JOHN T. VUCUREVICH FOUNDATION

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REPORT TO THE COMMUNITY | FEBRUARY 2011

BLACK HILLS MENTAL HEALTH AND SUBSTANCE ABUSE SYSTEMS CHANGE COLLABORATIVE

APPENDICES

The Black Hills Mental Health/Substance Abuse Systems Change Collaborative, (the Collaborative) modeled after a project in Larimer County Colorado, was initiated by the John T. Vucurevich Foundation (JTVF). A Black Hills Community Needs Assessment (January 2007) indicated serious gaps in access to mental health and substance abuse services for low and middle-income people and alarming suicide rates as major issues in Butte, Lawrence, Meade and Pennington counties.

The following appendices reflect the planning discussions of the four working groups of the Collaborative: Service Infrastructure, Service Collaboration, Prevention and Family Advocacy. While the Crisis Care Center established through the work of the Service Infrastructure Committee is a major cornerstone for the systemic improvements that will take place in the coming months and years, it is truly the collective work of all the members of the Committees in the Collaborative that will make the necessary changes to improve the lives of some of our most vulnerable people in western South Dakota.

Appendix A: Identification of Desired Systems Change Outcomes / Definition of Success

Funding

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• More and flexible funding to sustain programs	• Identify services gaps and client need/barriers • Funding for collaboration and care planning • Funding for families to participate • Better utilization of available funding	• More sustainable funding available, combining and shifting resources, grants	

Community Awareness / Engagement

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• Paradigm shift about changing attitudes regarding the importance of prevention • Stigma reduction • This committee will be a forum, or bridge, to sustainability and awareness for all the existing prevention programs using common language. • Identification of existing programs and gaps (womb to tomb) • Community awareness plan will include all levels of prevention and meet the needs of the community. • Utilize and share available facts and statistics to enhance prevention and wellness efforts • Provide protocol, education, training and resources for each segment of the community (i.e. medical, sports, elderly) • Prevention = wellness (Strengthening Families thru wellness and prevention) • Address environmental strategies including policies and laws	• Identify, modify, remove barriers • Advocate for improved access to transportation	• Continually identify, intervene, evaluate, prioritize mental health / substance abuse services • General public has awareness of mental health / substance abuse issues and how to access services • Formalized community needs assessment for mental health / substance abuse services • Expand crisis care – face to face 24 hour - right service, right place, right time	• Federation of Families – get the word out • The public will be educated to help make appropriate referrals (pastors, hair dressers, doctors, etc)

Service Collaboration / Integration

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• Prevention is part of the continuum of care with a focus on wellness • Prevention should be integrated with treatment. • Assess and understand parent involvement • Develop partnerships with all segments of the community to enhance prevention efforts. (i.e. sporting community, extracurricular)	• Integration of services • Better communication and partnerships within the system of providers • More funding available, combining resources, shifting resources, collaboration of services with agencies, grants • Availability of flexible funding • System approach to accessing appropriate information • One family – one plan - one team (formal agencies and informal supports) • One stop shop (a centralized process for services) • Partnering with families • Help people navigate systems • Needs assessment of client service needs and barriers • Develop informal networking opportunities	• Integration of services • Better communication, cooperation, collaboration within the system of providers • Preventative & proactive service to put people in proper level of care • Provide access to information appropriately in the system • One stop shop available in Rapid City • Collaboration w/schools between families & the community providers • Formalized coordination meetings for information sharing and needs identification	• Families should be equal partners in coming up with a plan for their children • All providers will embrace and utilize the system of care philosophy

Training

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• Develop an internal and external training plan • Continually assess communication/ language of young people to stay relevant • Culturally relevant and sensitive programming • Talk strength based vs. deficit based • Teaching people to be relatives	• Shift in culture from agency focused to family/ community • Family empowerment & moving towards partnership, family voice and choice within the system development • Community wide agreement on research based practices (values, principles and terminology, example: motivational interviewing) • Culturally competent staff • Welcoming environment/customer friendly	• Shift in culture from agency focused to client/family centered • Continued education of providers includes cultural competencies and best practices • Work towards increasing our Health Professional Shortage Area (HPSA) score to improve access to work force	• Families will learn how to be resilient • Families will have the knowledge to maneuver the system without assistance • Families/ individuals will be able to advocate for themselves • More people will be trained as facilitators of system of care • Mentors/ Family advocates will be trained to help families connect the dots. The process should be simple – call one number/ agency/ Person. Consider placing this person at the Crisis Center

Service Gaps

Prevention Committee	Service Collaboration / Systems Change Committee	Infrastructure Committee	Family Advocacy Committee
	• Early identification and intervention services will be expanded • Informal supports are developed to meet the needs of the person • Increase face to face 24 hour care • Reallocate nursing home beds for mentally ill people	• Identify and fill all services gaps • Early identification and intervention will be funded • Expand local infrastructure for long-term inpatient mental health (HSC West) • Expand in-patient substance abuse treatment • Expand out-patient substance abuse treatment for non-indigent clients	• Respite care • Therapeutic daycare providers/facilities

Appendix B: Identification of System Weaknesses / Challenges

Funding

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• Lack of money • Funding sources are very restrictive (silos)	• Restrictive and disproportionate reimbursement system hinders coordination and access to care • Lack of knowledge of who has what funding (from agency to agency or alternative funding sources) • Sometimes ineffective use of funding – pro-active vs. crisis, duplicative services, minimize risk • Cost of services may be prohibitive	• Funding: lack of public and private dollars, limited resources for uninsured and/or working poor, limited control of dollars, separated (silo) funding, local funding sources may have to supplement state funding sources, lack of ability to coordinate funding for services between state and local, unfunded mandates • Inadequate reimbursement system (rates, qualifications, parity with physical care)	• A lot of resources in town, but they are not seamless

Community Awareness / Engagement

Prevention Committee	Service Collaboration / Systems Change Committee	Infrastructure Committee	Family Advocacy Committee
• Community is crisis focused vs. prevention focused • Lack of understanding of the financial savings from prevention • Stigma • Lack of knowledge and utilization of multi-cultural community resources, programs and role models • National and local media and advertising exploit the ideas of SATOD (sex, alcohol, tobacco, other drugs) • Lack of a comprehensive marketing strategy	• Lack of awareness and integration of culturally based services (Red Road, Sweat Lodge) • Lack of a mechanism to ask people we serve what they need and how to pool that information. • Stigma towards MH/SA issues still exist •	• Still too much stigma attached to mental health and substance abuse services • Need to revitalize and broaden the constituency of our current advocacy programs for mental health / substance abuse. • Military have prevention supports and services available that aren't being utilized. • Lack of legislative support for mental health/substance abuse services • System lacks the ability to obtain feedback from families/clients specific to what we want to accomplish • Racial division • Health disparity resulting from racism and classism	• Pockets of advocacy, but not different levels of advocacy. Lack of structure • Lack of knowledge that families have regarding what is available to them • Hard for people to know how to find resources, to know what questions to ask • Lack of knowledge or awareness of cultural/native based programs for people transitioning in and out of town

Service Collaboration / Integration

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• Lack of relationships with parents to engage them in prevention • Need to integrate prevention into all segments of the community and collaborate with existing neighborhood groups • Lack of collaboration among prevention providers • Lack of awareness of prevention resources by treatment providers • Lack of multi-cultural approach to prevention • Lack of time in classrooms to add curriculum	• Inconsistency of collaboration and integration between agencies • Minimal collaboration and integration between state and local agencies. • Services may be accessed through professional relationships rather than formal processes. (MOU's) • Lack of time for communication and professional relationship development for line staff • Lack of comprehensive integrated assessment form that can be shared • Funding requirements guide assessment instead of client need • Assessments are not strength based. • Lack of appropriate and available (24/7) case management for preventing higher level and follow-up aftercare services (hospitalization, incarceration, treatment facility) • Barriers and resource disconnect result in inappropriate placement of children • Differences in confidentiality regulations (HIPAA) interpreted differently results in information sharing that isn't client focused • Racial division - resistance to understanding and interacting	• History of providers being territorial • Low integration, agencies not fully integrated @ state level. Service initiated by one state agency may not be carried out by another. Each state agency has different policies, procedures, funding and records system. • Duplication of support services (every agency has billing, marketing, records staff) • Lack of collaboration between provider systems and the schools	• Family schedules are so busy it's hard for them to participate

Training

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• Lack of common language regarding prevention • Lack of understanding and sensitivity to cultural context and differences • Lack of cultural and socioeconomic class training • Need to determine best practices and researched based prevention strategies • Lack of consistent community based training	• Lack of cultural competency (Native Americans and other ethnic minorities as well as generations communicate differently, different mannerism, providers understand cultural differences, or family uniqueness) • Training for special populations (gender, age, etc.) • Problem focus vs. strength based philosophy (progress has been made, but we're not there yet) • Lack of training in and use of evidenced based and practiced based evidence models • Mindset of professionals in dealing with difficult clients and agencies. Theory of Change and Resiliency are examples. Follow Covey's principles – seek first to understand, then to be understood (least restrictive.) Small percentage of clients use large percent of resources (8% = 80%) • Lack of professionalism and customer service.	• Inadequate supply of qualified providers (QMHP) • Lack of workforce development for social workers, psychologists, psychiatrists • Aging providers/agency leadership with minimal succession planning • Deficit (weakness) focus vs. strengths (negative vs. positive) Families may see the system as a blame & shame game (they feel the provider community looks at the parents and says, "what did you do wrong." Families look at the providers as an adversary instead of a support • Failure to consistently evaluate and utilize evidenced-based and practice-based evidence models	

Service Gaps

Prevention Committee	Service Collaboration / Systems Change Committee	Infrastructure Committee	Family Advocacy Committee
• Lack of affordable healthy activities • Transportation	• Lack of transportation to get to services • Insufficient formal family advocacy programs (i.e. National Federation of Families, state, national or local, run and operated by families) • Lack of community based alternatives to prevent detention, out of home placement, hospitalization (lack of array of services) • System lacks appropriate placement options for children, elderly mentally ill or chronic substance abuser • Lack of informal support; lay people (community) support vs. professional support • Lack of individualized and flexible services for follow-up (friend or relative, or to give families breaks, safe house, restorative philosophy) • Assumptions made that basic needs are met (food, clothing, shelter)	• Difficulty serving the numerous transient people/families • Lack of long-term inpatient mental health services west river • Lack of intensive community-based services to prevent long term hospitalization • Lack of indigent and non-indigent inpatient substance abuse services • No detox beds for youth • No halfway house for women • Lack of service and provider options for out-patient substance abuse services • Transportation for people to get services • Lack of personal supports/systems (families, friends vs. therapists) for high risk individuals/families • Lack of language/culturally based services • Lack of system to identify and assess the chronic/elderly mentally ill to determine level of care: skilled nursing home, assisted living, or locked nursing home facility. No place to refer to even if identified.	• Only state that doesn't have a Federation of Families. Lack family voice

Appendix C: Identification of System Strengths

Community Awareness / Engagement

Prevention Committee	Service Collaboration / Systems Change Committee	Infrastructure Committee	Family Advocacy Committee
• Significant number of resources in the community • Passionate, well-educated people working in programs • MH screenings are being done • More evidence based strategies or programs • Prevention field is gaining credibility • Prevention works - $1 in prevention spent saves $7 in trmt or social services • Bright Start, Healthy Start, Early Head Start, Head Start • 211(www.211sd.org) • Faith based supports prevention • Pockets of good sense of community • Diversified economic base (not dependent on one industry) • Wellness emphasis by employers • Service groups (i.e. rotary, civic organizations) support youth • Christian radio and other media support of Public Service Announcements and relevant topics	• Great array of services • Stable, seasoned professionals • Parallel focus on means to improve services • Black Hills area has a passion for improvement • Natural supports are present • Relatively small size with a big impact • Lower violent crimes among youth	• Great recreational base for families in this community • Community has an inpatient psychiatric unit, VA, Sioux San • Parallel focus on means to improve services • Positive movement towards recovery models of care • Black Hills area has a passion for improvement • Relatively small size allows for potential for big impact • Lower violent crimes among youth	• A lot of resources available in the community • Size of our community and our rural/hard working attitudes

Service Collaboration / Integration

PREVENTION COMMITTEE	SERVICE COLLABORATION / SYSTEMS CHANGE COMMITTEE	INFRASTRUCTURE COMMITTEE	FAMILY ADVOCACY COMMITTEE
• Willingness for organizations to work together • Prevention education in all schools is better • Strong young people as leaders (peer to peer groups) • Strengthening Families Task Force • Ability to have good grant writers in the community – we have been able to apply for a number of grants • Prevention framework established at a federal level to develop programming • State and local government acknowledging prevention as alternatives • Most parents want information and assistance	• History of collaboration among agencies • Commitment from community partners – everybody here • No wrong door mindset is developing through community partnerships • The relationship of provider community to sit down together to discuss solutions • Commitment of service providers • Commitment of state leadership • Seeking meaningful family involvement & being responsive • Existing parent organizations	• Good working relationship between community providers/agencies - History of collaboration among agencies • Commitment of service providers / Commitment from community partners – everybody here • Commitment of local philanthropy • Commitment and partnership with state leadership • Rapid City legislator is chair of State HHS committee • Parity of Medicare and health insurance • Validating families has motivated them to be involved	• Willingness to work together to solve problems • System of Care – user friendly (layman's terms and language) • Families have good ideas

Appendix C: Identification of System Strengths

"The Crisis Care Center is a great need for Rapid City. The efforts put forth are without a doubt worth it. We all benefited: in its preparation, the creative energy, the networking, and being able to take a look at the universe of the needs in Rapid City in one of the broadest and most collaborative efforts in which it has been my pleasure to be a part. I know the effort is not at an end, but at its beginning. The wealth of talent, ideas and especially the willingness of each to cooperate and to learn from one another is the real benefit of your efforts, which has already, and will in the future be rewarding."

– MERTON B. TICE, JR., JUDGE (RET.) AND COLLABORATIVE MEMBER

JOHN T. VUCUREVICH
FOUNDATION

2800 Jackson Boulevard, Suite 410 | Rapid City, SD 57702 | p: (605) 343-3141 | f: (605) 343-5264 | www.jtvf.org