

YELLOWSTONE COUNTY SIM PROCESS JULY 2019:  
SYSTEM STRENGTHS, WEAKNESSES AND OPPORTUNITIES TO IMPROVE

**System Strengths**

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**Crisis facilities/partner relationships**

Crisis Center (6)  
Crisis stabilization spaces, options (2)  
Community crisis services – amount and coverage  
Crisis response  
Crisis intervention  
Intercept 0 is pretty well-coordinated (- youth)  
Crisis Center and law enforcement relationship  
Crisis Center, Rimrock and Hospitals relationships

**Crisis lines**

**Law Enforcement**

Law enforcement, LE response, presence and efficiency (11)  
Law enforcement assessing and placing appropriately  
Law enforcement CIT Training and PAC Evaluation System  
CIT trained officers – nice job!  
Trust in help from law enforcement

**Courts**

Treatment courts (10)  
Legal system attitude from punitive to treatment-minded

**Treatment**

Strong inpatient treatment

Lots of service providers/treatment (2)  
Lots of options/resources (2)  
Great individual programs  
Detox

**Community**

Community connections between resources  
Community willingness  
Community recognition of the issue and need to coordinate

**Probation and parole**

Probation and parole  
Adult probation services/options

**Department of Corrections**

Pre-release system in Billings  
DOC offering treatment  
DOC pre-trial

**Healthcare**

Hospitals, their resources and services (6)  
Telehealth (more ways to access)  
Healthcare clinics – both referral and treatment

**Schools**

School-based programs  
Public school partnerships

**Other**

Meal provision for hungry

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**System Weaknesses**

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**Crisis line**

Lack of a 24/7 primary crisis line (6)

**Crisis facilities**

Crisis stabilization for adults  
Low barrier access for homeless  
Missing mental health expertise @ crisis response/law enforcement alone (2)

**Crisis response**

Access to mental health support for law enforcement  
No mobile crisis response (3)

**Jails and law enforcement**

No mandated jail follow-up services (2)  
Jail is full  
Jail is full and not taking low level

**Awareness**

Lack of awareness of services (3)

**Coordination**

Lack of coordination among crisis services (3)

**Sustainability**

Lack of funding (2)

**Workforce**

Too few BH professionals (2)

**Assessments**

No standardized MH assessments

**Access and capacity**

Capacity is lacking at multiple points  
Inpatient access  
Hours of operation of programs  
Early assessment referrals

**Prevention**

Lack of/weak prevention programs (6)

**Re-entry**

Re-entry – lack of connections to services (7)  
Youth re-entry coordination  
Jail re-entry without treatment court – standardize response, referral

**Probation and parole**

Probation, parole, re-entry caseloads are too high (2)

**Youth**

Youth services – consistent youth access to emergency services  
Youth access to services  
Confusion about where youth go  
Youth crisis response  
Unsustainability of youth crisis intervention  
System coordination for high-risk youth  
Interface with schools  
Adolescent sober housing

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**Opportunities to Improve the System**

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**Youth**

Youth re-entry coordination (2)  
Youth reintegration, family oriented  
Youth treatment/sober living  
Youth crisis intervention  
Improve youth mechanism and corrective approach to decision-making re. wraparound services  
Inpatient adolescent access

**Crisis response**

Coordinated crisis response  
Standardized crisis response for law enforcement  
Mobile intervention programs outside business hours  
Mobile crisis response - expand  
More immediate intervention

**Crisis line**

Comprehensive 24/7 crisis line (4)

**Re-entry**

More comprehensive re-entry (2)

**Peers/recovery support**

Peer support (4)  
Peer support P&P  
Needs to be low barrier  
Intercept points to 90+ non-profit community organizations through time in crisis system  
Expansion of sober living (2)  
Nimby attitude

**Law enforcement and jails**

Need more deputies and officers (among lowest per capita in state)  
Need a larger jail  
In jail services for recovery  
LAC at YCDF

Jail-based intervention – SUDs and trauma  
MH specialist paired with law enforcement  
CD and MH assessment at jail  
In-jail social workers

**Courts**

Treatment court system  
Improve how people get into treatment courts

**Sustainability**

Long-term sustainability  
Funding (2)  
Shift criminal justice costs to prevention

**Probation and parole**

Probation and parole caseloads too high  
Overloaded P&P system – need to increase LACs and case management services

Reduce stigma and improve support for MH and CD issues – policy and systems

**Treatment**

Lack of treatment – volume – comprehensive needs  
Network of providers and agencies  
More options for treatment and counseling  
Case managers  
Appropriate placements  
Trauma-informed treatment of children and families

**Assessment**

Consistent, universal assessment tools  
Early needs/risk assessment

**Awareness**

More written resources  
Equipping or training community and families on warning signs

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**Prevention**

Focus on root causes

More school-based

Comprehensive Prevention (3)

Coordinate prevention efforts

Universal prevention – birth to graduation

**Coordination, communication, data sharing**

Cross system referrals

Collaboration

Communication (2)

Information-sharing by providers ↑↑services

Ability for agencies to share information about people in crisis

SIM meeting to connect and process flow map

Desire/will to make change

Continuum of care across agencies