



Advancing The Crisis Behavioral Healthcare System

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Advancing Healthcare for 40 Years.



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988 & Advancing the continuum of care, where are we now?

Since the implementation of 988 how are states, territories, tribal nations building a true robust continuum of care?



What should system leaders think about when building a system of care?

- > Leadership
- > Funding & Payers
- > Voice of Lived Experience
- > Quality and Outcomes
- > Provider Network & Workforce
- > Technology
- > Impact Story
- > Ecosystem Collaboration

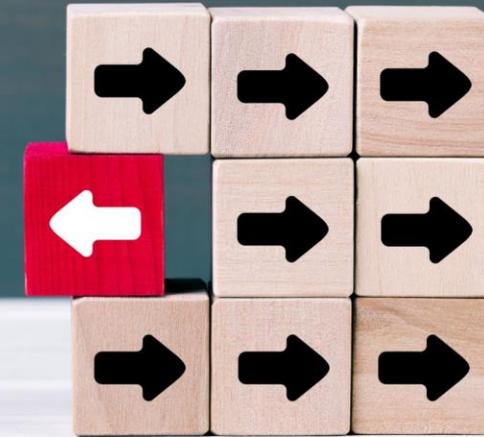
System planning in complex environments

Public Behavioral Healthcare leaders are often faced with developing accessible and effective services in complex times. What have we learned to prepare us for this moment?

- People will need behavioral healthcare, especially crisis services, no matter the complexity of the environment.
- Innovation moves systems forward not business as usual.
- Strategic Planning that is flexible and adaptable to various scenarios is key.
- High impact yields higher prioritization. Communicating impact effectively is vital.
- Active Collaboration and Coordination

Stages of System Development

States are at various levels of development post 988 implementation.



Beginner

- Starting to strategize the structure of the crisis continuum.
- Starting to conceptualizing how 988 connects with the broader crisis soc.
- Early strategic planning related to service development.
- Limited to no technology solution in place.
- Unable to currently capture system data.

Novice

- Has a clearer strategic direction about crisis system design.
- Has buy-in of leaders and collaborators.
- Exploring technology solutions.
- Identification of data needs is underway.
- Has services of the soc in place and fundamental coordination in place.

Competent

- Strategic Plan for the crisis soc is active and flexible.
- Active buy in from advocates, individuals, key leaders in the ecosystem (provides feedback loop)
- Adapts to unclear funding environments.
- Utilizes technology effectively
- Understands the provider network and works collaboratively.

Advanced

- All components of the crisis soc are in place and coordinated with behavioral health continuum.
- High utilization of technology to manage the soc and receive data
- Can articulate impact with data.
- System can withstand leadership changes (e.g., legislation, appropriations)
- Diverse funding sources
- Seen as expert and an example.

Transformation happens in the unexpected spaces.

“If we agree that building the system we want for generations to come matters, we do the work today”

- Understand what *can* you plan for versus what you can not. Then plan it.
- Perfection or ideal is not the goal. The goal should be progress. Is the system better today than yesterday? What can I do to make the change even if it feels incremental?
- Ask for help when you need it. No one entity or person can solve for the complexities of system building. What is the knowledge you or your team lack? How do you obtain information or capacity gaps?
- System change takes time and will take several steps forward and sometimes even more back. This requires perseverance, focus and flexibility and is a marathon not a sprint.
- Remember the accomplishments and the steps forward. Learn from the mistakes and do not be paralyzed by them.

Communications & Engagement

Behavioral Health Crisis Care is part of an ecosystem. Impact and activation of the ecosystem are key.

What should system leaders do?

- › Stakeholder Engagement
- › Communication Strategies
- › Collaborative Leadership
- › Marketing the Impact



Questions





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