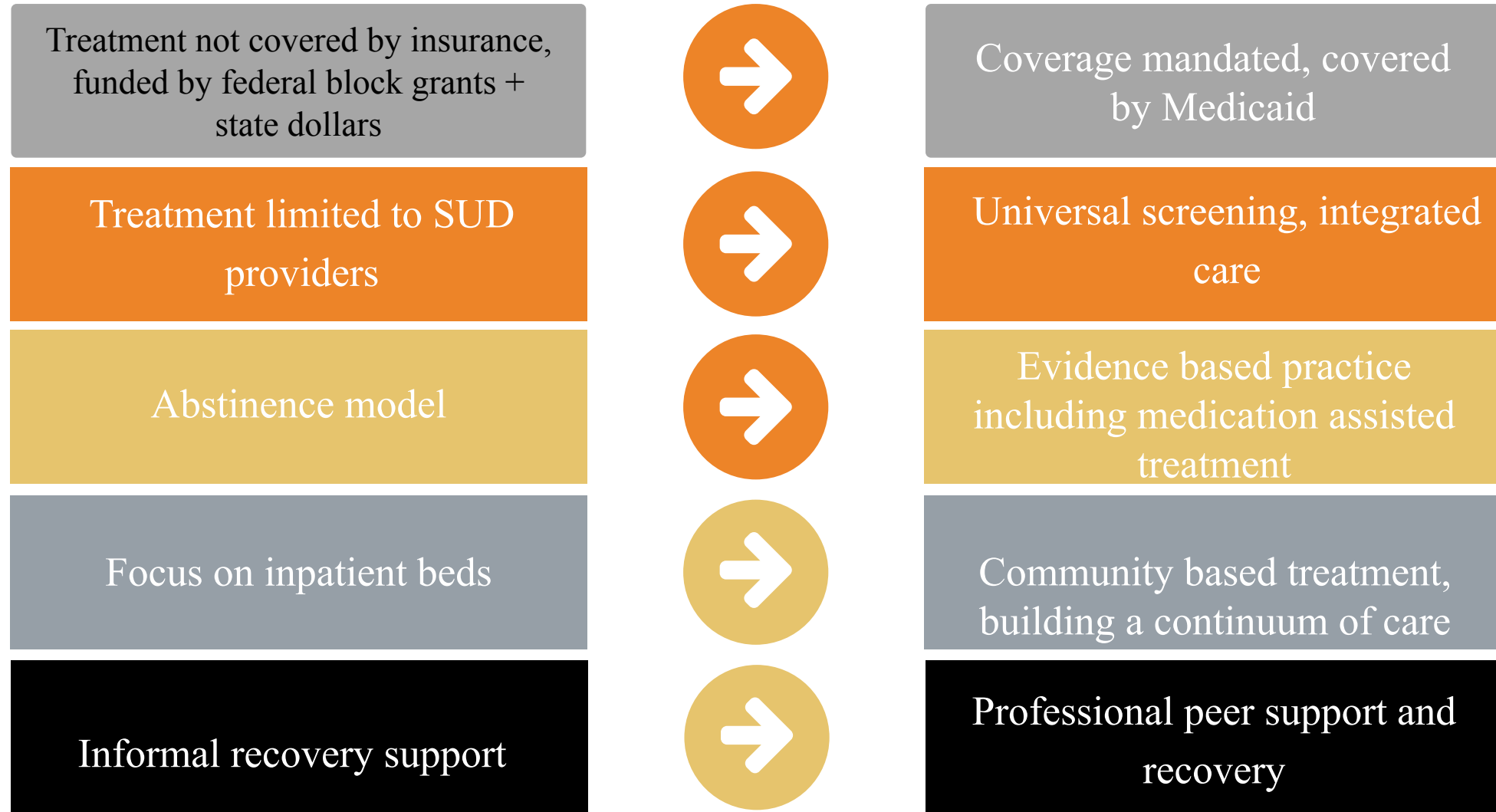
Waiting until high
school

DARE-like
programs

Fear/Risk
based
messaging

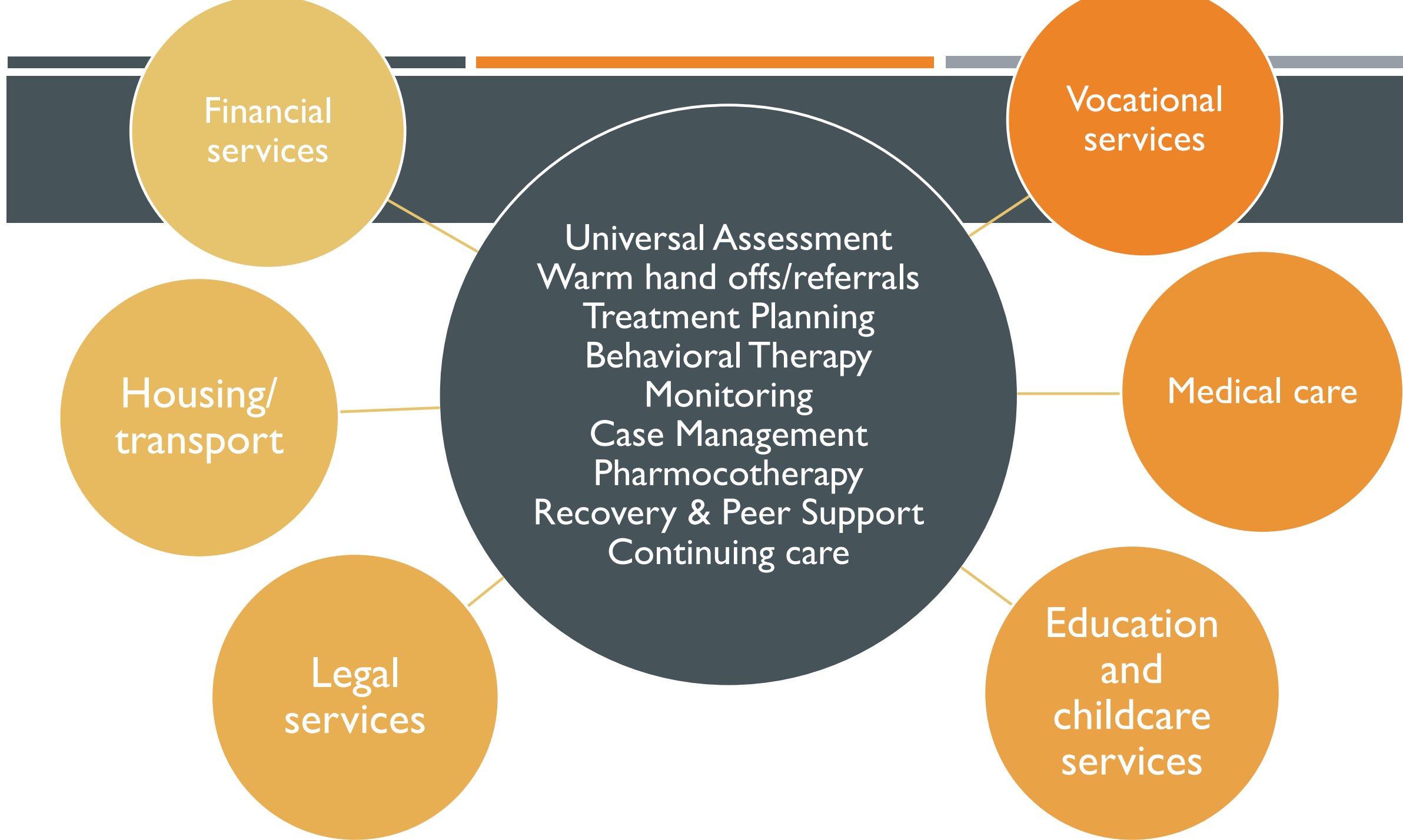
What works?
Intercept - I:
Community Based
Treatment

MAJOR SHIFTS IN SUD TREATMENT

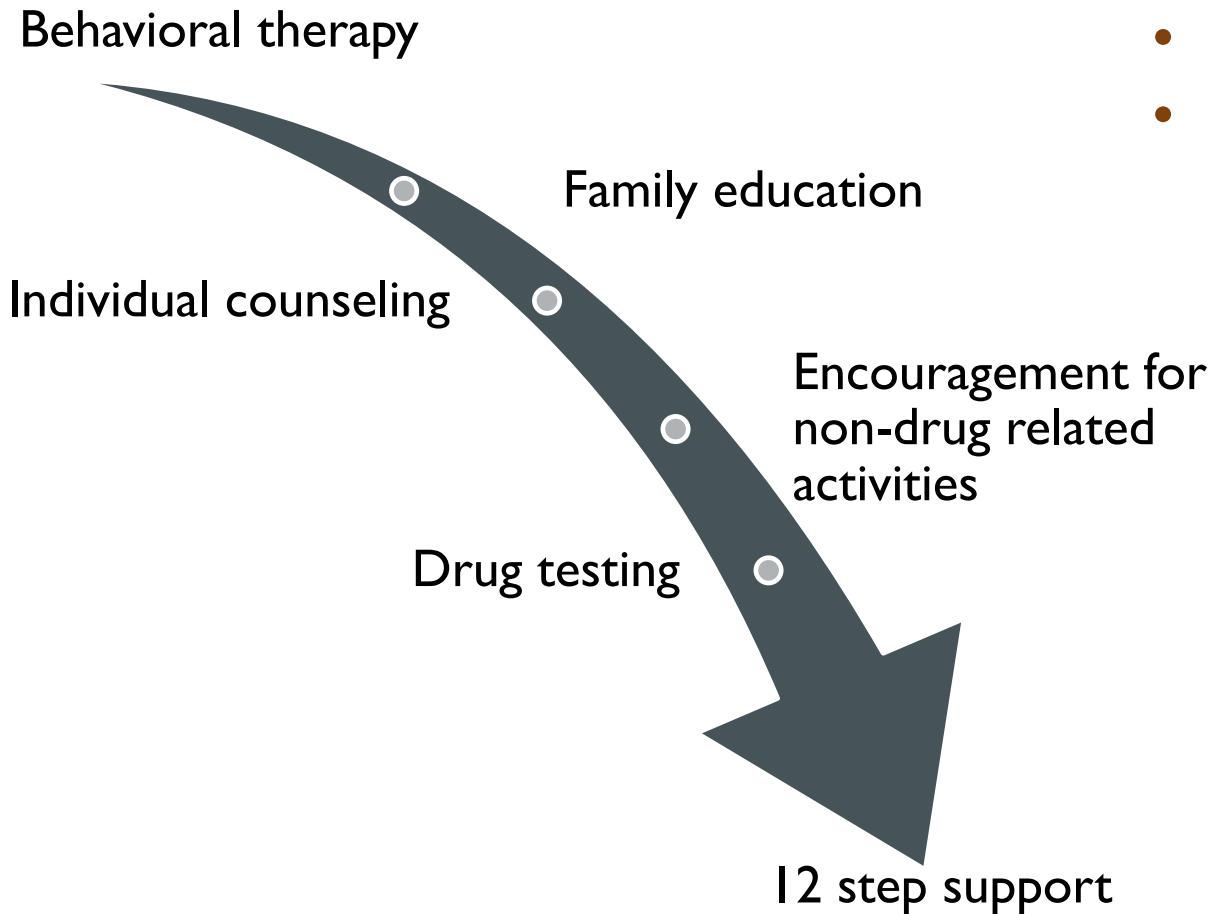


INTERCEPT - I: TREATMENT AND RECOVERY

- 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)



FOR METHAMPHETAMINE: COMPREHENSIVE, LONG TERM BEHAVIORAL THERAPIES



- Cognitive behavioral therapies
- Contingency management intervention

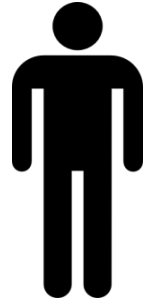
MOTIVATIONAL INCENTIVES FOR ENHANCING DRUG ABUSE RECOVERY (MIEDAR),

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

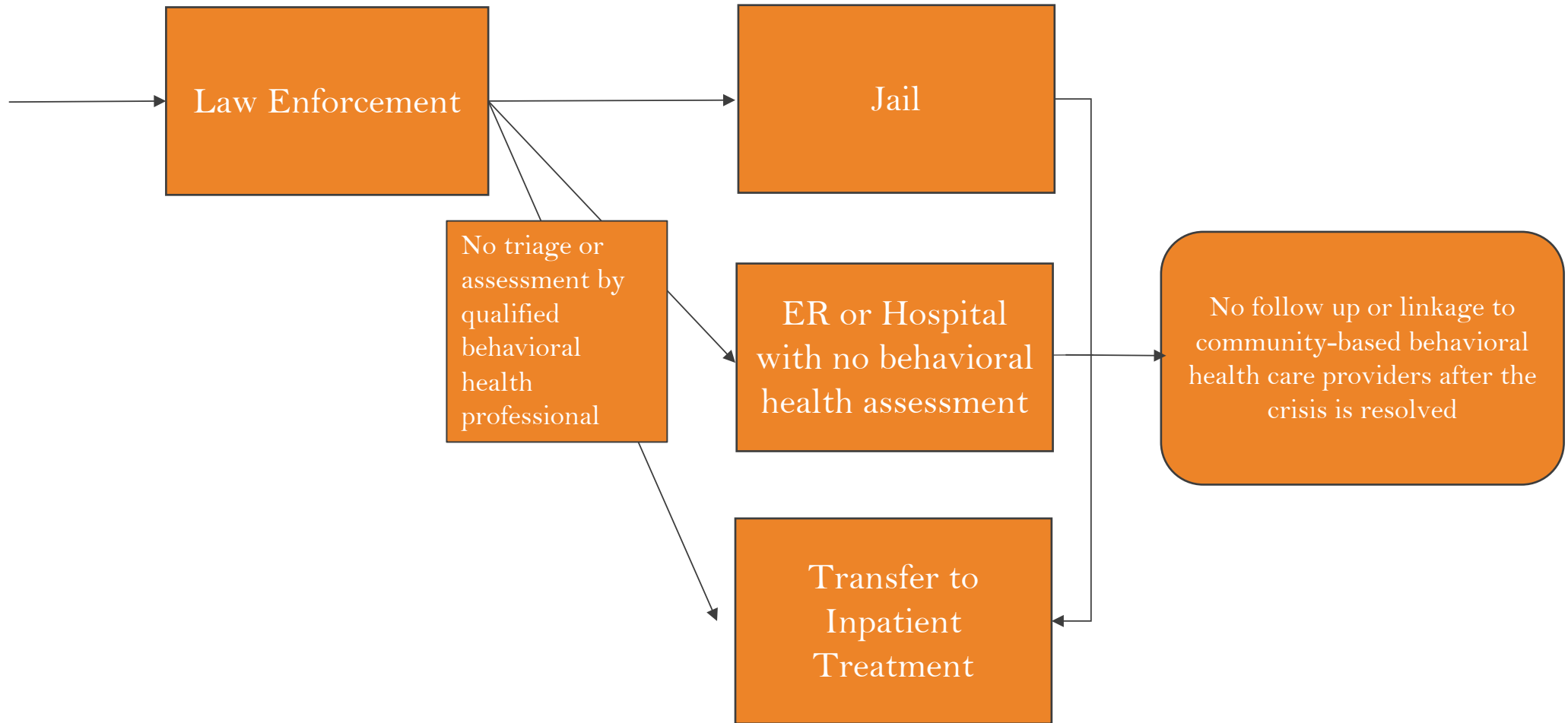



Participants earn up to \$400 in prizes over 3 months

WORST CASE CRISIS SCENARIO IN MONTANA



Individual in crisis



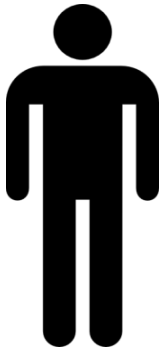


Gallery Walk of
example
behavioral health
crisis systems



Best Practice Models for Rural BH Crisis Response

USE OF PARAPROFESSIONALS AND TECHNOLOGY

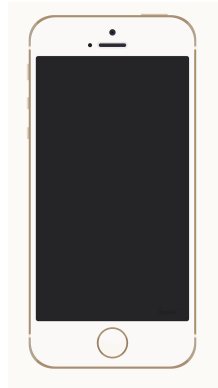


BEHAVIORAL HEALTH AIDES

- 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



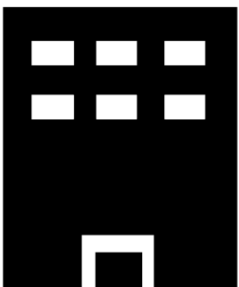
16 COUNTY REGIONAL CRISIS SYSTEM



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

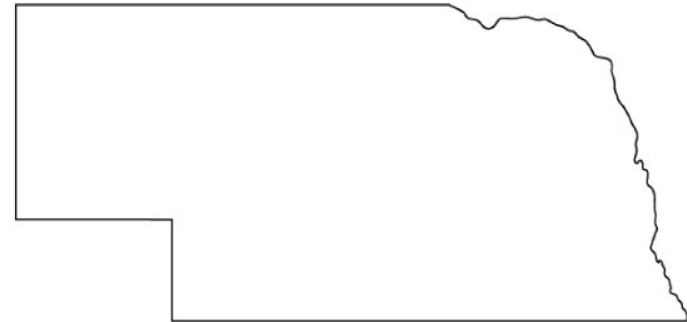
LAW ENFORCEMENT CIT TRAINING



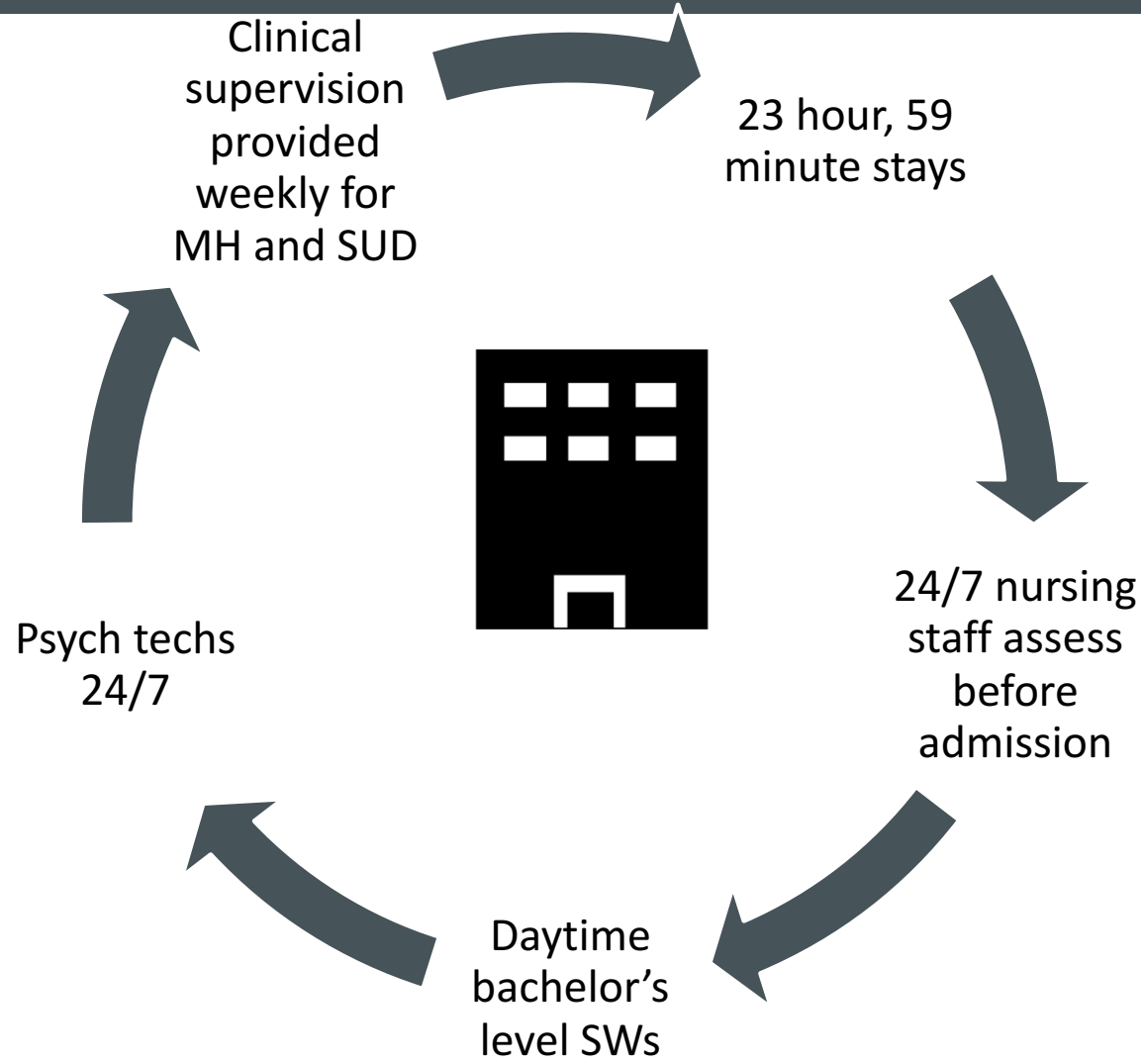
REGIONAL

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

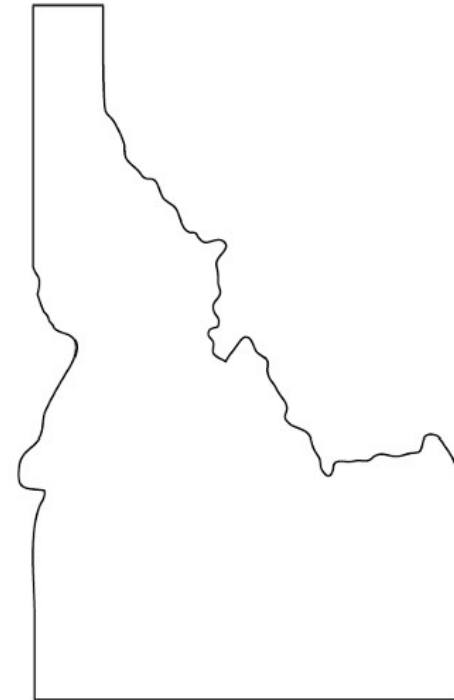
Diverted
84% of
IPCP most
recent
fiscal year



REGIONAL CRISIS CENTERS



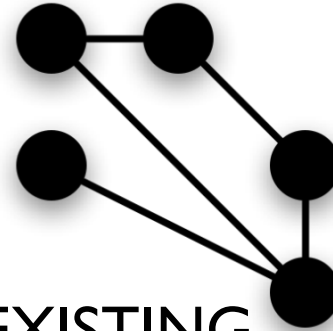
Documented reductions in ED costs and usage in first year



IDAHO

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



IDAHO

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

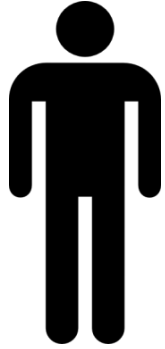


MOUs among BH, LEAs, P&P, courts

E!
OREGON



FOCUS ON LAW ENFORCEMENT, COURTS AND HOSPITALS



BEHAVIORAL HEALTH PROFESSIONALS THAT ONLY TAKE LEA AND COURT REFERRALS

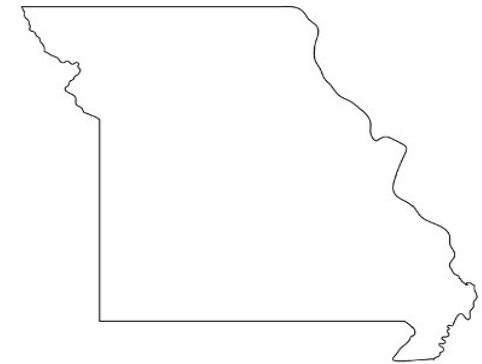
- mobile crisis services during business hours/next day service
- work with client for 30 days
- work in any setting necessary – homes, jails...
- assure people don't fall through cracks

BEHAVIORAL HEALTH PROFESSIONALS ASSIGNED TO EDs

LAW ENFORCEMENT TRAINING

- Including CIT adapted to rural areas

SKYPE IN SOME AREAS



CLOSE
COLLABORATION

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

NACBHD

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

WICHE

INTERCEPT ZERO: COMMUNITY CRISIS SERVICES SAMSHA GAINS CENTER

- 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

INTERCEPT ONE: LAW ENFORCEMENT SAMSHA GAINS CENTER

- 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

INTERCEPT THREE: JAILS AND COURTS

SAMSHA GAINS CENTER

- 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)



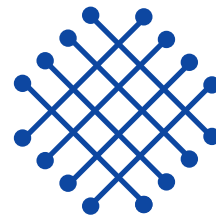
September 4-5: Action Planning

QUESTIONS? POINTS FOR ACTION?



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