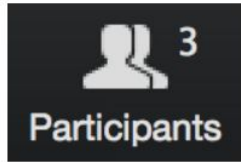


# Please rename yourself: your full name, organization

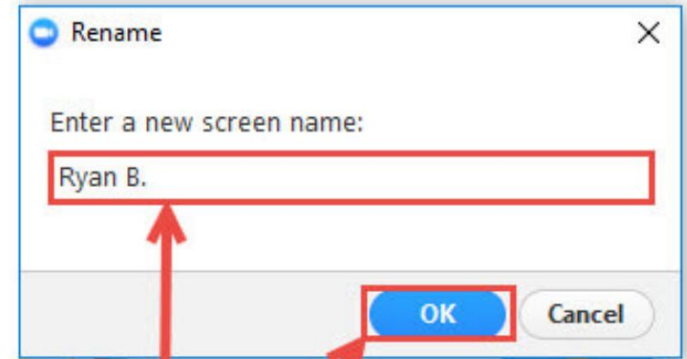


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In the "Participants" list on the right side of the Zoom window, hover over your name and click on the "Rename" button.



3

Type in the display name you'd like to appear in the meeting and click on "OK".

# Session Flow

2:00pm	Welcome
2:15pm	Understanding the Landscape (the numbers and the stories)
2:50pm	Critical Shifts
3:05pm	Short Break
3:10pm	Small group/large group feedback collection
3:55pm	Prioritizing the shifts we'd like to see
4:00pm	Next steps, Updates and Critical Announcements
4:20pm	Closing Session
At of before 4:30pm	Adjourn

# Requests

- Videos on, please ❤️
- Mute if you aren't speaking, please
- We'll use breakout rooms, google slides, chat (for questions, insights, reflections)
- We welcome hand signals and/or Zoom Reactions
- Be patient with each other and tech
- Be mindful of taking and making space; we have different levels of privilege and authority
- All of us are smarter than any of us
- Choose to be present
- Be in service to the group and our shared work
- Expect incompleteness

# Review the questions we are exploring

- ❑ How can we provide our services and strengthen our treatment capabilities **for individuals living with SMI?**
- ❑ Access:
  - ❑ How do we improve access?
  - ❑ Who are our priority populations that we should focus on that may or may not have access to services for treatments?
  - ❑ Where should we provide access to services?
  - ❑ When should we provide access?
- ❑ How do we best support clients and families through treatment?
- ❑ Who are our partners that are able to provide treatment?
- ❑ How do we start to intervene early in our system of care?

# Focus and Frame

## Focus of our work

MHSA Funding/Population

Process - **HOW** we can best support individuals and families living with SMI

Access

Priority populations - improve support to individuals living with SMI

Partnerships

Board of Supervisors funding priorities (those under conservatorship and homeless living with SMI)

## What's in frame

Core Treatment Model

Overall BHRS Budget

COVID-19

Emerging Innovations



**A Limited View**

"As far as we can tell, the system went down because someone stepped on a crack in the sidewalk."

# Why Design AND Systems Thinking

	Design Thinking	Systems Thinking
<b>Perspective</b>	“Ground View”	“Sky View”
<b>Works from...</b>	Heart, Right Brain, Hands	Head/Left Brain
<b>Primary Approach</b>	Synthesis/Dialogic meaning making	Analysis/Diagnostic meaning making
<b>Perspective</b>	Looks back at the system	Looks across the system
<b>Primary Mode</b>	Working from the ground-level view of human experience (looking back at the system)	Working from a sky-level view of the whole system and the dynamics among the parts
<b>Data Sources</b>	People most impacted/Context Experts	System Leaders/Content Experts
<b>Data</b>	Quotes, stories, points of pain, points of satisfaction, experiential	Relationships among actors, recurring patterns, virtuous and vicious cycles
<b>Methods</b>	Empathy interviews, Immersion, Journey Maps, Experience Data, Experience Shifts	Leader interviews, System Maps, Diverse Views
<b>Evaluation</b>	Changed human experience	Well-functioning system

# Lessons from the field

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## The Interviews



## Feedback Collected

Type of interview	Total number (estimated and growing)
Consumers/people with lived experience	15
System Leaders - In community	30
System Leaders - Community supports/service providers	17
System Leaders - Behavioral health providers	15
RSSG Meeting - December Feedback	70 (approximate)

# Understanding our landscape - Key insights & themes

- ❑ Program by program approach is not having the effect we want - a centralized, more coordinated and integrated way of serving those living with SMI is wanting
- ❑ Mental Health Supports for those living with SMI are not yet effectively anchored and integrated into community
- ❑ Access and awareness of services for those living with SMI is an issue
  - ❑ The stigma surrounding mental health is still a real barrier
  - ❑ unclear/confusing for consumer and service providers alike
  - ❑ Too slow to respond

# Understanding our landscape - Key insights & themes

- ❑ Funding for services for those living with SMI are too rigid and inflexible
- ❑ Services are not yet culturally responsive enough (language, culture, religion, and more)
- ❑ The strength of our relationships with each other (service providers) matters
- ❑ Emerging Priority Populations living with SMI: Marginalized groups (LGBTQ+, Latinx, and others), Men, Youth, Substance Abuse/addiction, homeless

# Lessons from the field

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## The Numbers

## CONNECTING



Design Team

Identify & interview system leaders & stakeholders 1:1

Map key forces, tensions & strategic points



### Stakeholder Consultation Process

- Test, socialize, and refine the goal, definitions, scope and hypotheses
- Identify participants
- Map the system and draft critical shifts
- Deeply understand people's experience

### System Map

- Pressure points, leverage points & choice points
- Forces for & against the change we seek
- Key actors, competitors, partners
- Tensions impacting stakeholders

## Critical Shifts

Current and future statements about the system and people's experiences within it. The network agrees on which shifts will most powerfully move us toward our goal.

## MAKING



Develop prototypes of initiative ideas

Test & refine prototypes with initiative users



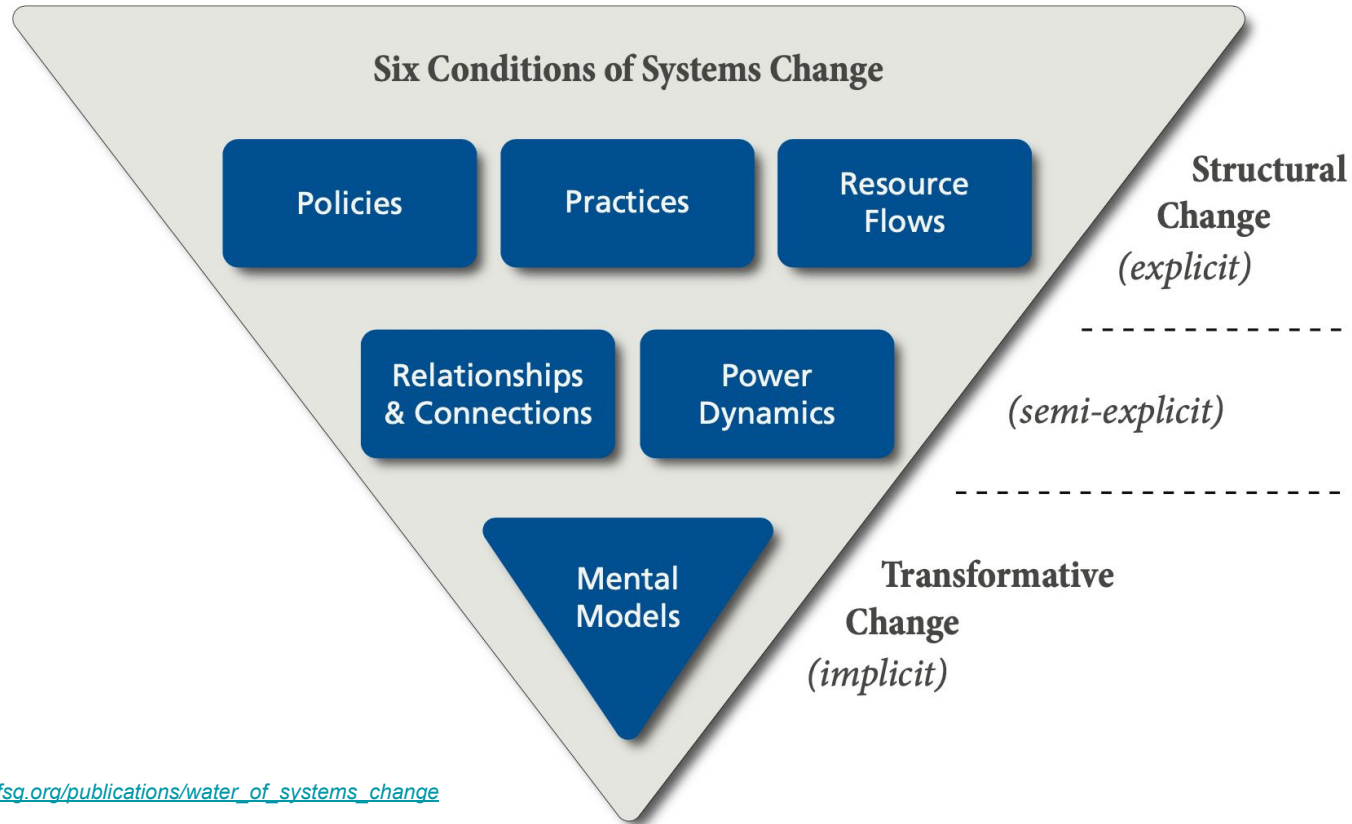
### Initiative Prototypes

are developed, tested, and refined based on empathy interviews with real people whose experiences we most need to change or influence to achieve the goal.

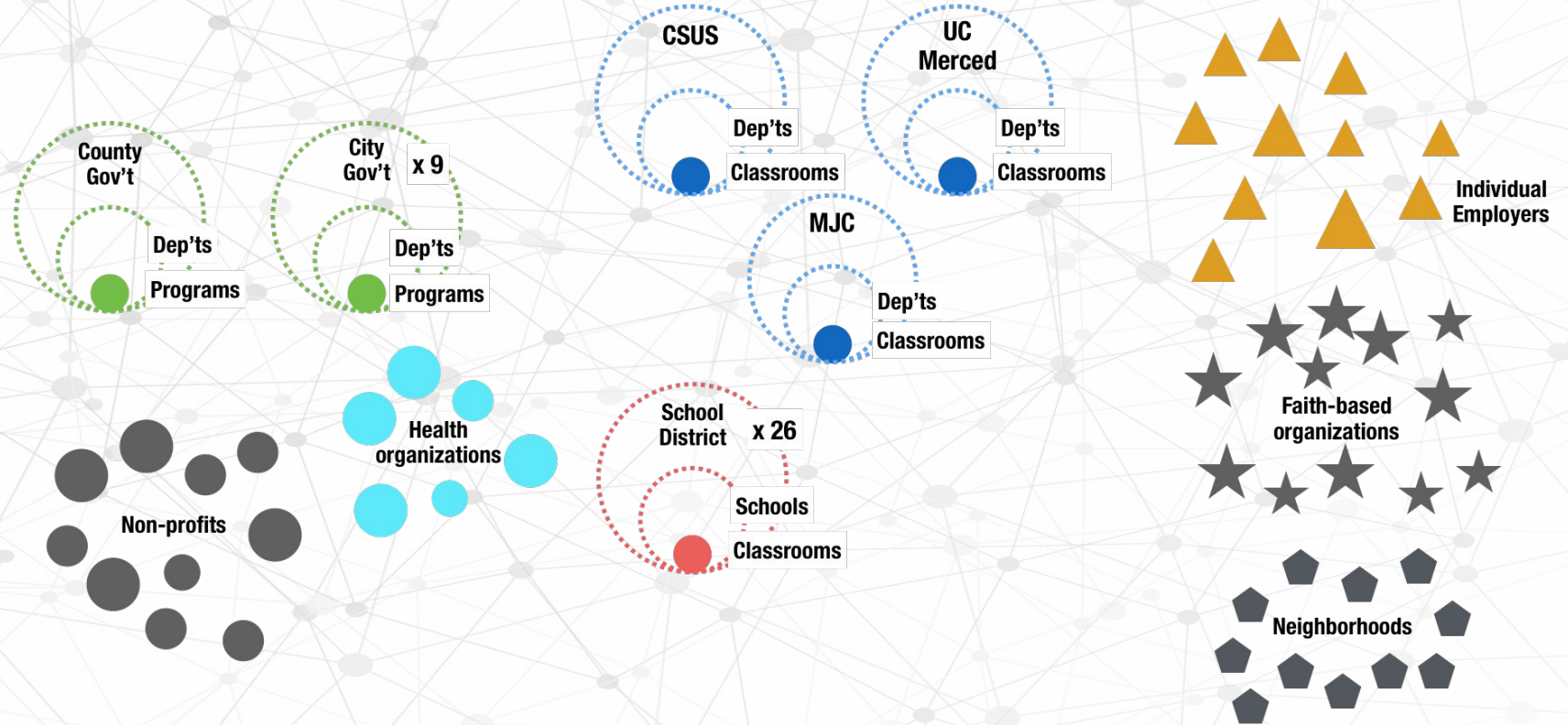
### User Feedback

helps us refine thinking and learn about new factors of desirability, viability, and feasibility that may inform our strategy and system design.

# 6 Conditions of Systems Change



# Our Systems



## CONNECTING



Design Team

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leaders & stakeholders 1:1

Map key forces, tensions  
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helps us refine thinking and learn about new factors of desirability, viability, and feasibility that may inform our strategy and solution design.



## What a Shift Is...And Is Not

### A Shift is...

a WHAT statement comprised of (1) what things look like now in a part of the system, and (2) what that part of the system needs to look in the future to achieve our goal.

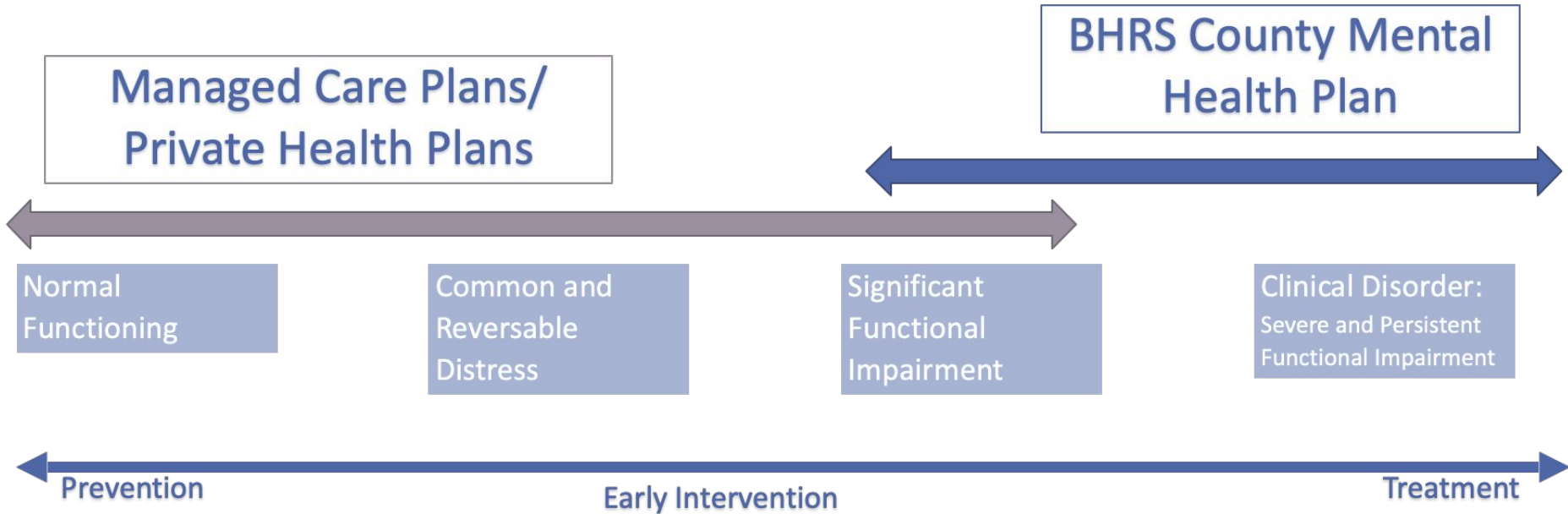
Simply put: “Here’s what’s happening now and here’s what that should look like in the future.”

### A Shift is not...

a problem-solution statement or an assertion about HOW we would achieve the future state.

# Critical Shifts: The experience of those living with SMI

Shorthand Title	FROM [Current State]	TO [Future State]
<b>Access - 1st contact</b>	Those who need us find services hard to find.	Those who need behavioral health treatment services are easily able to find the appropriate services and support they need.
<b>Navigating services/Retention</b>	Those who need us struggle to navigate services throughout their time in the system.	Those who need treatment successfully navigate services throughout the recovery process.
<b>Awareness</b>	Not enough people - and not the right people - know where to find help or how to access it.	Awareness of services across the behavioral health spectrum of care is broad - reaching the appropriate communities and people - far beyond just service providers
<b>Access - Community Integration</b>	Behavioral health services are not effectively integrated into existing systems and trusted people and organizations within the community	Behavioral Health interventions and services are accessed in communities where people live, work and practice their faith/spirituality.
<b>Culturally competent services</b>	Too many in our community are not receiving mental health supports, interventions and treatments in ways that are culturally responsive: in their language, in a way that helps them feel understood, that is reflective of their worldview, and more	Consumers are accessing and receiving mental health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews.



## Prioritization criteria

- ❑ Practical shifts that need to happen now, particularly in the time of COVID-19
- ❑ Has a cascading effect - will move other things along that we care about
- ❑ Contributes positively to the System the way we aspire for it to be

## Next steps

- ❑ Inviting you to see themselves in this work - how do these shifts show up in your agency and community? What contribution are/can you make?
- ❑ Ongoing collection of data, refine and synthesize feedback
- ❑ Develop recommendations, draft three year plan and annual update
  - ❑ Board of Supervisors in March/April
  - ❑ Reconvene the RSSC March | Continue with Strengthening Partnerships/Stakeholder Participation
  - ❑ 30 Day Public Review
- ❑ If you haven't felt heard or were not able to engage through the technology, please email your feedback directly to Martha Cisneros Campos at [mcisneros@stanbhrs.org](mailto:mcisneros@stanbhrs.org)
- ❑ Next meeting March 19, 2021