Sequential Intercept Mapping

Report for Custer County in Montana

Prepared by Loveland Consulting, LLC for the Custer County Crisis Coalition

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Contents

Acknowledgements

This report represents the work of community partners in Custer County who contributed their expertise and insight to the development of this report.

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Introduction

In 2022, Eastern Montana Community Mental Health Center (EMCMHC) received funding from the state of Montana County Tribal Matching Grant (CTMG) to assess the current state of our community's behavioral health crisis system and develop a multi-sectoral plan to better serve individuals with mental health and substance use disorders at-risk for or already involved in the justice system. The project will lay the foundation for establishing a behavioral health crisis coalition to oversee the development of an effective crisis response system.

On August 22nd and 23rd, 2022 a total of 27 community partners from 13 organizations convened in Miles City, MT to develop key areas of interest for future work to improve the behavioral health crisis system in Custer County.

This report summarizes the work of the Sequential Intercept Model process. The report contains:

- Background information and data on behavioral health crisis in Custer County
- Agendas for each day
- Strengths, weaknesses, opportunities, and threats to the current behavioral health crisis system
- The Custer County Sequential Intercept Model map
- An action plan for improving the behavioral health crisis system in Custer County

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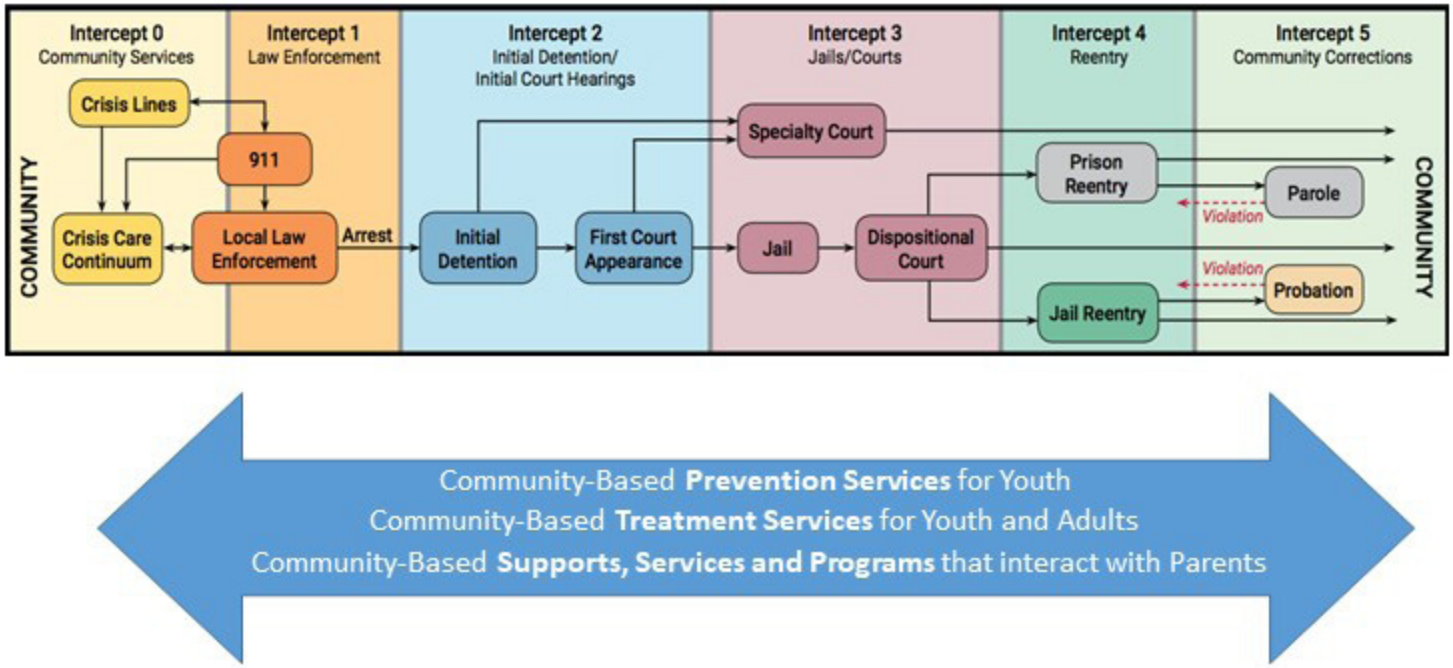
The Seqential Intercept Model

In recent decades, it has become increasingly clear that the criminal justice system is the de facto behavioral health crisis system in the United States. Individuals with mental health and substance use disorders are overrepresented in our courts, jails and prisons and crimes secondary to behavioral health concerns are on the rise both locally and nationwide.

To better understand the intersection between the justice system and behavioral health crisis, researchers at the SAMHSA GAINS Center for Behavioral Health and Justice Transformation developed the Sequential Intercept Model (SIM). The SIM is a participatory community process used to more effectively plan for diversion, treatment, management and reentry of people with substance use and mental health issues involved in the criminal justice system. Initially developed in the early 2000s by Mark Munetz, Patricia A. Griffin, and Henry J. Steadman, the SIM provides a conceptual framework to help communities understand and address the disproportionate representation of people with behavioral health issues in the criminal justice system.

The SIM describes various intercepts corresponding to key health or justice system processing decision points. Intercepts also represent arenas where interventions could be implemented to prevent people with behavioral health issues from "entering or penetrating deeper into the criminal justice system".[1]

Localities across the US are using the SIM to better understand and design systems for behavioral health crisis diversion. For the purposes of the Custer County SIM process we adapted the original SIM model to include 7 intercepts.



[1] Munetz and Griffin "Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness" Psychiatric Services. 2006, 544-569.

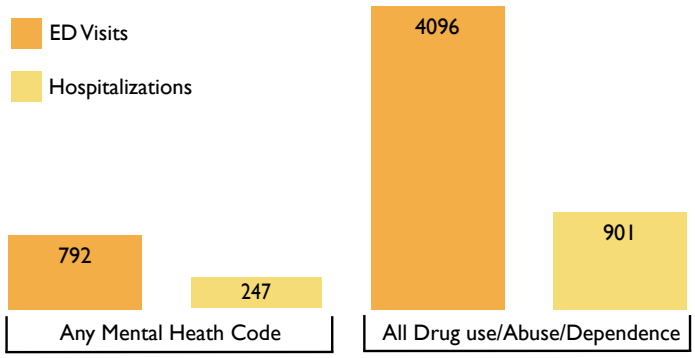
Behavioral health crisis in Custer County

Substance use and mental health are major health concerns in Custer County affecting thousands of individuals and families every year. In the 2017 Custer County Community Health Assessment, community members identified the top three biggest problems in the community as illegal drug use, prescription drug use and alcohol abuse. 74% of Custer County residents reported knowing someone in their community who needed mental health services or treatment but could not access it.

One in ten of adults in Custer County reports frequent mental distress and an estimated 2,460 adults have depression, anxiety or other serious mental illnesses.[2] One in four adults in Custer County report excessive drinking in the last month, and a quarter of all driving deaths are alcohol impaired. [3] An estimated one in ten adults in our community has an alcohol or substance use disorder and 96% of those needing treatment are not receiving it. [4]

Substance use and mental health disorders often begin in childhood. More than one in three middle and high school students reports alcohol use as well as vaping in the last month, and two in three who have tried alcohol have engaged in binge drinking.[5] Almost half (41%) of all middle and high school students report symptoms consistent with depression in the last year. One out of every five students reported considering attempting suicide in the last year.[5]

Behavioral Health Related ED Visits and Hospitalizations, Custer County, 2016-2020



Individuals with behavioral health concerns can present in crisis, requiring an immediate response to ensure the individual's health and safety. There are more than one hundred fifty 911 responses annually for behavioral health concerns in Custer County, driven by alcohol related calls for substance use and anxiety related calls for mental health. In addition, mental health and substance use concerns cause 1,262 emergency department visits and more than 387 hospitalizations annually for Custer County residents, with substance use related visits outpacing visits for mental health. When behavioral health crises escalate without an adequate response, the consequences are devastating. There were 8 deaths from deaths from drug overdose in Custer County from 2016-2020.

[2] National Survey on Drug Use and Health
[3] Robert Wood Johnson Foundation
[4] National Survey on Drug Use and Health
[5] Prevention Needs Assessment 2020

What works in behavioral health crisis care?

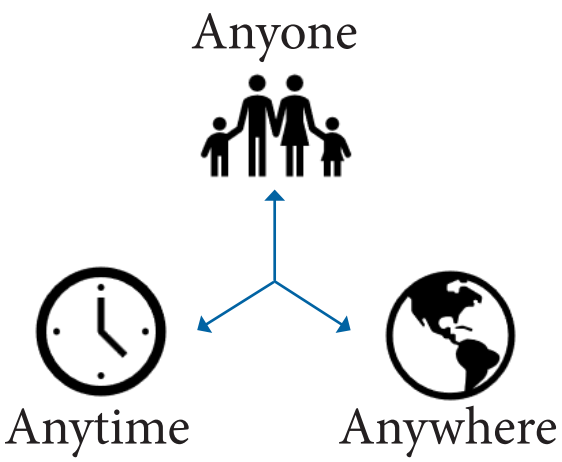
In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) published ***National Guidelines for Behavioral Health Crisis Care***.[6] According to SAMHSA, good crisis care is:

1. An effective strategy for suicide prevention
2. Better aligns care to the unique needs of individuals
3. Is the preferred strategy for the person in distress
4. Key to reducing psych hospital bed overuse and psychiatric boarding in emergency departments
5. A solution to drains on law enforcement resources
6. Crucial to reducing the fragmentation of mental health care

SAMHSA notes that "effective crisis care that saves lives and dollars requires a systematic approach" through which communities develop services that are available for anyone, anytime and anywhere in the community.

SAMHSA defines the crisis continuum as a set of three key services, undergirded by a set of essential care operating principles and practices. The core elements of crisis are as follows:

Crisis services should be for...



Core elements of crisis systems

[6] https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

The essential crisis care principles and practices that SAMHSA supports include:

- Addressing recovery needs
- Significant role for peers
- Trauma-informed care
- Suicide safer care
- Safety and security for staff and cunsumers
- Crisis response partnerships with law enforcement

At a minimum-Custer County seeks to develop a crisis care continuum that follows these principles and practices and includes the core elements of the crisis system as outlined by these guidelines.

SIM Mapping Agendas

In August, 2022 stakeholders from Custer County met for two days for a facilitated session to map the current behavioral health crisis system and identify priority areas for action for improving that system. The agendas for these facilitated sessions are below.

Custer County SIM-Annotated Agenda: August 22nd, 2022

Meeting Purpose: To bring together stakeholders from Custer County to describe the current context of behavioral health crisis and identify key initial steps to be taken to improve the crisis system in the region

8:30 am	Opening and Introduction
9:00	Definitions and Background data
9:45	Panel of local experts
10:30	Individual experience maps
11:00	Inventory Mapping at Each Intercept SWOT for the current system
12:00 pm	Lunch
12:45	Reviewing what works
1:30	Identifying priority areas for action
2:00	Thank you and next steps

Custer County SIM-Annotated Agenda: August 23rd, 2022

Meeting Purpose: To develop an action plan to improve the behavioral health crisis system in Custer County
Virtual meeting

10:00 am	Opening and Introduction
10:15	Presentation: Overview of SIM Day 1 and Keys to Success
10:45	Vision for Success
11:15	Development of Strategies and Goals under each Key Results Area
12:00	Thank you, lunch and next steps

Assessment of the Current Behavioral Health Crisis System

As part of the SIM mapping exercise, participants were asked to identify the current strengths and weaknesses of the behavioral health crisis system and future opportunities and threats to the system in Custer County. The following are the results of the SWOT analysis.

Current Strengths

- The following are strengths in the current system identified by community stakeholders during the SIM mapping process:
- More resources than we think
- Multiple programs
- Great programs being implemented
- Treatment available
- Empathetic officers
- Law enforcement response time
- EMCMHC Montana Assertive Community Treatment (MACT) Team
- CSCT-youth

Current Weaknesses

- Community partners identified the following weaknesses in the current system during the SIM mapping process:
- Lack of providers
- Lack of funding
- Lack of specialty beds
- Transportation
- No stabilization unit/space-no inpatient facility
- Lack of training
- Lack of staffing
- Lack of communication between agencies/entities
- Communication and knowledge of services available
- Disconnected communication from Billings Clinic, Warm Springs and Glendive IBU

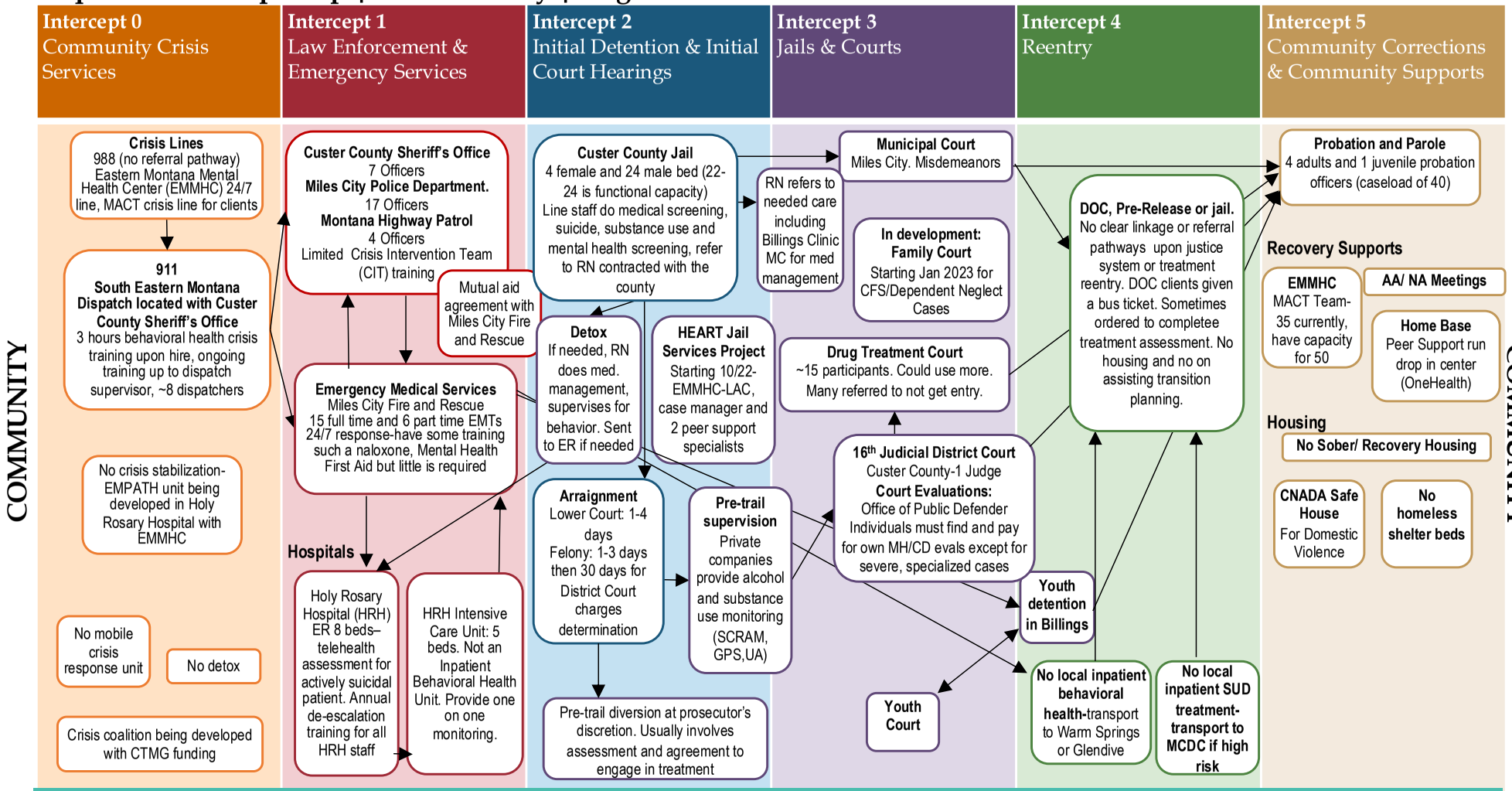
Opportunities for Change

- SIM mapping participants were asked to identify areas in the behavioral health crisis system where they believe there are opportunities for positive change. They identified the following areas:
- Today's meeting and collaboration with other organizations
- Education
- More youth outreach for crisis and mental health
- Size of population in need
- Building a crisis coalition and Local Advisory Council
- Developing a mobile crisis unit
- HEART funding-new jail services
- Development of Empath Unit at Holy Rosary Emergency Room

External Threats to the Current System

- During the SIM mapping process, community partners identified the following threats in the current system that could further weaken or undermine it:
- No follow through
- Institutional inertia-"This is how we've always done it"
- CSCT loss (note that EMCMHC has a strong plan to continue CSCT school based behavioral health services in Custer County at this time)

Sequential Intercept Map | Custer County | August 2022



Intercept -1 Community Prevention and Treatment

Prevention

Communities that Care-youth prevention
Prevention Services

Family Services

Parents as Teachers Home Visiting
SPROUTS-parenting classes
CSCT-School behavioral health support
OneHealth parenting classes
RSVP-Senior Volunteers, resources list

Treatment

EMMHC-Integrated care (outpatient mental health and SUD), Trust Program (voluntary SUD outpatient intensive program), 2 group homes with day treatment
OneHealth-integrated outpatient care, Medication Assisted Treatment, Contingency Management (Meth treatment), outpatient treatment for chemical dependency, youth case management
Billing Clinic Miles City-Psychiatric Nurse Practitioner does medication management
Private providers

Recovery & Support

OneHealth Community Health Advocate (referrals to financial and housing resources)
OneHealth Peer Support
Home Base
AA and NA

Priorities for action

TOP PRIORITIES

SIM workshop participants were asked to articulate and vote on a set of priorities to improve the behavioral health crisis system in Custer County. The following were the top three priorities identified:

Collaboration and Communication

Strengthening partnerships so that all are aware of available resources and coordinating effectively. Defining a pathway for those in crisis through the available system. Ideas for collaboration and coordination included:

- Agency working together
- Interagency communication/coordination
- Communication! Coordinate so we all know what everyone is doing all of the time
- Improved communication across agencies
- Coordination and referral
- Communication between services-community and agencies
- Index/publicize available resources
- Clear crisis plan so everyone known what service to use when and how
- Streamlined path through available resources
- Clearly defined pathway from Step 1 >> Finish
- Navigator-city/county wide
- Providing a continued care model and workflow implemented and followed by all agencies in crisis response

Training

Ensuring that all individuals currently involved in the crisis system have comprehensive training, especially first responders and law enforcement.

- Family education and resources access
- Frequent, quality training and education
- Crisis training
- Training for first line responders
- Getting appropriate training for all agencies involved in crisis response

Mobile Crisis Response

Creating a 24 hour mobile crisis response unit to reach those in crisis.

- Mobile crisis unit
- Crisis team for mental health calls
- 24-hour full responsive crisis unit
- Building a mobile crisis unit
- Crisis team to go to people along with or instead of law enforcement
- Ability to respond to all a persons' needs quickly

SECOND TIER PRIORITIES

Crisis call line

Ensure that there is someone to call 24 hours a day including on call mental health services.

Crisis receiving, stabilization and evaluation

Developing a safe facility for individuals in crisis to receive assessment and evaluation, considering a regional/statewide approach.

Community based services

Developing more services for early detection, intervention, counseling and follow up care-before and after individuals enter the justice system.

Other Ideas Raised in Day 1

- Decriminalization of mental health-desire to treat rather than cite, even though you can charge someone with a crime does not mean it is the appropriate response
- Treatment over punishment
- More affordable housing
- Transportation
- Grant writing classes/training
- More funding available for substance use treatment and counseling
- Mental health professional recruitment

Action Plan

On Day 2 of the SIM mapping process, workshop participants were asked to develop an action plan based on the three priority areas identified in Day 1:

- Collaboration and Communication
- Training
- Mobile Crisis Response

Under each priority area for action, workshop participants developed a shared vision for change and key action steps to move the community toward the shared vision.

PRIORITY AREA FOR ACTION #1:
Collaboration and Communication

What would success look like?

- Monthly meeting/discussion around crisis and behavioral health
- Crisis coalition-decision makers in the community
- Subcommittee-Local Advisory Council (LAC)-case managers
- Creating list of directory of agencies and criteria/services

Overall goal/ vision for the future

- A systematic process that everyone follows to eliminate errors or people being "forgotten"
- Aim for 100% success rate
- Holistic/comprehensive approach to services
- One expert or point person who has knowledge of all services and protocols
- Creating more informed/educated community about BH and crisis
- Mobile behavioral response unit

Overall Goal: Creating coalition that is unified and has greater good of community in mind.

Strategy	Lead	Timeline
Identify stakeholders	Jess Fuhrman	Ongoing
Develop mission statement/bylaws	Crisis coalition	March 2023
Have 1st meeting-schedule	Jess Fuhrman	September 2022
Create subcommittees	Crisis coalition	January 2023

What partnerships/resources are needed?

- Revenue-by adopting LAC we'll have access to ESAA mini-grants
- CNADA
- DFS and Adult protection
- MCI
- Pregnancy outreach
- Private practices, Providers outside of community

How will we measure success?

- Decrease in repeat offenders
- Increase in peer supports
- Increase in referrals
- Decrease in crisis ED admits
- Increase in self directed care (de-stigmatization)

PRIORITY AREA FOR ACTION #2:
Training

What would success look like?

- Identify target groups
- Identify trainers-curriculum/ongoing training
- Identify model
- Local coordinators
- 6-8 months-based on funding
- Grant writer training

Overall goal/ vision for the future

- Effective training
- Training specific to role
- Become model to neighboring communities
- Local train the trainee
- Re-evaluate need for roles/services
- SMART goals/evidence based

Overall Goal: Identify two curriculums and present to stakeholders

Strategy	Lead	Timeline
Research-curriculum/ success	Crisis coalition-representative from several agencies	30 days
Brainstorm	Crisis coalition	Ongoing
Present training opportunities	Crisis coalition	90 days
Select training opportunities to pursue	Crisis coalition pursue	30 days
Implement identified trainings	Crisis coalition	Ongoing

What partnerships/resources are needed?

- Coordinators
- Trainers
- Technology
- Funding

How will we measure success?

- Meeting timelines
- Train
- Feedback from customer
- Reevaluate
- SMART goals

PRIORITY AREA FOR ACTION #3:

Mobile Crisis Response Team

What would success look like?

- Appropriate treatment/field intervention
- Purchase dedicated vehicle
- Staffing structure
- Reducing repeat contact/hospital admits
- Clear workflow and communication between collaborators

Overall goal/ vision for the future

- Secure funding
- Decreased ER traffic
- Implement mobile unit
- Sustainability plan
- Provide the best care possible for people in need

Overall Goal: Establish and maintain a mobile crisis response unit

Strategy	Lead	Timeline
Design-consider partnership with community EMTs-EMS/Fire and Rescue	EMCMHC, Miles City Fire and Rescue	Year 1
Obtain funding	EMCMHC, CCBHC grant, Miles City Fire and Rescue community EMS funding	In Q1 of Year 1
Train and populate team	EMCMHC, Miles City Fire and Rescue	By the End of Year 1
Coordinate with all stakeholders	EMCMHC, Miles City Fire and Rescue	By the End of Year 1

What partnerships/resources are needed?

- Mental Health, EMS, LEO, dispatch, County Attorney

How will we measure success?

- Compare mental health hospital and commitment numbers with LEO calls
- Number of dispatches and diversions

References

1. Munetz and Griffin "Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness" Psychiatric Services. 2006, 544-569.
2. Custer County Community Health Assessment 2017
3. Robert Wood Johnson Foundation
4. Youth Risk Behavior Survey 2020
5. County Health Rankings
6. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf