

# WHAT DOES THE PLAN SOLVE FOR?

## Highlights

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**substance abuse**  
**CONNECT**  
prevention. treatment. enforcement.

### Problem Solution

Right now, in YC, the most likely way to access behavioral health services is to commit a crime or have an emergency.

**We have to make "non-emergency" help as easy to find and get as emergency help.**

We KNOW how drug addiction and drug-related crime begin and that Adverse Childhood Experiences are a critical factor.

We KNOW how to find children who are experiencing ACEs. We know how to mitigate ACEs systemically. We do not do it.

Our funded systems are designed to kick in when the consequences of ACEs are so severe we have a crisis.

**We CAN be the first in the nation to build a system that DOES identify early and refer.**

A5 Crisis Line (youth and adults) via 211

A17 Inventory of What Exists

A19 Suite of Tools for parents, teachers, individuals

A20 Business Education & Tools

A21 Crisis referral pathways: prenatal-age 26

A22 Systemic Early Identification and Referral: a. Perinatal (pilot project underway) b. School Age c. 18-26 at high risk for meth initiation

Right now, "transition points" between services are broken. Clients in our behavioral health system do not consistently experience a quick handoff to the NEXT BEST service. In any crisis, getting to the right help quickly is of the essence.

**We CAN decrease the amount of times people in behavioral health crisis "get lost" upon discharge or re-entry or program completion.**

**We CAN decrease the amount of time experts whose main job is not "behavioral health" (police, 911, school principals, ER Doctors, AMR etc) spend waiting to figure out what to do with a person in crisis.**

A5 Crisis Line (youth and adults)/via 211

A6 Mobile Crisis Response

A7 Training for Law Enforcement and First Responders

A8 Joint Task Force with CoC to address housing for individuals in behavioral health crisis

A9 Explore opportunities to increase capacity of law enforcement, the jail and drug courts to support successful interdiction and treatment of drug users

A10 Pilot Project for Probation & Parole to quickly refer to behavioral health supports

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Problem	Solution
<p>Right now, millions of dollars is annually invested to improve behavioral health outcomes for YC citizens. Yet Behavioral Health problems are getting worse.</p> <p><b>We HAVE to consider if changing the way we invest our \$\$ would have a different outcome.</b></p>	<p>A1 Formalize governance structure/secure champions (subject matter experts, work group leads, lived experience, policy/funder decision makers)</p>
<p>Right now the individual components of our Behavioral Health Care system do not make decisions as a system.</p> <p><b>Like any emergency, the drug crisis is OUR problem. We can accelerate solutions by acting more like a “unified command.”</b></p>	<p>A2 Establish data dashboard and feedback loops for continuous quality improvement</p> <p>A3 Establish effective communication tools/relationships for ongoing engagement and education of stakeholders: replication toolkit, website, media relations, newsletter</p>
<p>Behavioral Health service determinants have changed extensively in the past 10 years, but the core infrastructure in YC has not changed. Other communities are adapting more quickly than we are, and YC is losing funding because of this.</p> <p><b>We CAN adapt our infrastructure to new service determinants and position ourselves to be leaders in the state.</b></p>	<p>A4 Ensure coalition structure/leadership provides sustainability for the work</p>

