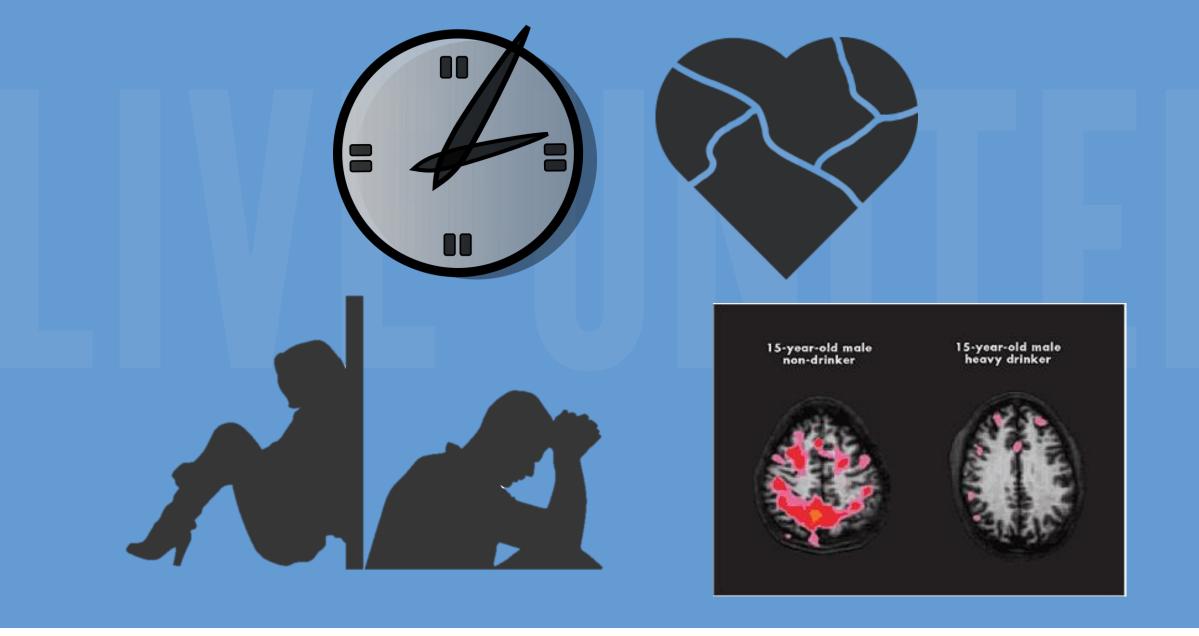


### SEQUENTIAL INTERCEPT MAPPING

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 /hop/

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.



UNITED WE FIGHT.
UNITED WE WIN.
LIVE UNITED



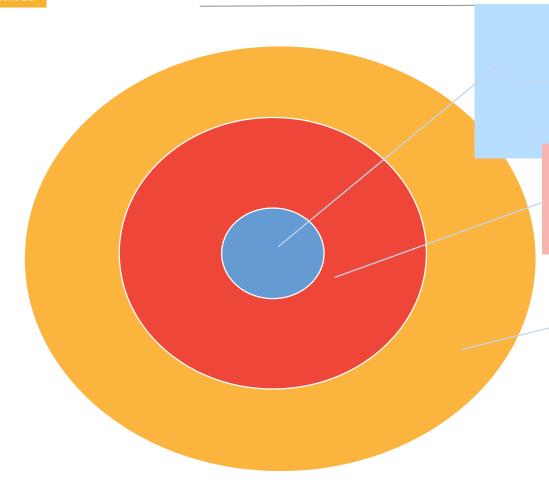


Enforcement

Prevention



## UNITED WE FIGHT. UNITED WE WIN. LIVE UNITED



#### **19 Executive Committee**

**38 Steering Committee** 

216 Members89 Organizations





### WHERE ARE WE GOING?

- PLAN
- RESOURCES
- QUESTIONS
- MINDSET





### **Plan Process**

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

Sep Nov Jan Implement

SIM 2 Planning 

O

Oct

**Planning** 

Dec

Plan/Toolkit Completed





### **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







## UNITED WE FIGHT. UNITED WE WIN. LIVE UNITED









### UNITED WE FIGHT. UNITED WE WIN.

LIVE UNITED







### **Substantially Reduce Drug Related Crime and Addiction**







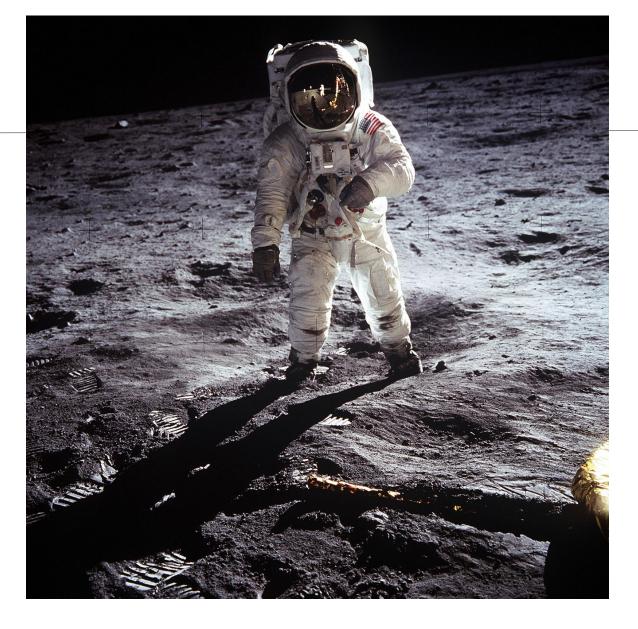
### **Extraordinary projects**

Address a problem, a big one

Propose a radical solution

Utilize innovative thinking & technology

## UNITED WE FIGHT. UNITED WE WIN. LIVE UNITED





### **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

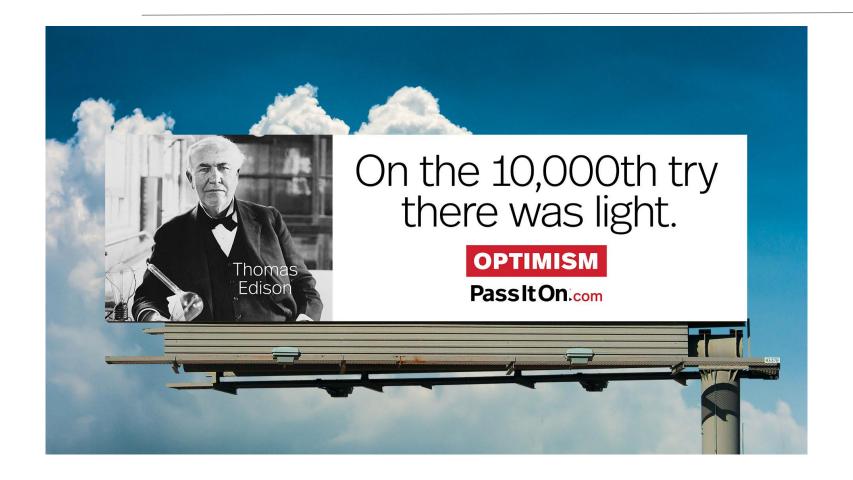
- Swim out of your element
- Don't build the ladder to the Moon
- Make the world 10x better
- Figure it out as you go





### UNITED WE FIGHT. UNITED WE WIN.

LIVE UNITED





### What behavior can **I** change?



Impromptu Networking "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







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



### OBJECTIVES FOR TODAY



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

### JULY 16-17

- 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



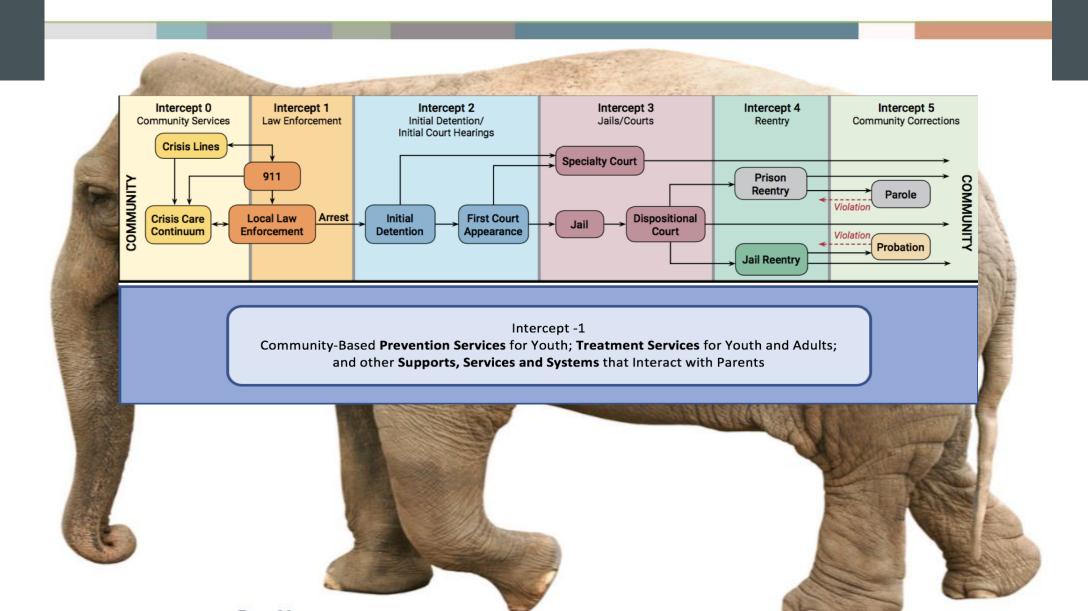
### **Elephant in the Room**



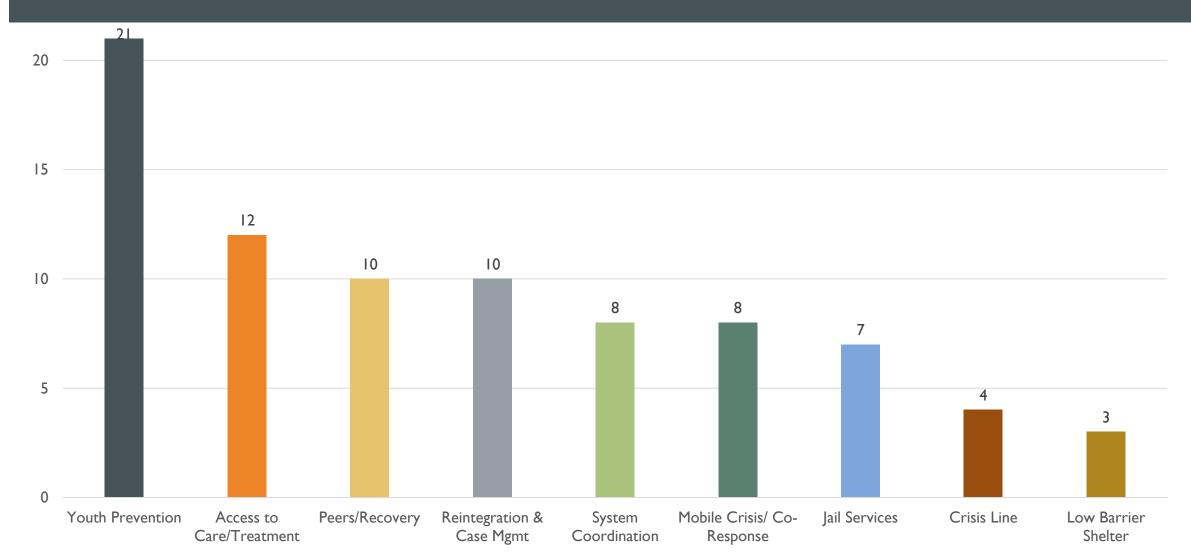
# "Unsequential" Model



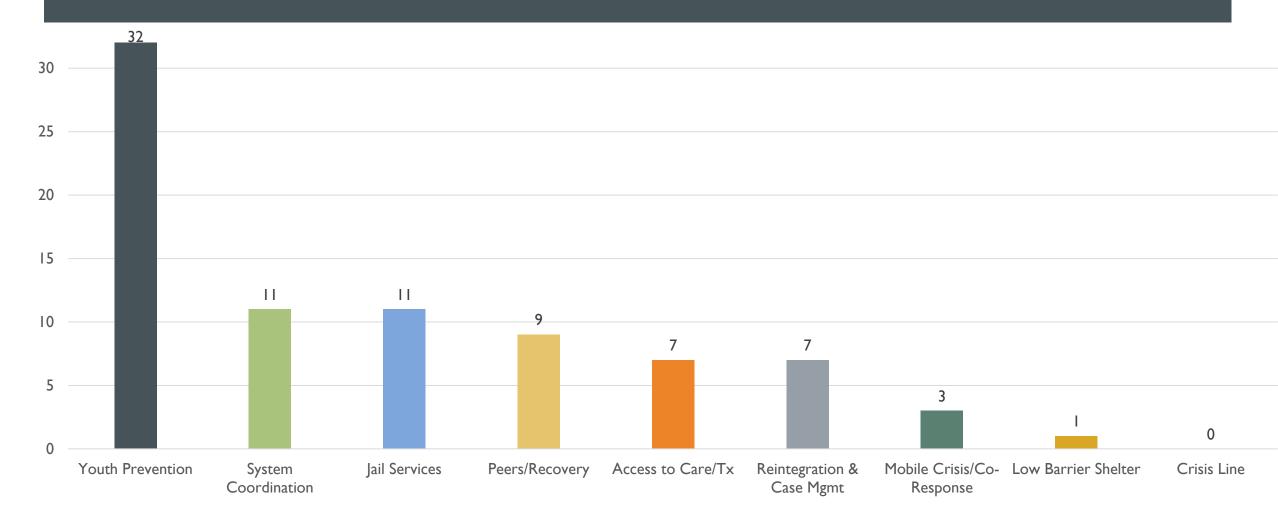
## SEQUENTIAL INTERCEPT MODEL



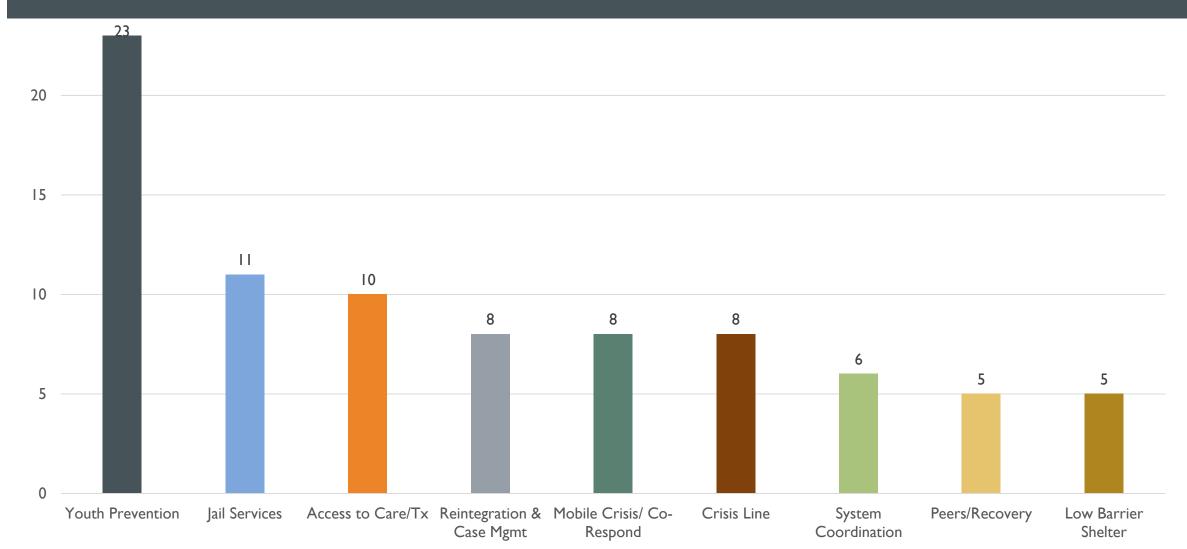
#### PRIORITIZATION RESULTS – OVERALL PRIORITY



### PRIORITIZATION RESULTS – WOULD WORK ON



# PRIORITIZATION RESULTS – WITH \$500K



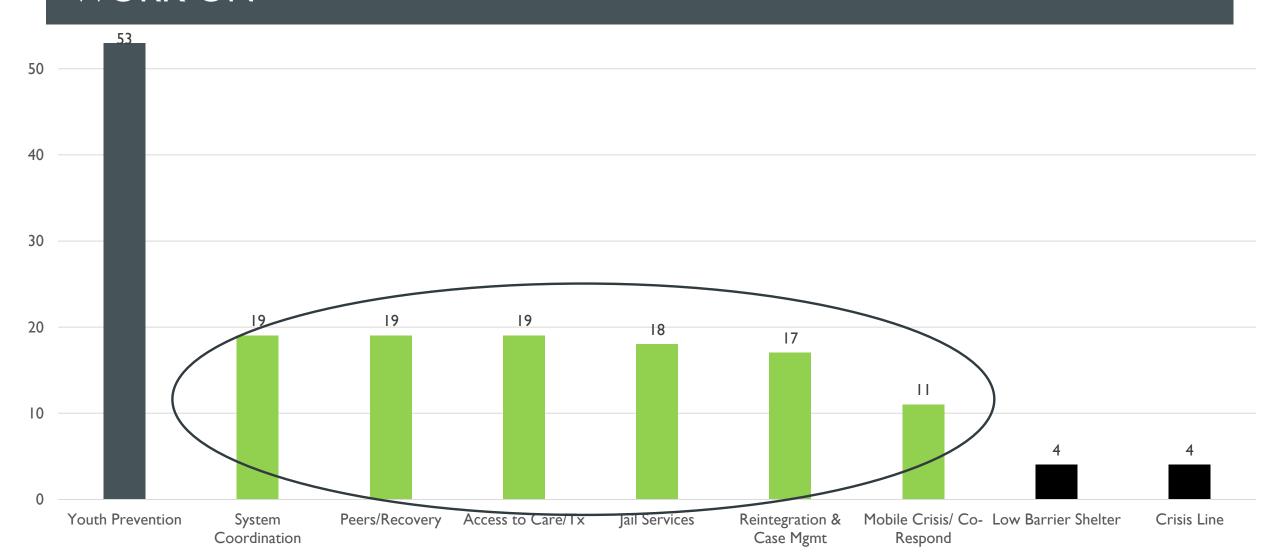
## OTHER KEY OPPORTUNITIES TO IMPROVE RAISED IN JULY

Probation and parole caseloads

Crisis stabilization for adults

Consistent, universal screening and assessment tools

# PRIORITIZATION RESULTS – OVERALL PRIORITY AND WOULD WORK ON



## YOUTH PREVENTION

#### 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 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.)

#### IDENTIFY SPECIFIC NEEDS/GAPS IN TREATMENT SERVICE CONTINUUM

#### 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

https://www.emcmhc.com/help/uploads/2017/05/Eastern-MT-Behavioral-Health-Crisis-Response-and-Jail-Diversion.pdf

What did you think about what you just heard?

What is exciting about it?

# OBJECTIVE



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 is capacity to work?



Where is the **heat**?



What other criteria should we consider?

VOTING

Green – Ist choice

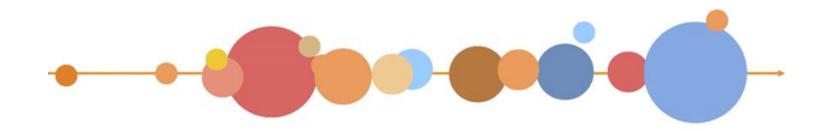
Blue – 2<sup>nd</sup> choice

Red – 3<sup>rd</sup> choice

Priority	Score
Increase Access to Treatment	52
Improve System Coordination	39
Expand Jail Services	36
Strengthen Reintegration & Case Management Services	30
Develop Mobile Crisis Response	29

# Small Group Work

#### **Priority Strategy Mapping & Critical Shifts**





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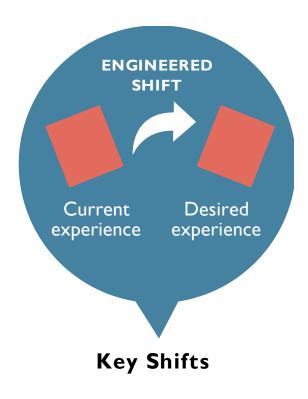
w: debhalliday.com

Prepared for:

**Substance Abuse Connect** 

September 5, 2019

#### **Critical Shifts**



- <u>Current experience</u>: Here's what's happening now in Yellowstone County
- <u>Desired state</u>: 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**

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



#### **Priority Strategy Map**

Issue:		
What's the change or shift we seek to make?	How will we know we've succeeded?	
What are the critical Qs we will need to answer before	ore determining the best strategy?	

What are our biggest challenges, and how will we ad	dress them?
What are our key resource needs?	What role(s) can the Substance Abuse Connect
What are our key resource needs?	What role(s) can the Substance Abuse Connect Coalition play to help the shift or change occur?
What are our key resource needs?	
What are our key resource needs?	
Who needs to be involved? Who should take the	
Who needs to be involved? Who should take the	
Who needs to be involved? Who should take the	
Who needs to be involved? Who should take the	



# **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

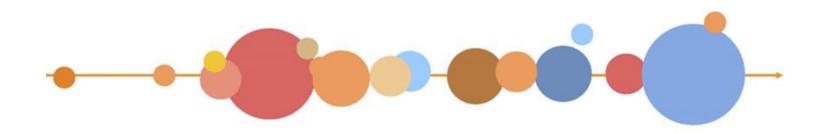


# OBJECTIVE

2

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





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*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...





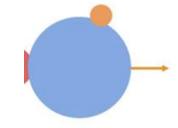
## What's our challenge?



#### 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**

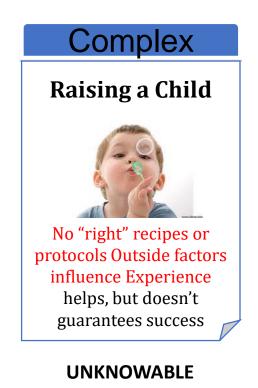
- Framework a good framework provides both a roadmap and common language for a team to navigate change
- Principles principles guide the way in which one interprets & acts upon the framework
- Practices help move a team along a framework efficiently & (hopefully) joyfully



#### What type of problem is it?









## **Characteristics of complex problems**

Complex problems are difficult to frame	The cause and effect relationships are unclear
There are diverse stakeholders	Each experience is unique
The characteristics and dynamics of the issue evolve	There is no obvious right or wrong set of solutions
There is no single measure of success	The community is also evolving and changing

#### 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!**

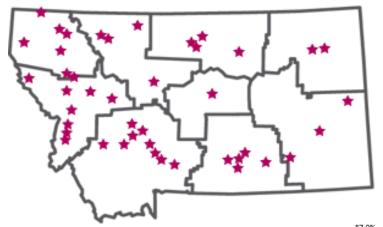


- Collaboration as usual
- Single sector approach
- A focus on individual programs and single focused solutions
- Short term impacts



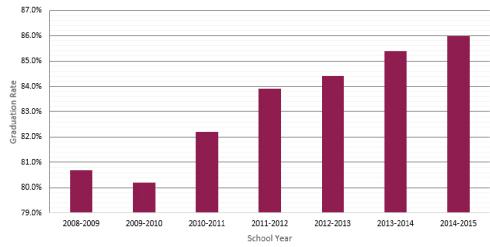


## **GMM:** "nested collective impact"



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.

#### Montana's Graduation Rate 2008-2015





## Collective Impact Leading Organizations & Resources







StriveTogether



#### **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

**Common Agenda** 

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

Shared Measurement 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

Mutually Reinforcing Activities

Participant activities must be differentiated while still being coordinated – Each person has a clear task: : venue; invitations; food; set up & clean up

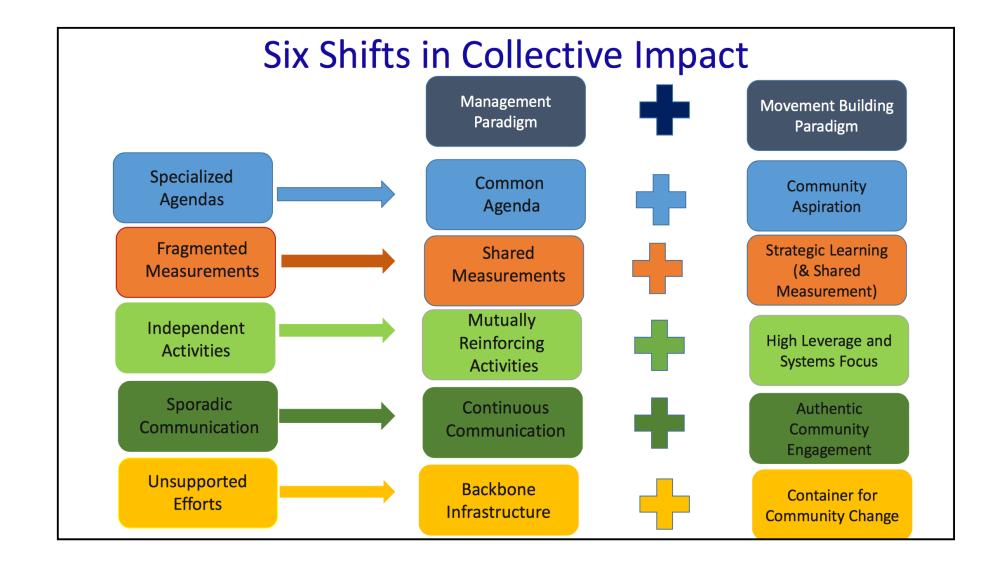
Continuous Communication Consistent and open communication - An email group is created, and one person agrees to monitor it to make sure that communication occurs

Backbone Support 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



#### 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 DisagreeStrongly Agree
<b>Shared Measurement</b> Data is "at the center" of our team's work – it informs where we started, when we want to go and how far we've come.
Strongly DisagreeStrongly Agree
<b>Mutually Reinforcing Activities</b> 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 DisagreeStrongly Agree
<b>Continuous Communication</b> 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 DisagreeStrongly Agree
<b>Backbone Support</b> 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 DisagreeStrongly Agree



#### 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.

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





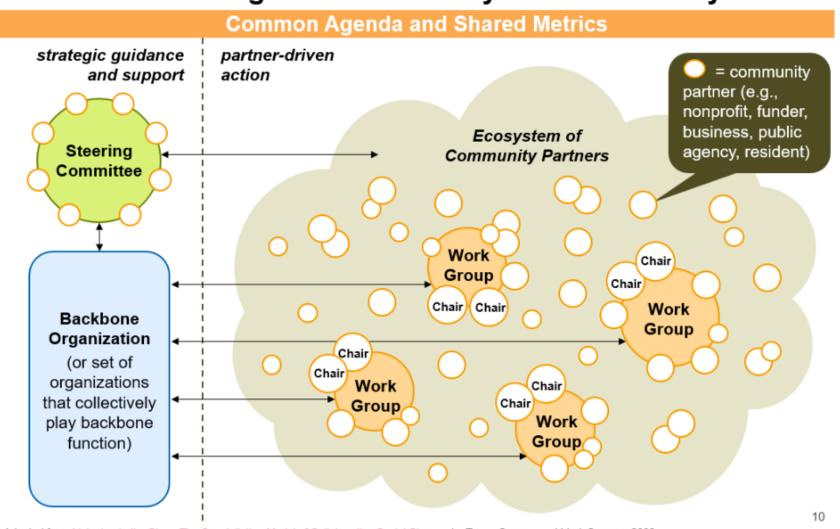
## **Phases of Collective Impact**

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



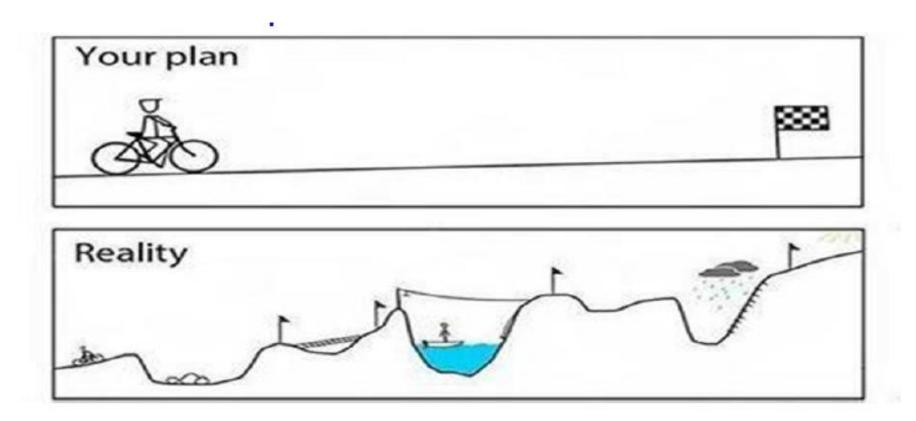
## Collective Impact Infrastructure: Structuring for Intentionality and Uncertainty



<sup>\*</sup> Adapted from Listening to the Stars: The Constellation Model of Collaborative Social Change, by Tonya Surman and Mark Surman, 2008.



#### **Collective impact is...**

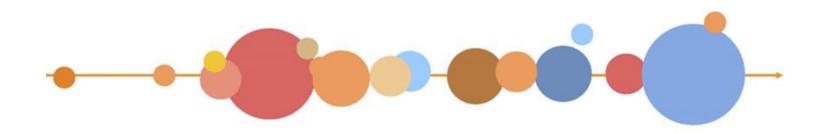




Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

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





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*Prepared for:* 

**Substance Abuse Connect** 

September 4 & 5, 2019

# Closing



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